Promoting Volunteerism for a Private Non-Profit Charitable Organization that Provides Free

Healthcare Services, Community Food Pantry, and Housing for Displaced Community Members

By

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Abstract

There are many benefits of volunteering including helping those in need, supporting the community, reducing personal stress, achieving a sense of purpose, reducing personal depression, and connecting with others on a personal level (Segal & Robinson, 2018). When working on a project that promotes volunteerism, it is essential to understand the needs of the organization and the community in order to promote community health and well-being. The purpose of this project is to promote volunteerism for a private, faith-based, non-profit, charitable organization that provides free healthcare services, community food pantry, and housing for displaced community members serving Winnebago County.

The goal of the organization of focus is to decrease healthcare disparities by offering services to adolescents, adults, and families aimed at promoting successful outcomes that will enable individuals to be productive members of society. It is not enough to provide emergency shelter to those in need; it is essential to provide education on life skills, emotional support, and assistance with job finding to assure future success, and to limit the possibility of needing such services in the future. Education, counseling, resume writing, and job assistance are just a few of the services offered to those seeking shelter within this organization. In addition, the free clinic supports the overall health of the community by offering healthcare access for minor complaints that may otherwise be brought to emergency care centers, and adversely increases healthcare costs. As the organization continues to grow in size promoting God's work, so does the need for volunteer staff. Thus, establishing a means to reach out to volunteers that goes beyond word-of-mouth is essential. Through this project, a systemic plan for active recruitment and outreach provided an organized approach for attaining new volunteer help.

Through this project, the DNP student reached out to local colleges, universities, and churches to promote volunteerism within the organization of focus with a goal of achieving a 25% increase in volunteer staff. Through this outreach project, this goal was exceeded; however, the outreach project itself was not without its flaws. While the results of this project were successful, to sustain this success will require additional persons who are actively involved in continual outreach within the community.

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Chapter I: Introduction

There are many benefits of volunteering including helping those in need, supporting the community, reducing personal stress, achieving a sense of purpose, reducing personal depression, and connecting with others on a personal level (Segal & Robinson, 2018). When working on a project that promotes volunteerism, it is essential to understand the needs of the organization and the community in order to promote community health and well-being. The organization of focus for this project was a private, non-profit, faith-based, charitable organization in need of healthcare providers, nursing staff, psychiatrists, psychologists, and dental assistants to provide services in the free clinic. Other services needed for this organization include: food distribution on pantry days, loading and unloading of products donated, snow plowing services, general maintenance services, and mentors for those served, to name a few.

The purpose of this project was to promote volunteerism for a private, non-profit, faith-based, charitable organization that provides free healthcare services, community food pantry, and housing for displaced community members. Research provided identified personal benefits for those who participate in volunteering, the importance of volunteering for community services, perspectives from those who currently volunteer time, how to manage roles for those who volunteer while also having paid jobs and families, and target populations that are most likely to participate in volunteering.

Prior to this project, volunteer help was attained by the organization via word-of-mouth with no formal outreach that promoted volunteerism. This organization has been in business for 44 years and developed from a small youth center to what it is today. Many community organizations support the efforts of this charitable organization through donation of money and food products; however, the need for volunteer staff has consistently remained an issue. As the

organization continues to grow in size promoting God's work, so does the need for volunteer

staff. Thus, establishing a means to reach out to volunteers that goes beyond word-of-mouth is

essential. Through this project, a plan for active recruitment and outreach provided an organized

approach for attaining new volunteer help.

The DNP student reached out to local colleges and universities to promote this charitable

organization as a future faculty-supervised clinical site for student development, while also

encouraging students to support this organization through volunteerism. Student benefits include

the ability to list community service on their resumes, while the organization benefits by

increasing volunteerism. Next, the DNP student reached out to local churches to promote God's

work through community service and volunteerism. Research listed in Chapter 2 of this project

paper indicates that the greatest number of volunteers come from those affiliated with faith-based

communities (Okun, O'Rourke, Keller, Johnson, & Enders. 2015).

Encouraging volunteerism to current and prospective volunteers required education on

personal and community health benefits. This was accomplished by using a public service

announcement on social media networks and when meeting with church communities. Primary

benefits for volunteerism include health improvement, an enhanced quality of life due to an

increase social interaction, and the personal fulfillment from helping others in need (Burr, Han,

& Tavares, 2016; Harvard Medical School, 2017; and Jenkinson et al., 2013; Principe,

Schippers, Nalgele, DiRosa, & Lamura, 2016). Secondary benefits of volunteerism for this

organization includes: improvement of community health, increased access to healthcare services

for vulnerable populations, reduced homelessness, and reduced healthcare disparities (Birs, Liu,

Nash, Sullivan, Garris, Hardy, Lee, Simms-Cendan, & Pasarica, 2016; Racine, 2016; and U.S.

Department of Health and Human Services, 2016).

Without an ongoing volunteer outreach program, the growth of this organization will be stunted, as the needs for volunteer staff are not met. Currently, the free clinic is open on a limited basis due to the needs for more medical and dental staff. The ultimate goal of the clinic is to be functional full-time Monday through Friday. During operating hours for the rest of the organization, this project set out to achieve having two volunteers covering the front desk at all times in order to answer phone calls, accept direct donations, and perform intake for those approved for shelter services. The food pantry is in constant need of volunteer staff to ensure food products are not outdated and unsafe for consumption. These are just a few areas in which volunteer staff are needed.

Background and Significance

According to the Office of Disease Prevention and Health Promotion (2018), Healthy People 2020 defines health disparity as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage" (paragraph 5). One goal of Healthy People 2020 is "to achieve health equity, eliminate disparities, and improve the health of all groups" (Office of Disease Prevention and Health Promotion, 2018, paragraph 3).

