

PSDVS NEWSLETTER

Volume 4, Issue 2

<http://psdvs.memberlodge.org/>



Dear Friends and Colleagues,

The old adage tells us that, “Time flies when you are having fun.” I have to admit that proved to be true for me. I can hardly believe 11 months have whizzed by since I took the office of President of our fine Society. During this time, the PSDVS website went “live”; Board Scholarship and Board State Conference Chairs were established; 4 educational scholarships and 1 CAVS scholarship were awarded; the State Board instituted a process for accurately tracking memberships in the three chapters; changes were made to the Society By-Laws to eliminate some ambiguities; and 3 honorary members were inducted. Whew!!! That was a lot of work by the Board members which is a great segue into acknowledging the 2011 Board.

Please join me in thanking **Tina McDonnell**, President-Elect/Newsletter, **Kathy Michalovicz**, Vice-President/Evelyn Burston, **Joyce Malicky**, Treasurer, **Yvonne Navarro-Brewer**, Secretary, **Krista DiRienza**, Past-President/Nominating, **Lois Kellet**, Membership, **Judy Lieberman/Nick Petti**, Website, **Melissa Heinlein/Kathy Stocker**, Education, **Joan Simpson**, AHVRP Liaison, and **Jennifer Kopar/Joni Murray**, Scholarship. I also want to recognize the great work of the three chapter presidents: **Janet Kalup**, **Georgina Winfield** and **Julie Moreschi**. It has been an honor to work with these dear folks who have stepped up to further the mission of the Society for Directors of Volunteer Services in Healthcare, Inc. through service to the Society itself. That is very noble work for all our actions benefit the community at large.

PSDVS has been a central part of my professional life since 1996. I could not practice at the same level professionally had it not been for the resources made available to me through membership in PSDVS. At the conference in State College, I heard many of you express the same sentiment. The education and the friendships that ensued are invaluable. That is why I strongly encourage all of you to seriously considering getting involved on a chapter, state or national level. Trust me - It is much more interesting to get involved and to be instrumental in shaping the future of our evolving profession than it is to just attend meetings.

Finally, it has been an honor for me to serve as 2011 President of PSDVS. Though I am sad to step down, I am thrilled to pass the gauntlet to Tina McDonnell. She will certainly be a dynamic President in 2012.

May you and your family have a blessed holiday season!

Iris Douglas, MPM, CAVS
2011 PSDVS President

“Everybody can be great...because anybody can serve. You don't have to have a college degree to serve. You don't have to make your subject and verb agree to serve. You only need a heart full of grace. A soul generated by love.” **Martin Luther King, Jr**

2012 PSDVS Annual Conference

Dates: October 17, 18 & 19, 2012

ACE CONFERENCE CENTER

800 Ridge Pike (NOTE: 5 miles from Turnpike)

Lafayette Hill, PA 19444

www.aceconferencecenter.com

2 nights in a double occupancy room is \$298.00 per person.

2 nights in a single room will be \$472.00

The Ace Conference center is an all-inclusive hotel.

This amount covers your room,

all of your meals Wednesday night through Friday lunch,

parking, the Evelyn Burston luncheon, snacks, coffee, tea, water and

ALL of the education sessions

Other than travel expenses (and perhaps a round of golf), there should be no other out-of-pocket expenses

Registration is \$125 per person

Total cost for this conference is \$423.00 in a double room for two nights

Or \$597 in a single room for two nights

If you register PRIOR to June 1, your name will go into a raffle for a chance to win one of four FREE registrations to this conference.

As you begin to finalize your 2012/13 departmental budget, please consider requesting \$500 for this important educational conference. It will give you the opportunity to learn about the issues facing our profession every day, network and share your stories with other professionals....who understand!

Conference Chair - Helen Gordon, President-Elect, Eastern Chapter

Additionally.....please consider attending.....

AHVRP
(Association for Healthcare Volunteer Resource Professionals)

National Conference
Omni Hotel Dallas—Dallas, Texas
September 19-22, 2012

This will be another outstanding opportunity for you to learn, share, network, and grow with healthcare volunteer administrators from across the country.

