

VETERANS HEALTH EDUCATION AND INFORMATION PROGRAM REQUIREMENTS

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook designates the national Veterans Health Education and Information (VHEI) Program, 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 services, guidance, and coordination within VHA. This Handbook provides processes and procedures for implementing a Veteran-centered, comprehensive, evidence-based, interdisciplinary VHEI Program at each Department of Veterans Affairs (VA) medical facility and VA health care system (HCS), and for coordination of Veterans health education across VHA clinical program offices. Integrating VHEI programs and services into patient care throughout the VHA health care continuum enhances clinical outcomes and patient and staff satisfaction.
- 2. SUMMARY OF MAJOR CHANGES:** This is a revised Handbook that updates facility VHEI Program requirements and staff responsibilities to support VHA strategic goals, including delivery of personalized, proactive, patient-driven health care.
- 3. RELATED ISSUES:** VHA Directive 1120.
- 4. RESPONSIBLE OFFICE:** The National Center for Health Promotion and Disease Prevention (10P4N), Office of Patient Care Services is responsible for the contents of this VHA Handbook. Questions may be referred to 919-383-7874; FAX communication may be sent to 919-383-7598.
- 5. RESCISSIONS:** VHA Handbook 1120.04, dated July 29, 2009, is rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of September 2020.

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1. PURPOSE: This Veterans Health Administration (VHA) Handbook sets forth the core program implementation and reporting requirements for the Veterans Health Education and Information (VHEI) Program in VHA, as well as for each Veterans Integrated Service Network (VISN), Department of Veterans Affairs (VA) medical 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 (VACO) 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). NCP is responsible for promoting the expansion and improvement of clinical, research, and education activities related to VHA preventive health services.

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

c. The VHEI Program is 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/caregivers. It also includes providing health information that meets the health literacy and numeracy needs of Veterans and family members/caregivers. Veteran-centered health education programs and services encompass patient education, are available in all VHA health care delivery settings, and are provided in preferred learning modalities that help Veterans:

(1) Enhance their quality of life through health promotion and disease prevention.

(2) Actively partner with their providers and health care teams to share health care decision making.

(3) Engage needed family and social support systems.

(4) Develop self-management and coping skills.

(5) Access and appropriately use VHA health care resources across the continuum of care (access, health promotion and disease prevention, primary care, specialty care, diagnosis, treatment, self-management, inpatient care, rehabilitation, facility, home, and community-based long-term services and support, and referral to VHA and community resources).

d. Print, audiovisual, and electronic resources should be used to supplement the education and counseling and self-management support that patients receive from their

providers and other health care team members as part of their care. The resources are used to:

1. Reinforce teaching.
2. Provide information about clinical encounters, transitions of care, and follow-up.
3. Offer guidance on healthy living, self-monitoring, and self-management.
4. Help patients share information about their conditions and treatment plans with family members/caregivers.

e. VHA's Strategic Plan calls for providing personalized, proactive, patient-centered health care for Veterans. This plan supports VHA's vision, which emphasizes prevention and population health. VHEI is a critical component of this vision.

f. 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 Strategic Integration. 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 conditions. The national VHEI Program is closely integrated with the Preventive Care Program, both at NCP and in the field. This integration is reflected in the functions, responsibilities, and program activities discussed throughout this VHEI Handbook and VHA Handbook 1120.02, HEALTH PROMOTION AND DISEASE PREVENTION CORE PROGRAM REQUIREMENTS.

g. Health education, coaching, and developing health care partnerships with patients are listed as required Patient Aligned Care Team (PACT) services for delivery of comprehensive primary care and for care management in VHA Handbook 1101.10, PATIENT ALIGNED CARE TEAM (PACT) Handbook. This includes engaging patients in managing their health conditions; assessing and addressing their communication and literacy abilities; eliciting their preferences for participating in health care decision making; providing patients with information, education, and skill building to support self-management; providing access to materials, resources, and programs appropriate to their needs; and educating patients about transitions of care. The PACT Handbook includes a requirement that PACT clinical staff receive training in health education and patient-centered communication and coaching skills. This requirement can be met by participating in *Patient Education: TEACH for Success* (TEACH), a national training program developed by VHEI.

h. Self-management is aligned with VHA's strategic goal to provide personalized, proactive, patient-driven health care that empowers Veterans to prevent illness and promote their health and well-being, and to manage their existing health conditions. Key interventions for supporting self-management of chronic conditions include patient-, provider-, and system-level strategies that assist patients in changing risky behaviors, adopting and maintaining healthy behaviors, and coping and problem-solving on a daily

basis. VHA is committed to raising awareness of healthy behaviors that prevent illness and encouraging and supporting Veterans in their efforts to employ self-management strategies to achieve optimal health and the highest possible quality of life.

i. The national VHEI Program champions a health-literate approach to support delivery of care at the patient-clinician, facility, and system-wide levels in VHA. An important component of Veteran-centeredness is providing information Veterans and family members/caregivers can understand and use. The Institute of Medicine, US Department of Health and Human Services, and others have recognized the clinical significance of a health-literate approach to direct patient care and to the creation of health-literate organizations.

j. The Veterans Health Library (VHL) was created as a component of the transformation of VHA health care delivery. It ensures that all Veterans have access to Veteran-focused, VHA-vetted health information no matter where they receive care. The VHL offers Veterans, their family members/caregivers, and the public online health information whenever they want it. It is available anytime, directly at <http://www.veteranshealthlibrary.org/> or via My Health@Vet at <https://www.myhealth.va.gov/>. VHA clinical staff promotes and uses VHL content to educate Veterans about healthy living, their conditions, tests and treatment options, medications, and self-management strategies in face-to-face, secure messaging, and telephone clinical encounters. VHL's content and design meets Veterans' health literacy and numeracy needs. VHL content is reviewed by VHA subject matter experts to ensure that it is in accordance with VA and VHA policy and guidance, and VA-Department of Defense (DoD) Clinical Practice Guidelines. New VHL content is continually added, and existing content is regularly reviewed to ensure it remains correct and current.

