HEALTH PROMOTION AND DISEASE PREVENTION CORE PROGRAM REQUIREMENTS

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) Handbook designates the National Center for Health Promotion and Disease Prevention (NCP), Office of Patient Care Services, as the VHA office responsible for health promotion and disease prevention (HPDP) services, guidance, and coordination within VHA for Veteran patients. This Handbook provides processes and procedures for a comprehensive, evidence-based, population-level interdisciplinary HPDP program at each Department of Veterans Affairs (VA) facility and VA health care system (HCS).

2. SUMMARY OF CONTENTS AND MAJOR CHANGES. This is a revised Handbook that:

a. Defines the responsibilities and execution of VA facility and HCS HPDP Programs;

b. Designates the minimal core elements of these HPDP programs;

c. Designates responsibilities of facility staff, Veterans Integrated Service Network (VISN) leaders, and NCP; and

d. Describes reporting requirements of facility programs.

3. RELATED ISSUES. VHA Directive 1120, Responsibilities of the National Center for Health Promotion and Disease Prevention (NCP); VHA Handbook 1120.01, MOVE!® Weight Management Program for Veterans (MOVE!®); VHA Handbook 1120.4, Veterans Health Education and Information Core Program Requirements; VHA Handbook 1120.5, Coordination and Development of Clinical Preventive Services.

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 VHA Handbook. Questions may be referred to the Chief Consultant for Preventive Medicine at (919) 383-7874, or by FAX to (919) 383-7598.

5. RESCISSIONS. VHA Handbook 1120.02, dated October 30, 2006, is rescinded.

6. RECERTIFICATION. This VHA Handbook is scheduled for recertification before the last working day of July 2017.

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Under Secretary for Health

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HEALTH PROMOTION AND DISEASE PREVENTION CORE PROGRAM REQUIREMENTS

1. PURPOSE

This Veterans Health Administration (VHA) Handbook sets forth the core program implementation and reporting requirements for Health Promotion and Disease Prevention (HPDP) programs at each Department of Veterans Affairs (VA) facility and Health Care System (HCS).

2. BACKGROUND

a. The VHA National Center for Health Promotion and Disease Prevention (NCP), located in Durham, NC, was established in 1995 as a field-based unit of VA Central Office within the Office of Patient Care Services (PCS) to implement the Veterans Health Care Act of 1992, Public Law 102-585, § 511,106 Stat. 4943, 4955-57 (codified at Title 38, United States Code (U.S.C.) 7318) which mandates the NCP to:

(1) Provide a central office for monitoring and encouraging the activities of VHA with respect to the provision, evaluation, and improvement of preventive health services; and

(2) Promote the expansion and improvement of clinical, research, and educational activities of VHA with respect to such services.

b. As VHA transforms from disease-focused to patient-centered health care for Veterans, it is reorganizing care and developing new clinical programs to support HPDP that address the VHA vision of emphasizing prevention and population health.

c. Many diseases that cause disability and death among Veterans can be prevented, mitigated, or delayed. Preventive services can lead to longer and healthier lives, reduce hospitalizations, preserve functionality, and enhance patient satisfaction and quality of life. Effective preventive services are available for the leading causes of death and morbidity. Screening tests, immunizations, preventive medications, and counseling to support health behavior change are the major strategies employed. The main behavioral factors contributing to preventable disease are tobacco use, physical inactivity, poor diet, unhealthy alcohol use, and overweight or obesity. Key interventions to reduce health risks include system-level, provider-level, and patient-level strategies that assist patients in changing risky behaviors and adopting healthier ones. VHA is committed to raising the awareness of healthy behaviors and encouraging and supporting Veterans in their efforts to adopt healthy lifestyles.

d. In 2009, in close collaboration with other National Program offices, NCP developed the Preventive Care Program as a sub-initiative of the New Models of Care Transformational Initiative within the Office of Healthcare Transformation. The VHA Preventive Care Program is designed to ensure that Veterans receive comprehensive health education, appropriate clinical preventive services, coaching for health behavior change, and support for self-management of chronic disease.

