

VETERANS HEALTH EDUCATION AND INFORMATION CORE PROGRAM REQUIREMENTS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive designates the National Center for Health Promotion and Disease Prevention (NCP), Office of Patient Care Services as the VHA office responsible for Veterans Health Education and Information (VHEI) guidance and coordination of VHEI services within VHA. This directive provides core program implementation and reporting requirements for implementing a Veteran-centered, comprehensive, evidence-based, interdisciplinary VHEI program at each Department of Veterans Affairs (VA) medical facility and for coordination of Veterans health education across VHA program offices.

2. SUMMARY OF MAJOR CHANGES: This directive:

a. Clarifies and updates the requirements and responsibilities of the VHEI program at the national program office, Veterans Integrated Service Network and VA medical facility levels, see paragraph 5 responsibilities.

b. Aligns VHEI programming with VHA's Mission, Vision and Whole Health Model.

3. RELATED ISSUES: VHA Directive 1003, VHA Veteran Patient Experience, dated April 14, 2020; VHA Directive 1120.01(1), Core Requirements for MOVE! Weight Management Program for Veterans (MOVE!), dated June 5, 2017; VHA Directive 1120.02(1), Health Promotion and Disease Prevention Core Program Requirements, dated February 5, 2018; VHA Handbook 1101.10(1), Patient Aligned Care Team Handbook, dated February 5, 2014; and VHA Handbook 1120.05, Coordination and Development of Clinical Preventive Services Guidance, dated July 30, 2015.

4. RESPONSIBLE OFFICE: The National Center for Health Promotion and Disease Prevention (10P4N), Office of Patient Care Services (10P4), is responsible for the contents of this directive. Questions may be referred to the Chief Consultant for Preventive Medicine at 919-383-7874, Extension 2510 or by FAX at 919-383-7598.

5. RESCISSION: VHA Handbook 1120.04, Veterans Health Education and Information Core Program Requirements, dated September 24, 2015, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of September 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

September 4, 2020

VHA DIRECTIVE 1120.04

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Lucille B. Beck, PhD
Deputy Under Secretary for Health
for Policy and Services

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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VETERANS HEALTH EDUCATION AND INFORMATION CORE PROGRAM REQUIREMENTS

1. PURPOSE

This Veterans Health Administration (VHA) directive designates the National Center for Health Promotion and Disease Prevention (NCP), Office of Patient Care Services (PCS), as the VHA office responsible for policy regarding the Veterans Health Education and Information (VHEI) Program at VHA, as well as VHEI programs at each Veterans Integrated Service Network (VISN) and Department of Veterans Affairs (VA) medical facility. **AUTHORITY:** Title 38 United States Code (U.S.C.) § 7301(b) and § 7318.

2. BACKGROUND

a. NCP, located in Durham, NC, was established in 1995 as a field-based unit of VA Central Office (VACO), within PCS to implement 38 U.S.C. § 7318. Based on this authority, NCP is responsible for promoting the provision, evaluation, expansion and improvement of preventive health services, including activities relating to health education programs, for Veterans. **NOTE:** *The National Center for Health Promotion and Disease Prevention was previously named the National Center for Preventive Health.*

b. The national VHEI program was created within NCP in 2006, based on recommendations from the PCS Health Education and Information Task Force.

c. The national VHEI program is aligned with VHA's Mission to "honor America's Veterans by providing exceptional health care that improves their health and well-being", as well as VHA's Vision, emphasizing prevention and population health. The national VHEI program also supports VHA's efforts to transition from an episodic, disease-focused model of care to a Veteran-driven Whole Health Model that encourages continuous Veteran engagement and promotes Veteran wellness, self-care and self-management of chronic conditions.

d. The national VHEI program offers a coordinated approach to planning, delivering and evaluating evidence-based Veteran-centered health education programs, services and resource materials for Veterans and, as appropriate, their family members or caregivers. VHEI approaches help Veterans:

(1) Identify and specify their mission, aspirations, purpose, needs, concerns, values, preferences and goals for health and well-being.

(2) Actively partner with their providers and health care teams to engage in shared decision-making regarding evaluation, prevention, treatment and self-management plans.

(3) Engage family and social support systems.