3. SCOPE:

a. The facility VHEI Program operates in all venues and modalities of care. Veterans have access to Veteran-centered, evidence-based VHEI programs and services in a variety of formats and delivery options that are tailored to their needs. The facility VHEI Program is an integral part of health care delivery in all venues and modalities of care, including clinical settings and virtual encounters, such as secure messaging and telephone care. Facility VHEI programs and services are interdisciplinary because all clinical disciplines are responsible to provide health education and health coaching to their patients.

b. The optimal facility VHEI Program is Veteran-centered, evidence-based, comprehensive, and coordinated. The VHEI Program is driven by patient and clinician needs, and contributes to the facility's mission and goals. A comprehensive approach to a facility VHEI Program includes activity at three organizational levels:

- (1) Facility-wide,
- (2) Programmatic, for specific patient populations and health problems, and
- (3) Patient and family member/caregiver.

NOTE: Appendix A describes assessment, planning, implementation, and evaluation activities at each of these levels.

4. DEFINITIONS:

a. **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.

b. **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 TEACH program.

c. **Health Education.** Health education is the process of assisting individuals, acting separately or collectively, to make informed decisions about matters affecting their personal health and that of others.

d. **Health Literacy.** The Institute of Medicine defines 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. Creating a health-literate health care organization ensures that communications with Veterans, family members/caregivers, and visitors address their health literacy and numeracy (the ability to understand, evaluate, and use numbers to make informed health care choices) needs. In VHA, health literacy includes:

(1) **Patient-centered Communication Skills.** The facility will ensure that staff uses effective patient-centered communication skills to enhance patients' health literacy and numeracy.

(2) **Information and Resource Materials.** Veterans, family members/caregivers, and visitors will be able to understand and use the health information provided by the facility in various formats (print, Braille, electronic, audio-visual media, and telephone).

(3) **Environmental Health Literacy.** A comprehensive approach to health literacy includes directions to the facility by car or public transportation, parking, and facility signage to help Veterans, family members/caregivers and visitors easily locate and navigate the facility.

e. **Patient Education: TEACH for Success.** The TEACH program provides VHA 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 change, and healthy living. TEACH training is a requirement for PACT clinical staff. TEACH participants learn about state-of-the-art

strategies that can be used in brief encounters with patients, and then practice the techniques using simulated patients and case scenarios. More information on this program can be found at:

http://vaww.prevention.va.gov/VHEI/TEACH_for_Success_web_update.pdf.

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

f. **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. To foster and enhance patient self-management, 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.

g. **Shared Decision Making.** The Foundation for Informed Medical Decision Making defines shared decision making (SDM) as a collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient's values and preferences.

h. **Veteran-Centered Health Education and Information Programming.** VHEI programs and services meet Veterans where they are, help them learn to optimize their health, partner with their health care teams, share decision making, and develop skills to manage their acute and chronic health problems and conditions. The elements of Veteran-centered health education and information are expressed in the process of developing a VHEI program, designing the learning activities, creating and/or compiling program materials, implementing program schedules and structure, interacting with Veterans during the course of a program, and evaluating effectiveness of the program. More information on these elements and tools for ensuring that VA facility VHEI programs and services are Veteran-centered can be found at:
http://vaww.prevention.va.gov/VHEI/Veteran_Centered_Health_Education.asp.

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

i. **VHEI-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 Veterans Health Education Coordinators (VHEC). The program includes instructions, role-specific orientation checklists, topic-specific learning modules, and program evaluation.

5. FACILITY VHEI PROGRAM REQUIREMENTS: This Handbook defines and describes the core program requirements for facility VHEI Program operation. The goal of these requirements is implementation of a coordinated approach to planning, delivering, and evaluating Veteran-centered, evidence-based health education programs, services, and resource materials for Veterans and, if appropriate and desired, their family members/caregivers. Minimal requirements for the facility VHEI Program include:

a. A Medical Center Policy Memorandum for the facility VHEI Program including a commitment to ensuring that Veterans will have access to evidence-based, Veteran-centered health education programs and services in all venues and modalities of care.

b. An officially designated VHEC with appropriate credentials and organizational placement, whose appointment meets position recommendations based on facility size and complexity. The VHEC represents the facility VHEI Program on related facility committees.

c. An officially chartered interdisciplinary VHEI Committee chaired by the VHEC.

NOTE: *Appendix B contains a sample Facility VHEI Committee Charter.*

d. Established processes for ensuring the active involvement of Veterans and if appropriate, their family members/caregivers, in the facility VHEI program. Examples of active involvement include:

(1) Serving as members of the facility VHEI Committee.

(2) Providing input as members of planning committees for VHEI target population programs.

(3) Providing evaluation data and feedback that can be used to improve existing programs or plan new ones.

(4) Using Veterans' input from patient experience measures, e.g., the Survey of Healthcare Experiences of Patients and focus groups, on items and constructs related to health education, patient-centered communication, shared decision-making, and self-management to determine needs for additional staff training and VHEI program development.

e. An established facility-wide needs assessment process to identify gaps and opportunities for VHEI program development.

f. A strategic plan for the facility VHEI Program aligned with VHA and facility strategic goals and priorities. It is recommended that VHEI Program strategic plans are updated every 1-2 years.

g. Regularly scheduled communications to brief facility leadership and key stakeholders on the VHEI Program; directory of VHE programs and services compiled and disseminated to Veterans and clinical staff; promotion of the VHL to clinical staff and Veterans, family members/caregivers; collaboration with the Public Affairs Officer and others to promote VHEI services to Veterans via facility newsletters or other channels; outreach to community organizations to support health education services for Veterans; and submission of VHEI reports as requested.

- h. Administrative support for the facility VHEI Program, including a budget for VHEI programs, services, and resources; program and administrative space for the VHEC and VHEI programs and services; and administrative staff and resource support.
- i. Compliance with VHA and The Joint Commission (TJC) standards related to the development and delivery of VHEI services and programs.
- j. Established program development processes to ensure that VHEI programs meet facility requirements and are evidence-based and Veteran-centered; and established program evaluation and quality improvement processes such as the Vision, Analysis, Team, Aim, Map, Measure, Change, Sustain improvement framework.
- k. An established review process to ensure that local VHEI resource materials meet VHA and TJC standards.
- l. Collaboration among clinical program areas to develop and implement VHEI programs and services, including Health Promotion and Disease Prevention (HPDP) Program, PACT, Specialty Care, Acute Care, and Geriatrics and Extended Care programs including hospice and palliative care.
- m. Training and clinician coaching for clinical staff to ensure that they have the patient-centered communication, health coaching, counseling and self-management support skills needed to effectively engage patients in prevention and self-management of health conditions; and understanding and skills to apply effective evidence-based health education interventions in practice settings.