**AHVRP Enhances Education Benefits
and Increases Dues in 2012**

The staff and board are always reviewing everything we do in terms of increasing **VALUE** to members. One area we thoroughly reviewed is how to provide ongoing education to members for less cost. Toward that end, we have made the following changes:

Beginning in 2012, regular member dues will be increasing by \$25 to \$150, which entitles members to:

- Three free, pre-determined audio conferences in 2012 (regularly \$99 each) for the first 200 registrants
- The opportunity to earn free CEU's for participation in those free audio conferences

Regardless of when you renew your membership in 2012, you will have access to these free audio conferences. The schedule of free audio conferences begins with the [2011 Extraordinary Program Award](#) audio conference being held on Thursday, January 19, 2012. More information regarding the additional free audio conferences will be announced and posted on the AHVRP website at the start of the 2012 year.

We have developed an [FAQ page](#) to help assist with any questions you may have regarding the 2012 dues increase. However, if you have any further questions, please do not hesitate giving us a call.

Thank you for your continued support of AHVRP!

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A few words from PSDVS Scholarship Award recipients.....

LEADERSHIP CREDIBILITY: GETTING WILLING FOLLOWERS

.....and article submitted by Nick Petti, Manager, Volunteer Services, Family Hospice & Palliative Care

The educational session that I learned a lot from was "Leadership Credibility: Getting Willing Followers" by Mary Cooper. This was informative because it helped the conference participants identify what they admire in their leaders. This then helped them to examine their own organizations leadership and look at ways to improve it. Another part of this presentation was to explore what were your top 5 values and then how to live those values. All in all this was very informative and engaging.

HOW DO YOU GET VOLUNTEERS TO CHAMPION DIVERSITY & INCLUSION

.....An article submitted by Iris Douglas, Director, Volunteer Services, UPMC

Inclusion is the new "old philosophy." It is a word which defines how we were all taught to treat others when we were young. However, saying it and doing it are often two different things. We assume everyone thinks the same way we do; we like people who are like us and we aren't so thrilled about people who are different from us.

Practicing being inclusive is really about asking each of us to embrace and celebrate our differences. Volunteer Directors/Managers are probably more amenable to personally adopting this philosophy than many other groups because Volunteer Departments have the most diverse populations of all the departments in our facilities. The question is, 'How do we get other people to embrace inclusion?' Bill Crawford, PhD, spoke at the Affiliated Groups session at the AHVRP conference about how to get our volunteers to champion Inclusion.

Dr. Crawford suggests that we consider three questions before embarking on a campaign to educate volunteers on being inclusive:

- What problems have you seen?
- What problems do you anticipate?
- How is inclusion important to the success of the volunteer program and to the hospital?

Some of the problems DVS's have identified will be very familiar to all of us. Many volunteers think they are already being diverse. We are often asked (read that 'told') to take people on as volunteers. Diversity has moved beyond ethnicity to include the challenged, substance abusers, different ages, genders and many other categories. Some generations that come to volunteer have

definite attitudes about these categories. Some volunteers may question why we are allowing those of certain nationalities or race or social differences to volunteer.

We can also anticipate some issues that will arise with expecting others to practice being inclusive. DVS's usually don't directly manage volunteers; other departments do. So there is a tendency for those departments to "look the other way" if a volunteer expresses their personal thoughts about someone's differences. The behavior to continue rather than treating it as a performance issue. Another issue we should anticipate is the need to prepare our volunteers to handle comments from the community about diversity. Dr. Crawford went on to share that we are all hardwired to see someone who is 'different' as a threat. This is because, in the beginning of time, people banded together in tribes. Someone from a different tribe was often a threat. Therefore, someone who is different = a threat to our wellbeing. Even though hospitals are realizing that inclusion is important, training alone is not the answer. To the volunteers, training feels more like we are telling them, "You aren't doing it right" vs. "This is about how we should treat other people." So how do we get volunteers on the right path? We engage the reasoning part of their brain!