(4) Access and appropriately use VHA health care resources across the continuum of care.

e. The national VHEI program is closely integrated with the national Health Promotion and Disease Prevention (HPDP) Program. This integration is reflected in the functions, responsibilities and program activities specified in this VHEI directive and in VHA Directive 1120.02(1), Health Promotion and Disease Prevention Core Program Requirements, dated February 5, 2018.

f. The national VHEI program is also closely integrated with the approaches utilized by Primary Care or Patient Aligned Care Teams (PACTs). This integration includes required training and mentoring of VA Primary Care clinical staff in Veteran-centered health education and health coaching strategies and provided tools to assist VA Primary Care and other clinical staff in assessing and addressing Veterans' health education needs and concerns. **NOTE:** See *VHA Handbook 1101.10(1), Patient Aligned Care Team (PACT) Handbook, dated February 5, 2014.*

g. To support the goals of the national VHEI program and deliver Veteran-centered health education, each VA medical facility must implement the following core components, which include:

(1) A Veterans Health Education Coordinator (VHEC).

(2) An interdisciplinary VHEI committee.

(3) VHEI program goals and strategic plans, which support the delivery of Veteran-centered health education across the continuum of care.

(4) VHEI programs, resources and services that are made available throughout VA medical facilities and all affiliated community-based outpatient clinics (CBOCs).

(5) Communications and outreach activities, which support the promotion and availability of Veteran-centered health education programs, resources and services to Veterans, families and staff.

(6) Staff learning and development to train VHA staff in Veteran-centered communication, health education and health coaching skills such as those featured in NCP-approved TEACH for Success (TEACH) and Motivational Interviewing (MI) training programs.

(7) Program evaluation, which includes evaluation of VHEI programs, resources and services using continuous process improvement strategies to support VHA's commitment as a High Reliability Organization. **NOTE:** See *VHA Directive 1026.01, Systems Redesign and Improvement Program, dated December 12, 2019 for more information.*

3. DEFINITIONS

a. **Clinician Coaching.** Clinician coaching is the process of assisting clinicians to apply Veteran-centered communication skills, such as: health education, health coaching, health behavior change counseling, shared decision-making and self-management support skills, in their clinical interactions. Clinician coaching supports and extends VA medical facility-based, Patient Education: TEACH and MI skill training for Primary Care clinical staff by providing opportunities for reflection, practice and feedback to support the development and application of skills in clinical practice. TEACH is an acronym for the core elements of an evidence-based patient education process: Tune-in, Explore, Assist, Communicate and Honor. TEACH and MI facilitators receive extensive training from NCP in clinician coaching skills and methods.

b. **Health Behavior Change.** Health behavior change is the process of considering, initiating, achieving and maintaining change in health behavior(s), e.g., tobacco use, risky alcohol use, unhealthy diet and physical inactivity.

c. **Health Coaching.** Health coaching is an evidence-based method for working with patients to enhance their well-being and achieve their health-related goals. Health coaching is a patient-centered, highly collaborative method based on what matters most to the Veteran. It applies principles and methods derived from health education, health promotion and health behavior change research. Health coaching includes: assessment of patients' educational needs, concerns, values, preferences and past experiences; information sharing; goal setting; action planning; skill building; problem solving; and arranging a follow-up plan.

d. **Health Education.** For the purposes of this directive, health education is a process that includes any combination of education, information and other strategies to help Veterans optimize their health and quality of life. Health education programs and services assist Veterans to adopt healthy behaviors, partner with their health care teams, make informed decisions about their health, manage their acute and chronic conditions and use problem-solving and coping skills.

e. **Health Literacy.** The Institute of Medicine's 2004 report on Health Literacy defined health literacy as the degree to which individuals can obtain, process and understand the basic health information and services they need to make appropriate health decisions. It includes health numeracy, the ability to understand, evaluate and use numbers to make informed health care choices.

f. **Health Promotion and Disease Prevention.** For the purposes of this directive, health promotion refers to environmental, educational, motivational and clinical activities designed to encourage improvement in health behaviors and conditions of living that are conducive to improving the health and well-being of populations and individuals. Disease prevention refers to health-related interventions or services that aim to prevent or minimize future morbidity and mortality by delaying or averting the onset of severity of disease or detecting already existing disease at an early stage when it can be more successfully treated. Health promotion and disease prevention are closely linked and

services address both aims. HPDP services include, but are not limited to: clinical preventive services (screenings, immunizations, health behavior counseling and preventive medications); related health education; self-management support; and health coaching.