The Preventive Care Program is closely integrated with the Patient Aligned Care Teams (PACT) initiative and supports facility HPDP infrastructure and staff. This support also includes training and mentoring staff in patient-centered health behavior coaching strategies, and providing tools to assist PACT and other clinical staff in assessing and addressing Veterans' HPDP needs and interests.

3. DEFINITIONS

a. **Health Promotion and Disease Prevention (HPDP).** HPDP 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 or severity of disease, or detecting already existing disease at an early stage when it can be more successfully treated. 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. ***NOTE:*** *The terms HPDP services and preventive care are used interchangeably in this Handbook.*

b. **VHA Clinical Preventive Services Guidance Statements.** Clinical Preventive Services Guidance Statements are statements that define VHA recommendations regarding the delivery of individual clinical preventive services to Veterans. They describe the clinical preventive service, target population, and other factors influencing the use or non-use of the service.

c. **Patient-Centered Care.** Patient-centered care is a fully engaged partnership of Veteran, family, and health care teams, established through continuous healing relationships and provided in optimal healing environments, in order to improve health outcomes and the Veteran's experience of care.

d. **Self-Management Support.** One of the foundations of preventive care is to assist patients in setting goals to optimize health and better manage chronic conditions. Support for self-management includes: guidance, assistance with goal setting, problem solving for personal self-management plans, education, and encouragement through ongoing contact.

e. **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.

f. **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 that 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.

Ten steps for successful health coaching are specified in the *Patient Education: TEACH for Success* course (TEACH). More information on this course can be found at: http://vaww.prevention.va.gov/VHEI/TEACH_for_Success_web_update.pdf. ***NOTE:*** *This is an internal VA Web site not available to the public.*

g. **Motivational Interviewing (MI).** 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 about change or have difficulty following through with recommended health behaviors. When employing MI, clinicians embody a "spirit" or style that is highly collaborative, evocative, and supportive of patients' autonomy. The principles of MI include: resisting directing ("the righting reflex"), seeking to understand the patient's motivation, listening with empathy, and empowering the patient by supporting self-efficacy. NCP-approved MI training is designed to enhance clinicians' capacity to employ the spirit, principles, skills, and techniques of MI in interactions with Veterans.

h. **Patient-Aligned Care Team (PACT).** The PACT is an interdisciplinary team of health care professionals that provides comprehensive primary care in partnership with the patient. The PACT manages and coordinates comprehensive health care services consistent with agreed-upon goals of care. PACTs for special populations (e.g., Geri-PACT, Spinal Cord Injury PACT, Women Veterans Health PACT) are designated in the Primary Care Management Module (PCMM) by a specific indicator.

i. **Health Education.** Health education is any combination of education, information, and other strategies designed to help people enhance their quality of life through HPDP; partner with their health care teams; and develop self-management, problem-solving, and coping skills.

j. **VA Central Office-Directed Self-Study Orientation Program.** This is a self-paced, self-study orientation program developed by NCP and designed to provide role-specific orientation for HPDP Program Managers, Health Behavior Coordinators (HBC), and VISN HPDP Program Leaders. The program includes instructions, role-specific orientation checklists, topic-specific learning modules, program evaluation, and an automated process to self-certify completion of the program.

4. SCOPE

This Handbook defines the comprehensive, evidence-based, population-level, interdisciplinary HPDP program and services that must be available to all Veterans served at VA facilities and HCSs. The required minimal core elements for Facility HPDP Programs are listed in paragraph 5.

5. HEALTH PROMOTION AND DISEASE PREVENTION (HPDP) PROGRAM REQUIREMENTS

The following are the minimal core elements for HPDP Programs:

a. **HPDP Program Messages and Goals.** VHA's vision is that Veterans will be provided HPDP clinical interventions that are seamlessly integrated across the continuum of their health

care and are delivered in a variety of modalities tailored to their needs and preferences. VHA clinicians and clinical support staff must value these interventions and incorporate them into each Veteran's overall plan of care. Evidence-based HPDP services are integrated into clinical care delivery throughout facilities and all affiliated community-based outpatient clinics (CBOCs). To facilitate delivery of HPDP services, the following nine key "Healthy Living" messages and associated program goals for VHA have been developed:

(1) **Message**: Be Involved in Your Health Care
Goal: Increase patient engagement and involvement in health care,

(2) **Message**: Be Physically Active
Goal: Increase physical activity and reduce physical inactivity,

(3) **Message**: Eat Wisely
Goal: Increase consumption of vegetables, fruits, whole grains, low-fat dairy, and seafood in place of some meat and poultry; reduce consumption of sodium, saturated and trans fatty acids, calories from solid fats and added sugars, and refined grains,

(4) **Message**: Strive for a Healthy Weight
Goal: Prevent or reduce overweight and obesity through improved eating and physical activity,

(5) **Message**: Limit Alcohol
Goal: Reduce risky alcohol use,

(6) **Message**: Be Tobacco Free
Goal: Reduce tobacco use,

(7) **Message**: Get Recommended Screening Tests and Immunizations
Goal: Increase appropriate use of recommended screening tests and immunizations,

(8) **Message**: Manage Stress
Goal: Reduce associated symptoms of stress,

(9) **Message**: Be Safe
Goal: Reduce sexually transmitted infections, falls, and motor vehicle crashes,

b. **Health Promotion and Disease Prevention (HPDP) Program Manager.** Each VA facility or HCS must designate at least one HPDP Program Manager to facilitate coordination, communication, and consistent implementation of HPDP Programming and the integration of HPDP services into clinical care. ***NOTE:*** *See paragraph 11 for the responsibilities of the HPDP Program Manager.*

c. **Health Behavior Coordinator (HBC).** Each VA facility or HCS must designate at least one HBC to provide health behavior change training and consultation to clinical staff. ***NOTE:*** *See paragraph 12 for the responsibilities of the HBC.*

d. **Interdisciplinary HPDP Committee and Subcommittee.** An interdisciplinary, facility-wide HPDP committee or subcommittee must be established with the HPDP Program Manager and HBC as co-leaders. The HPDP Program is coordinated through the committee and specific functions are defined in a committee charter. Core committee members include the MOVE!® Weight Management Program Coordinator, the Veterans Health Education Coordinator, the Smoking and Tobacco Use Cessation Lead Clinician, the My Health***e***Vet Coordinator, Primary Care-Mental Health Integration (PC-MHI) staff, the Patient-centered Care Coordinator, and PACT representatives from the facility and CBOCs. Additional staff partners may be included on the HPDP Program committee as determined by the facility. A graphic model of a facility HPDP Program can be found at: http://vaww.prevention.va.gov/images/Model_2_landscape_annotation.JPG. ***NOTE:*** *This is an internal VA Web site not available to the public.* A sample HPDP Program Committee Charter is found in Appendix A.

e. **HPDP Program Goals and Strategic Plans.** The HPDP committee or subcommittee must establish local program goals that align with the overarching Healthy Living goals detailed in subparagraph 5a. It is recommended that HPDP Program strategic plans are developed every 1-2 years and that those plans are integrated with PACT and facility strategic plans.

f. **Staff Learning and Development.** Training in patient-centered communication, health education skills, health coaching, VHA Clinical Preventive Services Guidance Statements, and HPDP principles are required to support, sustain, and engage staff in providing quality HPDP services to Veterans.

(1) The Registered Nurse Care Manager (or equivalent from Special Population PACT) from each PACT must complete NCP-approved training in health coaching (i.e., TEACH or an alternative program approved by NCP) and NCP-approved training in MI within 12 months of hire or appointment to a PACT. Details of required training can be found at http://www.prevention.va.gov. Additional training of PACT staff in MI is encouraged. ***NOTE:*** *Existing staff should have been trained as part of implementation of the Fiscal Year (FY) 2011-2014 New Models of Care Transformational Initiatives.*

(2) The Clinical Associate (or equivalent from Special Population PACT) and Primary Care Provider from each PACT must complete NCP-approved training in health coaching (i.e., TEACH or an alternative program approved by NCP) within 12 months of hire or appointment to a PACT.

(3) Each facility must maintain the capacity to provide approved training in health coaching and MI to its clinical staff by ensuring a pool of local TEACH and MI training facilitators who have completed NCP-sponsored facilitator training is available. This pool of facilitators must provide initial training in health coaching and MI to PACT clinical staff. Additionally, they must provide individual and group-based staff coaching and follow-up training activities to foster development and maintenance of communication skills.

