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Rachel B. Ramoni, D.M.D., Sc.D
Chief Research and Development Officer

Veteran-centric care for chronic illnesses

There are very few things that are universal in this world, but every one of our lives has been touched by chronic illness. I, myself, lost my husband to heart disease when he was just 47 years old, and my mother survived a heart attack at the age of 53. I am sure that all of you have your own sorrows caused by chronic illness. In addition to these concerns, our Veterans are

disproportionately affected by certain chronic illnesses like traumatic brain injury and posttraumatic stress disorder.

There are more than 5 million Veterans actively receiving care in the Veterans Health Administration (VHA). VA is committed to supporting a strong research and development program and promoting bench-to-bedside initiatives that help bring new research applications directly to patient care.

In fact, that was the theme of this year's [Research Week](#)—"Bridging the Gap"—held May 15-19. Investigators all over the country shared the latest developments and accomplishments in VA research at special events to celebrate our research accomplishments and the Veterans who make those accomplishments possible.

In this issue, we have taken the opportunity to highlight a number of research initiatives and programs that are especially relevant to caring for Veterans who live with chronic illness.

During the past year, Health Services Research and Development held two state of the art conferences to discuss the latest evidence-based research on chronic pain management and weight management.

Veterans have twice the rate of accidental poisoning deaths compared to the U.S. population as a whole, according to a [study](#) in the journal *Medical Care*. Most often, that is due to opioid pain medicine overdose. VA research is key to finding new ways to help Veterans manage their chronic pain. Investigators are looking into nondrug approaches for pain management

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that don't have the potential for addiction, like mindfulness meditation and cognitive behavioral therapy.

In addition, VA researchers with support from the VA Quality Enhancement Research Initiative are partnering with VA leaders to launch a national risk management program for Veterans who are at risk for opioid use disorder and other critical events including suicide, with the goal of informing more patient-centered approaches to pain management.

Another problem that affects Veterans disproportionately is obesity. While the prevalence of obesity in the general population is 38 percent, it is 41 percent among Veterans who use the VHA for their health care, according to a [study](#) in the *Journal of General Internal Medicine*. Obesity confers a much higher risk for many complex illnesses like heart disease, diabetes, and stroke. VA researchers are investigating new ways to help Veterans to lose weight.

Within VA, there has been quite a bit of work done to explore complementary and integrative health approaches to chronic illness and mental health, like meditation, [yoga](#), and acupuncture. In this issue, we interview Dr. Karen Saban, a nurse researcher at Edward Hines, Jr. VA Hospital in Chicago. Saban has spent her career investigating the science of the brain and the unique problems that Veterans encounter. Her latest research project involves the use of mindfulness techniques to reduce stress, which can contribute to heart disease.

Posttraumatic stress disorder can be a devastating disease. It often affects all facets of a Veteran's life after service. It can also negatively affect heart health. In this issue, we review a collection of VA studies that look at the effects of PTSD on heart health. As a group, Veterans are much more likely to develop heart disease—perhaps traumatic stress plays a role in this. VA researchers are examining the prevalence of heart disease in specific groups of Veterans and looking for the mechanisms at work in those populations.

VA has been instrumental in research that strives to support Veterans and their caregivers to find the most effective preventions and treatments for chronic illnesses. We approach this mission inspired by the resolve of our Veterans, with perseverance and a commitment to excellence, so that fewer lives will be touched by the challenges of chronic illness.

Rachel B. Ramoni, D.M.D., Sc.D.
Chief Research and Development Officer

'Weight Management in the VHA SOTA Conference'

In 2016, VA's Health Services Research and Development (HSR&D) sponsored a state of the art conference titled "Weight Management in the Veterans Health Administration." The overall goal was to "describe a more integrated systemwide approach to improving weight management for Veterans," said Dr. David Atkins, acting deputy chief research and development officer for VA.



A healthy lifestyle is key to effective weight management.

(Photo: @iStock/udra)

A special [Supplement of the Journal of General Internal Medicine](#), funded by HSR&D, includes findings from the conference—including several original papers—and summaries from three workgroups that met to independently address different treatment options for weight management in the VHA.

Attendees reviewed behavioral therapy, drug treatments, and bariatric surgery as treatment modalities for weight loss. During the meeting, researchers from separate workgroups met to discuss ways to integrate all three weight-management approaches.

In light of the increasing prevalence of obesity both in the VHA and the United States, the researchers maintain that a population-health approach to weight management is essential.

"A unique and pressing opportunity in the VA ... is the adoption of a population-based approach to ensure that the 65 to 70 percent of patients who are eligible for weight loss interventions are matched with the right treatment based on their needs," said Atkins.

The VHA offers three main weight-management interventions: the [MOVE! Weight Management Program](#), a behavior counseling program that aims to increase physical activity and healthy eating; weight-loss medications; and bariatric surgery.



Yoga is one of several nondrug approaches to treat chronic pain. (Photo: @iStock/Oleh_Slobodeniuk)

Collaboration on research into complementary approaches to chronic pain

A new joint program between VA, the National Institutes of Health, and the Department of Defense will promote research into nondrug approaches to treat chronic pain. The goal of the research program is to develop the capacity to implement cost-effective, large scale clinical research in military and VA health care systems.

The NIH funding initiative called the [NIH-DoD-VA Pain Management Collaboratory](#) is in the process of selecting grant awardees for both the coordinating center and targeted clinical trials. Its mission is to:

- establish a coordinating center to provide leadership and technical assistance in all aspects of research on nondrug approaches for pain management;
- supervise the design of demonstration projects that will conduct clinical trials on nondrug approaches to treat chronic pain for military members, Veterans, and their families; and
- make data, best practices, and resources available to researchers so that they may create a partnership with health facilities that provide care to the military, Veterans, and their families.

[Studies](#) find that roughly 45 percent of the military and 50 percent of Veterans experience pain on a regular basis. There is also a good deal of overlap between chronic pain, posttraumatic stress disorder, and traumatic brain injury. Yet there is a significant problem with effective pain management in these groups.

“There is an ongoing problem with pain among military and Veteran populations and an incomplete evidence base for effective pain management,” notes HHS in the grant proposal. “Opioids are often prescribed for the treatment of chronic pain, but chronic use is associated with the potential

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for misuse, abuse, and dependence.” That is why NIH, DoD, and VA have joined forces to develop nondrug pain management approaches to complement current analgesic treatments.

For more about VA research on pain management therapies, read “[HSR&D Completes Four New Evidence-Mapping Projects](#),” and “[VA’s special war-injury centers use mind-body approach](#)” or visit the Complementary and Integrative Health and Pain [topic pages](#) on the VA Research and Development website.

Spotlight on pain management

The VA Health Services Research and Development (HSR&D) service held its state of the art conference on pain management in March 2017. A presentation on recommendations from the conference, “[Non-Pharmacological Approaches to Chronic Musculoskeletal Pain Management](#),” is available as a cyber-seminar on the HSR&D website.

The presenters were Dr. Erin Krebs with the VA Minneapolis Health Care System, Center for Chronic Disease Outcomes Research, and Dr. Robert Kerns with the VA Connecticut Health Care System, Pain Research, Informatics, Multimorbidities, and Education Center.

Debilitating pain is endemic in the United States—studies show that 20 to 30 percent of U.S. adults experience chronic pain. For patients within the



Medication is only one approach to pain management. (Photo: @iStock/ibreakstock)

Veterans Health Administration, that rate rises to 50 to 60 percent. Over 5 million Veterans were diagnosed with a musculoskeletal disorder during the period from 2000 to 2011. The most common conditions were nontraumatic joint disorders, back conditions, and osteoarthritis.

