

# Back To Health and Living SDC News Letter



**DATE:** May 19, 2005, L53

**Clarksburg WV**

**WEEKLY MEETING BHLC:  
ST MARK'S LUTHERAN CHURCH**  
The Church is located at the corner of  
Route 19 South & Route 98 (Davisson  
Run Road) Next to the United Hospital  
Center.

**AGENDA FOR- THURSDAY May 19, 2005**

1. 5:00 Exercise
2. 6:00 Stress Management
3. 7:00 Group
5. 7:30 Dinner – Ryan's

**EDITORIAL:** This week we will continue to look at the Self Directed Community and some statistics that prove the benefits of the Self Directed Community over time. The Self Directed Community is the base and support for continuation of the program after graduation from the program at the Hospital. The SDC plays an important part in the 4 modalities. The SDC is the foundation for connectivity with other participants and a place to continue each modality. Try and join us any Thursday for any of the modalities, and you will find it gets in your blood and continues to help reverse heart disease.

**SDC: Statistics By: Rev. Frank R. Taylor,** The Dr. Dean Ornish Heart Reversal Program began April 3, 2002, at the United Hospital Center (UHC) in Clarksburg, WV. There had been numerous meetings prior to that date, selection of staff members and of course the training of that staff under the direction/leadership of Ms. Toni Marascio, Program Director. The team consisted of, on that initial date, Beth Carlye as Case Manager, Andrea Hasley as Nutritionist, Erin

Hunt as Exercise Physiologist, Elizabeth Conner as Stress Management Specialist, Frank Taylor as Group Support Facilitator, and Dr. George Shehl as Medical Director. Since that beginning we have had two staff changes, Dr. David Church as new Medical Director and Jennie Wilkins as Nutritionist.

There were twelve (12) participants in the first cohort (group). Since that group we have graduated ten more cohorts and are starting cohort number twelve as I write this document. My intention is to share some statistics that reflect the positive encouragement of participating in the Dr. Dean Ornish Heart Reversal Program. The United Hospital Center was the first site to begin this program in WV. They established an on-going program of lifestyle changes for the participants called the Self-Directed Community (SDC). This community is composed of participants that have completed at least 12-24 weeks of lectures, experiences of the four modalities, stress tests, blood work, psychological testing and information gathering concerning their progress. Some participants were supported up to 36 weeks before graduating into the SDC.

The SDC practices all four modalities once a week at a local church setting. Some graduates of Heart Reversal Program are not able to participate in the SDC gatherings, but have continued in making this their lifestyle change. I have compiled statistics of all participants and compared the SDC to those not participating in SDC, but continue on their own without SDC support. These statistics will assist our team in continuing

the quality job each is doing and highlight the positive impact that the Dr. Dean Ornish Heart Reversal Program has made in our small community and WV as a whole. Thank you Ornish leaders wherever you are.

Let me begin by noting that I am only sharing the scores of CES-D or depression scores, PSS or Perceived Stress Scores, and the Cook-Medley Hostility scores. In focusing on these three psychological scores it was evident that certain patterns emerged that are noteworthy for future monitoring and quality improvement for my work on the team site.

### BASELINE SCORES OF ALL PARTICIPANTS

All participants	CES-D	PSS	Cook-Medley
116	14.6	18.3	9.2

### 12 WEEK SCORES OF ALL PARTICIPANTS

Participant numbers	CES-D	PSS	Cook-Medley
108	6.4	10.5	7.1

Perceived Stress Down 36%

### ONE YEAR SCORES OF ALL PARTICIPANTS

Participants	CES-D	PSS	Cook-Medley
45	8.9	14.5	8.1

### PERCENTAGE CHANGES FOR ONE YEAR

TESTS	12 weeks	one year
CES-D	54%	39%
PSS	54%	21%
Cook-Medley	15%	12%

### SDC VERSUS NO SDC SUPPORT FIGURES

SDC AT BASE LINE	NO SDC AT BASE LINE	SDC AT 12 WEEKS	NO SDC AT 12 WEEKS
CES-D 13.3	CES-D 13.8	CES-D 3.9	CES-D 6.4
PSS 14.2	PSS 15.6	PSS 9	PSS 9.3
COOK-MEDLEY 7.0	COOK-MEDLEY 9	COOK-MEDLEY 5.2	COOK-MEDLEY 7.5

I have compiled figures from one-year of these two groups also.