The goal of the organization of focus is to decrease healthcare disparities by offering services to disadvantaged adolescents, adults, and families aimed at promoting successful outcomes that will enable individuals to be productive members of society. It is not enough to provide emergency shelter to those in need; it is essential to provide education on life skills, emotional support, and assistance with job finding to assure future success, and to limit the possibility of needing such services in the future. Education, counseling, resume writing, and job assistance are just a few of the services offered to those seeking shelter within this organization. In addition, the free clinic supports the overall health of the community by offering healthcare

access for minor complaints that may otherwise be brought to emergency care centers, and adversely increases healthcare costs.

According to the National Association of Counties (NACo) (2015), adolescents account for the highest poverty rates, ranging from 20-58% depending on the county, and the effects of poverty on the adolescents can be life-long. According to the American Psychological Association (n.d.), and Lacour and Tissington (2011), the effects of adolescent poverty include poor academic achievement, increased risk of school dropout, depression and anxiety, behavioral and socioeconomic problems, developmental delays, and physical health problems. Concentration and memory for adolescents living in poverty are impacted due to chronic stress associated with living in poverty. In addition, schools in poorer communities are under-sourced and struggle to meet the learning needs of students, and inadequate education contributes to the ongoing cycle of poverty (American Psychological Association, n.d.). Given these statistics, NACo president Roy Charles Brooks started an initiative to raise awareness of the counties' roles in combating poverty, advocating for federal policies that support county efforts, and providing tools to increase a county's capacity to prevent poverty (National Association of Counties, 2015). While the organization of focus is not government funded, the principles of the above stated initiatives remains the same. Community members within the county of need must come together to support the needs of their underserved and underprivileged population.

According to the United States Census Bureau (accessed in 2018), the population estimate for 2017 for this county in Wisconsin is 5,795,483 with 6.2% of those under age 65 being uninsured, and 11.8% living in poverty. The Institute for Community Alliances (2017) reports that 26,504 persons living in Wisconsin experienced homelessness and received services through Homeless Management Information System (HMIS). Those ages 18-24 account for

11% of persons served by HMIS, 55% were single adults, 41% were families, and 11% are

veterans (Institute for Community Alliances, 2017).

       The U.S. Department of Health and Human Services (2015) states those living in poverty

must choose how they spend their limited income. Necessities such as food, shelter, clothing,

and utilities tend to take priority over healthcare expenses as medical fees, copayments, and

prescription fees can quickly become burdensome. Healthcare expenses can bankrupt those

living above poverty level, while basic human necessities can bankrupt those living at poverty

level (U.S. Department of Health and Human Services, 2015). Loignon et al. (2015) determined

that living conditions, poor quality of interactions between providers and the underserved, and

the complexity of healthcare systems are the main barriers to healthcare access for those living in

poverty.

       According to an article written by Racine (2016), the role of the U.S. healthcare system is

to identify, ameliorate, and prevent disease. However, in order to receive benefits of the

healthcare system one must have the income, knowledge, and education to seek such services.

Those living in poverty have a history of not seeking healthcare services to maintain health due

to the financial costs involved. Providers are unable to prevent disease when community

members are not seeking out health maintenance strategies to achieve optimal health. Services

offered through the charitable organization of focus help to educate those currently living in

poverty, provide healthcare services for those in need, and encourage personal and professional

growth as a means of preventing future poverty. Providing counseling and guidance on personal

and professional development, providing assistance seeking employment, holding individuals

accountable for following the shelter rules, and providing meals and healthcare free of cost,

accomplish this. In addition, those receiving shelter services are required to eat meals together

as a means of supporting each other through difficult times to achieve health of the mind, body, and spirit.

Through the work of this charitable organization, and the volunteers that support its mission and vision, health and financial disparities are significantly reduced due to combined efforts to support the personal and professional growth of those served. Taking steps to eliminate poverty and homelessness is essential to the well-being of the community. Achieving this goal not only benefits the individuals served, but also reduces national healthcare costs as reducing poverty rates decreases the financial strain placed on the healthcare system (VanderWielen et al., 2015).

Problem Statement

According to DataUSA (n.d.), Winnebago County has a population of 66,582 with the primary ethnicity being Caucasian followed by Asian and Hispanic, with a poverty rate of 17.9%. The national average ratio for primary care providers to patients is 1:88, dentists to patients is 1:61, and mental health care providers to patients is 1:185 (DataUSA, n.d.). Unemployment status accounts for 3.7 % of the population, with a documented 245 homeless persons within the city of Oshkosh (City-Data, 2018). According to the United States Census Bureau (2016), in the city of Oshkosh 7.1% of the population under age 65 are without health insurance. According to Stuart (2017), national statistics show that 66% of households in America say that they have had to choose between feeding their family and paying for medicine or medical care, and 69% of households rely on food pantries to survive, as they cannot afford both other-living expenses and food expenses.

An important goal of this charitable organization is to ameliorate the devastating effects of poverty, homelessness, and health disparities. However, in order for this organization to be

effective and meet the needs of the community, donations of time, services, and monies are

required. Through this organization, those in need are given the encouragement, support, and

tools to ensure that their future health disparities are diminished. The growth of the organization

and the services offered are 100% dependent on volunteer staff. Currently, the front doors are

open only eight hours per day, the food pantry is open only one day per week, and the free clinic

has minimal open hours per day due to a low number of volunteer providers. Therefore, it is

essential that outreach techniques be established to promote the benefits of volunteering. With

an increase in volunteers, this local charitable organization can continue working towards the

reduction of healthcare and financial disparities of local community members by increasing

services offered.

Project Aim

The purpose of this project is to increase the number of volunteers for a local faith-based,

private, non-profit charitable organization that provides free healthcare services, community

pantry, and housing for displaced community members. In addition to providing evidence-based

research that supports the need for volunteerism to support such community organization, the

following objectives were achieved:

1. Establish current number of volunteers, and current number of hours volunteered on a

   weekly basis, at the organization of focus, by meeting with key organization stakeholders

   during initial project implementation in order to establish current and future volunteer

   needs.

