



CAVHCS Role Model Featured in Local Media

By: Teri Greene
Montgomery Advertiser

Editor's Note: By permission of The Montgomery Advertiser. This article ran as the feature article of the Advertiser's July 20, Health & Fitness monthly insert. It focuses on medical professionals overcoming the battle of the bulge and features a member of CAVHCS staff. Edited for space considerations.

At one time in her nursing career, Annie Gosha was working two full-time jobs.

"I would go to one fast-food place for lunch, then to another place to get home-cooked meals, then I worked from 3:30 p.m. to 12 a.m. I got home and ate something, then went to bed, then got up the next morning and ate breakfast, and snacked all through work."

It was affecting her health, no question, and in time she worried, as these habits became part of her normal life, she could eventually face a life-or-death situation. But she also knew that her habits could significantly affect the patients for whom she cared. Especially

those who were themselves struggling with their weight.

Experts say for decades a troubling trend has emerged of nurses who are either overweight or obese. In a study published in the Journal of the American Academy of Nurse Practitioners, of 307 nurse participants who counseled patients on obesity



Ms. Annie Gosha, LPN, holds a photo that shows how heavy she was before she started a weight management program. She lost and has kept off 40 pounds in two years. (Photo by Lloyd Gallman, Montgomery Advertiser)

prevention, 18 percent of the nurses were obese and 34 percent were overweight.

While 53 of these nurses reported that they were overweight but lacked the motivation to make lifestyle changes, 40 percent claimed they are unable to lose weight despite healthy diet and exercise habits.

Providing wellness and prevention education to patients is one of a nurse's key roles. And an increasingly prevalent problem among those patients is obesity, which affects around 51 million adults. More than ever, it's important for nurses to counsel patients about weight management.

But when nurses are overweight or obese - just as, or more than, their patients - it's time to raise red flags.

Dr. Habiba Shaw of Montgomery specializes in working

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Contract Strategy Helps Veteran-Owned Small Businesses

To improve the Department of Veterans Affairs (VA) execution of information technology (IT) projects and to further advance top-priority programs for Veterans, Secretary of Veterans Affairs Eric K. Shinseki recently announced a new contracting strategy to be known as Transformation Twenty-One Total Technology (T4) which is focused on giving Veteran-owned small businesses more opportunities to support VA.

Speaking at the annual National Veterans Small Business Conference, Shinseki said, "T4 is a win-win-win strategy: Veteran-owned businesses win by getting more contracting opportunities; VA wins by getting the contractor support it needs more quickly, with less risk, reduced costs, and in a more manageable form; and all Veterans win by getting better services and support from a transformed VA."

Shinseki said VA will soon launch a request for proposals for an up to five-year program of multiple awards to firms that will perform as prime contractors or subcontractors to meet the full range of VA's long-term technology needs. T4 will award up to 15 prime contracts, at least four of which are reserved for service-disabled

Veteran-owned small businesses and three for Veteran-owned small businesses.

The acquisition strategy provides greater opportunity for Veteran-owned small businesses to compete as prime contractors. Over the five years, VA anticipates the program may approach \$12 billion in support of IT programs.

Large firms awarded prime contracts will have very aggressive subcontracting goals for both small and Veteran-owned businesses. To ensure the subcontracting goals are met, VA will have the right to reserve set-asides for those businesses at the task-order level. T4 will be managed and administered by VA's Technology Acquisition Center in Eatontown, N.J.

Shinseki said transparency of transactions will be critical. Awards and results will be posted on the Web and the goals for small businesses will be monitored aggressively. He estimated that the T4 strategy will enable Veteran-owned small businesses to receive \$800 million to \$1 billion in contracts. The strategy will also give industry greater insight into VA's total IT needs, resulting in better solutions with less risk and lower costs.

CAVHCS All-Stars

My husband and I would like to compliment one of your nurses at CAVHCS in the foot clinic. Her name is Alfie and she was very professional. She handled our situation for my husband's foot from start to finish. I work for Fortune 500 Company and customer service is our specialty. Having a nurse like her who treated us with kindness and respect makes us feel important and cared about. Thank you again. -- *Shena and Douglas W., Columbus, Ga.*

The Dietician Service technician who came around today was very nice and kind. The blueberry muffins he served were warm and soft. I asked if there was a limit on what I could get and he said no with a smile. I appreciate this gesture because I only had a handful of cereal when I left home this morning and I would like to thank the Kitchen crew for their outstanding efforts and the great food! -- *Lucinda P., Montgomery, Ala.*

I just wanted to say thank you for all those folks at the VA in Montgomery. They are consistently nice. It is refreshing in this day and time when everyone is so busy. Today I saw the eye clinic folks. From check-in to the eye tech, to the optometrist and optomologist to the eye glass tech - everyone was wonderful!
-- *Thanks again, Sherri H., Prattville, Ala.*

Today on June 9th I had an appointment with your dermatologist at the Montgomery VAMC. My visit was very professional. The doctor I communicated with was satisfying and through. There is a need for a good skin specialist in Montgomery and you should keep this one because he is very good.