Pain and mental health disorders often go hand in hand. Many Veterans who experience chronic pain have a co-occurring mental health condition and/or a substance use disorder. Illustrating this vulnerability, VA patients have twice the rate of accidental poisoning deaths than that of the U.S. population as a whole. Most often those deaths involve opioid overdose. The greater the dose of prescribed opioids, the higher the risk of accidental death and suicide, say researchers.

To address these concerns within VA, several work groups were convened at the conference to address these five areas:

- effectiveness of therapies for chronic musculoskeletal pain
- delivery and dosing strategies
- patient selection
- implementation challenges and strategies
- outcome measures for prospective research

The workgroups concluded that there was strong evidence that investigators need to focus on hybrid effectiveness-implementation trials for cognitive behavioral therapy, mindfulness meditation, and acceptance and commitment therapy.

There was promising evidence that investigators should focus research on the effectiveness of meditation, biofeedback, hypnosis, and relaxation therapies.

The researchers noted that there were several challenges to evaluating the efficacy of the above therapies, but ended with these recommendations:

1. Nondrug pain treatments should be integrated into the primary-care setting in VA.
2. VA should invest in more effective strategies for tracking utilization of these therapies for pain management.
3. HSR&D should put together a group to develop a small set of outcomes measures to be used in pain research.

Using mindfulness to combat stress-related heart disease in women Veterans

Dr. Karen Saban is a nurse research scientist at the Edward Hines, Jr. VA Hospital. She is also associate professor and associate dean for research at Loyola University in Chicago, Marcella Niehoff School of Nursing. Her area of research is focused on neuroscience, with a special interest in stroke, cardiovascular disease, and traumatic brain injury (TBI). Saban is currently investigating the ways that stress can cause inflammation in the body, which can potentially lead to inflammatory-related disease, such as heart disease.

Saban is the principal investigator for a VA Health Services Research & Development-funded study on “[Mindfulness Based Stress Reduction for Women at Risk for Cardiovascular Disease](#).” The study investigates the practice of mindfulness as a way to ameliorate chronic stress in women Veterans and to prevent the development of inflammatory diseases like heart attack or stroke.

KEY POINTS:

- Dr. Karen Saban and her team are testing the efficacy of mindfulness-based stress reduction (MBSR) in lowering inflammation and heart disease in women Veterans.
- MBSR is a combination of gentle yoga, meditation, and breathing exercises.
- The researchers will evaluate different variables before they start the program—such as stress and anxiety, depressive symptoms, and immune function.

VARQU recently spoke with Saban about her work to reduce inflammatory diseases using mindfulness techniques.

Dr. Saban, can you tell us why Veterans who have experienced combat are at greater risk for cardiovascular disease, like stroke?

One of the reasons is that chronic stress over time can change the way that our immune system responds to stress. Those changes in our immune system can increase the risk for developing inflammatory-related disease. A lot of chronic medical problems are related to inflammation, such as heart disease and [hardening of the arteries]. Obesity is believed to be an inflammatory-related disease as well. There’s also been quite a bit of work looking at the role of inflammation in diabetes. The belief is, and there have been quite

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Dr. Karen Saban and research participant Bianca Calhoun demonstrate the EndoPAT machine, used to measure blood vessel elasticity. (Photo by Daniel DuVerney, Edward Hines, Jr. VA Hospital, Chicago)

a few studies to support this, that chronic stress can at least contribute to inflammatory-related diseases.

There has been some literature that shows that women Veterans may have greater chronic stress in their lives than men. Certainly there's been studies that have shown mostly male Veterans with combat experience do have greater incidence of coronary artery disease. But there's less known about women Veterans. But we can certainly take that information and assume or extrapolate that women Veterans are also at greater risk.

You say that women Veterans experience greater chronic stress in their lives. Do you know why that is?

Well, there are higher rates of abuse in women Veterans. There have been a number of studies that have looked at that. For example, one study showed that 59 percent of women Veterans may have been abused as children. And they do report higher rates of childhood maltreatment. Then there is this belief that early childhood stress can set up inflammation or [prime] the immune system to be at higher risk for inflammatory disease later on in life.

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Are you saying that childhood stress can carry through a person's lifetime and cause greater risk for disease in adulthood?

Yes. Are you familiar with epigenetics? Our DNA generally does not change. Epigenetics—you can think of the term “epi” meaning “surrounding”—essentially controls the extent to which our genes are expressed. It's almost like the volume switches on our genes. And so by changing that epigenome you can increase gene expression or silence it. There's been quite a few studies, especially with animals, even social maltreatment in early life can turn on or off, or change the epigenetic signature, so that later on, if a person is dealing with stress or chronic stress they have those volume switches set at a certain level—which may then allow them to develop certain diseases.

There have been many studies done on the effects of stress and inflammation for male Veterans, but few studies that focus mainly on women Veterans. Why is that?

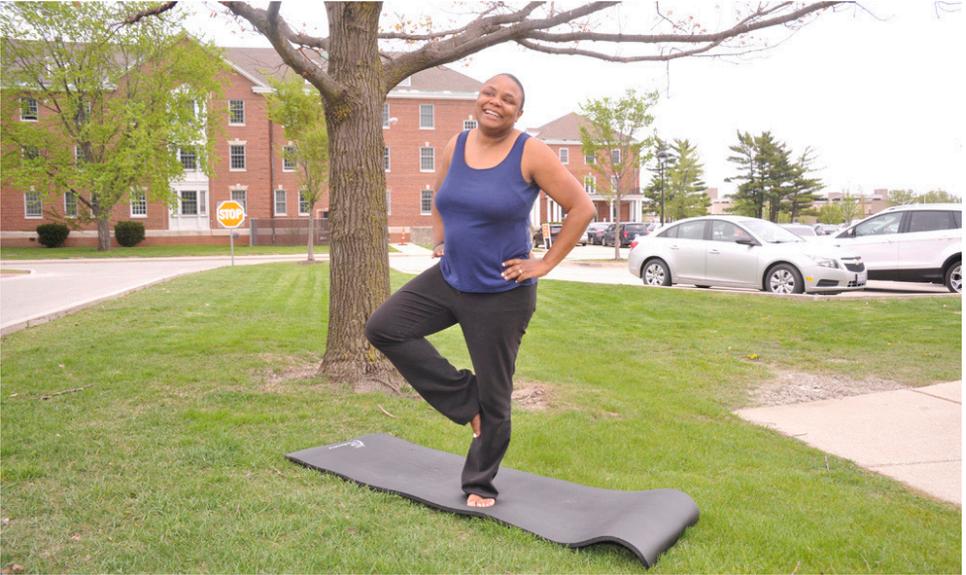
I think that is a big part of it, that there are fewer women Veterans. I think the research is shifting more toward including women in research [studies]. But if you think about years ago, most research (not just in the VA) was with men. I think we started realizing that women and men are very different from each other—we respond to things differently, we have unique needs [psychologically and physiologically].

Can you tell us about the mindfulness-based stress reduction (MBSR) technique that you are using in your study?

It was developed in 1979 by Jon Kabat-Zinn. He was at the University of Massachusetts Medical School. [He developed this program](#) which is a combination of gentle yoga, meditation, and bringing your attention to your breath. And he developed this program primarily to use with patients who had chronic pain. He developed it over several years, and found that it really worked, that people were able to deal with chronic pain and cope better by practicing MBSR.