2. Evaluate the effectiveness of volunteer promotion with use of pre-implementation and

   post-implementation data on current number of volunteers, number of hours donated, and

number of professionals donating time to the free clinic at the completion of the active

phase of this project plan.

3. Create a social media video (Appendix A) at the initiation of this project that is approved

   by key organization stakeholders and promotes volunteerism at the organization of focus.

4. Create an organizational brochure (Appendix B) that discusses the needs of the

   organization, mission and vision, and how volunteers can support the organization. This

   outreach tool will be used when reaching out to community churches, colleges and

   universities to promote volunteerism throughout the active phase of this project.

5. Create a volunteer survey (Appendix C) that evaluates whether volunteers felt that their

   overall health and quality of life had improved as a result of volunteering time and/or

   services at the organization of focus. This survey will be offered upon completion of the

   active phase of this project to all volunteers.

Clinical Question

The clinical questions are as follows:

- At a local non-profit organization, will reaching out to local churches and community

  colleges and universities, compared to current outreach techniques, improve volunteerism

  of time and services over a three month period?

- Secondary to this question, will those who volunteer report improved health and quality

  of life over a three-month period?

Congruence with Organization's Strategic Plan

The mission of the organization this project promotes is to support and strengthen the

lives of individuals through the Gospel of Jesus Christ, while encouraging, and celebrating,

family and fun (Father Carr's Place 2B, 2014). The DNP student implemented a new outreach

process to recruit volunteers to serve as God's workers and promote health, healing, strength,

and hope for individuals and families in need, which supports the mission and vision of the

organization. Research discussed in this project plan provides evidence that not only does

volunteerism support the community in reducing health disparities, but it also promotes health

and increased quality of life of those volunteering.

Chapter II: Review of Literature and Theoretical Framework

Review of Literature

The Merriam-Webster dictionary (2018) defines volunteerism as the act or practice of doing volunteer work in community service. According to Detollenaere, Wellems, and Baert (2017), volunteerism not only benefits the community served, but also benefits those engaged in volunteerism. The research discussed in this review of literature provides multiple perspectives regarding volunteerism and why it is important to engage in volunteer services. The gaps in literature identified during the research process were specific ways in which small local charities have been able to increase volunteerism, and how privately funded small community charitable organizations are able to sustain their services over a prolonged period.

Search process.

The Cumulative Index to Nursing and Allied Health, Google, Google Scholar, Cochrane, Ovid, BioMed, and Science Direct were search engines utilized to find articles of use. Search limits included peer-reviewed or scholarly full text articles written within the past five years. The key words volunteerism, volunteering, volunteers, roles of, perspectives of, perspectives for, community roles, community partnerships, statistics, poverty, homeless, disparities, healthcare, and importance of, were used to narrow search studies. A search of over 50 journal articles yielded those utilized in this project plan.

Gaps in literature.

While there is an abundance of literature regarding volunteerism, health disparities, poverty, the effects of poverty on the nation, and how government funded charitable organizations achieve success in these areas, there is very little information on how privately funded charitable organizations achieve the same success. Government funded organizations

receive financial grants to fund their services (Boris, de Leon, Roeger, & Nikolova, 2010).

Monies to source government funded charitable organization comes directly from taxpayers

(National Priorities Project, n.d.). For this reason, privately funded nonprofit organizations

reduce the burden placed on taxpayers, while also servicing the needs of the community.

Volunteering promotes happiness and fulfillment.

The Harvard Study on Adult Development followed 724 men from adolescence to older

adulthood and included those from Boston's poorest neighborhoods and Harvard undergrads

(Harvard Medical School, 2017). The purpose of this study was to evaluate contributing factors

to emotional well-being and happiness over a lifespan. It was determined that those in the age

range of 45-80 who participated in behaviors that maintained human connection, such as

volunteering, received the greatest benefit (Harvard Medical School, 2017).

A study performed by Principi, Schippers, Naegele, Di Rosa, and Lamura (2016) showed

that of the 955 older volunteers studied, those with low educational level, poor health, widowed,

divorced, or single were more apt to volunteer services. According to the study, those who

volunteered developed a higher level of self-esteem, used volunteering as a means of socializing,

and were better equipped to deal with personal problems. The World Health Organization

(2002) adds that remaining active while aging enhances quality of life. This particular study

offers insight into motivational drivers that support volunteerism, while also detailing personal

benefits gained because of volunteering (Principi et al., 2016).

Prospective volunteers.

Okun, O'Rourke, Keller, Johnson, and Enders (2015) performed a longitudinal study

involving 8,148 older adults ages 64-67 to determine the influence of religion and spirituality on

ones motivation to volunteer services. Religiosity refers to ones association with God, while

spirituality refers to transcendence with or without association to God. As religion and spirituality both value benevolence, it is presumed that this is a positive predictor that both will promote humanitarianism through volunteerism. Therefore, the researchers hypothesized that motivation and religiosity are associated with volunteerism, and religiosity and spirituality are associated with volunteerism. The combination of the two concepts increase value-expressive volunteer motivation. The results of this study confirmed that value-expressive volunteer motivations and religiosity were positive predictors for volunteerism, whereas spirituality was a negative predictor for volunteerism. Spirituality was only considered a positive predictor for volunteerism when religiosity was also present. This study, therefore, concluded that those with religious backgrounds have higher response rates to volunteering and humanitarianism than those without religious backgrounds (Okun et al., 2015).