-- *Harold S., Pike Road, Ala.*

It is with considerable sorrow and heartfelt condolences for his family that we - his CAVHCS family - share the loss of Mr. Bertrand Boyd who passed away July 21, 2010.

Mr. Boyd served Veterans proudly and with distinction in the Business Office as a Details (Eligibility) Clerk.



Hang Ten

All of us need to ensure Veterans can answer **YES** to **ALL** of these questions if we want to Hang Ten on the next Patient Survey

1. Would you recommend CAVHCS to others?
2. Would rate the quality your overall care a 10?
3. Was the treatment area or room quiet?
4. Was the treatment area or room clean?
5. Was pertinent information provided when you were discharged?
6. Did staff communicate well with you about medicines?
7. Did staff help you manage pain?
8. Was staff responsive to your needs.
9. Did doctors communicate well with you?
10. Did nurses communicate well you?

The CAVHCS Salute



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'Role Model'

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with area medical professionals not only to improve their ability to counsel patients, but to overcome their own battles with obesity.

She addresses the problems obese or overweight nurses have in counseling patients about weight loss. Then, she sets out to help those overweight and obese nurses lose weight and keep it off. In turn, they not only lead more healthy lives but are able to serve as examples to their patients and, more importantly, become more motivated to teach them healthy lifestyle habits.

Shaw has a master's degree in food and nutrition and a doctoral degree in health care education. She regularly conducts workshops and seminars for organizations that are concerned about the general health of their employees, with an emphasis on overweight and obesity. Most of the time, those employees are in the medical field. She has made it her mission to teach simple, time-honored habits that, over time, can transform lives. She doesn't teach quick fixes.

Making it Personal

When a group of nurses and other health-care workers comes to one of Shaw's seminars, they're asked to take the vital statistics and general health information of a patient. The clients soon learn that they are their own patient. They take their own measurements, weigh themselves and figure out their body mass index (BMI). After the assessment, they write down the information. They look at themselves and find out how much extra weight they are carrying, BMI as well as basal metabolic rate and activity level. They learn about the calorie/activity ratio. They learn how to start losing weight.

Gosha, like others in the group, took this new information personally. In two years, Gosha has not only lost 40 pounds (and kept it off) but was also able to control her diabetes by gradually changing to a healthy lifestyle. "It was basically the way Dr. Shaw presented it," Gosha said. "It became learning based on the health and wellness of yourself. You have to be able to take care of yourself before you can take care of your patients."

Simple Solutions

At the start, nurses will tell Shaw such healthy habits are next to impossible in light of their frantic, unpredictable work schedules. Shaw answers that as a doctor who traveled to treat rural patients for years, she did just fine, never even buying snacks at gas stations - OK, maybe a bottle of water - because she always had her trusty cooler of fresh, nutritious snacks on hand.

"It's not a diet, it's a class. To me, a diet is like a Band-Aid. Instead of telling them not to eat, we give them healthy substitutes. The NIH suggests we should consume a minimum of four fruits a day and five servings of vegetables a day."

She'll give real-life examples: "Instead of having this Butterfinger in the morning, have a banana. Instead of having a Coke at your desk at 10 or 11 a.m., have light fruit juice with ice," she tells clients.

"Those pop drinks are nothing but sugar. I explain exactly how sugar turns into fat and triglycerides. They

learn that they can snack on fruits all day long - have grapes, an apple or a banana or oranges."

Gosha was surprised that the changes weren't complicated. She learned to use small amounts of food and to adapt a sweet craving rather than avoid or give in to it.

If you want apple pie, she said, you should bake an apple, which she finds surprisingly delicious. If you want ice cream, your body doesn't want you to down an entire pint. A couple of spoonfuls will satisfy the craving.

"You learn to eat light, especially at night, when you're getting less exercise," Gosha said. "You eat food that gives you energy and drink lots of fluids. I was drinking carbonated sodas, now I drink plenty of water."