It's an eight-week program; it's pretty standardized. The trainers are trained and certified in the technique. They go through different modules or different components of MBSR over that period. It's a two-and-a-half-hour class every week, for eight weeks. Participants complete the class usually in small groups (15, maybe 20 people), and they are trained in these different techniques: breathing, relaxation, focusing your attention to your breath, and then going through some gentle yoga poses, which are very adaptable for

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Research participant Bianca Calhoun demonstrates a yoga pose that is part of the mindfulness-based stress reduction program. (Photo by Daniel DuVerney, Edward Hines, Jr. VA Hospital, Chicago)

people who have disabilities or physical problems. They learn those techniques and then are asked to practice them for 45 minutes to an hour each day. The whole point is to help them really focus on one thing, to bring their attention to one thing, and to be able deal with stressors that will inevitably come up in their lives throughout the day.

What exactly does the term “mindfulness” mean?

It is this combination of increasing your awareness of your stress or different things that are happening in your body and then just being able to be aware of it, not judging or evaluating. You are looking at yourself and saying, “OK, I feel tense,” or you are aware of your heart rate going up. So you take on [an attitude] that you won’t react to it. You say, “You know what? This is where I am right now. My heart is racing right now.” You don’t say, “Oh my gosh! I’m getting so stressed out.” So you just observe it and then let it go. It is really teaching people how they are going to respond to different stressors or reactions in their bodies, and not to judge it.

After the Veterans are trained in MBSR, are they asked to go home and practice it?

Yes, they practice it throughout the whole program, and then they are asked to continue practicing it after the program ends. We evaluate as part of our

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research study different variables before they start the program: things like stress and anxiety, depressive symptoms, and we also look at immune function. So we are looking at certain pro-inflammatory cytokines.

Can you tell us what endothelial dysfunction is, and why it's important to this study?

Well, endothelial dysfunction is really a change in the blood vessels that can indicate early changes before actual cardiovascular disease starts. That is one of the things that we are looking at in this study, and we are measuring it with a noninvasive device called the EndoPAT. We are looking at how blood vessels recover from compression.

What we do is put a blood pressure cuff on a study participant; we basically restrict the blood supply to the hand for a few minutes and then we release it. We have a probe on the finger and we are measuring how quickly that blood supply returns to normal. It's noninvasive and it isn't painful—it might be a little uncomfortable having that tight blood pressure cuff on for a while. And from that we get a measure of how quickly that blood flow returns to normal. And that is an indicator of potential endothelial dysfunction—how quickly that blood vessel can accommodate the difference in blood flow. That can give us an idea of what a study participant's cardiovascular risk is in the future.

Once you teach study participants MBSR, do you assess their cardiovascular health—specifically, their endothelial function—by taking these measurements throughout the study?

We do a battery of tests including the EndoPAT, we take blood samples, and collect cortisol levels from their saliva. We ask study participants to collect their saliva at home at five different time points throughout the day. We are looking at patterns of cortisol levels throughout the day. There has been some evidence that some of those patterns may become dysregulated in people who have chronic stress. That then can give us an indication of how they are responding to chronic stress.

We measure study variables halfway through at four weeks, and then we measure them at the end after participants complete the entire eight weeks of MBSR training. And then we also have them come back after six months and we do all the measurements again.

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So this is a technique that ideally participants will take with them and continue to practice?

Yes. We did get some additional small amount of funding to evaluate an app that they can put on their phone. It also has some of the classes and recordings from the MBSR program, so then they can listen to it on their phone and do it. We are looking at that, too, to see if it will help sustain their practice, because there really haven't been a lot of whole studies looking at sustaining MBSR practice.



Dr. Karen Saban and research participant Bianca Calhoun discuss the MBSR program. (Photo by Daniel DuVerney, Edward Hines, Jr. VA Hospital, Chicago)

What are your goals for this study?

Well, I would like to see if the MBSR training could reduce cardiovascular risk. We are measuring things like cholesterol levels, hemoglobin A1C, and blood pressure and other variables related to risk. Our hope would be that women Veterans who participate in the mindfulness class will have reduced risk. We are randomizing women to a control

group as well. The other group takes part in health education classes that have nothing to do with reducing cardiovascular risk, of course. The whole point is to tease out that it is not the attention that is [reducing risk and] making the changes.

When we look at the male Veterans, we see that they hang out a lot together, playing cards and socializing. We see a lot of older male Veterans who I think use the VA as a social spot; they stop in and have coffee together.

We don't see a lot of that with the women Veterans. I think it is because women spend more time with their children and families. Some of the women in our groups have said, "This is the first time I've actually sat down with other women Veterans." A lot of them end up becoming friends with one another.

I think it is important for us to control for new friendships among women Veterans to make sure the outcomes that we see in this study aren't related

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to the fact that these women are socializing together and offering each other support.

Mindfulness has been in the news quite a bit lately—for instance, using it to treat chronic pain. What are the benefits of practicing mindfulness over the long term?

I think we would expect people to cope better with those inevitable stressors, that they would feel calmer, have a greater sense of well-being, and improved quality of life. And this certainly is in the literature. There have been studies that have shown that it can improve relationships. It teaches you to stop and observe, and not do that kind of quick reaction.

We have another study with preschoolers in the Chicago Public School System looking at using mindfulness to help young children who live in socio-economically depressed neighborhoods to cope better with daily stressors and to sleep better.

I hear what you are saying about mindfulness being in the news and being touted like it will solve everything. And we know nothing does. But I do think that one thing that people tend to underestimate—it does take a lot of practice and a commitment. And not everyone is able to do that. I know that I've gone through the course myself. I work full time and I have kids. It's not easy to find the time during the day to meditate when you feel you have a thousand things to do. But I think it's making that commitment, maybe it's not an hour a day, maybe it's 10 minutes in the morning when you are taking a shower. There are ways to work it into your life.

As the trainer used to tell us, "It's the intention of doing it," that you intend to take care of yourself. And even if it's just 10 minutes today, you are making an effort to think about your mental health. Ultimately, that will help you in the long run.



Career development awardee
Dr. Jeffrey Kullgren is a research scientist at the VA Ann Arbor Healthcare System in Michigan.
(Photo courtesy J. Kullgren)

Improving Veteran buy-in to prevent diabetes

Dr. Jeffrey Kullgren

Dr. Jeffrey Kullgren is a VA research scientist and an internal medicine physician who treats patients and teaches medical students at the VA Ann Arbor Healthcare System in Michigan. He is also on staff at the University of Michigan School of Medicine. When not with patients, he spends most of his work time doing health-services research, focused on improving both patient and physician decision-making about healthy behaviors and use of the health care system.

KEY POINTS:

- Dr. Jeffrey Kullgren’s research focuses on key strategies that can be implemented within the VHA to help at-risk Veterans commit to reducing their risk for type 2 diabetes.
- Improving the engagement of Veterans who are at high risk for developing type 2 diabetes can help them become more successful in losing weight.
- The study involves delivering different kinds of secure messages about diabetes prevention to Veterans who are at risk for type 2 diabetes.

VARQU recently spoke with Kullgren about his five-year, Career Development research award.

Dr. Kullgren, what area is your Career Development award in?

My Career Development award is focused on diabetes prevention and it’s specifically focused on improving the engagement of Veterans who are at high risk for developing type 2 diabetes in the future. I am trying to improve their engagement in behaviors that will help them reduce the risk of diabetes in the future.

Studies show the prevalence of diabetes varies by race and gender. How does that play out in the Veteran population?