g. **Healthy Living Team.** Healthy Living Team is a group consisting of five VA medical facility-based core roles: Veterans Health Education Coordinator (VHEC), Health Behavior Coordinator, Health Promotion and Disease Prevention Program Manager, Influenza Campaign Coordinator and MOVE!® Coordinator. **NOTE:** *The VHEC works with the other Healthy Living Team members to deliver health promotion, disease prevention, weight management and health education services to Veterans.*

h. **Healthy Living Team Self-Study Orientation Program.** The Healthy Living Team Self-Study Orientation Program was developed by NCP and designed to provide role-specific orientation for VHECs and other members of the Healthy Living Team. The program includes instructions, topic-specific learning modules with associated resources and activities, program evaluation and an automated process to self-certify completion of the program. This orientation program can be found at: <https://dvagov.sharepoint.com/sites/VHAPrevention/Healthy%20Living%20Team%20Orientation/Forms/AllItems.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

i. **Motivational Interviewing.** For the purposes of this directive, MI is an evidence-based clinical method that involves guiding patients to make healthy choices by eliciting and supporting their own motivation to change. MI is employed when patients are unsure or ambivalent about change or have difficulty following through with recommended health behaviors. When applying MI, clinicians embody a "spirit" or style that is highly collaborative, evocative and supportive of patients' autonomy.

j. **Patient Aligned Care Team.** The Patient Aligned Care Team (PACT) is the VA brand of the patient-centered medical home model of care and service delivery in a Primary Care setting.

k. **Patient-Centered Care.** Patient-centered care is a philosophy that prioritizes the Veteran and their values and partners with them to create a personalized, proactive strategy to optimize health and well-being. This personalized approach is a dynamic adaptation or customization of recommended patient-centered education, prevention and treatment that is specifically relevant to the individual user, based on the patient's history, clinical presentation, lifestyle, behavior and preferences. Whole Health is the term VA uses to refer to a patient-centered approach to care.

l. **Patient Education: TEACH for Success.** The Patient Education: TEACH program provides VA health care clinicians with training in evidenced-based, Veteran-centered health education and coaching skills that enable them to partner with Veterans on self-management of acute and chronic conditions, health behavior changes and healthy living. TEACH participants learn about state-of-the-art strategies that can be

used in encounters with patients and then practice the techniques using simulated patients and case scenarios.

m. **Self-care.** The World Health Organization (WHO) defines self-care as the ability of individuals, families and communities to promote health, prevent disease and maintain health and to cope with illness and disability with or without the support of a health-care provider. **NOTE:** *Self-care is what the Veteran does to optimize health and wellbeing. For more information visit, <https://apps.who.int/iris/handle/10665/205887>.*

n. **Self-Management and Self-Management Support.** Self-management includes managing the medical aspects as well as the functions, roles and emotions associated with having an acute or chronic condition. Health care systems provide self-management support, which includes guidance, education, collaborative goal setting, shared decision-making, action planning, skill building, problem solving and ongoing support. **NOTE:** *To illustrate the distinction between self-management and self-management support, weight management is what the patient does (self-management); weight management support (e.g., the MOVE!® Weight Management Program) is what VA health care providers provide (self-management support).*

o. **Shared Decision Making.** Shared decision making (SDM) is a collaborative process that allows patients and their providers to make health care decisions together, considering the best scientific evidence available, as well as the patient's values and preferences. For more information see: [https://dvagov.sharepoint.com/sites/VHAPrevention/NCP_Training_Resources/Shared%20Documents/Cascading%20\(local\)%20Courses/NCP-TEACH-Annotated-Bibliography-2018.doc](https://dvagov.sharepoint.com/sites/VHAPrevention/NCP_Training_Resources/Shared%20Documents/Cascading%20(local)%20Courses/NCP-TEACH-Annotated-Bibliography-2018.doc) **NOTE:** *This is an internal VA website that is not available to the public.*

p. **Veteran-centered Communication.** Veteran-centered Communication is a set of specific skills and strategies that enable clinicians to apply patient-centered care. It consists of four processes integral to developing healing, trusting VA health care clinician-Veteran relationships and to providing personalized, proactive Veteran-driven, whole health care. **NOTE:** *For VA health care clinicians to apply effective Veteran-centered communication, they must develop and apply Veteran-centered communication skills, such as those featured in NCP-approved TEACH and MI training programs. These four processes include:*