This is from a woman who at one time, with her fellow nurses, would try every fad out there, including one crash diet in which "you're basically starving yourself."

Weight loss Ambassadors

Shaw said it's essential that there are fit nurses - especially those who at one time were extremely overweight - to counsel obese patients who might otherwise think there is no hope for them.

"If a nurse is working with a morbidly obese patient and they can say, 'I was 90 pounds overweight and was able to lose the weight,' patients are more likely to listen to them."

She said Annie Gosha is a great example of that. "She just decided to reach out and help people," Shaw said. But it's going to be awhile before a majority of nurses are as actively engaged in helping overweight patients as Gosha is. Shaw, among others in the health and wellness fields, is pushing physicians to require their employees to complete obesity training programs.

However, red tape and overscheduled appointments keep that from happening. When doctors got behind the smoking cessation effort full force, they were able to effect massive change, but that only took a few words about the deadly risks of smoking and the ultimatum, "Quit smoking."

"For food, it's not that way," Shaw said. "People have to eat." Usually the doctor dealing with an obese patient will refer that patient to one of the nurses: "Talk to my nurse; she will tell you what to do."

Most often, Shaw said, "The nurse doesn't know a thing about (treating obesity). If they are trained, they will." Tonya Deavers, a nurse who finally lost 35 pounds through slow and simple changes, agrees.

"We have to be examples," she said of nurses. When a nurse is in good health, "It means something when we tell someone, 'This is really against your health.'"



MOVE! is a national weight management program designed by the VHA National Center for Health Promotion and Disease Prevention (NCP), a part of the Office of Patient Care Services, to help veterans lose weight, keep it off and improve their health. The MOVE! Program has been tailored to meet the individual needs of each Veteran. MOVE! provides guidance on nutrition and physical activity and allows you to set the pace through goal setting and a stepped level approach. Your MOVE! healthcare team at your local VA medical center will provide you with lots of support and follow-up.

CAVHCS Photo Gallery

CAVHCS celebrated Recreation Therapy Week with activities and events that emphasized the therapeutic benefits of recreation.

Images by Eric Johnson



Xavier (Lew) Lewis, Director Heart of Alabama Combined Federal Campaign recently honored Darlene Bruce, Business Office (right), for her 12 years of faithful service on the CFC's Board of Directors.



Specifics about Your New LES

With the VA's migration to the Defense Finance and Accounting Service (DFAS) payroll system completed there has been a need to more completely display DFAS Leave and Earning Statement (LES) information.

Here are some definitions and information about your new Leave and Earnings Statement (LES) by specific box!

Box 5: Pay Plan - The two-digit Pay Plan Codes listed in Box 5 are identified by the Office of Personnel Management.

Box 9: Adjusted Basic Pay (Base Pay + Locality Adjustment) previously was supplemented with information from VA to display Physician and Dentist Market Pay in place of the Locality Adjustment noted above in the item description. The absence of Market Pay in box 9 due to recent system changes was not anticipated. This issue is being researched further to find a resolution to display the annual Market Pay on future leave and earnings statements.

Box 15-17: Bank names are now reflected instead of the Bank Routing Number.

Box 20: Retirement amounts will only include deductions since converting to DFAS. The Office of Personnel Management maintains record of contributions processed by VA's PAID system.

Current employees can request a retirement record printout through their facility payroll or human resources office to identify retirement contributions processed by VA as its own payroll provider. The retirement information is also available from the LES prior to your facility's conversion to DFAS payroll processing. And VA processed retirement contribution can be determined by comparing the cumulative retirement amount noted on statement for the period ended 4/24/10 with the prior period statement (PP07 cumulative retirement contributions in Box 20, less PP08 cumulative retirement contributions in Box 20, plus PP08 current period retirement deduction in Box 26).

Boxes 24-26: Earnings, retroactive earnings and deductions may have changes to the word descriptions and codes. Acronyms are listed below.

AEIC - Advanced Earned Income Credit
CSRS - Civil Service Retirement System
FEHB - Federal Employee Health Benefit
FERS - Federal Employee Retirement System
FSA-HC - Flexible Spending Account-Healthcare
FSA-DC - Flexible Spending Acct-Depen. Care
HAS - Health Savings Account
OASDI - Old Age Survivor and Disability Insurance
SCD - Service Computation Date
TSP - Thrift Savings Plan
VCS - Veterans Canteen Service

Box 26: Optional Federal Employee Group Life Insurance (FEGLI) A (Standard), B (Additional) and C (Family) coverage deductions are combined into one amount. Local tax amounts may be combined. Some Year to Date (YTD) amounts may display no cents due to rounding.