Among the patients that we care for in the Veterans Health Administration (VHA), about one in four have type 2 diabetes—which is higher than the

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U.S. population in general. In the U.S. population I believe that it is more in the neighborhood of 10 percent. Now this is not the prevalence among all Veterans. That's out of the patients whom we see within the VHA, who choose to come to us for their care. So that being said, this is a very common chronic condition. Among the patients who we serve, certainly, within my primary-care clinic, it is one of the most common conditions that I care for. And when I see patients in the hospital, diabetes is often a contributor to the acute health problems that our hospitalized Veterans face.

Obesity is becoming a critical health problem in the U.S.—studies show that it is also a problem for Veterans. How does obesity contribute to prediabetes or diabetes in the Veteran population?

Overweight and obesity are two of the main risk factors for type 2 diabetes, as we age. We have obviously many older patients within the VHA. So that's the key risk factor. Certainly family history can be another key contributor, as well as a sedentary life style. Those people who are physically inactive can be at risk for getting type 2 diabetes in the future. There are a host of other risk factors, but I would say that a lot of the risks that Veterans have that can contribute to type 2 diabetes are shared within the U.S. population. So the risk factors that our patients have are very similar to those that are seen outside of the VA.

So it is an important problem, but not one that is unique to Veterans?

That's right. But there are some other things that are unique to Veterans, but the main drivers of the development of diabetes are shared with the U.S. population.

Could you expand on that statement? What conditions are unique to Veterans?

I think that many of the patients that we care for in the VA face a host of unique health problems, many which could be related to their time in the service. So for example, many Veterans who have type 2 diabetes are service-connected for that condition because they may have been exposed to Agent Orange in the past. That's a known risk factor for development of diabetes. We also know that chronic pain and degenerative joint disease, which can be often related to one's time in the service because of the intense physical strain that can come along with that, can make it difficult for people to be physically active. I mentioned

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having a sedentary lifestyle can be a risk factor for developing diabetes. So that's another example of something that is seen in the general population, but in particular, does affect a lot of patients.

Can you tell us about your study and the strategies you will use to help Veterans become more engaged in their health care to prevent diabetes?

Research has shown us that people who are at risk for developing type 2 diabetes in the future, but don't yet have it, can significantly reduce their risk by losing a modest amount of weight and engaging in regular levels of moderate physical activity. So specifically, people who are at risk and are able to lose 7 percent of their body weight, who are able to get 150 minutes of moderate levels of physical activity a week—and when I say moderate that is something like brisk walking—can reduce their risk for type 2 diabetes. We know that people who are able to do that consistently can cut their risk of diabetes by about half. And that now is what has spurred the rapid development, implementation, and dissemination of the diabetes prevention program by the CDC and related partners like the YMCA.

The problem, however, is when we look at research studies—there are very few people, both within and without the VA, that are taking some of those steps to reduce their risk. So we have a disconnect between the kind of health that people want for themselves over the future, the supports that we have available for them, and what they are actually doing. So my line of research is focused on why that is the case, and to test different strategies to help people who are at risk for getting diabetes in the future. I also want to make accessible to them supports to help them reduce their risk and be healthier in the future.

Why have Veterans been resistant to these types of prevention strategies? Is that problem unique to Veterans? Or is it a problem in the general population?

Yes, I would say that this is another of those issues that are not unique to VA. As I've mentioned before, for many people even though they desperately want to lose weight, it can be very difficult. Most of us have experience with trying to go to the gym and getting regular exercise, and that can be a challenge to do on an ongoing basis. Some of these things are difficult, for a range of complicated reasons, for everybody.

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Dr. Jeffrey Kullgren and his research team at the VA Ann Arbor Healthcare System in Michigan.
(Photo courtesy J. Kullgren)

I will say to give you the full perspective on this issue, in my personal experience as a primary-care physician, having identified patients who have elevated blood sugars in the prediabetes range, I've often had patients who even though they've already wanted to lose weight, they've already wanted to be more physically active, when they hear they are

close to developing diabetes, they've often taken major steps to try to lose weight in new ways or try to be more physically active. So I think hearing that information for many people can be a window of opportunity that can lead them to act differently than they did before.

Can you tell us about the strategies that you plan to test out to engage Veterans in healthy behaviors?

I think the question becomes, knowing about one's risk for type 2 diabetes, what kind of things could be done within the VA health system to encourage Veterans to take some of those steps to reduce that risk? Maybe it is enrolling in the VA's weight management program called MOVE!, which in its most recent iteration has incorporated some key elements of the diabetes prevention program that I mentioned earlier. Maybe it is Veterans deciding on their own to lose weight, or perhaps with the support of their primary-care team, or trying to be more physically active. Maybe it is going outside of the VA and enrolling in a diabetes prevention program in their community. Maybe it is talking to their primary-care team about whether a medication to reduce their risk for diabetes could be right for them.

Once you identify these strategies, how easily can they be adopted into clinical practice?

One of the most important factors that I think about when designing intervention strategies is what could realistically be delivered at low cost and at scale for a lot of patients within the existing systems that we have. Now that creates some constraints in terms of having to work with what we have. But I will say that if you are focused on changing the world and

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being able to reach a lot of people and improve their health, you need to recognize what's actually going to be possible to be implemented, and what would be simply out of reach.

What we are specifically doing in this study is we are testing some new experimental approaches to better encourage Veterans to reduce their risk for diabetes. We are delivering different kinds of messages for diabetes prevention for Veterans who are at risk for type 2 diabetes and we will deliver those messages through secure messaging (which is the VA's email system for patients and providers).

Is this done through the HealtheVet patient portal?

Yes. So we are going to be delivering different kinds of prevention messages that have an evidence base from other decision-oriented domains we think have significant promise to encourage more Veterans to reduce their risk.

We are going to be delivering different kinds of messages. We are going to vary those messages and what's contained in those messages within that study. So with all of the Veterans in that study—this is the follow-up study that we are currently developing—we will be testing different kinds of approaches to encourage them to reduce those risks.

I'll give you a few examples of those strategies. One important challenge that we face in encouraging people to reduce their risk for type 2 diabetes is that they may not feel any different because they have prediabetes or their blood sugar is a little bit elevated. For many people it's easy to feel like that is something they want to address, but it is something they can do in the future. It doesn't feel particularly urgent.

We will be delivering weekly secure messages about diabetes prevention to patients in the trial. Some of those messages—people will be randomly assigned to different groups—will sound more urgent, and some will sound less urgent, to see how much of a difference it makes. That's one factor: changing the urgency of the messages.

Another approach that we are testing is something called implementation intentions. This is an approach that has been developed by psychologists to help people take some concrete steps toward achieving a goal. When people intend to do something in the future, if you are able to spell out what you are going to do, when you are going to do it, and where you

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are going to do it, and you actually lay those things out and write them down, even if you don't receive frequent reminders about that, simply the action of thinking about it and writing it down on a piece of paper can make it easier for you to do it.

The third one is where I've borrowed insights from another field of psychology called self-determination theory. What self-determination theory posits is that motivation that comes from within (rather than outside) is more likely to be stronger to sustain long-term healthy behaviors. We can think of examples in our personal lives, things that you are internally, intrinsically motivated for are things that you do just for the sake of doing them.

When people feel like engaging in a behavior that is closely linked to things that they value, it's more likely that they will engage in that behavior. If you think, for example, about preventing diabetes, there may be patients for whom some of their main aspirations in life are to be good grandfathers, or to contribute to their community, or serve other Veterans. Everybody has core values and aspirations in life. So to the extent that we can help patients feel that preventing diabetes is congruent with what matters to them in life, avoiding diabetes in the future will help them better achieve some of those things. It will be more likely that people will take some steps to reduce their risk.