Whenever someone is behaving in a way to you don't want them to be, don't tell them not to act this way anymore. That won't work. Our limbic system identifies that "suggestion" as a threat and we immediately go into "fight or flight" mode. Instead, engage the neocortex. The neocortex is the area of the brain where the qualities we value such as compassion, tolerance, respect for others, helpfulness and being sensitive to others are housed. So the best way to get the volunteers to champion inclusion is to focus on it being about them and not about how they are supposed to act toward others. The way we would do this is to have volunteers define characteristics they see in themselves as being inclusive and also defining characteristics which aren't inclusive. Then use that information to focus your group on the desired behaviors.

SOCIAL MEDIA....A TUTORIAL

.....An article submitted Julie Moreschi, Volunteer Coordinator, Grane Hospice

One thing I hate more than anything is reinventing the wheel. If there is something good that already exists, why can't we use it too? Well, I learned we sometimes can. At the National Conference I was attending the Social Media 102 session with Becki Stutz. She was amazing and full of technology information. Becki talked about Facebook, Twitter, and Foursquare and told us how to have the best pages on Facebook, more interesting tweets on Facebook, and what the rest of the sites really were. It was really educational. We were told amazing statics that made me want to get out my computer and set up all of these

accounts right there and then for my organization so I could help us grow and hopefully get more volunteers along the way.

One of the things that she mentioned that I never thought of was that we all need to have a social media policy in our organization and we need to train our volunteers on the social media policy. She reminded all of us that we don't want our volunteers out there taking pictures of their day volunteering with the patients and then posting it on their Facebook wall, even though they may be saying how great their volunteer experience as at your organization. It seems completely harmless to the volunteer, but HIPPA may say something very different.

Another thing that Becki taught us was is there is a sight called Slideshare. This sight is a place where people can post any slideshow or presentation that they have completed. The people who post their work have the option if they want to make it public, which means that other people can copy and use the work. After looking at the sight, most people tend to make theirs public. There is a ton of information on the website with a variety of topics. We no longer may have to reinvent the wheel. Just look at www.slideshare.net to see if they have the information you need. Also, next time to you create an amazing presentation; think about posting it on there to help others.

LEADERSHIP CREDIBILITY AND....RISK MANAGEMENT

.....An article submitted by Melissa A. Heinlein, MA, MS, CAVS, Chief Voluntary Service, Philadelphia VA Medical Center

As I write this article, it's hard to believe the conference was weeks ago. Where does the time go? I walked away with so many ideas at the end of the conference that my to- do-list became longer than I realized. I know that each conference attendee walked away with something different from each session. For me, it was about networking and some important lessons to take back to the office.

I love going to conferences because of the opportunity to network. At PSDVS, we know many by name, sometimes by face, and often by e-mail. What an opportunity to finally put a face with the name! I met new people and re-connected with others. It became an exchange of stories, best practices, and survival skills. What normally works for one may or may not work for another. However, being in a field that constantly changes with new demands (from leadership, staff, the industry, or volunteers), it is motivating for me to know that I'm willing to try almost anything to make the process better. There is also the encouragement and art of saying "no" gracefully. I preach this often, but there is the reinforcement amongst my peers (remember, there is strength in numbers) that **YOU CAN DO IT!**

There were two sessions which really made an impact for me: Leadership Credibility by Mary Cooper and Risk Management by Don Gaetano and John

Baker. I was motivated and inspired by Cooper's presentation. We often look for someone whose direction we want to follow. Many times, we crave this. During her presentation, we broke out into small groups to discuss the characteristics of an admired leader and the components of source credibility.

Top four characteristics of an admired leader:

- Honest
- Forward-looking
- Inspiring
- Competent

Components of source credibility:

- Trustworthiness
- Expertise
- Dynamism

Therefore, leadership = credibility + vision.

I reflected on the time of leaders who have inspired me over the years. Honestly, there have not been many. But the fact that I know what I'm looking for is important. I often wonder how and why I can respond quickly (not always easily) to situations. And then I am reminded of the quote by Cooper – "it's easy to make decisions when you know your values."