### ONE YEAR OF SDC VERSUS NO SDC

SDC AT ONE YEAR	NO SDC AT ONE YEAR
CES-D 5 ↓	CES-D 5.8
PSS 8.3 ↓	PSS 13.0
COOK-MEDLEY 5.9 ↑	COOK-MEDLEY 5.6

The stats are extremely good, but the value of SDC seems to outweigh the stats in the reversing of heart disease. I would strongly encourage participants as they have made a lifestyle change to make efforts to attend SDC to share growing experiences and give support to each other in this dramatic challenge to reverse heart disease. It works!

A couple of statistics emerged as flags that need further monitoring. Twenty participants after 12 weeks with scores above 13 in the PSS are inactive or dis-enrolled while six participants remain active in the program. In terms of percentages that comes out to 77% inactive/dis-enrolled to 23% remaining active. Another statistic that causes concern is of the forty (40) total participants with scores in the Cook-Medley Hostility category

remaining the same or increasing after 12 weeks, twenty-four or 65% are inactive/dis-enrolled while thirteen (13) have remained within the program.

Overall, these statistics are positive and encouraging, for our site. These statistics can prepare our staff for providing a better quality of care and be a resource for those participants in our program at United Hospital Center. Looking at other findings from the remaining psychological tests may also be helpful in the future.

Rev. Frank R. Taylor, BCC  
Group Support Facilitator

Comments: By Larry Massey – It is exciting to see results showing that the SDC helps in many categories. One very important factor is the Perceived Stress being 36% less for those attending the SDC than those not attending an SDC. As we discussed in last weeks newsletter we can loose weight and reverse heart disease with more control of Stress. In reference to the SDC Hostility score being slightly higher, during our discussion Wendy Kallmyer viewed this as positive and said. “We probably feel more empowered to discuss the things that bother us at SDC. That empowered feeling can be perceived as hostile. Like we aren't going to take it anymore, we're going to discuss it with our friends and let it go. Let it all go and not carry it around our hearts.” We all agreed 100%.

**Modality Adherence** results for the week of 5-16-2005, from the Clarksburg Electronic Adherence are shown below. Thank you for your weekly participation. The link to our weekly modality adherence form is below; you can click on it or add the link to your web browser for easy future access.

<http://www.equipmenthealth.com/Clarksburg.htm>.

Any one who is an Ornish graduate is invited to help us prove that a large group of participants can maintain the program.

MOLADITY		RESULTS %
Exercise		86.4
Diet		92.2
Stress Management		77.2
Group Support		100
Out Side Group Support		100
Not Attending Group		3
Number of Inputs		11

## RECIPES: Fluffy Sweet Potato Soufflé

*From The Kitchen of Wes Miller*

3 cups mashed, peeled, cooked sweet potatoes (about 2 large)  
 ¼ cup brown sugar (or tbs. brown sugar and ½ tsp. Sweet ‘N Low Brown)  
 4 Egg Beaters, beaten  
 ¼ cup light rum (or 1 tsp. rum extract)  
 ½ to 1 tsp. cinnamon

Preheat oven to 350 degrees. Combine mashed sweet potatoes with the rest of the ingredients. Beat well with a hand mixer. Fold into a 2-quart baking dish that has been sprayed with a non-fat cooking spray. Bake for 45-50 minutes or until a knife inserted into the center comes out clean and top is firm and golden brown.

Yield: Serves 6 to 8

## Toni's Bean Soup

*From The Kitchen of Toni Marascio*

1 package 16 bean soup  
 1 onion, chopped/diced  
 1 clove garlic, chopped  
 2 tablespoons chili powder  
 1 can (1 lb. 1 oz.) tomato sauce  
 1 can (14.5 oz.) petite diced tomatoes  
 1 tablespoon cayenne pepper  
 ¼ teaspoon No Salt  
 ½ teaspoon black pepper

Cook beans as directed. Add tomato sauce, diced tomatoes, and onions. Add chili powder, cayenne pepper, salt, pepper to taste. Simmer until served.