A study performed by Modi, Fascelli, Daitch, and Hojat (2017) revealed the direct effect that volunteerism has on level of empathy developed in medical students who worked in a community free clinic during medical school. This study consisted of 272 medical students of which only 188 were used in the final analysis of this study. Of the 188 participants used in this study, 85 volunteered and 103 did not. It was determined that the number of hours dedicated to volunteering in the free clinic had no direct correlation to the level of empathy developed during medical school. However, those who volunteered at some point in time during medical school did show correlation with level of empathy developed when compared to those who did not volunteer time in the free clinic (Modi et al., 2017). This study supports the use of healthcare professionals as volunteers to service free clinic services as a means of promoting professional growth and development, while also supporting community needs and humanitarianism.

The importance of volunteering.

Noordegraaf (2016) performed a research study to examine the experiences of those who participated in volunteering, compared to those who did not during undergraduate studies. This study included 41 students, both experienced volunteers and inexperienced volunteers, provided interviews and diaries on their perspective of what volunteerism is, motivations, gains, and continuity. Experienced volunteers defined volunteerism as work without expectation, while unexperienced volunteers defined volunteerism as work without profit. Motivations for volunteering of the experienced volunteers included personal development and career development, while inexperienced volunteers listed trust and curiosity as the motivating factors for volunteering. Experienced volunteers reported having fun, feeling happy, feeling responsible, self-confidence, work experience, personal development, gaining perspective, and feeling proud as personal gains through volunteering. Similarly, inexperienced volunteers reported having fun, career opportunities, socialization, and self-confidence as personal gains through volunteering. Lastly, both experienced and inexperienced volunteers defined continuity as their willingness to participate on volunteer activities again in the future. Overall, it was determined that volunteering brought personal growth, professional development, and meaning to their lives (Noordegraaf, 2016)

Volunteering promotes health.

A study performed by Burr, Han, and Tavares (2006) examined the health of 7,803 middle-aged and older adults in terms of central adiposity, hypertension, lipid dysregulation, elevated blood glucose levels, and high inflammation. This study compared the health of those who volunteered their time compared with those who did not. Data from the 2004-2006 Health and Retirement Study provided the necessary information to complete this study and determine

health risks and benefits. Results of this study revealed a statistical significance in correlation

between volunteering and the reduction of hypertension, lipid dysregulation, inflammation

levels, and blood glucose levels. However, there was no statistical significance in the reduction

of adiposity and obesity for those those who volunteered (Burr et al., 2016).

     Fried, Carlson, Freedman, Frick, Glass, Hill, McGill, Rebok, Seeman, Tielsch, Wasik and

Zeger (2004) performed an experiment called "the Experience Corps", the only randomized

control study of its kind. A sample of 128 older adults were placed in volunteer programs in

elementary schools with a goal to document the relationship of health and volunteerism. It was

found that when comparing older adults who participated in the program to those without

volunteer backgrounds, they found that overall physical activity, social engagement, and

cognitive stimulation created an environment of increased physical mobility, functional activities

of daily living, increased quality of life and cognitive function, and decreased healthcare costs to

volunteers as compared to their counterparts. During follow-up questioning, participants who

were involved in volunteering reported 62.7% increase from baseline physical activity level, a

1% increase in social activity, and no increase in overall cognitive activity. On the other hand,

the control sample, which did not participate in volunteering, reported a 42% increase in physical

activity, a 4.2% decrease in social activity, and a 2% decrease in cognitive activity (Fried et al.,

2004). These numbers revealed the associated benefits of health and volunteerism.

     Jenkinson, Dickens, Jones, Thompson-Coon, Taylor, Rogers, Bambra, Lang, and

Richards (2013) performed a systematic review of five randomized control studies involving 308

participants, four non-randomized control studies involving 307 participants, and 17 cohort

studies with an average of at least 1,000 participants. The goal was to determine a relationship

between volunteerism and depression, life satisfaction, well-being, and physical health.

Evidence suggests that volunteering promotes mental health benefits, decreased mortality rates, and increases life satisfaction (Jenkinson, et al., 2013). Despite some conflicting data within the different studies the overall message remains the same, volunteering improves civic engagement and overall health and well-being (European Year of Volunteering, 2011; Marmot, Boyce, McNeish, Grady, & Geddes, 2010; The Cabinet Office, 2010; UK Department of Health, 2012; United Nations Volunteers, 2011).

Perspectives of volunteers.

In a qualitative study performed by Gorski, Gull, Harris, Garfield, and Kamimura (2017), 28 participants who volunteer at free clinics in the United States were interviewed on their experiences. Five focus groups were interviewed over three months in 2016 to identify issues related to health, urgent health issues, and ways to improve services for underprivileged populations. As volunteers play an integral role in the success of free clinics, it is important to identify the experiences of volunteers in order to develop process improvements to improve patient outcomes. Some positive experiences expressed by the study group include rewarding experiences, gaining new experiences, and the gratitude received by those served. Some negative experiences expressed by the study group include difficult situations, stressful environments, and miscommunications. One theme that was apparent through all participants is that the structure of volunteer training provides an optimal work environment for all volunteers (Gorski et al., 2017). Therefore, it essential for organizations looking for volunteers to help run the program to offer a structured environment for servicing the community.

Managing roles and volunteering.

When determining how and when one can add volunteering personal time to community needs, it is important to understand the dynamic of role demands and boundaries. Understanding

these boundaries aids volunteers in establishing their roles and capabilities within the volunteer

group. Cruz and Meisenbach (2018) performed a research study to evaluate the management of

role interfaces of those engages in volunteerism. This study included 20 interviews of 38

individuals, ranging in age from 19-64 and accounting for a total of 37 hours of interview time.

Through these interviews, it was determined that role boundaries were managed by segmenting,

integrating, and collapsing.

