





Attention All Friday Facts Subscribers: Please note that in the event your email address changes due to the Defense Enterprise E-mail migration, you will need to re-subscribe to continue receiving this newsletter. Re-subscribe here.

July 17, 2015



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Health Promotion and Wellness **Friday Facts**



REMINDER - DEADLINE TO REQUEST A QUOTA TO ATTEND THE HPW TRAINING SCHEDULED FOR 4-8 AUGUST, NAVAL STATION NORFOLK IS 20 JULY!

The deadline to request a quota to attend the HPW Training scheduled at NEPMU2, Naval Station Norfolk is 20 July! The training will include the following:

- Monday, 4 Aug.: Navy HP Basics Course, Level II
- Tuesday, 5 July: CHOW Course
- Wednesday, 5 July: ShipShape Program Facilitator Training
- Thursday, 6 July: Tobacco Cessation facilitator Training
- Friday, 7 July: Facilitating Healthy Behavior Change (half-day)

To request a quota, send an email to: USN NSA HR NAVMCPUBHLTHCEN PORS List NMCPHC-HPW-Training usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-hpw-training@mail.mil.

WEBINAR DISCUSSION ON HIV PrEP IN THE DOD



What if there was a pill that could help prevent HIV infection? Please join NMCPHC-SHARP for a discussion about "HIV Pre-Exposure Prophylaxis (PrEP) in the DoD" on Thurs. 20 August from 1200-1300 EST.

Discussion Outline:

- HIV Incidence in the DoN/DoD
- Purpose of HIV PrEP and Patient Eligibility Criteria
- HIV PrEP Clinical Practice Guidelines and Resources
- Medication Accessibility
- HIV PrEP Promotion and Resources
- Experiences and Observations of HIV PrEP Providers at Walter Reed National Military Medical Center, San Antonio Military Medical Center, Naval Medical Center Portsmouth and Naval Medical Center San Diego

Speakers:







- Michael R. (Bob) MacDonald, MS, CHES; NMCPHC, SHARP
- CAPT Charmagne G. Beckett, MD, MPH, FACP; OIC, Navy Bloodborne Infection Management Center
- CDR Robert J. Carpenter, DO FACP AAHIVS, Naval Aerospace Medical Institute
- Lt Col Jason F. Okulicz, MD, MC; Chief, Infectious Disease Service, SAMMC
- MAJ Jason Blaylock, MD, MC, USA; OIC Infectious Disease Clinic, WRNMMC
- Gerry Tarr, RN, BS, CCH; Naval Medical Center Portsmouth
- Kevin P. O'Brien, Preventive Medicine Technician; Naval Medical Center San Diego

Register: REPLY to this email to pre-register, for login information or watch for the upcoming DCS link at http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx.

Please share this information with your local health care team.

LOOKING AHEAD TO SEPTEMBER 2015 SUICIDE PREVENTION MONTH

Suicide prevention in the Navy is not just an annual observance, but is recognized year round through continuous engagement at the deckplate level. To that end, this September the Navy will use Suicide Prevention Month to introduce a new message under the 21st Century Sailor Office's Every Sailor, Every Day campaign, "One Small ACT." This message encourages simple actions that Shipmates, leaders, and families can take to promote cohesion and learn when it is necessary to intervene and provide assistance to others, based on the Navy's Ask Care Treat (ACT) model. As part of



the Every Sailor, Every Day campaign, "One Small ACT" ties into the broader collaborative communications efforts between the armed forces, Department of Defense Suicide Prevention Office (DSPO), and the Department of Veterans Affairs (VA). In the coming weeks, suicide prevention coordinators can expect to receive a toolkit containing printable and digital graphics, plan of the day notes, social media messages, and more to help tailor local efforts and kick off this next phase of the Every Sailor, Every Day campaign at their command. This toolkit will be available through the Navy Suicide Prevention Branch (OPNAV N171). Additional products will be released throughout the month of September and the upcoming fiscal year to educate Sailors, leaders, and families on the impact that "One Small ACT" can have on a person's life. Visit the HPW Department's Suicide Prevention Web page for additional suicide prevention resources.

NATIONAL INSTITUTES OF HEALTH (NIH): MINDING YOUR METABOLISM DURING THE AGING PROCESS

As we age, we have less muscle and energy and more fat. That may be due to the fact that our metabolism changes as we get older. We burn fewer calories and break down foods differently, so unless we exercise and change our diet, we will gain weight as we age. Several issues play a role in weight gain during the aging process, including the role of leptin, a chemical that tells our brain that we are full; the way our body uses glucose and a decrease in physical activity.

Learn more about the processes that affect weight gain during the aging process and how to avoid the middle-aged spread at: http://newsinhealth.nih.gov/issue/jul2015/feature2. This article also includes a link to the NIH's Go4Life exercise and physical activity campaign designed especially for older adults.

NIH'S ALCOHOL CALCULATORS

So what's in that drink, exactly? Summer cocktails may be stronger, more caloric, and more expensive than you realize. NIH's alcohol calculators can help you assess calories, drink size, alcohol spending, blood alcohol levels, and the number of standard drinks in each cocktail. Find out what's in your favorite summer alcoholic beverages at: http://newsinhealth.nih.gov/issue/Jul2015/Capsule3.



THE COMMUNITY PREVENTIVE SERVICES TASK FORCE (TASK FORCE) RELEASES LATEST FINDINGS

The Community Preventive Services Task Force (Task Force) recently released its latest findings that recommend interventions that engage community health workers to prevent cardiovascular disease (CVD) based on strong evidence of effectiveness for interventions that engage community health workers in a team-based care model to improve blood pressure and cholesterol in patients at increased risk for CVD. Additionally they found sufficient evidence of effectiveness for interventions that engage community health workers for health education, and as outreach, enrollment, and information agents to increase self-reported health behaviors (e.g., physical activity, healthful eating habits, smoking cessation) in patients at increased risk for CVD.

What materials are available to help share this information with others?

<u>News Story</u>: Use this ready-to-go story for newsletters and websites, or simply link to it from the following introduction: <u>The Community Preventive Services Task Force</u> announced that it recommends interventions that engage community health workers to <u>prevent cardiovascular disease</u>.

MORBIDITY AND MORTALITY WEEKLY REPORT (MMWR) OF ADULTS MEETING FRUIT AND VEGETABLE INTAKE RECOMMENDATIONS RELEASED

We know that eating more fruits and vegetables adds nutrients to diets, reduces the risk for disease, and helps manage body weight. Yet we know that a lot of Americans are not meeting the minimum recommended number of daily servings of either fruits or vegetables. But how close are we to meeting those recommendations? The CDC analyzed median daily frequency of fruit and vegetable intake based on 2013 Behavioral Risk Factor Surveillance System data for the 50 states and the District of Columbia and applied newly developed prediction equations to calculate the percentage of each state's population meeting fruit and vegetable intake recommendations. This report summarizes the results of that analysis. Access this report, titled "Adults Meeting Fruit and Vegetable Intake Recommendations — United States, 2013" at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a1.htm?scid=mm6426a1 w