6. RESPONSIBILITIES:

a. **The National Center for Health Promotion and Disease Prevention National VHEI Program.** National Center for Health Promotion and Disease Prevention (NCP) is responsible for:

(1) **Guidance and Technical Assistance.** The national VHEI Program provides guidance and technical assistance to facility VHEI programs regarding strategies and programming that support the achievement of the national VHEI Program goal to provide evidence-based, Veteran-centered health education programs and services throughout the VHA continuum of care in all locations of care. These functions occur through national training and education programs, national conference calls, regional education meetings, individual program consultation as requested, Web resources, clinical tools, and other means. The national VHEI Program maintains, evaluates, and routinely updates the VHEC Self-Study Orientation Program, and provides VHEC Professional Development Programs. It consults with VACO clinical program offices, VISNs, and VA medical facilities to promote evidence-based, Veteran-centered VHEI programs, services, and products.

(2) **Promotion of Evidence-Based Practice.** As new, evidence-based recommendations for health education services, practice, and strategies are published, the national VHEI Program evaluates the need for new or revised policies, clinical tools,

technologies, and processes that may be integrated into health education programs and services for Veterans across VHA. The national VHEI Program also updates the field about relevant health education literature.

(3) **Capacity Building.** The national VHEI Program assists VHA facilities and clinical staff to enhance their capacity to actively engage Veterans in their care; offer effective health education; and support self-management and SDM.

(4) **Direction and Oversight.** The national VHEI Program monitors progress toward achievement of the VHEI Program goals using applicable national VA databases and VISN and facility reports. NCP may conduct on-site or virtual validation of self-reported information from facilities.

(5) **Equitable access to VHEI programs, services, and products.** The national VHEI Program promotes equitable access to VHEI programs, products, and services across VHA by creating Veteran-centered policies, programs, organizational strategies, training programs, and products.

(6) **Collaboration.** The national VHEI Program collaborates internally with VACO program offices and the field and externally with other governmental and community agencies on health education practice, strategies, interventions, programs, and products.

b. **Veterans Integrated Service Network Director.** The Veteran Integrated Service Network (VISN) Director is responsible for:

(1) Appointing a VISN Lead for Veterans Health Education who serves as the focal point for VHEI in the VISN, and as the liaison to the VISN VHEI Committee and facility VHECs and Committees. The VISN VHEI Lead may be a collateral appointment and may be one of the facility VHECs within the VISN.

(2) Relaying the name and contact information for the VISN VHEI Lead to the NCP national VHEI Program whenever there is a change in the position or assignment.

(3) Ensuring a comprehensive, population approach to evidence-based, Veteran-centered health education services is implemented at all VA medical facilities, Outpatient Clinics, and Community-Based Outpatient Clinics (CBOC) and Community Living Centers (CLC) in the VISN, and that all minimum VHEI Program requirements are met.

(4) Establishing and maintaining a VISN-level interdisciplinary VHEI Committee to ensure that VHEI programs, services, and resources are consistent and coordinated across all facilities.

NOTE: *Appendix C contains a sample VISN VHEI Committee charter.*

(5) Ensuring that Veterans are able to access facility VHEI programs and services across the VISN.

(6) Preparing, securing, and managing fiscal and staff resources needed to support VHEI programs and services.

(7) Ensuring submission of any requested VISN-level VHEI reports.

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

(1) Ensuring the facility meets the VHEI core program requirements listed in Section 5 of this handbook.

(2) Designating a facility VHEC. The VHEC should be a clinical staff member who has academic training or experience in health education and has demonstrated the ability to work collaboratively with other disciplines. Appendix D contains a sample VHEC Role Description. The VHEC must have sufficient time allocated for program development and management, staff training, and administrative responsibilities. It is 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 work of this position. Facilities at complexity level 2 may consider a designated part-time appointment to serve as the VHEC. Facilities at complexity level 3 may consider allocating occupation-specific collateral assignments to serve as the VHEC. More information about facility complexity can be found at the Web site of the VHA Office of Productivity, Efficiency, and Staffing:
<http://opes.vssc.med.va.gov/FacilityComplexityLevels/Pages/default.aspx>.

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

(3) Relaying the name and contact information for the VHEC to the VISN and the national VHEI Program whenever there is a change in the position or assignment.

(4) Ensuring that the organizational placement of the VHEC position or role facilitates collaboration with the clinical disciplines. Appropriate placements may include the office of the Chief of Staff, Associate Chief of Staff/Education, Associate Director Patient Care Services if this position supervises several clinical disciplines, or Chief of Education.

(5) Providing staffing and other dedicated resources needed to plan and deliver VHEI programs and services.

(6) Establishing and maintaining an interdisciplinary VHEI Committee to plan, implement, and evaluate comprehensive, Veteran-centered health education programs, products, and services.

(7) Ensuring that all facility clinical staff has acquired skills in health education, health behavior change counseling, and patient-centered communication skills. Training may include participation in the TEACH Program and follow-up clinician coaching.

(8) Ensuring submission of any requested facility-level VHEI reports.

d. **Veterans Health Education Coordinator.** The Veterans Health Education Coordinator (VHEC) manages the facility VHEI Program. This results in an evidence-based, Veteran-centered facility VHEI Program that supports facility goals and objectives, and meets the needs of Veterans, their family members/caregivers, and clinical staff. VHEC core responsibilities include:

(1) **Leadership/Coordination.**

(a) Ensuring the facility VHEI Program meets all VHA national VHEI Program requirements.

(b) Functioning as the designated focal point and advocate for facility Veterans health education initiatives, programs, and activities.

(c) Chairing the facility's interdisciplinary VHEI Committee.