Role segmenting refers to the separation of volunteer work from work life and personal

life. Ensuring that time from each role in life is separate from the other roles ensures personal

accountability for time management, while also segmenting roles based on personal values and

beliefs. While each role in life should not overlap, there are instances in which personal values

may contribute to the desire, or lack of desire, to volunteer. For instance, while one may find it

important as a Christian to devote time to volunteering at a free clinic, one may not want to

volunteer for the dispensing of contraceptives if this is against one's personal beliefs. Therefore,

it is also essential that when volunteering time, one is aware of one's own personal beliefs and

values in order to ensure a positive experience that enriches one's life (Cruz & Meisenbach,

2018).

Role integration involves incorporating volunteer work into ones work life. This can

occur through answering phone calls related to volunteer work while at ones paid work site,

answering emails during work life downtime, or having meetings for volunteer work during paid

work break time. Those interviewed for this study found this to be an effective way to meet the

demands of volunteer work while maintaining a productive work life balance (Cruz &

Meisenbach, 2018).

Role collapsing involves a complete overlap of roles in which one simultaneously acts in the varying roles discussed above. Simultaneous role enactment entails being involved with two roles as the same time, and role value fusion is what occurs when roles are intertwined due to common values. Through this study, it was determined that role collapsing was a common and often vary effective means of addressing volunteer needs with communities. For example, a provider who works at a paid job, as well as a free clinic, may take calls regarding patients at the free clinic while working at their paid job. The most important key to this study is finding the role management system that offers the most effective strategy for enriching one's life through volunteerism (Cruz & Meisenbach, 2018).

Conceptual Framework: The Donabedian Model

According to Ayanian and Markel (2016), the Donabedian model focuses on the triad structure, process, and outcomes. Structure includes the setting, qualifications of providers, and administrative systems. Process includes the components in which care is delivered, and outcome is the restoration of function and survival. The concepts of this framework are endorsed by the Joint Commission, National Quality Forum, National Committee for Quality Assurance, and Medicare. The Donabedian model focuses on assessing quality and measuring outcomes that are patient-centered (Ayanian & Markel, 2016). Donabedian (1988) provides clarity to the triad meaning, stating that structure, in addition to the above listed, also includes equipment, monies, and structure of the organization. Process involves what is actually being done and recommendations for change, and outcome refers to the improvement following change (Donabedian, 1988).

The structure for this project included a local non-profit, privately funded, charitable organization that provides free clinic services, community food pantry, and housing for displaced

community members. Qualifications of volunteers includes both licensed and non-licensed

personnel to serve in the free clinic, food pantry, and housing units. Monetary donations provide

the ability to cover expenses including utilities, equipment, building space, and property taxes, to

name a few.

Process included establishing the current number of volunteers serving the organization,

number of licensed staff donating time on a routine basis, current needs for volunteers, and

future needs for volunteers. This stage of the Donabedian model also included the development

of a volunteer brochure and YouTube announcement, as well as reaching out to local colleges,

universities, and churches to promote volunteerism.

Outcome included the pre and post-implementation data analysis as described in the

Project Aim portion of this paper, as well as an optional, anonymous survey of volunteers. This

portion of the Donabedian model also provides an analysis of the effectiveness of this project

implementation and potential improvements required. The use of this conceptual model clearly

identified, and interpreted, whether promoting volunteerism through community outreach

improved volunteerism rates at a local community nonprofit charitable organization compared to

the original technique of using word-of-mouth to enhance volunteerism.

Chapter III: Methodology

Needs Assessment

Providing services such as healthcare, housing, and mentoring to the underprivileged is a great need in Winnebago County. Poverty rates are as high as 17.9% and homelessness accounts for 6% of the population (DataUSA, n.d.; Institute for Community Alliances, 2017). Persons under the age of 65 who are without health insurance account for 5.2% of the population in Winnebago County (United States Census Bureau, 2016). Charitable organizations provide an opportunity for these community members to receive medical and non-medical services free of charge or at reduced costs.

This organization offers both medical and non-medical services free of charge and relies on the donation of time, services, and money to accommodate the needs of the community. Charitable clinics offering healthcare services aid in bridging the gap for medical needs of the uninsured and poverty-stricken individuals (Birs et al, 2016). Current stakeholders reported the need for an increase in volunteer help in order to continue to meet the needs of the community, as well as to expand services offered within the community. Successfully increasing the number of volunteers through community outreach allowed for an increase in services offered, aided in the prevention, and management of chronic health conditions in the underserved population, and increased access to services through increasing community involvement. Please refer to Appendix E for SWOT analysis.

Project Design

This project consists of a quality improvement initiative that promoted volunteerism as a means of servicing community needs. The U.S. Department of Health and Human Services (2011) states that quality improvement consists of actions that lead to improvement in services

for a targeted population. This quality improvement initiative targeted improving both medical

and non-medical services offered to the underserved, at-risk, and underprivileged population of

Winnebago County through volunteerism. Increasing volunteerism for these services was

accomplished through new outreach techniques that promote the mission and vision of this

organization, while extending an opportunity to support the charity through volunteerism.

A second component to this project included educating volunteers on the health benefits

related to volunteerism as proven by studies listed in the *Review of Literature* section of this

paper. An optional, anonymous survey (Appendix C) was utilized to measure individual

perspectives on health improvement of volunteer staff obtained through this project, as well as

those who were already volunteers.

Setting

The charitable organization of focus is located just off the interstate in a prime location in

East Central Wisconsin with a wide variety of transportation options including private vehicles,

bussing, taxis, and walking. The organization owns approximately 10 acres of land in which

they have separate women's and men's housing units with 75 individual apartments in each, a

free clinic with seven service cubicles and three offices, as well as a very large community

building which offers many services including the food pantry and worship center.