The fourth strategy that we are going to be testing is something called preference checklists. Preference checklists were a strategy originally developed to help people save for retirement. Retirement is an interesting parallel when thinking about diabetes prevention. Most if not everybody wants to live well in retirement and have a comfortable, healthy, happy retirement with the resources they need. But saving for retirement can be really challenging for people. It's also one of those things that are easy to kick down the road.

So what preference checklists are is essentially a priming exercise. It puts in front of people statements that encourage them to think of tradeoffs between the present and the future. They encourage people to think about the future more immediately. We think that because this is a similar kind of behavior with many similar features and challenges, that when it is translated into a diabetes context it can help Veterans to take action now, instead of hoping to do so at some point in the future.

Better dental care improves health for Vets with type 2 diabetes

—A team including researchers at the Wm. Jennings Bryan Dorn VA Medical Center in Columbia, South Carolina, and Michael E. DeBakey VA Medical Center in Houston found that Veterans who had type 2 diabetes and periodontal disease achieved better control of their blood sugar levels when they received regular periodontal dental cleanings. The [study](#) results were published in the April 2016 issue of the *Journal of Dental Research*.

Researchers prospectively tracked the electronic medical records of 126,805 Veterans who had type 2 diabetes and periodontal disease and who had received health care services at a VA facility from 2005 to 2012. Their aim was to evaluate the effects of long-term dental cleanings on glycemic control in Veterans with type 2 diabetes by measuring hemoglobin A1C blood levels (a measure of disease control).

At baseline, study participants were 64 years old on average and had several diabetes risk factors. Sixty percent had hemoglobin A1C blood levels under 7 percent—where a normal range is between 4 and 5.6 percent. Fifty-eight percent were obese, and 12 percent were taking insulin to control their diabetes. They had been living with the disease for an average of four years.

The researchers found that the greatest treatment benefit came to Veterans who received regular, long-term dental cleanings. While smoking did not affect reductions in hemoglobin A1C after initial periodontal treatment, obese patients received less benefit from initial treatment. Those patients who had baseline hemoglobin A1C levels below 9 percent experienced the

greatest reductions in blood sugar levels after long-term follow up (average 1.7 years) with dental cleanings. However, all study participants did experience modest improvement in hemoglobin A1C with long-term dental care.

Periodontal disease has been shown to be associated with elevated blood



Regular periodontal dental cleanings can help control type 2 diabetes, according to studies. (Photo for illustrative purposes only. @iStock/yoh4nn)

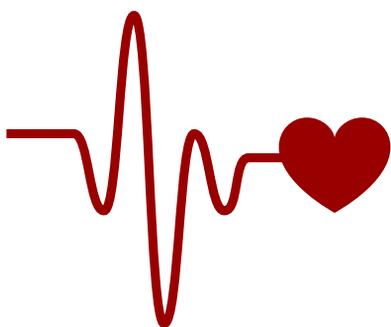
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sugar. The disease causes inflammation that can increase the release of pro-inflammatory cytokines. These small proteins are produced by the immune system and can reduce the effectiveness of the body's naturally produced insulin. When the body becomes resistant to insulin, it is unable to properly metabolize sugar in the bloodstream, causing damage to internal organs.

Because periodontal disease causes inflammation in the mouth and other parts of the body it can elevate blood sugar levels, making it harder for patients with diabetes to control their disease. Researchers in this study recommend that patients with diabetes and periodontal disease get long-term periodontal dental care to help improve their overall health.

PTSD and heart disease can go hand in hand—When most people think of posttraumatic stress disorder (PTSD) the first thing that comes to mind is, well, stress. But mental health isn't the only body system that can suffer from the effects of PTSD. Researchers have known for quite some time that prolonged stress can affect multiple organ systems, for example, the cardiovascular system—which consists of the heart and blood vessels.

In a recent issue of [*PTSD Research Quarterly*](#), produced by the VA National Center for PTSD (NCPTSD), clinical research coordinator Melanie Arenson and Dr. Beth Cohen, both affiliated with the San Francisco VA Health Care System, discussed the prevalence of heart disease among patients with PTSD and the different ways that PTSD can affect the development of cardiovascular disease (CVD).



Chronic stress can raise the risk of heart disease, according to research. (Photo @iStock/mizlatic)

As a group, Veterans are at especially high risk for developing heart disease. Numerous population-based studies have shown that people with PTSD are more likely to develop CVD and ultimately die from it. That risk for developing heart disease is also relevant for many different groups of people who are exposed to repeated traumatic stress—e.g., Veterans, nurses, combat medics, and 9/11 survivors.

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The risk of developing heart disease from PTSD is equally problematic for both men and women, wrote Arenson and Cohen. In one of the first [prospective studies](#) that looked at the link between male Veterans with PTSD and heart disease, researchers found an 18 percent increased risk for CVD for each increase (in standard deviation) in PTSD symptom severity.

Further studies have identified a similar effect in women. The NCPTSD investigators cited a 2015 study in which [researchers analyzed data](#) from the Nurses Health Study II, which included close to 50,000 women. They compared two data sets and their relationship to PTSD and CVD—women who had been exposed to trauma but did not have PTSD, and women who had been exposed to trauma and reported four or more PTSD symptoms. Those women who experienced four or more PTSD symptoms were much more likely to have heart disease.

Most studies look at the effects of PTSD on heart disease 10 or more years after a traumatic exposure. [But in a study](#) that examined over 60,000 patients from the Millennium Cohort Study, researchers reported a more immediate effect on cardiovascular health for those service members who had PTSD. The study followed service members for a mean of five and a half years post-traumatic exposure. They found that study participants who had combat exposure were much more likely to have heart disease than those who didn't, even after researchers controlled for usual CVD risk factors.

These studies, said Arenson and Cohen, together “provide strong evidence that patients with PTSD have a greater burden of [fatty deposits in their arteries] and reduced blood flow [to the heart] that can lead to CVD events.”

Scientists have found several potential culprits that can cause heart disease in people with PTSD: inflammation, nervous system malfunction, neurochemistry, genetics, and unhealthy behaviors. But many studies point to inflammation in the body as one main contributor to CVD. [One study](#) examined the presence of C-reactive protein (a biochemical marker of inflammation) in people with PTSD. Researchers found that participants with PTSD had more than twice the amount of CRP in their blood than people who did not have PTSD, even after controlling for other risk factors such as age and sex.

[In a 2015 review article](#), explained Arenson and Cohen, researchers with VA and other institutions outlined the effects of stress on the autonomic nervous system, the renin-angiotensin system (which regulates blood pressure

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and fluid balance), and the immune system. They then discussed how those changes could contribute to heart disease. Traumatic stress can increase the release of certain chemicals into the blood, like renin and angiotensin II, which in high concentrations can damage blood vessels and other parts of the cardiovascular system.

“Stress- and anxiety-related disorders are on the rise in both military and general populations,” noted the study authors. “Over the next decade, it is predicted that treatment of these conditions, in particular PTSD along with its associated long-term comorbidities, will challenge the health care system.”

Heart disease is particularly worrisome considering its common occurrence worldwide and the high cost for treatment. In the U.S. population, it accounts for \$316 billion annually in health care costs and lost productivity.