(d) Leading facility efforts to integrate the Veterans Health Library into VHA health care delivery in face-to-face, secure messaging, and virtual encounters; and promoting the VHL with Veterans, their family members/caregivers, and the public.

(e) Leading facility efforts to integrate, promote, and advocate for VHA-wide Veteran-centered health education programs, products, and resources including New Patient Orientation, self-management programs, and other interventions and initiatives that include health education.

(f) Representing the facility VHEI Program on key facility committees and activities to ensure the elements of evidence-based, Veteran-centered, health education programming are integrated into the committees' work. Examples include PACT, HPDP, Patient-centered Care, Quality Management, and Systems Redesign.

(g) Consulting with facility leadership and clinical staff to integrate health education programs, services, and products into health care delivery across the facility continuum of care.

(h) Securing a budget to support the facility VHEI Program and managing the resources allocated to plan, implement, and evaluate Veteran-centered health education programs and services.

(i) Coordinating internal and external communications regarding the VHEI Program:

1. Providing regular reports to facility leadership on the status of the facility VHEI Program;

2. Compiling a directory of VHEI programs and services and disseminating it to Veterans and clinical staff;

3. Collaborating with the Public Affairs Officer and others to promote VHEI services to Veterans via facility newsletters, Web sites, or other channels;

4. Serving as the point of contact for communication between the facility, VISN, and national VHEI Program;

5. Facilitating outreach to community organizations to support health education services for Veterans.

(j) Completing the national VHEI Program-directed VHEC Self-Study Orientation Program within 60 days of hire or appointment to the position.

(2) Needs Assessment/Strategic Planning.

(a) Conducting a periodic facility-wide assessment of Veteran-centered health education programs and services focusing on facility goals and objectives, specific patient populations, diseases/conditions, modalities, and venues of care.

(b) The assessment should include collecting and analyzing facility and patient data to determine gaps or needs in Veterans health education programs, services, and products for specific patient populations or diseases/conditions.

(c) Leading the VHEI strategic planning process and integrating the facility VHEI Program strategic plan into the facility mission, goals, and objectives.

(3) Program Development.

(a) Developing, managing, and evaluating facility Veteran-centered health education programs and services that are designed and developed in accordance with:

1. Facility-specific health education policies and practices,
2. VA-DoD clinical practice guidelines,
3. VHA Clinical Preventive Services Guidance Statements,
4. VHA Pharmacy Benefits Management Clinical Recommendations for Use and Therapeutic Interchange Guidance, and Patient and Providers Letters,
5. TJC accreditation standards for patient education,
6. Veteran-centered health education principles, and
7. Health literacy guidelines and Veterans' learning preferences and delivery modalities.

(b) Collaborating with clinical disciplines and services/product lines to plan and implement evidence-based, Veteran-centered health education programs and services. Examples include HPDP, PACT, Specialty Care, Acute Care, and Long-term/Extended Care/Hospice. Collaboration activities include:

1. Developing programs for high-risk patients and populations.

2. Developing health education interventions to facilitate transitions of care.
3. Ensuring that self-management programs are offered in all care locations and in multiple delivery modalities including telehealth to accommodate Veterans' learning preferences; this could include shared medical appointments and other health education interventions.
4. Participating in orientation programs for new clinical staff to ensure they are knowledgeable about the facility VHEI Program, can effectively refer patients and family members/caregivers, if appropriate, to facility Veterans health education programs and services, and document the patient education services and programs that they provide in accordance with facility documentation requirements.
5. Securing Veteran and family member/caregiver input into the facility VHEI Program, and into programs and products for specific patient populations or diseases/conditions.
6. Establishing a review process to ensure that local VHEI resource materials meet VHA and The Joint Commission standards.
7. If a facility chooses to create local patient education materials on medications, the materials must be reviewed first by the facility's Veterans Health Education 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.

(4) Staff Development.

- (a) Coordinating and providing health education training and clinician coaching for clinical staff on Veteran-centered health education methods and strategies and patient-centered communication skills, including skills in health coaching, counseling, and self-management support.
- (b) Serving as facility lead for the TEACH training program for clinical staff.
- (c) Providing clinician coaching to help clinicians apply Veteran-centered communication and health education skills in their interactions with Veterans.

NOTE: *Appendix D contains a sample Role Description for a VHEC.*

7. REPORTING REQUIREMENTS: Reports on the status of the facility VHEI Program and special initiatives must be submitted as requested to the NCP national VHEI Program and higher-level VHA offices. Additional information may be requested by informal communication mechanisms, such as verbal reports on conference calls and written response to e-mail requests or inquiries.

8. REFERENCES:

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

b. VHA Directive 1120, Responsibilities of the National Center for Health Promotion and Disease Prevention (NCP).

c. VHA National Center for Health Promotion and Disease Prevention Intranet site: <http://vaww.prevention.va.gov>.

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

VHA National Center for Health Promotion and Disease Prevention Internet site: <http://www.prevention.va.gov/>.

d. The National Veterans Health Education and Information Program Intranet site: http://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.*

e. VHA Handbook 1120.02, Health Promotion and Disease Prevention Core Program Requirements.

f. VHA Handbook 1101.10, Patient Aligned Care Team (PACT) Handbook.

g. VHA Strategic Plan FY2013-2018, Office of the Assistant Deputy Under Secretary for Health for Policy and Planning, Department of Veterans Affairs, Washington, DC, 2012.

h. National Task Force on the Preparation and Practice of Health Educators. A Competency-Based Curriculum Framework for the Professional Preparation of Entry-level Health Educators, 2010.

i. Nielson-Bohlman L, Panzer AM, Kindig DA. (eds) Health Literacy: A prescription to end confusion. The National Academies Press, Washington, DC, 2004.

j. 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.

k. VA TAMMCS Improvement Framework, VHA Office of Systems Redesign, Department of Veterans Affairs, Washington, DC, 2011.

l. Facility Complexity Model, VHA Office of Productivity, Efficiency and Staffing, Department of Veterans Affairs, Washington, DC, 2012.

m. VHA Pharmacy Benefits Management Clinical Guidance Documents, and Patient and Provider Letters Intranet site:

<https://vaww.cmopnational.va.gov/cmop/PBM/Clinical%20Guidance/Forms/Allitems.asp>
[x](#)

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A MODEL FOR HEALTH EDUCATION PROGRAMMING

Program Development Stage	Organizational Level		
Assessment	Facility-wide	Program	Patient
Objectives	Determine need for policy and system supports to enhance health education services.	Generate specific patient population and disease or condition profiles.	Determine knowledge, attitudes, and skills of patient, and family if appropriate; update as needed.
Outcome	Facility profile of health education needs and programs.	Priority needs for program development.	Learning needs.
Baseline Questions	<p>Is there a policy statement for health education in the facility?</p> <p>Is there support for health education?</p> <p>What are the perceptions of the utility and effectiveness of health education?</p> <p>Where is the organizational locus of responsibility for health education?</p> <p>What organizational units are involved in health education?</p> <p>What is the coordinating mechanism?</p> <p>What are the current expenditures, resources (space, equipment, etc.), administrative capacity, staff and budget for health education?</p> <p>Who manages these resources?</p>	<p>Who are the patients, i.e., the demographic and psychosocial characteristics?</p> <p>What are the most important or frequent health problems of patients served by this facility? The prevalence, incidence, clusters?</p> <p>What care is provided, i.e., the number of patients seen, average number of visits per patient, waiting times for clinic access, average length of appointment time, average length of stay, readmission rates?</p> <p>Are staff knowledge, attitudes, and skills in health education sufficient?</p>	<p>What skills or information does the patient and family need to manage or cope with the acute or chronic condition?</p> <p>What are the unique concerns of the patient and family?</p> <p>What is the patient's or family's psychosocial and cultural background?</p> <p>What is the course of the disease, stage & impact on the individual patient?</p> <p>What is the readiness of the patient for learning and change?</p> <p>What is the patient's level of functioning, i.e., the physical, mental, social, etc.?</p> <p>What is the level of patient-provider interaction?</p>

Program Development Stage	Organizational Level		
Assessment	Facility-wide	Program	Patient
	<p>What is the potential for consolidation or coordination of resource management for health education? What is the present status of quality of care in this facility; i.e., morbidity, mortality, disability, etc.? How does this facility score on performance measures that involve health education and on The Joint Commission requirements for patient education? How does the facility score on patient satisfaction survey questions related to health education?</p>	<p>What is the climate for change, i.e., staff readiness and capability? What resources are available and needed for health education, i.e., space, equipment and supplies, staffing, etc.? Are there new Veterans Health Administration (VHA) programs, new populations being served, special organizational units being established, or other programmatic changes occurring that have health education components that must be addressed?</p>	<p>What will assist the patient to assume an active role and partner with the health care team? Are educational resource materials available, adequate, and used? Do the available educational resource materials meet the patient's health literacy needs?</p>
Participants	<p>Veterans Health Education Coordinator, Committee, and other key stakeholders Veterans.</p>	<p>Primary and/or specialty care treatment teams, Veterans, Representatives of community agencies and programs.</p>	<p>Patient Family Provider or team</p>
Decision Makers	<p>Administration Chiefs of Service Product Line Managers</p>	<p>Chiefs of service, section chiefs, product line managers. Clinical Executive Board. Veterans Health Education Committee.</p>	<p>Patient Family Provider or team</p>

Program Development Stage	Organizational Level		
Planning	Facility-wide	Program	Patient
Objectives	Develop facility-wide plan for health education.	Develop program plans for priority needs.	Identify individual patient learning objectives.
Outcomes	Formulation of policy statement. Development of goals and strategies. Development of organizational structure. Identification and establishment of internal and external linkages. Establishment of data and communication systems.	Standard protocols. Staff training. Educational methods and materials. Records and evaluation systems. Communication channels. Standardized programs.	Individual learning plan for patient and family. Plan for self-management, follow-up and referral. Documentation method.
Participants	Veterans Health Education Coordinator, VHE Committee, and other key stakeholders.	Primary and specialty care treatment teams. Veterans. Representatives of community agencies and programs.	Patient Family Provider or team
Decision Makers	Administration Chiefs of Service Product Line Managers	Chiefs of service, section chiefs, product line managers. Clinical Executive Board. Veterans Health Education Committee.	Patient Family Provider or team

Program Development Stage	Organizational Level		
	Facility-wide	Program	Patient
Objectives	Implement plan. Test, revise. Use information gained through implementation to refine and improve health education services and programs.	Same	Same
Processes	Test goals and strategies and adapt as needed. Monitor data or information and communication systems, policies and procedures. Performance improvement for health education services.	Monitor program delivery in terms of utility and acceptance of procedures, training, materials, methods, communication patterns, records systems. Performance improvement for health education programs.	Monitor patient learning in terms of utility, acceptance of methods and materials, patient-provider interaction, referral mechanisms, documentation systems, and staff communications.
Communication Mechanisms	Progress reports, staff meetings, electronic communications, management briefings, etc.	Documentation in medical records, team conferences, etc.	Medical record notes, team conferences, etc.
Time Frame	Annual	Quarterly	Daily for inpatients. At specified intervals for outpatients or when the patient's clinical status changes.
Participants	Veterans Health Education Coordinator, VHE Committee, and other key stakeholders.	Primary or specialty care treatment teams. Veterans. Representatives of community agencies and programs.	Patient Family Provider or team
Decision Makers	Administration Chiefs of Service Product Line Managers	Chiefs of service, section chiefs, product line managers. Clinical Executive Board. VHE Committee.	Patient Family Provider or team