Shelter accommodations are intended for those who require extended stay housing and

not emergency shelter. Through this, the organization is able to establish relationships with

those in need, and provide mentoring services to promote success within their life. For those in

need of shelter services, there must be at least one family member age 18 or older with a valid

form of identification. This ensures a safe environment for all participants as staff members are

able to identify those taken in and perform background checks as necessary. The shelter units

offer rooms to single men, single women, and women with children. Those housed are provided

three meals per day, are required to be productive members of the community, are required to be

awake by 0800 and out of the housing unit by 0900, have a strict curfew of 2100, and are not

allowed to return to their housing space until after dinner. These rules are in place to reduce self-

seclusion, promote accountability, and encourage community support within the housing unit

itself. Residents are also given specific chores to maintain a clean environment. There are

volunteer house managers for each housing unit. At the start of this project an area for families

in need of services that included a father, a mother, and children was a future goal but was

delayed due to limited staff and funding available.

The community pantry is open to the public every Friday from 0900-1145 and offers no

restriction of pantry use. According to stakeholders, most community members served have

been coming for years. Common populations served include the elderly, disabled, and Hmong

population. The average number of persons served on a weekly basis through the free pantry is

approximately 100 persons. The amount of food dispensed on any given Friday varies

depending on the amount of donations from local food organizations. Volunteers are essential to

the food pantry in order to package, organize, and aid in the dispersing of goods. On non-pantry

days, volunteers are needed to unload deliveries, sort through current stock to ensure food is

dispensed prior to expiration, and organize overhead.

The free clinic welcomes any patients, with or without insurance. However, when the

clinic is busy those who carry insurance are asked to seek services elsewhere in order to

accommodate those without insurance. Frequent services offered include dental care, blood

pressure management, and laboratory diagnostics for Coumadin therapy. Due to the limited

number of professional staff serving in the free clinic, the amount of persons served on a weekly

basis varies from 25-100 persons depending on specific specialties offered. The free clinic offers dental services every Monday from 1200-1800, physician services on Mondays from 1730-1900 and Tuesdays from 1400-1600, nurse practitioner services on Thursdays from 1730-1900, psychiatry services on the first and third Tuesdays of the month from 1715-1745, and laboratory services on Fridays from 0930-1030. Future goals of this organization include having the free clinic open five days per week for a minimum of four hours daily. It is estimated that an additional dentist, seven providers (physicians or nurse practitioners), two psychiatrists, and two nurses would be required to keep the free clinic doors open for four hours five days per week. However, in order to meet this goal, volunteerism of professional services is essential. Unfortunately, given the lack of outreach for volunteer services, there are a limited number of providers available to meet this demand.

It is difficult to compare the population setting of this charitable organization to those discussed in literature as most charitable organization of this nature are government funded and have access to further resources. According to Greenberg, Greenberg and Mazza (2010), in 2008 federal and state governments decreased food supplies delivered to a charity by two thirds due to budget cuts. Despite this, the need for food supplies within the pantry continued to rise with an increase in poverty level. According to Zlotnick, Zerger, and Wolfe (2013), in 1985 the Robert Wood Johnson Foundation and the Pew Charitable Trust funded 19 projects to provide health care services for the homeless. This project was largely successful, and the federal government subsequently embedded this project into the healthcare system. However, despite the project's great success, only 208 healthcare for the homeless services are operating nationally since 1985 (Zlotnick et al., 2013).

It is important to this organization to remain a privately funded charity in order to limit

restrictions and quality issues required by government organizations. Within the community,

those organizations with similar attributes that were funded by the government have since been

shut down.

Population Sample

The population sample for this project included 43 individuals who volunteered time

and/or services to the organization of focus. Inclusion criteria included those who were 18 years

of age and older, while exclusion criteria included those under 18 years of age. There was no

identifying information used for the purpose of this project in order to maintain confidentiality of

all individuals.

Tools/Instruments

To evaluate the effectiveness of volunteer recruitment, descriptive statistics presented in

bar graph form were developed to show the change in volunteerism rates, types of services

provided, and percentage of change in number of hours donated over a period of three months as

stated in the clinical question in comparison to the previous year. To evaluate the benefits of

volunteerism on health and quality of life, volunteers were given the opportunity to participate in

an optional, anonymous survey using a simple five-point Likert scale survey (Appendix C), after

acknowledging informed consent (Appendix D), to identify personal perspectives on health

improvement in specific areas surveyed. These results will be evaluated in bar graph format

based on information provided from all participants.

Project Plan

Two aspects were implemented in the project that aimed at promoting volunteerism.

First, the DNP student reached out to local colleges and universities that offer dental or

healthcare related degrees to promote volunteerism. According to VanderWielen et al (2015), professional students who participate in caring for underprivileged population are more likely to care for these populations after obtaining their degrees, develop a sense of social responsibility to care for their community, and engage a sense of compassion that may otherwise not be developed. Second, the DNP student reached out to local churches to promote volunteerism. Research provided in the *Review of Literature* section shows that those involved in religious organizations are more likely to volunteer time and services than those not involved. A brochure was developed (Appendix B) that states the mission and vision of the organization in need detailing community support efforts and achievements, and volunteer needs. A link was be provided for volunteer applications as well as where financial contributions could be made within this brochure. The goal of the brochure is to raise awareness of the services provided by the organization in need as well as increase volunteerism rates. A pre and post-project implementation data analysis of the number of volunteers determined the success of this project.

The second component of this project plan was to educate volunteers on personal health and quality of life improvements associated with volunteerism, as well as community benefits from volunteers. This was achieved through the development and use of a social media service announcement (Appendix A) to educate current and potential volunteers. After successful implementation of this project, volunteers were given the opportunity to participate in an optional, anonymous survey (Appendix C) to evaluate personal perspectives on how overall health and quality of life changed as a result of volunteering.

Outcomes.

A successful outcome of this project was reflected in a positive association between outreach and increased volunteerism rates with the goal of increasing volunteerism rates by 25%

compared to this time in the year prior. A post-intervention meeting with organizational

stakeholders was held to determine organizational perspectives on the success of this project and

need for improvement for future outreach. This information will be addressed in the *Discussion*

portion of this paper.