To find out more about VA’s work on PTSD and heart disease, read [“Heart-mind mystery: Unraveling the link between PTSD and heart disease.”](#)

VA researchers pinpoint gene linked to colorectal cancer spread—“Sprouty” might sound like something you pick up in the produce section at Whole Foods, but it’s actually a gene. The Sprouty2 gene, which expresses a particular protein (SPRY2), suppresses tumor spreading, referred to as metastasis, in breast, prostate, and liver cancer. But researchers at the Harry S. Truman Memorial Veterans’ Hospital in Columbia, Missouri, and University of Missouri discovered that the gene functions differently in colorectal cancer.

Surprisingly, SPRY2 may actually promote metastasis in colorectal cancer. The researchers, headed by principle investigator Dr. Sharad Khare, studied the gene in cell models, mouse models, and human biopsy samples to determine how it functions in colorectal cancer.

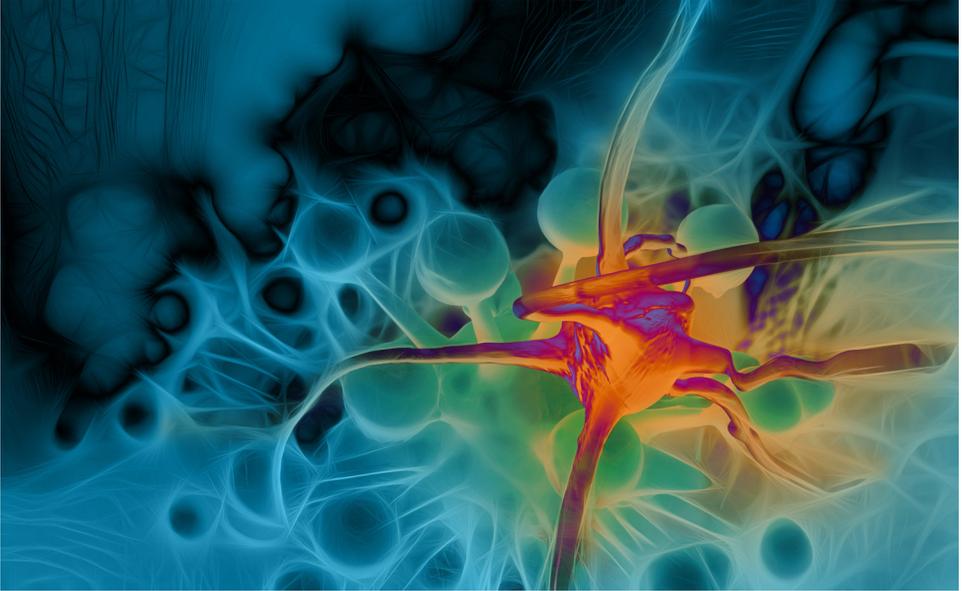
“What we’ve found is in colorectal cancer, in some scenarios, it may help a tumor to grow and move to other parts of the body,” Khare told Columbia, Missouri, National Public Radio station KBIA.

The study shows that the Sprouty2 gene can promote a process called epithelial-mesenchymal transition in colorectal cancer, which can lead to the cancer spreading. In epithelial-mesenchymal transition, affected cells lose adhesion to other cells and can travel through the bloodstream, which can lead

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to cancer cells spreading. This process is also involved in natural functions such as wound healing.

The results indicate a role of SPRY2 in the progression and worsening of colorectal cancer. Suppression of Sprouty2 may inhibit epithelial-mesenchymal transition in colorectal cancer patients, say the researchers.



New research shows Sprouty gene suppresses tumor metastasis in breast, prostate, and liver cancer, but not colon cancer. (Photo @iStock/vitanovski)

The [results](#) were published in a June 2016 issue of the journal *Oncogene*.

The study is a significant step in understanding metastasis in colorectal cancer. The researchers are now looking into whether there is a correlation between the activity of this gene and the life expectancy of patients with colorectal cancer. Future studies will help doctors understand what patient populations are at risk for colorectal cancer. This research could eventually lead to personalized treatments targeting specific genes in patients with the cancer.

Deaths from colorectal cancer are usually the result of tumor recurrence and cancer spreading to other organs. Colorectal cancer is the third most common cancer diagnosed in the United States, according to the American Cancer Society. The lifetime risk of developing colorectal cancer in the U.S. is 1 in 21 for men and 1 in 23 for women. VA diagnoses around 4,000 new cases of colorectal cancer in Veterans each year.

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Obesity prevalence among key subgroups in VHA—Worldwide obesity has reached epidemic proportions. In the U.S., obesity prevalence is estimated at 38 percent nationwide. Among the 5 million Veterans who use the Veterans Health Administration (VHA) for their primary care, 37 percent are overweight and 41 percent are obese, [according to VA researchers](#).



Certain groups of Vets experience obesity at much greater rates than others. *(Photo for illustrative purposes only. @iStock/stevecoleimages)*

Dr. Jessica Breland is a researcher with the Center for Innovation to Implementation at the VA Palo Alto Health Care System in California. She and her team reviewed 2014 data from the Women’s Health Evaluation Initiative and VHA Vital Signs to evaluate and describe the prevalence of obesity within key VHA population subgroups. They [published their findings](#) in the April

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2017 issue of the *Journal of General Internal Medicine*.

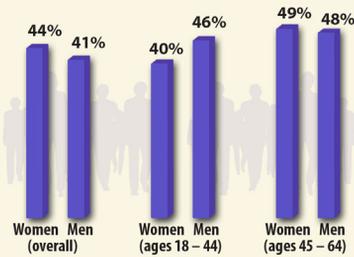
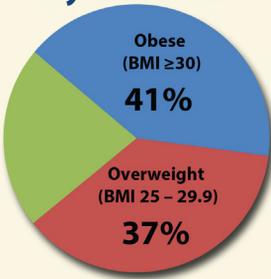
Given the high prevalence of obesity among Veterans who use the VHA, the researchers felt it was important to look at variables such as gender, age, rural or urban residence, and race and ethnicity to better target weight-loss programs and treatments like bariatric surgery. They found significant differences in obesity prevalence in different subgroups of Veterans.

Of the total sample of 4.9 million Veterans, more than 347,000 were women. Obesity prevalence for women was 44 percent, compared to 41 percent for men. Other significant findings include:

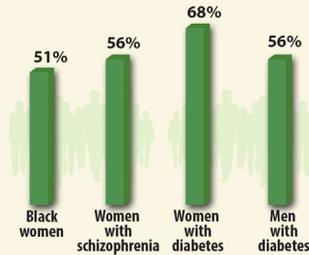
- 72 percent of Veterans with sleep apnea were obese
- 68 percent of women with diabetes were obese
- 56 percent of women with schizophrenia were obese
- 52 percent of men who served in the Gulf War I/pre-OEF/OIF/OND era were obese
- 46 percent of Native Hawaiian/other Pacific Islander Veterans were obese

“VHA’s weight management initiatives have the potential to avert long-term morbidity arising from obesity-related conditions,” note the authors. “High-risk groups ... may require particular attention to ensure that systems improvement efforts at the population level do not inadvertently increase health disparities.”

Obesity and overweight rates among VA patients



Demographic breakdown of obesity



Groups with especially high prevalence of obesity

Source: "The Obesity Epidemic in the Veterans Health Administration: Prevalence Among Key Populations of Women and Men Veterans." Based on data on nearly 5 million Veterans Health Administration patients in 2014. JGIM, online March 7, 2017. Infograph by VA Research Communications, March 2017 (Photo ©iStock/FredFroese)

Cardiovascular benefits of **MOVE!** participation

17%

reduction in risk for total cardiovascular disease



Based on a nationwide study of 1.4 million VA patients, 12 percent of whom took part in MOVE!, VA's lifestyle change program. "Reduced Cardiovascular Disease Incidence with a National Lifestyle Change Program," American Journal of Preventive Medicine, online Dec. 6, 2016.