Program Development Stage	Organizational Level		
Evaluation	Facility-wide	Program	Patient
Focus	Guide policy formulation, administrative management and resource allocation decisions.	Guide changes in program design and implementation.	Identify alternative approaches and methods for communication and health education.
Outcomes a. Effectiveness	Reductions in morbidity, mortality, disability. Contributions to improvements in clinical performance measures. Patient, staff and community satisfaction.	Improved health status related to patient behaviors, utilization of health services. Patient, staff and community satisfaction.	Patient demonstration of self-management, self-monitoring, reporting symptoms or side effects, problem solving ability, appointment keeping. Patient, staff and community satisfaction.
b. Efficiency	Appropriate allocation of resources to support health education at the facility, program and patient levels	Appropriate utilization of resources; i.e., funds, staff, equipment, instructional materials, etc. Accomplishment of staff training goals.	Staff competency in interpersonal and communication skills, teaching, problem solving.
Time Frame	3 years with interim progress reporting and decision making.	Yearly, or at the completion of the specific program.	At time of discharge for inpatients. At follow-up visits or specified intervals for outpatients or when the patient's clinical status changes.
Decision Makers	Administration Chiefs of Service Product Line Managers	Chiefs of service, product line managers. Clinical Executive Board. VHE Committee.	Patient Family Provider or team
Participants	Veterans Health Education Coordinator, VHE Committee, and other key stakeholders.	Primary or specialty care treatment teams, Veterans, Representatives of community agencies and programs.	Patient Family Provider or team

SAMPLE FACILITY VHEI COMMITTEE CHARTER***(Insert Facility Name)* Veterans Health Education and Information (VHEI) Committee Charter****Committee Mission:**

In VHA, Veterans health education and information encompasses patient education, and is defined as any combination of information, education, and other strategies designed to help Veterans:

1. Enhance their quality of life through health promotion and disease prevention.
2. Actively partner with their providers and health care teams.
3. Engage needed family and social support systems.
4. Develop self-management and coping skills.
5. Access and appropriately utilize VHA health care resources across the continuum of care (access, health promotion and disease prevention, primary care, specialty care, diagnosis, treatment, self-management, inpatient care, rehabilitation and long-term care, and referral to VHA and community resources).

The mission of the *(insert facility name)* VHEI Committee is to ensure that health education is integrated into clinical care delivery within the facility including Community-based Outpatient Clinics (CBOC) and Community Living Centers (CLC). The committee assists the Veterans Health Education Coordinator (VHEC) to ensure that the facility meets VHA core program requirements for the VHEI Program.

Committee Membership:

VHEI Committee members facilitate interdisciplinary collaboration on VHEI among product/service lines throughout the facility and CBOCs. Members can be appointed by the Medical Center Director or their product/service line leads. They comprise a diverse group of employees who are involved and interested in the delivery of Veteran-centered health education programs and services. VHEI Committee members work as a team to coordinate programs and services throughout the facility. Committee members serve as liaisons between their respective product/service lines and the VHEI Committee to convey Veterans health education needs, issues and concerns of their product/service lines. Members contribute guidance and support to provide consistent and comprehensive Veterans health education programs, services, and resources throughout the facility including CBOCs.

To ensure an effective VHEI Program at the facility level, the VHEI Committee requires certain core members; additional members may be included at the facility's discretion. Core committee members include the HPDP Program Manager, the Health Behavior

Coordinator, MOVE!® Weight Management Program Coordinator, the My Health eVet Coordinator, PACT representatives from the facility and CBOCs, the Patient Advocate, the Patient Librarian, representatives from Specialty Care, Nursing Service, Quality Management, Patient Safety, Primary Care-Mental Health Integration (PC-MHI) staff, Pharmacy, Social Work, Nutrition and Food Service, Education Service, and one or more Veterans.

Committee Leadership:

The VHEC is the designated chair of the facility VHEI Committee.

Committee Responsibilities:

Needs Assessment/Strategic Planning:

1. Assessing the needs for Veteran-centered Health Education programs and services at the facility, program and individual patient levels. These programs and services will be designed to help Veterans promote health, prevent disease, and cope with and manage acute and chronic conditions. The Committee will use clinical and administrative data and input from patients, family members, and clinical staff to assess gaps in health education programming.

2. Developing a facility VHEI Program strategic plan and establishing annual goals. Strategic plans and committee goals will reflect facility or national VHEI Program goals and evaluation measures. Strategic plans will be reviewed and approved by (*Insert facility specific deadline and requirements*) and integrated into facility strategic plans.

Program Development and Review:

1. Ensuring that VHEI programs, services, and resources are available to Veterans in multiple modalities across the facility's continuum of care, and in all venues of care.

2. Establishing an interdisciplinary process to plan, implement, coordinate, and evaluate Veteran-centered evidence-based health education programs, services, and resources. This includes providing guidance and support to clinical staff interested in developing new or enhancing existing VHEI programs, services, and resources.

3. Establishing a process for the development and implementation of continuous quality improvement activities to ensure effective utilization of health coaching and other patient-centered communication strategies by clinical staff in the delivery of Veterans health education programs, services, and resources.

4. Establishing a process to review locally produced or commercially purchased Veteran-centered health education resources to ensure they are appropriate for the intended audience, are Section 508 compliant and accessible for staff and patients who are blind, and meet VHA and The Joint Commission standards.

5. The review and approval process for facility-produced or commercial resources will ensure that these resources:

a. Are consistent and align with VA-DOD Clinical Practice Guidelines, VHA Clinical Preventive Services Guidance Statements, and VHA Pharmacy Benefits Management Clinical Recommendations for Use and Therapeutic Interchange Guidance, and Patient and Provider Letters.

b. Are in accordance with VHA clinical policy, directives, and handbooks.

c. Are reviewed and approved by the appropriate local clinical experts.

d. Meet VHEI Program Guidelines for Veteran-Centered Health Education and Information.

e. Are culturally competent and accommodate the health literacy needs of the Veterans, or if appropriate, family members, for whom they are intended.

f. Adhere to the VA Tier 1 Graphic Standards Guide (for facility-produced resources). Information on the Graphics Style Guide is available at http://vaww.va.gov/6102/graphicstandards/VA_508_GraphicStandardsGuide_013113.pdf.

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

g. In addition, the review and approval process will include:

(1) Evaluating the design, layout, accessibility or formatting which may affect patients' ability to effectively use the resources.

(2) Ensuring that locally produced health education resources include information specific to the provider/team, VA Medical Facility, or VISN in order to personalize the information and engage the patient.

(3) Ensuring that locally produced or commercial health education resources are reviewed on a regular basis, updated, and approved by appropriate facility clinical experts.