- (1) Eliciting, understanding and validating the Veteran's perspective.
- (2) Understanding the Veteran within their psychological, social and environmental context.
- (3) Reaching a shared understanding of the Veteran's health, health problems and treatment.
- (4) Helping Veterans participate in decision making, self-care and self-management of their conditions.

q. **Veterans Health Library.** The Veterans Health Library (VHL) offers Veterans, family members and caregivers 24/7 access to comprehensive, Veteran-focused health information. The VHL is a comprehensive resource for health information to help Veterans stay healthy and well-informed. All health information has been approved by VA experts and includes topics specific to Veterans, for example, post-traumatic stress disorder (PTSD), combat-related traumatic brain injury, Agent Orange and cold injury. There are more than 1,500 health sheets, more than 150 videos and interactive guides, in both English and Spanish, all available to Veterans, their family members and the public, no matter where the Veteran receives care. These resources can be found at <https://www.veteranshealthlibrary.va.gov> or under the Medical Resources tab at <https://www.MyHealth.va.gov>.

r. **Whole Health Model.** Whole Health Model is an approach to healthcare that empowers and equips people to take charge of their health and well-being and to live their lives to the fullest. This approach centers around what matters most to the Veteran, emphasizing mindful awareness and self-care in the larger context of state-of-the-art conventional medicine, preventive care, complementary and integrative health and personalized health planning. ***NOTE: The Whole Health Model will allow VA to move from episodic disease-based care to a more continuous engagement with the Veteran throughout their life, emphasizing Veteran engagement and empowerment and innovative approaches to self-care and self-management.***

4. POLICY

It is VHA policy that Veterans Health Education and Information (VHEI) staff and programs are available at each VA medical facility and community-based outpatient clinic (CBOC) to support the delivery of Veteran-centered health education across the continuum of care.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Providing assistance to VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards and applicable regulations.

c. **Deputy Under Secretary for Health for Policy and Services.** The Deputy Under Secretary for Health for Policy and Services is responsible for supporting the implementation and oversight of this directive across VHA.

d. **Chief Consultant for Preventive Medicine, National Center for Health Promotion and Disease Prevention.** The Chief Consultant for Preventive Medicine, NCP is responsible for:

(1) Ensuring that guidance and technical assistance are provided to VA medical facility VHEI programs regarding strategies and programming that support the achievement of overarching program goals of the VHEI program as described in paragraph 2. Guidance and technical assistance include, but are not limited to:

(a) National and regional educational programs and meetings and conference calls.

(b) Individual program consultation.

(c) Dissemination of printed, video and digital health education resources and clinical tools such as content from the Veterans Health Library and other evidenced-based sources. **NOTE:** *The Chief Consultant is also responsible for maintaining, evaluating and routinely updating the Healthy Living Team Self-Study Orientation Program and providing VHEC Professional Development Programs.*

(2) Monitoring relevant published health education literature as well as recommendations developed by Federal partners with responsibility for health education guidelines (e.g., Department of Health and Human Services, Agency for Healthcare Research and Quality and Community Task Force on Preventive Services). **NOTE:** *As new recommendations emerge, the Chief Consultant at least once a year, evaluates the need for new or revised policies, clinical tools, technologies and processes that guide the integration of health education programs and services for Veterans across VHA.*

(3) Reviewing on-site or virtual self-reported information from VA medical facilities on implementation and progress toward achievement of the VHEI core program components using national VA databases and VISN and VA medical facility reports.