Infographic by VA Research Communications (December 2016). Photo for illustrative purposes only. Photo ©iStock/stevecoleimages

How do genes influence PTSD?

[CTV News](#) in Canada and other media outlets reported on a large international [study](#), involving several VA researchers, that examined genetic risk factors for PTSD. The study included some 200 billion pieces of genetic information from more than 20,000 adults across the globe. The researchers say their results “demonstrate genetic influences on the development of PTSD, identify shared genetic risk between PTSD and other psychiatric disorders, and highlight the importance of multiethnic/racial samples.” They say yet larger samples are needed to home in on specific genes. (05/02/2017)



©iStock/ktsimage



Photo by Jeffery D. Russell

Study: Spinal manipulation offers modest relief for back pain

A [study](#) led by a team at the West Los Angeles VA Medical Center found that spinal manipulative therapy for low back pain—offered by chiropractors, physical therapists, and others—was associated with “modest improvements in pain and function and with transient minor musculoskeletal harms.” The researchers reviewed and combined data from past studies on the topic. The new study was covered by [NPR](#) and several other media outlets. (04/19/2017)

Substance use disorders and suicide risk

[U.S. News and World Report](#) and other media outlets covered a VA [study](#) on the link between substance use disorders and suicide deaths among Veterans using VA care. The study, which looked at data on more than 4.8 million Veterans, found a sharply elevated risk of suicide among those with a current SUD. (03/20/2017)



©iStock/LeszekCzerwonka



Photo: ©iStock/PeopleImages

Helping patients be more active in their own care

A Wall Street Journal [article](#) on shared decision-making in health care highlighted the research of Dr. Angie Fagerlin at the Salt Lake City VA Medical Center. Fagerlin is also president of the [Society for Medical Decision Making](#).

(03/01/2017)

Keeping off those extra pounds

[CNN](#) and other national media outlets reported on a VA [study](#), published in the *Annals of Internal Medicine*, that tested various strategies to help people keep off the weight they had lost. (02/24/2017)



Photo: ©iStock/Cathy Yeulet

April 17, 2017

VA rehabilitation scientist Dr. Linda Resnik honored with 2017 Magnuson Award



Linda Resnik, P.T., Ph.D., FAPTA

Linda Resnik, P.T., Ph.D., FAPTA, a research career scientist with the Providence VA Medical Center in Rhode Island, has been awarded the Paul B. Magnuson Award for her work with Veterans who have experienced upper-limb loss.

The Magnuson Award is the VA Rehabilitation Research and Development (RR&D) service’s highest honor—it is given to acknowledge entrepreneurship, humanitarianism, and dedication in service to Veterans.

Resnik has been recognized for her “extraordinary commitment to Veterans with limb loss, her contributions to the design and evaluation of prosthetic devices and controls...and her pioneering developments in the measurement and evaluation of rehabilitation care delivery.”

Resnik directed the VA-funded [optimization study](#) that led to the approval of the Life Under Kinetic Evolution (LUKE) Arm for Veterans with upper-limb amputation, a revolutionary prosthetic device developed by DEKA Integrated Solutions Corporation and supported by grants from the Defense Advanced Research Projects Agency (DARPA). It is the first computer-driven prosthetic arm that is capable of multiple, simultaneous movements.

“We need data to better understand the needs of people with upper-limb amputations and to assess their limitations in functioning, their participation in life roles, and their satisfaction with prosthetic devices and the amputation rehabilitation care that they have received,” said Resnik, in a [2016 VA Research Currents article](#).

In testament to Resnik’s leadership and achievements in VA research, she was awarded a VA RR&D Research Career Scientist Award in 2014 and a VA New England Health Care System Network Director’s I CARE Award in 2017. She is also professor of health services, policy and practice at Brown University Medical School in Providence.

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Resnik is director of a focus area concentrated on restoring limb function for the VA RR&D [Center for Neurorestoration and Neurotechnology \(CfNN\)](#), a collaboration between PVAMC, Brown University, and affiliated hospitals whose researchers and clinicians are advancing neurotechnology to restore lost function.



(From left) Research health science specialist Frantzy Acluche and project coordinator Sarah Ekerholm discuss the DEKA arm, an advanced upper-limb prosthesis, with Dr. Linda Resnik. (Photo by Kimberly DiDonato)

In addition to having received public and private-sector research grants totaling more than \$20 million over her career, she is also director of the Multi-Institution Center on Health Services Training and Research, or CoHSTAR. This center, funded by the Foundation for Physical Therapy, aims to train highly skilled physical therapists and health policy researchers and mentor both young and established investigators in research methods.

* [Listen to Dr. Resnik](#) speak about her work with Veterans who experience traumatic upper-limb amputations.

March 28, 2017

Nurse Researcher Recognized for Use of Meditation in VA Populations



Dr. Jill Bormann (center) was awarded the International Society for Psychiatric and Mental Health Nurses (ISPN) 2017 Research Award

VA research nurse scientist Dr. Jill Bormann was awarded the [International Society for Psychiatric and Mental Health Nurses \(ISPN\) 2017 Research Award](#) for her work on the Mantram Repetition Program (MRP) in the VA health care system.

Bormann has studied the health-related outcomes of the mantram program in a variety of group settings for the past 17 years,

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including among Veterans with chronic illness, Veterans with post-traumatic stress disorder (PTSD), family caregivers of Veterans with dementia, adults living with HIV/AIDS, and health care providers.

The MRP is a mind-body, spiritual intervention that can be used to manage stress and cultivate a personal sense of well-being. Mantram repetition is a simple and quick technique that can be used almost anywhere, anytime to help Veterans and others reduce stress and center their self-awareness.

“A mantram is a spiritual word, phrase, or brief prayer that we repeat silently to ourselves to calm the body, quiet the mind, and improve concentration to restore the spirit,” says Bormann, who has created a [burnout prevention tool](#) for health care providers.

Bormann completed a VA post-doctoral nurse fellowship in 2011 and is currently the associate nurse executive for research at the VA San Diego Healthcare System. Her program of research is on health-related outcomes of the MRP, ranging from “[Mantram Repetition with Homeless Women](#)” to “[Efficacy of the Mantram Repetition Program for Insomnia in Veterans with PTSD](#).”

The International Society for Psychiatric and Mental Health Nurses supports advanced-practice psychiatric-mental health nurses in promoting mental health care, literacy, and policy worldwide.

*Listen to Dr. Bormann talk about the [benefits of using a Mantram Repetition Program](#) for Veterans who have returned from duty in Iraq or Afghanistan.

*To learn more about Dr. Bormann’s work with Veterans who have PTSD, read “[Mantram technique benefits Veterans with PTSD](#).”

February 24, 2017



Dr. Terence M. Keane

VA PTSD researcher tapped to head American Psychological Foundation

Dr. Terence M. Keane, director of behavioral science at the National Center for PTSD at the VA Boston Healthcare System, was elected president of the American Psychological Foundation (APF), the philanthropic arm of

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the American Psychological Association (APA). Keane, who started his term Jan. 1, 2017, is considered a national expert on posttraumatic stress disorder (PTSD) and has received multiple honors for his groundbreaking work on psychological stress.

“I am honored to become president of an organization that has such a profound impact on so many lives,” said Keane in an APA press release. “I look forward to beginning my work as president to make a positive difference for people, especially those exposed to traumatic life events and who develop post-traumatic stress disorder.”