Data collection and evaluation.

New prospective volunteers were directed to contact the DNP student for application to

volunteer services at the local nonprofit charitable organization in question. The DNP student

tracked all incoming volunteers resulting from the established objectives, the type of services

offered, and the number of hours donated. Statistical information was inputted into an excel

spreadsheet for bar graph analysis. At the end of the three-month intervention period, all copies

of volunteer applications were turned over to organizational stakeholders. No personal

information regarding volunteer applicants were utilized for the evaluation of this project. To

evaluate the effect of volunteerism on personal health and quality of life, a five-point Likert scale

was used to evaluate information provided an optional, anonymous, volunteer survey provided to

all volunteers (Appendix C).

Sustainability.

Maintaining regular contact with local church organizations and schools to promote

volunteerism is essential for the sustainability of this project. Semi-annual outreach to churches

and the community as a whole was suggested upon successful completion of this project. The

DNP student will continue to work closely with the organization of focus to expand on outreach

that promotes the advancement of the organization within the community. In order to prevent

regression of volunteerism, future opportunities for sustainability include care and maintenance

of volunteers with an annual appreciation picnic and volunteer certificates that identify

community health promotion.

Timeline.

Please refer to Appendix B.

Data Analysis

The author used descriptive statistics with trend analysis to measure the number of

current volunteers, hours volunteered, and services volunteered pre and post-implementation of

project plan. A five-point Likert scale (Appendix C) was used to evaluate volunteer perceptions

of health and quality of life improvements.

Institutional Review Board

The Department of Health and Human Services (2009) defines research as a "systematic

investigation, including research development, testing and evaluation, designed to develop or

contribute to generalizable knowledge", and human subjects is defined as "a living individual

about whom an investigator conducting research obtains data through intervention or interaction

with the individual or identifiable private information." Given that this project evaluated

perspectives of "human subjects" through use of a survey, institutional review board evaluation

was addressed via Bradley University Committee on the Use of Human Subjects in Research and

was found to be exempt from full review under Category 2. Please refer to Appendix H.

Chapter IV: Organizational Assessment and Cost Effectiveness Analysis

Organizational Assessment

Upon initial consultation with organizational stakeholders to determine project plan, the

main topic consistently revisited was the continued need for volunteer staff to maintain

organizational function. With the variety of services offered through the organization and plans

for future services, the need for volunteers is ever growing. Stakeholders are open to change that

promotes the organization and serves the community members in need. There were no

restrictions placed on the DNP student to develop plans to promote volunteerism.

Anticipated barriers to implementation of suggested interventions to promote

volunteerism were twofold. First, the willingness of students to participate in volunteer services

given their already busy schedule may prove problematic. Research suggests that students who

participate in care at free clinics develop a greater sense of empathy and community awareness

compared to those who do not (Modi et al., 2017). Second potential barrier included the

willingness of community church members be to commit personal time to volunteer service.

Research suggests that those associated with church organizations are more likely to volunteer

time and services than those not involved in the church (Okun et al., 2015).

Given this project is to promote volunteerism, there were no unforeseen risks or

unintended consequences expected. Potential unexpected benefits include excessive amounts of

volunteers, monetary donations, and additional organizational support from local companies.

With success of this project implementation, biannual volunteer promotion and annual fund

raising activities would be additional benefits to promote this charitable organization.

Collaboration amongst community stakeholders including the director of the organization

of focus, leaders of church communities, and contact persons with the local college and

university was essential to the success of this project. According to Green and Johnson (2015), collaboration allows for access to larger groups of people and more efficiently achieve goals. In order to promote volunteerism across a wide range of the community, it was essential to reach out to multiple church organizations over a limited timeframe. Collaborating with church leaders to address the congregation prior to, or just following, services allowed the DNP student to achieve greater success within the community.   Collaboration with project mentor and team chairperson offered the DNP student the greatest insight into the development and evaluation of this project plan while allowing for successful implementation of all project objectives and goals.

Cost Factors

With the development of a brochure to market the charitable organization and promote volunteerism, there was a cost factor for printing purposes. In addition, the volunteer survey was printed at the time of agreement to participate in the survey from the volunteers. Given that the project brochure and volunteer survey were utilized to promote volunteerism for the organization of focus and assess personal benefits related to volunteering, the charitable organization provided the necessary printed materials to the DNP student. The organization has many office supplies and printing materials donated to them, which allowed this service to be free of monetary charge.

Chapter V: Results

Analysis of Implementation Process

The goal of this project was to promote/increase volunteerism at the organization of focus. In order to accomplish this the DNP student needed to first identify the strengths, weaknesses, opportunities, and potential threats within the organization. To accomplish this, the DNP student completed a SWOT analysis of the organization (Appendix E). This identified organizational strengths of a culture receptive to change, a mission and vision in alignment with JCAHO standards of care, and a culture of serving that promotes God's work through community engagement. Organization weaknesses include the ongoing need for volunteers, a lack of active outreach for volunteers, a lack of understanding within the community of services offered, and an organization that is sustained through donations. Foreseen opportunities included increasing community awareness of services offered, improving service quality through an increase in volunteerism, and increasing services offered as volunteerism increases.

Prior to reaching out to local colleges, universities, and church communities, the DNP student developed a social media video (Appendix A) that identified the mission and vision of the organization, current needs within the organization, and how the community can help. This social media video was launched on YouTube, Facebook, and Twitter. The DNP student encouraged viewers to like and share this information in order to spread the word of the work that the organization of focus performs, and promote volunteerism. Another intended purpose of this video is to share with church communities when speaking with them to promote volunteerism at the organization of focus. The DNP student also created an organizational brochure (Appendix B) with the assistance of the director of the organization of focus, with the intended purpose of distributing to college and university students, as well as church

communities while promoting volunteerism. The organization of focus provided copies of this brochure for the DNP student to utilize when reaching out and promoting volunteerism.