(4) Collaborating internally with VACO program offices, the field and externally with other Federal partners (e.g., Department of Health and Human Services, Agency for Healthcare Research and Quality and Community Task Force on Preventive Services) on health education practice, strategies, interventions, programs and products.

e. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Designating a VISN VHEI Program Lead and relaying information to NCP regarding the name, job title, address, phone number and Email address of the VISN

VHEI Program Lead. **NOTE:** *The VISN VHEI Program Lead may be one of the VA medical facility VHEC within the VISN or the VISN HPDP Program Leader.*

(3) Ensuring comprehensive, evidence-based, Veteran-centered health education services are implemented at all VA medical facilities and CBOCs in the VISN and that all minimum facility VHEI core program components in this directive are met and sustained.

(4) Preparing, securing and managing the fiscal and human resources needed to support VHEI programs and services.

(5) Ensuring that Veterans can access VA medical facility VHEI programs and services across the VISN.

(6) Reviewing and evaluating reports received from the VA medical facility Director and taking action as appropriate.

(7) Providing feedback and reports of VHEI program implementation, as needed or requested by NCP or higher-level VHA program offices.

(8) Providing oversight of VA medical facilities within the VISN to assure compliance with this directive, relevant standards and applicable regulations.

f. **Veterans Integrated Service Network Veterans Health Education and Information Program Lead.** The VISN VHEI Program Lead is responsible for:

(1) Serving as the liaison for the VISN Director with Chief Consultant, NCP for VHEI-related issues and activities.

(2) Supporting the implementation of VHEI programs and education resources across VA medical facilities within the VISN through regular contact with VA medical facility VHECs.

(3) Evaluating VHEI programming across VA medical facilities, in accordance with Veteran-centered health education guidelines. More information on Veteran-centered health education guidelines can be found at:

<https://dvagov.sharepoint.com/sites/VHAPrevention/VHEI/Shared%20Documents/Veteran-Centered%20Health%20Education/VCHE%20Workbook%20508-compliant.pdf>.

NOTE: *This is an internal VA website that is not available to the public.*

(4) Collaborating on feedback of VHEI program implementation as needed or as requested, to VISN leadership (e.g., VISN Director, Chief Medical Officer, Quality Management Officer, Primary Care Lead and Education Lead) on VHEI gaps, barriers and needs across VISNs.

(5) Recognizing and sharing successful implementation of VHEI programs and services among VA medical facilities within the VISN.

(6) Collaborating with VA medical facility VHECs and VISN Designated Learning Officers to assess staff educational needs and ensure appropriate VHEI educational opportunities are offered, including training in Veteran-centered communication (e.g., TEACH, MI) as approved by the VHA Mandatory Training Subcommittee (see paragraph 7). For more information on VHA Mandatory Training requirements, see <https://myees.lrn.va.gov/Learn/Mandatory%20Training.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(7) Contributing to the coordination and integration of VHEI programs and services with the MOVE! and HPDP programs. For more information, see VHA Directive 1120.01 (1), Core Requirements for MOVE! ® Weight Management Program for Veterans (MOVE!), dated June 5, 2017 and VHA Directive 1120.02(1) Health Promotion and Disease Prevention Core Program Requirements.

g. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Ensuring the VA medical facility meets all minimum facility VHEI core program components, which include: appointing of a VHEC, establishing a VHEI committee, offering Veteran-centered health education programming and services, ensuring VHEI programming and services are evaluated and program goals are met and sustained.

(3) Designating a VA medical facility VHEC, which involves the following responsibilities:

(a) The VA medical facility VHEC must be a VA health care clinician or educator who has academic training or previous experience in health education. For more information, see the sample VHEC Functional Statements and Role Descriptions within the VHEI SharePoint page: <https://dvagov.sharepoint.com/sites/VHAPrevention/VHEI>. **NOTE:** *This is an internal VA website that is not available to the public. It is strongly recommended that VA medical facilities at a complexity level of 1a, 1b and 1c dedicate a 1.0 full-time equivalent (FTE) without collateral assignments to successfully accomplish the responsibilities of this position as specified in paragraph 5.h.*

(b) Ensuring that the organizational placement of the VHEC role facilitates collaboration with the clinical disciplines. Appropriate placements may include but are not limited to: the offices of the Chief of Staff, Chief Nurse or Nurse Executive, Associate Chief of Staff, Education, Associate Director Patient Care Services, Chief of Primary Care or Chief of Ambulatory Care.