Coordination:

1. Assisting the VHEC to ensure the facility meets VHEI Program requirements, including:

a. Participating in facility policy development.

b. Ensuring compliance with internal and external quality standards related to the VHEI Program.

c. Compiling a directory of facility VHEI programs and services and disseminating it to Veterans and clinical staff.

2. Collaborating with other facility committees, program areas, and groups to enhance and promote VHEI programs, services, and resources.

3. Championing local and national health education initiatives, programs and services, e.g., New Patient Orientation, self-management programs, the Veterans Health Library, the Health eLiving Assessment, shared medical appointments, and other interventions and initiatives that include health education.

Staff Development:

1. Developing and implementing a plan to provide education and training for clinical staff in health education, health coaching and other patient-centered communication strategies (e.g. *Patient Education: TEACH for Success* and other programs).

Committee Communication:

The (*Insert facility name*) VHEI Committee will meet monthly, with authority to convene additional meetings as circumstances require. All committee members (or designees) are expected to attend each meeting, in person or via teleconference or V-Tel. Meeting agendas will be prepared by the chair and provided in advance to members, along with appropriate briefing materials. Minutes, attendance, and action items generated from each meeting will be maintained by the chair and shared with committee members and facility leadership (insert specific facility procedure for posting minutes, format, reporting, etc.). Meeting dates and times will be specified at least 6 months in advance.

Reports: The VHEI Committee provides regular written progress reports to facility leadership which include goal achievement, results of specific performance measures, and upcoming goals and objectives. VHA Handbook 1120.04 requires that reports on the status of the VHEI Program and special initiatives must be submitted as requested by NCP/VHEI. The VHEC and Committee members will participate in providing relevant and accurate information to complete reports.

SAMPLE VISN VHEI COMMITTEE CHARTER***(Insert VISN Name)* Veterans Health Education and Information Committee Charter**

Statement of Purpose: Plan, coordinate, and evaluate VISN-wide Veteran-centered health education programs, services, and resources in order to provide relevant, understandable health education and information for Veterans and their families.

Mission: The *(insert VISN name)* VHEI Committee is responsible for processes and strategies that ensure Veteran-centered health education is integrated throughout the continuum of care at all VISN facilities.

Committee Membership: The interdisciplinary membership includes staff from various product/service lines and locations working together to improve Veteran-centered health education in the VISN. The VHEI Committee consists of the Veterans Health Education Coordinator (VHEC) from each facility within the VISN, and the VISN VHEI Lead. Additional staff may be asked to participate based on needs and available resources. The VISN VHEI Committee members work as a team to coordinate programs and services provided to Veterans and their family members.

Committee Responsibilities: Ensuring VHEI programs, services and resources are consistent and coordinated across all facilities. These responsibilities include:

1. Ensuring that VHEI programs and services support shared care within the VISN and all points of transfer of care. This includes:
 - a. Collecting and analyzing data about VHEI needs across the VISN.
 - b. Collaborating with key staff for program development as needed.
 - c. Ensuring that the health education materials and resources provided to patients and family members/caregivers are culturally competent, accommodate health literacy needs, are consistent with VA-Department of Defense Clinical Practice Guidelines, VHA Clinical Preventive Services Guidance Statements, VHA Pharmacy Benefits Management Clinical Recommendations for Use and Therapeutic Interchange Guidance, and Patient and Provider Letters, and VHA policies and directives, and are consistent across the VISN.
2. Developing a VISN-wide VHEI strategic plan that aligns with the VISN strategic plan.
 - a. Informing VISN leadership about VISN and facility VHEI Program issues, needs, and accomplishments including the integration of VHEI programs and services into Community-based Outpatient Clinics (CBOC), Patient Aligned Care Teams (PACT), and Specialty Care.

b. Identifying and coordinating education and training to ensure that clinical staff have the information and skills needed to provide evidence-based, Veteran-centered health education programs and services.

c. Encouraging best practices throughout the VISN by sharing successful Veterans health education programs, services, and resources.

d. Preparing, securing, and managing the budget and other resources needed to support VISN-level VHEI programs, services, and resources.

e. Providing feedback and status reports to VISN leadership through the VISN VHEI Lead on the status of Veterans health education programs, services, and resources. Provide reporting to NCP as requested.

Committee Leadership and Reporting Relationships:

The Committee chair may be either a VHEC or the VISN VHEI Lead. The chair is appointed by the VISN or elected by the Committee members. The Chair is responsible for all administrative aspects of the meetings, including scheduling, agenda preparation, and distribution of the minutes. The Committee reports to *(Insert name/Discipline)*. The VISN VHEI Committee provides regular written progress reports which include goal achievement, results of specific performance measures, and upcoming goals and objectives.

SAMPLE VETERANS HEALTH EDUCATION COORDINATOR ROLE DESCRIPTION

***Disclaimer:** Sample role descriptions are meant as examples only and do not necessarily reflect all the duties and responsibilities of the position at any specific facility. Each facility should adapt, edit, and revise as appropriate to the specific assignment of the position as needed. The format used is a guide only. Individual VA medical facilities may prefer a different format.*

The Veterans Health Education Coordinator (VHEC) manages the facility Veterans Health Education and Information (VHEI) Program. This results in an evidence-based, Veteran-centered facility VHEI Program that supports facility goals and objectives, and meets the needs of Veterans, their family members/caregivers, and clinical staff.

Qualifications:

The prospective Veterans Health Education Coordinator must have experience in VHEI services and programs. Title 38, other Hybrid Title 38 health professionals, and GS staff who have experience in managing or providing VHEI services may be considered for Veterans Health Education Coordinators. A Master of Public Health (M.P.H.), Master of Education (M.Ed.) or Masters of Science in Community Health Education degree, all with specialization in Health Education or Community Health Education, and 2-3 years progressive experience with demonstrated knowledge and expertise in patient, community or public health education program management and administration is recommended, but not required. The Veterans Health Education Coordinator must also have demonstrated skills in health education, communication, consultation, coordination, and program development and management.