When Cooper had us define our values, I was surprised by how many on the "defining your values" list I marked as most important – which seemed like all of them. After, we had to pick five from the values we marked as most important. If you asked me two maybe three years ago about my values, they would have been much different from what I marked at the conference. Life changes. Work changes. Priorities change.

The next step was to then choose one value and live your values – by marking it on your calendar, its critical incident, story, language, measurement, and reward. The final quote that Cooper left us with (by John Gardner) was "the challenge as leaders is not to find values, but live the ones we already profess."

The second presentation on risk management by Gaetano and Baker were also pertinent for me. Actually, right after their presentation I was presented with a situation from the office and their presentation was quite timely. As soon as I got back to the office, I must have signed up for over 20 e-newsletters through the Department of Labor website (www.dol.gov).

I also had a meeting with Human Resources about a request for reasonable accommodation by an employee. The employee personally requested a volunteer to assist her with her job duties. After attending the risk management session, I was able to comfortably articulate why this could not be the case and cited some references through DOL. The department and HR

backed down, but we came up with creative ways to assist. (And by the way...whoop hoo!!! A moment of victory for the volunteer department).

It is easy to come back to your office with lots of information from a conference. The challenge becomes for it to not get lost the moment we sit down to answer the hundreds of emails waiting for us while having volunteers knocking on your door.

Take a breath. Set limits. Keep your PSDVS state conference binder out. Remind yourself of the information you received and put it into practice.

SOCIAL MEDIA AND HEALTHCARE VOLUNTEER DEPARTMENT SURVEY ANALYSIS

As promised, Doug Della Pietra, Director, Customer Services and Volunteers at Rochester General Hospital recently asked members of AVHRP to participate in attached is a study related to social media and healthcare volunteers. This attachment (12 pages) outlines the results from this survey. The survey received 163 responses, which was very successful. Doug sent a warm and gracious thank you to all of you that participated in the survey! In light of Kathy's featured article...you may be interested in reading the results.



Social Media and
Healthcare Volunteer

PSDVS presents the 2011 Evelyn Burston Award

Judy Lieberman

The 2011 Evelyn Burston Award was presented to Judy Lieberman in October, at this year's PSDVS State Conference in State College. Judy is DVS at Taylor Hospital in Ridley Park outside Philly and has served in that position for 13

yrs. She has over 500 volunteers. So what makes Judy so special, to be chosen as a Burston Awardee. Let's take a look.

Does she demonstrate Society Involvement? Is Judy involved in the PSDVS Society? Not only is she involved at the Chapter level, she is and has been involved on the state board as President, President Elect, Vice President, and currently is responsible for our wonderful website.

What innovative programs has Judy established in her organization? At Taylor Judy's work with the local food pantry has led to collaborations with other pantries and other hospitals. She has worked with the Taylor Cares green project, Swarthmore College with a pre-Med program, and the National Youth Forum in Medicine; she has developed a working relationship with Spark the Wave Organization that helps develop leadership skills with youth. She has opened a healthcare Explorer Chapter, created the hospital's Prayer Circle, and developed a hospital fast track transport program.

What impact has Judy had at Taylor Hospital? She sits on many hospital committees, including the hospital's capital campaign, the Gift of Life committee, National Arts program, Smoking Cessation hospital committee, Joint Commission Prep team (that's always a fun one), In-patient Satisfaction team, Reward and Recognition Committee, the Taylor Cares green project, and serves as the United Way Chair.

Education, you ask? Judy is CAVS certified...and continues to advance volunteerism in her community.

Presentations/Publication? Judy has worked on AHVRP committees and particularly on the CAVS update review committee.

Community Involvement/Impact? She volunteers in her community with the Loaves and Fishes Food Pantry, she helps with the Ridley Park 5K walk and run, she helps with the Philadelphia Dragon Boat Association, and she raises funds for the Cystic Fibrosis Foundation.

Qualified, certainly, dedicated to our profession, without question. So here's to Judy Lieberman! Congratulations on your selection as the Evelyn Burston Awardee.

AND, THERE'S MORE GREAT NEWS ABOUT OUR MEMBERS...