(c) Distributing the VHEC contact information via Email to the VISN and NCP including: the name, job title, address, phone number and Email address of these individuals; and any change in the assignment.

(4) Ensuring that VHEI has the necessary resources (fiscal, space, equipment, personnel and travel) to deliver comprehensive, evidence-based VHEI services to

Veterans at VA medical facilities and CBOCs. **NOTE:** *The VA medical facility VHEC must have sufficient time allocated for administrative, program development and staff training responsibilities.*

(5) Maintaining an interdisciplinary VHEI Committee or subcommittee with the VA medical facility VHEC as the VHEI Committee or subcommittee Chair. **NOTE:** *See paragraph 6 for more information about VHEI Committees.*

(6) Ensuring VHEI and clinical staff have been trained in NCP approved Veteran-centered communication skills, as specified in VHA Directive 1120.02(1) Health Promotion and Disease Prevention Core Program Requirements and approved by the VHA Mandatory Training Subcommittee (see paragraph 7). For more information on VHA Mandatory Training requirements, see <https://myees.lrn.va.gov/Learn/Mandatory%20Training.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(7) Maintaining the capacity to provide mandatory TEACH and MI training at the VA medical facility by ensuring local TEACH and MI training facilitators (who have completed NCP-sponsored TEACH and MI facilitator training) and clinician coaches (who have completed NCP Clinician Coaching training) are available to provide both initial TEACH and MI training as well as follow-up clinician coaching. Lead facilitators for TEACH include the VHEC and Health Behavior Coordinator; the MI facilitator lead is the Health Behavior Coordinator. **NOTE:** *For more information regarding the Health Behavior Coordinator please see VHA Directive 1120.02(1) Health Promotion and Disease Prevention Core Program Requirements.*

(8) Reviewing and evaluating reports received from the VA medical facility VHEC and taking action as appropriate.

(9) Submitting any requested VA medical facility-level VHEI reports or feedback to VISN leadership, NCP or other VHA national program offices.

(10) Providing oversight of the medical facilities VHEI program to assure compliance with this directive, relevant standards and applicable regulations.

h. **VA Medical Facility Veterans Health Education Coordinator.** The VA medical facility VHEC is responsible for:

(1) Completing an orientation within 90 days of hire or appointment to the position. The national NCP-directed Healthy Living Team Self-Study Orientation Program is strongly recommended as a component of the VHEC orientation. This Orientation program can be found at: <https://dvagov.sharepoint.com/sites/VHAPrevention/Healthy%20Living%20Team%20Orientation/Forms/AllItems.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

(2) Planning, developing, implementing, monitoring and evaluating the overall VHEI program at the facility(ies) and all CBOCs.

(3) Ensuring that VA medical facility VHEI programs and services are Veteran-centered. For more information, see <https://dvagov.sharepoint.com/sites/VHAPrevention/VHEI/Shared%20Documents/Veteran-Centered%20Health%20Education/VCHE%20Workbook%20508-compliant.pdf>.

NOTE: *This is an internal VA website that is not available to the public.* This may include but is not limited to the following considerations:

(a) Veteran-centered health education programs, services and resources are designed and developed in accordance with: national VA policy and guidelines (such as VA-Department of Defense (DoD) Clinical Practice Guidelines, VHA Clinical Preventive Services Guidance Statements, The Joint Commission Standards for Patient Education, VHA Pharmacy Benefits Management Clinical Recommendations for Use), local VHEI Committee guidelines and health literacy standards that include addressing Veterans' learning preferences. **NOTE:** *If a VA medical facility chooses to create local Veteran education materials on medications, the VHEC must ensure that the materials are reviewed first by the VA medical facility's VHEI Committee and Pharmacy Service and then by the VACO Office of Pharmacy Benefits Management to ensure consistency with VA-DoD Clinical Practice Guidelines and VHA National Formulary Processes.*

(b) Securing Veteran, family member or caregiver input on the VA medical facility VHEI program and specific VHEI services for developing, implementing, redesigning or improving the delivery of VHEI-related services.

(c) Ensuring that self-management programs are offered in VA medical facilities and in multiple delivery modalities, including telehealth, to accommodate Veterans' learning preferences; this could include shared medical appointments, interactive technology delivered programs, and other health education interventions.