Knowledge, Skills, Ability Required by the Position:

1. Knowledge of the theory and practice of health education and health behavior change, skills in client-centered, evidence-based health education interventions, curriculum design, program development and management, training, and evaluation.
2. Ability to conduct needs assessments and strategic planning for the Veterans Health Education and Information (VHEI) Program that contributes to the facility's mission, goals, and objectives.
3. Interpersonal relationship skills to work effectively with others, and oral and written communication and presentation skills to communicate effectively about a variety of health education issues to Veterans, employees, supervisors, management, and other stakeholders within VA and the community.
4. Knowledge of program development and management, and ability to design, administer and monitor programs, coordinate associated activities, evaluate program outcomes, redefine priorities, modify goals and implement changes in systems.
5. Ability to provide consultation and training to clinical staff to help them understand and apply Veteran-centered, evidence-based health education interventions

and skills in their

interactions with Veterans and family members, and to help them develop and implement high quality health education programs, products, and services.

Responsible To:

Appropriate organizational placement may include the office of the Chief of Staff, Associate Chief of Staff/Education, Associate Director Patient Care Services if this position supervises several clinical disciplines, or Chief, Education Service.

Major Duties and Responsibilities:

1. Functions as the designated focal point, coordinator, advocate, and liaison for all Veterans and family health education programs, and activities; serves as the facility content expert in health education.
2. Works with facility management to ensure that the VHEI Program contributes to the facility's mission, goals, and objectives.
3. Demonstrates leadership, experience, and creative approaches to the management, delivery, and sustainment of the VHEI Program.
4. Provides consultation and training to interdisciplinary staff members regarding health education theory and practice, evidence-based health education interventions and skills, and health education program development to assure that Veterans health education programs, activities, and services are Veteran-centered and meet quality standards.
5. Serves as the principal point of contact for all Veterans health education communications and reporting within the facility, among the facilities in the Veterans Integrated Service Network (VISN), with the national VHEI Program, and other program offices.

Functions:

1. **Leadership/Coordination**
 - a. Ensures that the facility VHEI Program has met all VHA VHEI Program requirements and accreditation standards related to patient education.
 - b. Leads facility-wide efforts to integrate, promote, and advocate for Veteran-centered health education programs, products, and resources, and other interventions and initiatives that include health education.
 - c. Works with facility management to ensure that the VHEI Program contributes to the facility's mission, goals, and objectives.

- d. Participates in the establishment and review of pertinent policies and procedures.
- e. Chairs the facility's interdisciplinary Veterans Health Education and Information committee to ensure interdisciplinary collaboration in the design and development of health education programs, activities, and services for Veterans and family members.
- f. Develops effective working relationships with staff responsible for related programs and services.
- g. Represents the VHEI Program on related committees and workgroups, and provides active leadership on interdisciplinary committees, task forces, or groups that are designed to improve organizational performance.
- h. Prepares, secures and manages the needed budget and other resources to support VHEI programs, products and services.
- i. Provides regular reports to facility leadership on the status of the facility VHEI Program; compiles a directory of VHE programs and services and disseminates it to Veterans and clinical staff; collaborates with the Public Affairs Officer and others to promote VHEI services to Veterans via facility newsletters or other channels; conducts outreach to community organizations to support health education services for Veterans; and serves as the point of contact for communication between the facility, VISN, and national VHEI Program.
- j. Recognizes Veterans Health Education and Information Committee members and other clinicians for their involvement in and support for the VHEI Program.
- k. Seeks and maintains professional relationships with colleagues in the VA nationwide, external stakeholders and community agencies, and academic and professional institutions.
- l. Completes the national VHEI Program-directed VHEC Self-Study Orientation Program within 60 days of hire or appointment to the position.

2. Needs Assessment/Strategic Planning

- a. Collaborates with key staff to collect and analyze facility and patient data to determine gaps or needs in VHEI programs, services, and products, and to identify priorities for program development.
- b. Leads the VHEI strategic planning process.

3. Program Development

- a. Secures Veteran, and if appropriate, family member input into the design of Veterans health education programs, services and products.

b. Collaborates with clinical staff and service/product lines to develop, manage, and evaluate Veteran-centered, evidence-based VHEI programs, activities, and services that will meet guidelines and standards of the facility, The Joint Commission, and VHA including, quality improvement processes.

c. Provides consultation and technical assistance to other program areas to integrate VHEI across the continuum of care within the facility.

d. Establishes a review process to ensure that facility-developed or purchased health education materials meet VHA and The Joint Commission standards, are consistent with VHA Clinical Preventive Services Guidance Statements, VA/DoD Clinical Practice Guidelines, and Pharmacy Benefits Management Clinical Recommendations for Use and Therapeutic Interchange Guidance and Patient and Provider Letters are culturally competent, and accommodate Veterans' health literacy needs.

4. Staff Development

a. Provides training, clinician coaching, and consultation to interdisciplinary staff members to enhance their understanding and practice of Veteran-centered, evidence-based health education interventions and skills, and health education program development.

b. Develops and facilitates clinician education on relevant health education topics and skills.

c. Serving as facility lead for the TEACH training program for clinical staff.

Supervisory Controls

As a facility level program coordinator, the incumbent performs duties under broad administrative direction with wide latitude for independent judgment in matters related to health education. The supervisor sets the overall objectives and the resources available. The incumbent and supervisor develop the deadlines, projects, and work to be done. The incumbent plans and carries out assignments, resolves any conflicts which may arise, coordinates and conducts the work with others as necessary, and interprets policies and guidelines in terms of broad objectives. Within broad delegation of authority, the incumbent determines the approach to be taken and the methodologies to be used. The incumbent keeps the supervisor informed of progress and potentially controversial matters. Completed work is reviewed from an overall standpoint of timeliness, feasibility, accomplishment of objectives, and effectiveness in meeting requirements.

Other Significant Facts

1. The Veterans Health Education Coordinator must be knowledgeable about VHEI.

2. The Veterans Health Education Coordinator will be required to collaborate with clinical staff and administrators to create VHEI programs and services for Veterans and their family members and caregivers. The incumbent must be able to comprehend and maintain knowledge of current VA clinical guidelines and policies involving Veterans health care.

3. The incumbent must possess effective public speaking skills and the ability to communicate effectively, both orally and in writing with a wide variety of individuals and organizations. The incumbent must also be comfortable in the role of an administrator and manager and must be capable of providing strong leadership for the VHEI program at a facility level.