(4) The HPDP Committee must facilitate the dissemination of information about VHA Clinical Preventive Services Guidance Statements to relevant staff members as new or revised statements are released by NCP.

g. **Outreach Activities.** The HPDP Program Manager and the HPDP Program Committee need to develop relationships with external stakeholders and agencies to enhance, promote, and support healthy lifestyle behaviors among Veterans. They design and organize HPDP-related Veteran outreach events in coordination with other facility outreach programs.

h. **Program Evaluation.** The program, including components found in preceding subparagraphs 5a-5f, must be evaluated on an ongoing basis and improvements implemented as indicated using VHA-approved processes such as the Vision, Analysis, Team, Aim, Map, Measure, Change, Sustain (VATAMMCS) improvement framework.

6. RESPONSIBILITIES OF THE NATIONAL CENTER FOR HEALTH PROMOTION AND DISEASE PREVENTION (NCP)

NCP is responsible for:

a. **Guidance and Technical Assistance.** Guidance and technical assistance are provided to facility and HCS HPDP programs regarding strategies and programming that support the achievement of the overarching program goals about the Healthy Living Messages described in subparagraph 5a. These functions occur through national and regional educational meetings, national conference calls, individual program consultation as requested, national training programs, Web resources, clinical tools, and other means. NCP maintains, evaluates, and routinely updates the HPDP Self-Study Orientation Program.

b. **Monitoring of Evidence-Based Guidelines.** NCP monitors relevant published literature and clinical preventive services recommendations from the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices, Community Task Force on Preventive Services, and other national guidelines groups. As new, evidence-based recommendations for HPDP services are published, NCP evaluates the need for new or revised policies, clinical tools, telehealth technologies, and processes that may be integrated into preventive care for Veterans across VHA. Telehealth modalities must meet VHA's national conditions of participation in telehealth services.

c. **Development of Guidance on Clinical Preventive Services.** NCP coordinates the development, approval, updating, and dissemination of Clinical Preventive Services Guidance Statements and support the implementation of guidance statements by VHA clinicians and administrators in the field, as specified in VHA Handbook 1120.05.

d. **Monitoring and Oversight.** NCP monitors progress toward achievement of the program goals of the Healthy Living Messages as described in subparagraph 5a using applicable national VA databases and VISN and facility reports. NCP may conduct on-site or virtual validation of self-reported information from facilities.

7. RESPONSIBILITIES OF THE VISN DIRECTOR

The VISN Director is responsible for:

a. Designating a VISN HPDP Program Leader and relaying information to NCP regarding:

(1) The name, job title, address, fax, phone number, and e-mail address of the VISN HPDP Program Leader; and

(2) Any changes in the VISN HPDP Program Leader assignment.

b. Ensuring a comprehensive, evidence-based, population approach to HPDP is implemented at all VA facilities, outpatient clinics, and CBOCs in the VISN and that all minimum HPDP Program requirements are in place and sustained.

c. Preparing, securing, and managing fiscal and staff resources needed to support HPDP programs and services.

d. Sharing and recognizing successful HPDP programs.

e. Ensuring that patients are able to access HPDP services across the VISN.

f. Providing feedback and reports on HPDP programs, services, and products.

8. RESPONSIBILITIES OF THE FACILITY DIRECTOR

The facility Director is responsible for:

a. Ensuring that the minimal core elements listed in paragraph 5 are in place, active, and sustained at the facility and HCS.

b. Designating the HPDP Program Manager and HBC and relaying information to the VISN and NCP regarding:

(1) The name, job title, address, fax, phone number, and e-mail address of these individuals;

(2) Any changes in these assignments; and

(3) Providing feedback and reports on HPDP programs to NCP.