(d) Engaging in continuous process improvement to support the quality and effectiveness of VHEI programs, as it relates to health outcomes and Veteran experience.

(4) Leading VA medical facility efforts for VHA-wide Veteran-centered health education programs, products and resources including: new patient orientation, the Veterans Health Library (VHL), self-management programs and other interventions and initiatives that include health education.

(5) Conducting a VA medical facility-wide assessment of Veteran-centered health education programs and services to determine gaps or needs, services and products for specific Veteran populations or diseases and conditions, at least every 2 years. For more information, see the following needs assessment narrative and template for VHEI programs on the VHEI SharePoint page:

<https://dvagov.sharepoint.com/sites/VHAPrevention/VHEI/Shared%20Documents/VHEI%20Facility%20Program/VHEI%20Facility-Wide%20Needs%20Assessment>. **NOTE:**

This is an internal VA website that is not available to the public.

(6) Leading the VHEI strategic planning process and integrating the VA medical facility VHEI program strategic plan into the VA medical facility strategic plan and related programs' strategic plans (e.g., HPDP or Primary Care). VHEI program strategic plans are to be developed at least every 2 years and aligned with VA medical facility strategic plans. For more information, see the following VHEI strategic planning resources:

<https://dvagov.sharepoint.com/sites/VHAPrevention/VHEI/Shared%20Documents/VHEI%20Professional%20Development/September%202018-VHEI%20Strategic%20Planning>. **NOTE:** This is an internal VA website that is not available to the public.

(7) Participating in orientation programs for new VA health care clinicians, to ensure they are knowledgeable about the VA medical facility VHEI program, can effectively refer Veterans, family members or caregivers, if appropriate, to VA medical facility Veterans health education programs and services and document, in the medical record, the Veteran education content, services and programs that they provide in accordance with VA medical facility documentation and The Joint Commission requirements.

(8) Collaborating closely with other members of the Healthy Living Team and other VA health care providers to integrate VHEI programs and resources across the VA medical facility continuum of care.

(9) Partnering with other clinical disciplines and service lines (e.g., Primary Care, Specialty Care, Acute Care, Geriatrics and Extended Care, Mental Health, and Pharmacy) and functioning as the designated subject matter expert and advocate for implementing VA medical facility VHEI programs and activities.

(10) Coordinating with VA medical facility staff (e.g., Public Affairs Officer, VA Voluntary Services Coordinator, My HealthVet Coordinator) to develop an available listing of VHEI programs and services and promote VHEI programs and services to Veterans via VA medical facility newsletters, websites, outreach events, educational fairs or other channels.

(11) Serving as the lead facilitator of the TEACH Program and supporting Veteran-centered communication skills training and clinician coaching for clinical staff.

(12) Chairing the VA medical facility VHEI Committee or subcommittee. (See paragraph 6).

(13) Representing the VA medical facility VHEI program on related VA medical facility committees.

(14) Serving as the point of contact for communication between the VA medical facility, VISN (including the VHEI VISN lead) and national VHEI programs.

(15) Providing feedback on VHEI implementation and programming as well as sharing strong practices as requested to the VISN VHEI Program Lead.

(16) Providing feedback and reports on VHEI programs, services and products as requested to the VA medical facility Director.

6. VETERANS HEALTH EDUCATION AND INFORMATION COMMITTEES

a. Each VA medical facility maintains an interdisciplinary VHEI Committee or subcommittee. The VHEI committee or subcommittee should be aligned or integrated with related committees or subcommittees (e.g., Health Promotion Disease Prevention, MOVE!, Tobacco Cessation, Whole Health). **NOTE:** *Maintaining a VHEI Committee versus a subcommittee is at the discretion of the VA medical facility based on local needs.* Each VHEI Committee or subcommittee operations include:

(1) Planning, implementing and evaluating comprehensive, Veteran-centered health education programs, products and services, with the VA medical facility VHEC as the committee chair.

(2) Assisting the VHEC in meeting the VA medical facility core program components as outlined in this directive.

(3) Developing a review process that ensures health information is Veteran-centered and easily understood by Veterans, family members and caregivers. This review process must ensure compliance with regulatory bodies such as The Joint Commission and include adherence to health literacy standards.