St. Luke's Hospital & Health Network
Network Quality Awarded Volunteer Department
"Growing a Volunteer Department"

Georgina Winfield, MSW
Director, Volunteer Services
St. Luke's Hospital & Health Network

Just like HAP, the Health Network I work for requests Quality Improvement award submissions. When I thought of a Quality Award submission for a hospital, I thought of clinical outcomes, until I was approached by our Quality Department and learned that our department, Volunteer Services, has many measurable outcomes that would very easily be turned into a Quality Award Submission. I looked at the tremendous success we experienced in recruiting and retaining

volunteers at our Allentown Campus and decided these outcomes deserved to be shared within our Network and ultimately was awarded 2nd place recognition. There was a total of 12 submissions (including the Volunteer Department), with 11 being clinically oriented, with four first place winners and four second place winners. Below is the Quality Awarded submission which detailed our path for a successful Volunteer Recruitment and Retention process, which might help you build your program or think how you can submit an award within your hospital or externally!

“Growing a Volunteer Department”

Volunteers provide a financial and customer service balance to any organization by supporting staff with assistive duties, leading to a decrease in staff workload and an increase in time staff are able to spend working with patients, clients or other well needed tasks. This balance leads to patient, staff and volunteer satisfaction and helps increase the efficiency an organization by decreasing costs, providing a more efficient work environment for staff, ultimately reducing costs needed to operate a non-profit organization. A recruitment and retention strategy was developed by a newly hired Volunteer Manager (2004) at the St. Luke’s Allentown Campus (apart of St. Luke’s Hospital & Health Network), Allentown PA, yielding a successful Performance Improvement Project with statistics showing the efficacy. Enlisting certain stakeholders, the current Volunteers, Administration, Department Managers and Department Staff was key for this project.

Baseline data was captured for calendar year 2004: 92 volunteers, contributing an average of 13,736 hours in 28 volunteer assignments.

In November, 2004, several initial strategies were identified to increase the volunteer corps and meaningful assignments. 1. Align the Volunteer Department to meet Network Volunteer Department Standards. 2. Work with Department Managers and Administration to identify tasks volunteers were able to perform. 3. Provide consistency with paid volunteer staff by having a regular presence in the office and hospital. 4. Recruit appropriate volunteers. 5. Increase the number of departments accepting volunteers. To develop these strategies, best practices were researched from various Local and State Volunteer Professional Memberships and compared to current practices within the campus and the Network.

Additional strategies included: updating volunteer applications and orientation packages to meet Network standards. The Volunteer Manager hosted interdepartmental meetings with staff and unit manager which identified several issues, i.e. staff was unclear of volunteer capabilities, the volunteer was not the right fit or the department did not have a need for a volunteer. Monthly reports were (and currently are) submitted to administration, showing the monthly volunteer activity and dollar amount saved by the hospital. Quarterly meetings with the Vice President of Nursing included discussions on hospital needs in which volunteers could fulfill. Volunteers assigned to departments were verbally asked what they enjoyed about their assignment and what can be improved. It was identified that they were unsure of the tasks they could perform and who they could approach to find out. The new manager manned the office two and a half days a week, with a schedule posted at the volunteer touch screen, and was available via telephone or pager the other two and a half days. Advertisements, not previously used, were placed twice monthly in a local newspaper’s “Volunteers Needed” Section to reach a larger audience, flyers and letters were mailed to over 100 local religious organizations, current volunteers supplied information to their church to be added to the bulletins/programs, local retiree groups were contacted, recruitment incentives were offered to current volunteers to bring in new volunteers and a news story was aired on a local news station regarding the volunteer program and opportunities available. As departments were added/increased to the Campus, departments discovered the advantage in welcoming volunteers into their departments to assist with clerical

duties, greet patients/visitors or provide assistance to patients. This helped increase the variety of volunteer positions to help suit the needs of a diverse population in Allentown.

The coordinator also implemented several components to help the volunteers feel more connected: 1. “Coffee Klatches” were held weekly (on rotating days) throughout the month to allow volunteers to get to know the volunteer coordinator, discuss any concerns or questions and to be educated on new hospital information. 2. On the days scheduled at the Allentown Campus, the volunteer coordinator rounded with every volunteer. 3. Periodic celebrations were held to allow volunteers to meet fellow volunteers. 4. The dollar value for meal and beverage tickets was increased, thanking them for their contributions. 5. Volunteers were offered free transportation to and from Network events that were outside the Allentown area.