NOTE: *Directors of HCSs or large facilities may appoint more than one HPDP Program Manager or HBC to meet the needs of the system or facility.*

c. Ensuring that HPDP Program strategic plans are aligned with Healthy Living goals as described in paragraph 5 and integrated with the PACT and overall facility strategic plans.

d. Securing and managing the fiscal and staff resources needed to support HPDP programs and services.

e. Sharing and recognizing successful HPDP programs.

f. Ensuring existing staff has been trained as part of implementation of the Fiscal Year (FY) 2011-2014 New Models of Care Transformational Initiatives.

g. Establishing an interdisciplinary, facility-wide HPDP committee or subcommittee with the HPDP Program Manager and HBC as co-leaders.

h. Ensuring that patients are able to access HPDP services at the main facility(ies) and all affiliated outpatient clinics and CBOCs where primary care is delivered.

i. Ensuring that the facility HPDP Program Manager and HBC has sufficient time allocated for administrative, clinical, program development, and staff training responsibilities.

9. RESPONSIBILITIES OF FACILITY PRIMARY CARE PACT LEADERSHIP

Facility Primary Care PACT Leadership is responsible for:

a. Ensuring that the Primary Care PACT staff learning and development requirements, listed in subparagraph 5e, are met, by:

(1) Allotting time for PACT staff to receive NCP-approved training in health coaching and MI;

(2) Ensuring that PACT clinical staff completes required training;

(3) Supporting PACT staff participation in individual and group-based staff coaching and follow-up training activities to foster the development and maintenance of Veteran-centered communication skills;

b. Ensuring that HPDP clinical services, including screening, immunizations, health behavior counseling, preventive medications, health education, self-management support, and health coaching are integrated into clinical care provided in all facility PACTs;

c. Collaborating with HPDP Program staff to redesign and improve the quality of the delivery of HPDP-related services within PACT; and

d. Aligning HPDP Program strategic plans with PACT strategic plans.

10. RESPONSIBILITIES OF THE VISN HEALTH PROMOTION AND DISEASE PREVENTION PROGRAM LEADER

The VISN HPDP Program Leader is responsible for facilitating and supporting the activities of facility HPDP Programs within the VISN. A sample VISN HPDP Program Leader role

description is included in Appendix B. The VISN HPDP Program Leader is required to complete the VA Central Office-directed HPDP Self-Study Orientation Program.

11. RESPONSIBILITIES OF THE FACILITY HEALTH PROMOTION AND DISEASE PREVENTION PROGRAM MANAGER

The facility HPDP Program Manager must have sufficient time allocated for administrative, clinical, program development, and staff training responsibilities. A sample HPDP Program Manager role description is found in Appendix C. ***NOTE:*** *VA facilities and HCSs serving more than 25,000 unique patients annually must anticipate the need to dedicate a minimum of 1.0 full-time equivalent (FTE) without collateral assignments to successfully accomplish the work of this position. Facilities serving fewer than 25,000 unique patients may consider allocating occupation-specific collateral assignments to the HPDP Program Manager.*

The HPDP Program Manager is responsible for:

a. Completing the VA Central Office-directed HPDP Program Manager Self-Study Orientation Program within 60 days of hire or appointment to the position. ***NOTE:*** *Existing staff needs to have completed this requirement as part of implementation of the FY 2011-2014 New Models of Care Transformational Initiatives.*

b. Establishing, maintaining, and leading the facility or HCS HPDP Program Committee or subcommittee. ***NOTE:*** *A sample facility HPDP Program Committee Charter is found in Appendix A.*

c. Ensuring that relevant clinical reminders for clinical preventive services (screening, immunizations, brief behavior counseling, and preventive medications) are aligned with VHA Clinical Preventive Services Guidance Statements.

d. Coordinating and engaging teams to redesign or improve the quality of the delivery of HPDP-related services.

e. Planning, developing, implementing, monitoring, and evaluating the overall HPDP Program.

f. Serving as the communication liaison between VISN HPDP Program Leaders, NCP, and the facility HPDP Committee or subcommittee.

g. Serving, in collaboration with other clinical content experts, as a subject matter expert in HPDP and providing education on evidence-based HPDP services to PACT and other clinical staff.

h. Ensuring that HPDP services are integrated into clinical care provided in PACT.

i. Providing and developing content expertise on preventive health as it relates to the Healthy Living goals as described in subparagraph 5a.

j. Providing HPDP-related clinical services as required for occupation-specific licensure.