(4) Enacting a charter that outlines committee responsibilities and goals. A sample committee charter and more detail on committee responsibilities can be found within the following VHEI Committee Folder, available at:

<https://dvagov.sharepoint.com/sites/VHAPrevention/VHEI/Shared%20Documents/VHEI%20Facility%20Program/VHEI%20Committee>. **NOTE:** *This is an internal VA website that is not available to the public.*

(5) Meeting at least every 3 months or as needed, to provide strategic direction, planning, monitoring and evaluation of VHEI programming and to support access to VHEI resources among Veterans and caregivers. More information regarding these resources can be found on the VHEI SharePoint:

<https://dvagov.sharepoint.com/sites/VHAPrevention/VHEI>. **NOTE:** *This is an internal VA website that is not available to the public.*

7. TRAINING

The following section details TEACH and MI Training requirements for Primary Care clinical staff. For more information on VHA Mandatory Training requirements, see <https://myees.lrn.va.gov/Learn/Mandatory%20Training.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

a. The following training is **required** for Primary Care staff in the roles of Primary Care Physician (PCP), Registered Nurse (RN) Care Manager or Clinical Associate

within 12 months of Primary Care Assignment: Patient Education: TEACH for Success (TEACH), (VA 36767).

b. The following training is **required** for Primary Care staff in the roles of RN Care Manager within 12 months of Primary Care Assignment: Motivational Interviewing for PACT Clinicians – Session 1 (VA 16802).

c. The following training is **recommended** for Primary Care staff in the roles of PCP and Clinical Associate: Motivational Interviewing for PACT Clinicians, Session 1 (VA 16802) for PCP and Clinical Associate.

d. The following training is **recommended** for Primary Care staff in the roles of PCP, RN Care Manager and Clinical Associate: Motivational Interviewing for PACT Clinicians., Session 2 (VA 16803).

e. Participating in follow-up clinician coaching activities is encouraged to support application of the skills related to Veteran-centered Communication featured in:

(1) Patient Education: TEACH for Success (TEACH) (VA 36767).

(2) Motivational Interviewing Motivational Interviewing for PACT Clinicians – Session 1 (VA 16802) and Session 2 (VA 16803).

8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

9. REFERENCES

a. 38 U.S.C. § 7318.

b. VHA Directive 1003, Veteran Patient Experience, dated April 14, 2020.

c. VHA Directive 1026.01: Systems Redesign and Improvement Program, dated December 16, 2019.

d. VHA Directive 1120.01(1), Core Requirements for MOVE![®] Weight Management Program for Veterans (MOVE!), dated June 5, 2017.

e. VHA Directive 1120.02(1), Health Promotion and Disease Prevention Core Program Requirements, dated February 5, 2018.

f. VHA Handbook 1101.10(1), Patient Aligned Care Team (PACT) Handbook, dated February 5, 2014.

g. VHA Handbook 1120.05, Coordination and Development of Clinical Preventive Services Guidance, dated July 30, 2015.

h. The National Veterans Health Education and Information Program Intranet website:

https://vaww.prevention.va.gov/Veterans_Health_Education_and_Information.asp.

NOTE: *This is an internal VA Web Site that is not available to the public.*

i. VHA National Center for Health Promotion and Disease Prevention Internet website: <https://www.prevention.va.gov/>.

j. VHA Strategic Plan FY2018-2024, Office of the Assistant Deputy Under Secretary for Health for Policy and Planning, Department of Veterans Affairs, Washington, DC, 2018.

k. Agency for Health Care Research and Quality (AHRQ) Health Literacy Universal Precautions Toolkit: <https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/index.html>.

l. Brach C, Keller D, Hernandez LM, Bauer C, Parker R, Dreyer B, Schyve P, Lemerise AJ and Shillinger D. Institute of Medicine Discussion Paper. IOM Roundtable on Health Literacy, June 2012.

m. Neilson-Bohlman L, Panzer AM, Kindig DA. (eds) Health Literacy: A Prescription to End Confusion. The National Academies Press, Washington, DC, 2004.

n. World Health Organization, Regional Office for South-East Asia. (2014). Self care for health. WHO Regional Office for South-East Asia.