Weekly meetings, rounding, and periodic celebrations with the volunteers proved very useful as it welded the volunteer program to the hospital, and volunteers felt as though their contributions were well needed and useful. Assignment guides were revised or developed with department managers to outline and review what volunteers were able to do. When needed, an orientation checklist was supplied to the department to ensure all areas were reviewed with new volunteers. Department managers identified liaisons who would work directly with the volunteers on a regular basis and be available to guide and provide tasks as needed so volunteers felt as though they were a part of the team.

During calendar year 2010, 185 hospital volunteers contributed 24,943 hours, saving the hospital \$410,145 by volunteering in 49 assignments. A survey conducted in May, 2010, by a Master’s in Social Work student showed 86% of the respondents (n=42) rated their satisfaction with their volunteer experience at St. Luke’s as an 8 or higher, on a scale of 1– 10 (10 being most satisfied). A strong volunteer program has volunteers who are consistent and dedicated, resulting in a low turnover rate, which is evidenced over the past six years with volunteer activity statistics and the May 2010 survey. Ultimately, this project was achieved by providing dedicated volunteers to help improve the efficiency of the healthcare environment while ensuring volunteer assignments were meaningful, satisfied the volunteers’ diverse expectations on their roles and provided financial assistance, in terms of dollars saved with FTE coverage by volunteers, to a growing hospital. Incorporating volunteers is crucial for hospitals, as well as other organizations, as reimbursement from Insurance Carriers and Medicare is heavily scrutinized. Comparing data from 2004 to 2010, volunteer hours increased 82%, volunteer count 101%, dollar value 111% and number of volunteer assignments 75%. A strong volunteer program has volunteers who are consistent and dedicated, resulting in a low turnover rate, which is evidenced over the past six years.

I encourage all of you to think about what measurable outcomes you have in your departments that can be showcased in your hospital. This award helped bring a tremendous amount of recognition to our department, Network Wide!



EASTERN CHAPTER UPDATES

As President of SDVS Eastern Chapter this year, it has been a wonderful experience for me. Our chapter has shown growth, friendship, and the strength to develop into great leaders.

During our last 3 meetings we have had the pleasure of learning more about each other, had a wonderful guest speaker, and team building exercises that were a lot of fun.

Our last meeting for the year was held on Friday, December 9 at Springfield Hospital. We have a lot of planning to do for next year's conference which will be held at the Ace Conference Center in Lafayette Hill, Pennsylvania on Oct. 17 – Oct. 19, 2012.

The State Conference was absolutely wonderful and it is going to take a lot of hard work to make next year's conference just as successful. Thank you Central Chapter for providing PSDVS members with a great conference, your team did an excellent job.

Judy Lieberman was this year's recipient of the Evelyn Burston Award. Congratulations Judy and congratulations to all the nominees you are all winners. Judy also received the HAP award this year.

Melissa Heinlein was awarded a scholarship this year to attend the State Conference.

Eastern Chapter has a total of 40 members which includes 10 new members.

SAVE THE DATE!

**PSDVS ANNUAL CONFERENCE
WEDNESDAY, OCT. 17 - OCT. 19, 2012**

**ACE CONFERENCE CENTER
LAFAYETTE HILL, PA.**

President: Janet Kalup, Eastern Chapter President

President Elect: Helen Gordon

Treasurer: BJ Wright

Secretary: Dana McKee

Membership Chair: Janet Kalup

Here's Some Great News from the Eastern Chapter!

Dana McKee, Director, Volunteer Services & Patient Advocate at Paoli Hospital received the award for her position as Patient Advocate last week in Orlando. You can read up on Dana's award on the link below.