VA's ADVANCE Program

ADVANCE is VA's training program to enable employees to convert their potential into performance. In announcing this new Human Resources and Administration initiative recently via broadcast video (view at http://vaww.vakncdn.lrn.va.gov/cl_popup.asp?mode=popup&Media_ID=3622&M_Cat_ID=31), Secretary Shinseki noted that VA faces the challenge of serving the growing number of Veterans of America's longest war as well as the generations before them.

"To handle the coming surge," he said, "we must be prepared to be even better than we are today." And that's what ADVANCE is all about – providing employees the tools, training, educational resources and encouragement to enhance their skills, knowledge and leadership potential with full VA support. ADVANCE involves every VA employee. Find out how you can connect on line at <http://vaww.va.gov/ADVANCE/>. VA is investing in you today to serve America's Veterans better tomorrow.

Happy 80th VA!

On July 21, 1930, President Herbert Hoover issued Executive Order 5398 (Coordination and Consolidation of Governmental Activities Affecting Veterans), which established the Veterans Administration (VA) to, as he said "...make important economies in administration of hospitalization and domiciliary questions and in the better handling of fiscal relations with veterans."

The Order consolidated three offices: the Bureau of Pensions (from the Department of the Interior) responsible for providing pensions to eligible Civil War and Spanish American Veterans; the National Home for Disabled Volunteer Soldiers (ten domiciliaries for homeless or elderly veterans established to care for indigent Civil War veterans); and the United States' Veterans Bureau, which included a veteran's health care system of 97 hospitals, the Nation's compensation program for disabled veterans, an insurance program, and a vocational rehabilitation program.

Today's VA is a cabinet department of more than 300,000 employees serving a population of more than 23 million Veterans and working hard to live up to America's promise to all who served yesterday, serve today and will serve tomorrow. Take a closer look at VA's history at <http://www1.va.gov/opa/publications>; click on VA History in Brief.

VA's Pay Going Paperless

VA pay is GOING GREEN! Beginning September 1, 2010, all non-bargaining unit employees will receive their Leave and Earning Statement (LES) electronically. All VA employees can view their LES electronically in myPay at <https://mypay.dfas.mil/mypay.aspx>. If you are not sure of your bargaining unit status, log on to the IFCAP Enhanced Time & Attendance system, select employee menu, then select the service record screen and go to BUS Code (2nd screen). If it states "ineligible," you are a non-bargaining unit employee and after September 1st you will NOT receive a hard-copy LES.

CAVHCS Minority Veterans Program Coordinator (MVPC) William Wheat (right) receives an award commemorating his selection as the Veterans Health Administration's MVPC of the Quarter for the second quarter, Fiscal Year 2010 from Director Glen E. Struchtemyer during a recent Director's Staff Meeting.
(Image by Robin Johnson)



August

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4 Coast Guard Day (1790) 	5	6	7 Purple Heart (1782) 
	9	10 CAVHCS Women of Excellence Nomination Deadline	11 National Health Center Week www.healthcenterweek.org	12		14
 www.navajonationalcouncil.org	16 Navajo Code Talkers Day	17	18	19	20 Stakeholders Meeting Montgomery VAMC Multipurpose Room 10 a.m.- Noon.	21
22	23		25 CAVHCS Women of Excellence Montgomery Multipurpose Room 1-2 pm	26 CAVHCS Women of Excellence Tuskegee Staff Training Room 1-2 pm	27 March on Washington (1963) 'I Have a Dream' speech	
	30 Minority Enterprise Development Week www.azmbec.com/MEDWeek.html	31	Cataract Awareness Month www.preventblindness.org Psoriasis Awareness Month www.psoriasis.org National Immunization Awareness Month www.cdc.gov/vaccines National Spinal Muscular Atrophy Awareness Month www.curesma.org Medic Alert Month www.medicalert.org Neurosurgery Outreach Month www.AANS.org			

The CAVHCS Community Calendar is not intended to be an all-inclusive, official calendar. It is intended rather to provide a medium for CAVHCS Salute to share upcoming events.

If you would like to add a CAVHCS event please email details directly to alan.bloom@va.gov. Submissions are not guaranteed to be published. Editorial considerations will be made for propriety, promptness and print space.