Keane, who is also professor of psychiatry and assistant dean for research at Boston University School of Medicine, is noted for his seminal contributions to the understanding and development of treatments for PTSD. Over his career he has published more than 300 articles, chapters, and books on the subject. Keane has received research funding from multiple federal agencies, such as VA and the National Institutes of Health, and currently is co-director of the Consortium to Alleviate PTSD, funded jointly by VA and the Department of Defense.

In 2015, Keane received the John Blair Barnwell Award, the highest honor from VA Clinical Science Research and Development for outstanding achievement in clinical research. He is also the recipient of the Lifetime Achievement Award from the International Society of Traumatic Stress Studies and Outstanding Researcher Award in Cognitive Behavior Therapy from the Association for Behavioral and Cognitive Therapies.

The APF funds roughly \$800,000 in research grants and scholarships annually. Its mission is to support early career psychologists and scientists as they pursue cutting-edge research.

The American Psychological Association, located in Washington, D.C., is the largest scientific and professional organization representing psychology in the United States. APA’s membership includes more than 117,500 researchers, educators, clinicians, consultants, and students.

To learn more about the joint VA/DoD consortium that Keane co-leads read [“New research consortia will focus on PTSD and TBI.”](#)

February 24, 2017



Dr. Kathryn M. Magruder (right) was awarded the Vietnam Veterans of America Achievement Medal for her research on health outcomes for women Vietnam-era Veterans. (Photo courtesy: VVA)

Dr. Kathryn M. Magruder honored by Vietnam Veterans of America

Dr. Kathryn M. Magruder has been recognized for her work on health outcomes for women Vietnam-era Veterans by the Vietnam Veterans of America (VVA). Magruder, an epidemiologist at the Ralph H. Johnson VA Medical Center, in Charleston, South Carolina, was awarded the VVA Achievement Medal for research that examined the long-term health effects on women who served overseas during the Vietnam War.

Magruder, who is associate professor at the Medical University of South Carolina, was co-chair for a VA Cooperative Studies Program that followed the health outcomes of approximately 12,000 U.S. women who served in the military in

Vietnam, other nearby countries, or the U.S. during the Vietnam era. The retrospective study (built on earlier VA research) followed these women for a total of 40 years, using data from death certificates and the National Death Index to quantify causes of mortality.

While all three groups of women Veterans had a lower mortality risk overall when compared to similar U.S. women, the Vietnam and non-deployed groups experienced greater rates of death from motor vehicle accidents. More than two-thirds of the women Veterans in the study were military nurses. Nurses in the Vietnam group had a twofold greater risk of pancreatic cancer death and nearly a fivefold greater risk of brain cancer death, when compared with nurses in the non-deployed group.

While women Veterans were not typically exposed to hazards like herbicides or direct combat, said the researchers, “other environmental exposures in Vietnam could be a particular concern for women. Most prominent are the physical and psychological stresses associated with military nursing ...” They went on to say many women volunteered to serve in Vietnam within a year of enlisting in the military and were unprepared for managing large numbers of combat casualties.

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The CSP study, “[HealthViEWS: Mortality Study of Female U.S. Vietnam Era Veterans, 1965-2010](#),” was published in the *American Journal of Epidemiology*, and is the largest study to date on the health of Vietnam-era women Veterans.

Vietnam Veterans of America, Inc., is a national non-profit corporation founded in 1978. VVA is chartered by the United States Congress and is dedicated to Vietnam Veterans and their families.

February 9, 2017



Dr. Jason A. Dominitz

VHA honored with ‘80% by 2018’ national achievement award

The National Colorectal Cancer Roundtable (NCCRT) has announced the winners of its “80% by 2018” National Achievement Award for 2017. The award recognizes organizations and individuals who work to increase national screening rates for colorectal cancer (CRC). The goal is to screen 80 percent of adult patients who are 50 years and older by 2018.

Among this year’s honorees is the Veterans Health Administration, for its work in increasing awareness of the importance of CRC screenings, and its research in this area. VHA has maintained CRC screening rates at or above the 80 percent threshold since 2009. VHA is the country’s largest integrated health system and serves approximately 9 million Veterans.

VHA has accomplished this impressive goal through a number of initiatives that depend on medical providers, staff, and researchers. One example is the use of decision support tools within VA’s electronic health record to help identify Veterans who should be screened for CRC. Another is using performance metrics, so that physicians can improve their CRC screening rates.

VA researchers are conducting a [large-scale comparative effectiveness study](#) of fecal immunochemical test (FIT) versus colonoscopy as a screening tool to reduce death from CRC.

The study co-chair is Dr. Jason A. Dominitz, VA national program director for gastroenterology and gastroenterology section chief for the VA Puget

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Dr. Jason A. Dominitz, gastroenterology section chief, VA Puget Sound Health Care System. (Photo by Christopher Pacheco)

Sound Health Care System. Dominitz, who is also professor of medicine at the University of Washington School of Medicine, is well-known for his work in CRC screening.

“This accomplishment recognizes the important role of many VHA staff working together to achieve and sustain high colorectal cancer screening rates,” said Dominitz, via email to VHA providers. “I would like to especially acknowl-

edge the PACT [Patient-Aligned Care Team] teams and all of the other front line providers, nurses, medical assistants, and other support staff who are responsible for assuring that our nation’s Veterans are screened for colorectal cancer, the second leading cause of cancer death in the United States.”

The NCCRT, co-founded by the American Cancer Society and the Centers for Disease Control and Prevention, is an organization dedicated to increasing CRC screening rates in the United States. The winners of the “80% by 2018” National Achievement Award will be recognized via a live broadcast on March 1, 2017. To learn more visit <http://nccrt.org/tools/2017-80-by-2018-national-achievement-awards>.

February 1 , 2017



Dr. William C. Cushman

Dr. William C. Cushman honored with lifetime achievement award for hypertension research

Dr. William C. Cushman, chief of preventive medicine at the Memphis VA Medical Center in Tennessee, has been selected to receive the 2017 Inter-American Society of Hypertension Lifetime Achievement Award, in recognition of scientific contributions that have substantially influenced the field of hypertension across the American continents. Cushman will receive the

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award at the group's meeting in April in Argentina.

Throughout his career, Cushman, who is also professor of medicine, preventive medicine, and physiology at the University of Tennessee Health Science Center, has made significant research contributions that have informed evidence-based guidelines for treatment of high blood pressure.

He was principal investigator for the VA Clinical Center Network and chair of the Blood Pressure Working Group of the [Action to Control Cardiovascular Risk in Diabetes \(ACCORD\) trial](#), one of the largest studies to test preventive therapies for adults with type 2 diabetes who were at high risk for cardiovascular events, like stroke or heart attack.

He also led a clinical network of more than 20 VA medical centers, as part of the [Systolic Blood Pressure Intervention Trial \(SPRINT\)](#), which found aggressive treatment for high blood pressure reduced the overall incidence of cardiovascular events in adults with high blood pressure who did not have diabetes.

Cushman is a member of the Cooperative Studies Scientific Evaluation Committee in VA's Office of Research and Development, and is co-chair for [CSP #597: Diuretic Comparison Project](#). He is also the lead hypertension consultant for VA nationwide, and a member of the National Institutes of Health's Joint Commission on Hypertension.

In 2010, Cushman received the John Blair Barnwell Award from the VA Clinical Science Research and Development Service, for outstanding scientific achievement in clinical research—VA's highest award for clinical research.

The Inter-American Society of Hypertension (IASH) is a nonprofit organization devoted to the understanding, prevention, and control of hypertension and vascular diseases with emphasis on bridging basic, translational, and clinical research across the Americas.