<http://www.patientadvocatetraining.com/>

On the right they have a report listed where you can select and read about it...**Special Report: PPAI Awards Supplement**

Read about the winners and honorable mentions from the 2011 Advocate Awards

Western Chapter Report Julie Moreschi, President, Western Chapter

We are gearing up for our last meeting which will be held on December 12, 2012 at UPMC Passavant Cranberry. The members who have received scholarships this year will be presenting a topic for everyone. Furthermore, we have invited past members to the meeting as we hope to celebrate the holidays with everyone. Currently, the Western Chapter has 36 members.

It has been a great year and we have learned a lot and made many new friends. Many of our members were able to attend the National Conference in Orlando and Kathy Michalovicz from Washington Hospital was the winner of the state scholarship to attend and Patti Bell received the chapter scholarship. At the National Conference there were many great speakers who have encouraged us in many ways, whether it is having a paperless office, set up a Facebook or twitter account for your organization or to get a seat at the table.

At the National Conference, one of our members, Joni Murray, received the extraordinary program award. In October, we had the chance to learn more and network when many of our members attended the State Conference in Penn State. Again we had many fabulous speakers who have given us much to ponder and incorporate into our organization. Kim Giovannelli and Nick Petti were recipients of scholarships for this conference. We are hoping that many of our members are able to attend the National Conference in Dallas and the State Conference in Philadelphia in 2012.

Our transitional board meeting will be held in January and our next newsletter will be sent out soon! We are preparing for the holidays and an exciting 2012!!

More Great News...This Time from the Western Chapter!

“20 Week Challenge” Community Education Program

**Hospital & Health System Association of Pennsylvania’s (HAP) Achievement Award
for
Excellence in Community Education**

Presented to

Kathy Ferri, Manager, Volunteer Services, Allegheny General Hospital – Suburban Campus

The main function of my job is community outreach activities. A group of local community members formed a group, which they decided to call B.I.G.r, which is an acronym for Bellevue Initiative for Growth and Revitalization. Meetings were advertised by BIGr and open to any interested community member. Residents, business leaders and hospital representatives were invited to attend. At this community meeting, the group (BIGr) identified Health and Wellness education as a community need. I offered to act as “health liaison” for the community group. I consulted with two hospital physicians, Mathew Coppola, MD and Betsy Blazek-O’Neill to design an evening community health and wellness program. The AGH-Suburban Campus had been providing health education in the local community for several years, mostly through its Healthy Living Guest Lecture Series. Our team reviewed the current Guest Lecture Series in order to improve program offerings/delivery. We determined that although the existing Guest Lecture series offered benefit to a select population, the structure and continuity needed to affect change in behavior was lacking and documentation of effectiveness was antidotal. Further, it was determined that as there were no evening lecture options, the population that was not available to attend lectures during the day, largely the younger working/child rearing population, was underserved. Statistics show that the top three causes of health-related deaths in America are heart disease, cancer and stroke. Type 2 Diabetes ranks as the 6th cause of death and two thirds of adults are over weight. Sixty to 90% of all health care visits today have a stress component and anti-depressants are one of the most widely prescribed medications in America today. Research supports that these diseases / conditions can be largely prevented, or made less severe, with healthy lifestyle practices such as regular exercise, eating a healthy diet and exercising portion control, and an engaging in a daily relaxation practice to counter the adverse effects of stress. With this in mind, we developed the “20 Week Challenge” The program was based upon general wellness concepts in order to be applicable to a wide age group, with various preexisting conditions/backgrounds and targeted for any community member willing to learn about health practices that would promote health and wellness and reduce the risk of disease. Consistency, Accountability, and Motivation were included as key components of the program. The editor of the local community newspaper and editors of two community electronic newsletters agreed to advertise the program in their respective publications at no cost. The hospital sent a mass mailing advertising the program. Fliers were posted in local community businesses. Community members were invited to take a proactive first step to creating a healthier lifestyle by learning more about the “20 Week Challenge”. Interested residents were asked to attend an introductory session to learn about the goals of the program. Registration was required. Participants received