12. RESPONSIBILITIES OF THE HEALTH BEHAVIOR COORDINATOR (HBC)

The HBC must have sufficient time allocated for administrative, clinical, and staff training responsibilities. A sample functional statement for a clinical health psychologist is found in Appendix E and a sample statement for a social worker is found in Appendix F. ***NOTE:*** *VA facilities and HCSs serving more than 25,000 unique patients annually needs to anticipate the need to dedicate a minimum of 1.0 FTE without collateral assignments to successfully accomplish the work of this position. Additional support may be needed in facilities with high turnover or expansion to ensure that clinical PACT staff members have the training and skills in health coaching and MI necessary to effectively partner with patients to change health behavior. Facilities serving fewer than 25,000 unique patients annually may consider allocating occupation-specific collateral assignments to the HBC. HBC work is intended to be embedded in the PACT clinical setting.*

The HBC is responsible for:

a. Completing the VA Central Office-directed HBC Self-Study Orientation Program within 60 days of hire or appointment to the position. ***NOTE:*** *Existing staff should have completed this requirement as part of implementation of the FY 2011-2014 New Models of Care Transformational Initiatives.*

b. Serving as co-leader of the facility or HCS HPDP Program committee or subcommittee and assisting in the development, implementation, and evaluation of HPDP programs and services.

c. Collaborating with the Veterans Health Education Coordinator to provide TEACH training to facility PACT and other clinical staff who provide health coaching and health behavior change counseling to Veterans.

d. Providing MI training and ongoing follow-up and skills training to facility PACT and other clinical staff, as needed. This includes coaching staff following the didactic training to develop their skills. Coaching options include participating in team huddles, facilitating role-play type practice sessions, providing joint appointments with patients and clinicians, and encouraging case reviews and discussions, as needed. In addition to coaching staff in developing specific motivational communication skills, HBCs provide as-needed consultation to providers on health behavior patterns or change concerns, both informally in a curbside manner and more formally in presentations and discussions.

e. Collaborating with PACT, PC-MHI, and other Mental Health staff to ensure effective coordination of behavioral and mental health interventions that impact on the overall health of Veterans.

f. Providing limited (no more than 25 percent), direct HPDP-related patient care as required for occupation-specific licensure.

g. Serving as a subject matter expert in health coaching, MI, patient self-management, and health behavior change.

h. Providing and developing content expertise on preventive health as it relates to the Healthy Living goals as described in subparagraph 5a.

13. REPORTING REQUIREMENTS

Reports on the status of the HPDP program must be submitted to NCP and higher-level VHA offices, as requested.

14. REFERENCES

a. Veterans Health Care Act of 1992, Pub. L. 102-585, sec. 511, 106 Stat. 4943, 4955-57 (codified at 38 U.S.C. 7318).

b. VHA National Center for Health Promotion and Disease Prevention Intranet Web site: http://vaww.prevention.va.gov/. ***NOTE:*** *This is an internal VA Web site not available to the public.*

c. VHA Smoking and Tobacco Use Cessation Web site: http://vaww.publichealth.va.gov/smoking/index.asp. ***NOTE:*** *This is an internal VA Web site not available to the public.*

d. Home Telehealth Conditions of Participation: http://vaww.telehealth.va.gov/telehealth/ccht/cop/index.asp ***NOTE:*** *This is an internal VA Web site not available to the public.*

e. National Center for Health Promotion and Disease Prevention Internet site at: http://www.prevention.va.gov/.

Sample Health Promotion and Disease Prevention (HPDP) Program Committee Charter

VHA HK 1120.02,
App. A

Sample VISN HPDP Program Leader Role Description


VHA HK 1120.02,
App. B

Sample HPDP Program Manager Role Description

VHA HK 1120.02,
App. C

Sample HPDP Program Manager Nurse III Functional Statement


VHA HK 1120.02,
App. D

Health Behavior Coordinator (HBC) Functional Statement-Psychologist

VHA HK 1120.02,
App. E

Health Behavior Coordinator (HBC) Functional Statement-Social Worker


VHA HK 1120.02,
App. F