an initial vital statistics Measurement Session which would be repeated at five week intervals throughout the program. The measurement sessions were held at Dr Coppola's community office at no charge to participants. The following vital statistics were measured at Week 1, Week 5, Week 10, Week 15 and Week 20: Height, Weight, Waist Measurement, BMI, Blood Pressure, Respiration Pulse, Mood Rating and Cognitive Profile. The focus of the vital statistic measurement sessions was on increasing awareness of the participant's personal health status and risk factors for illness/disease. The vital statistics measurement sessions would also serve as a means of developing individual accountability. Participants were challenged to put forth a best effort to incorporate each of four chosen healthy behaviors in their own lifestyle. The chosen behaviors were as follows: 1) Engage in a Relaxation Practice daily, 2) Exercise a minimum of 3-4 times per week, 3) Drink the equivalent of eight 10-ounce glasses of water daily, 4) Make healthy food choices and exercise portion control. Evening lectures were offered weekly for the first month of the program with the focus each week on one of the program's four identified healthy behaviors. Lectures expanding on the program's identified healthy behaviors were offered approximately twice per month for the remainder of the program. The focus of the lectures was on increasing awareness of healthy behaviors and how even small lifestyle changes would impact health. Participants were taught strategies for going beyond "knowing what they should do" to implementing an action. Once the initial behaviors were taught, (the first month) classes were spread out to allow participants time to make changes. Participants were encouraged to get "accountability partners". Participants were counseled to start with small changes that they could live with and to make changes in increments, rather than striving for perfection and making drastic all-or-nothing changes that would be overwhelming. For example, reducing fast food lunches to once per week was a more realistic behavior change than swearing off fast food forever. Participants were counseled to look for and celebrate successes rather than dwelling on "failures". Meeting together as a group for lectures provided continuity and helped to keep participants on track until the behaviors became habits. Also, sharing successes at the lectures helped to keep participants excited and to motivate each other. We provided our Communications Dept with a weekly health tip, which was posted on the hospital's web page throughout the series to provide additional support and interest. Participants could go to the hospital's web page and click on the "20 Week Challenge" icon to get the weekly health tip. Education lectures were offered with the following topics: Stress and The Relaxation Response; Components of A Good Exercise Program; H2O-The Nutritional Secret Weapon; Healthy Holiday Eating; Staying Motivated; Exercise – Let's Make It Simple; Dietary Supplements – What You Should Know; and an "Ask The Doctor" Session. The program began in October and ran until the following April. The YMCA director, (who also attended both the initial community meeting and the meeting that myself, Dr O'Neill and Dr Coppola presented the "20 Week Challenge" to the BIGr meeting attendees) , stated that studies suggest that if a behavior is practiced for 21 consecutive days, it will become a habit. Establishing a regular exercise program may take significantly longer. It has been reported that participants may need to engage in an exercise program for 6-9 months before the exercise behavior would become a habit. The local YMCA agreed to partner with the hospital on the "20 Week Challenge" by offering a complimentary 3 month YMCA membership to those participants successfully completing the 20 Week Challenge, in order to provide support throughout this critical habit- forming time span. Successful completion of the "20 Week Challenge" was identified as attending all vital statistics measurement sessions and lectures. The team felt that the additional three months of practicing an exercise behavior would be a crucial piece in advancing the behavior to a permanent lifestyle change. Further, the complimentary three-month membership would serve as a motivator to keep participants involved in the program. Of the participants who successfully completed the program, 74% demonstrated improvement in one or more areas of vital statistics, most notably BMI, Weight and Blood Pressure. All participants gained an increased awareness of their own personal health status by attending measurement session and receiving documentation of their

own personal vital statistics. It is reasonable to believe that attending even one healthy behavior lecture resulted in an increased awareness of the relationship between that particular lifestyle behavior and reducing the risk of disease. Due to the success of the “20 Week Challenge” the evening community health and wellness lecture series “Pathways to Wellness” was developed. The local YMCA continues to partner with the hospital by providing the complimentary three-month memberships to participants who successfully complete the program. The Pathways to Wellness community education program begins in October 2011 and will run through May 2012, with a graduation celebration for participants who complete the program. I have attached the Pathways to Wellness Program for you, if you are interested.

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Have a very wonderful holiday
and
a very happy, healthy New Year!

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