To promote volunteerism at the free clinic, the DNP student reached out to local colleges and universities with dental or nursing programs to promote volunteerism within the organization of focus. In addition, it was the intention of the DNP student to promote this organization as a future clinical site for students in nursing or dental degree programs. There is one technical college and one university in Oshkosh, WI, the home of the organization of focus. The DNP student reached out to each to discuss the possibility of having the organization of focus a future clinical site rotation for dental and nursing degree students. Both stated that due to the lack of current staffing and operating hours of the free clinic, considering this site for a clinical rotation is not possible. However, through this discussion, it was determined that should the clinic become fully staffed with regular operating hours that are conducive to student requirements, this topic could be reconsidered. The DNP student requested to speak with students regarding volunteering at the organization of focus and discussed literature that supported students working in non-profit organizations that promoted community health. Unfortunately, the DNP student was not approved to speak with students regarding this project, but was allowed to leave the informational brochure (Appendix B) with the contact person of each school. After meeting resistance from the two local colleges to speak with students regarding volunteering at the organization of focus, and spending several weeks communicating with contacts from each school, the DNP student decided to abort this portion of the project to focus on contacting church communities to promote volunteerism.

The next part of this project was to reach out to local church communities to encourage volunteerism. The DNP student accomplished this by researching church communities in

Oshkosh, WI, and contacting various churches to discuss the purpose of this project and the DNP

students desire to speak with their congregation. It was a pleasant surprise to find out that most

church communities were familiar with the work of the organization of focus. During

conversations with church leaders, the DNP student discussed: the mission and vision of the

organization of focus, the needs of the organization and the importance of volunteers to meet

these needs, the social media public service announcement, and the brochure for the organization

of focus. Many of the Catholic Church communities stated they have regular contact with the

director of the organization of focus, and they preferred having only the director speak to the

congregation. Many of the remaining churches contacted did not allow the DNP student to speak

with the congregation in person, but rather allowed the DNP student to list information regarding

the needs of the organization of focus in the monthly newsletter. The DNP student then created a

brief paragraph discussing the needs of the organization of focus for the church newsletters

(Appendix G).

Through the implementation of this project, it was surprising to experience the lack of

interest from the church communities to allow the DNP student to speak with the congregation

given the amount of literature that supports church communities as a strong source for

volunteerism. While allowing the DNP student a section of the monthly church newsletter to

promote volunteerism for the organization of focus, this did not allow for the personal

connection and engagement with the congregation. It is the DNP student's opinion that the lack

of connection, and engagement, with church congregations reflected in the result of this project.

Analysis of Project Outcome Data

Despite not being allowed to speak to the congregation, positive results were achieved.

The following bar graphs break down the number of volunteers and hours of time donated post

intervention compared to the previous year at the same time. Results are broken down into the

change in number of volunteer staff and number of hours donated (Table 1), free clinic changes

(Table 2), pantry changes (Table 3), front desk changes (Table 4), maintenance changes (Table

5), shelter staff changes (Table 6), miscellaneous changes (Table 7), and holiday staff (Table 8).

This data was obtained during the months of August through December of 2017 and 2018 and

the number of hours donated is representative of one week.

Table 1
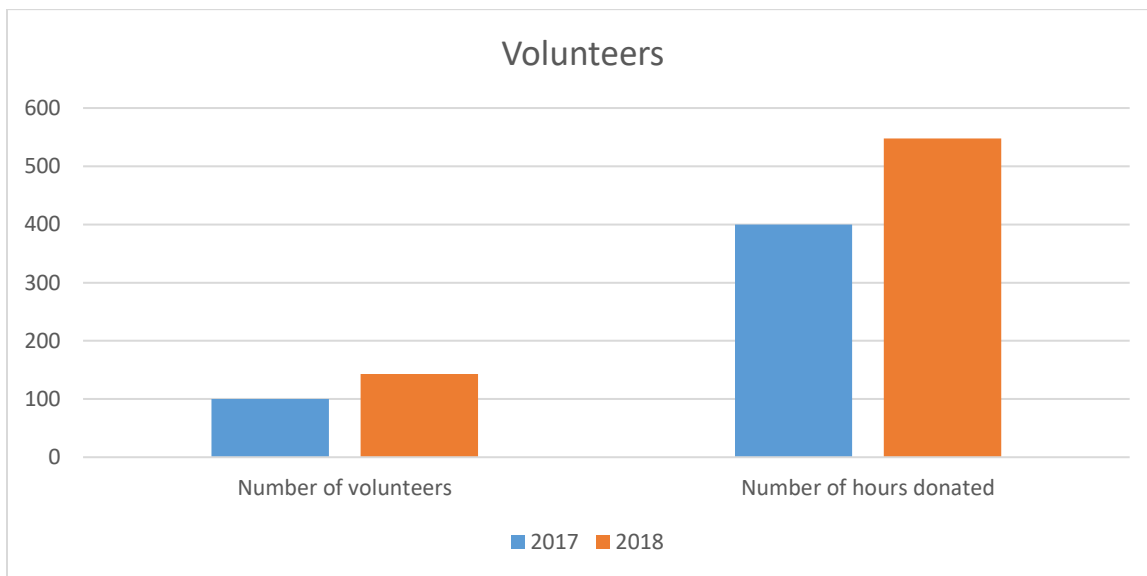
In 2017, the average number of weekly volunteers was 100 with an average of 400 hours

donated per week. Through this project, in 2018 the number of volunteers increased to 143 with

an average of 548 hours donated. This is a 43% growth in the number of volunteer staff, and a

37% increase in the number of hours donated to the organization of focus as a direct result of this

outreach project, which exceeded the intended goal of increasing volunteerism by 25%.

Table 2
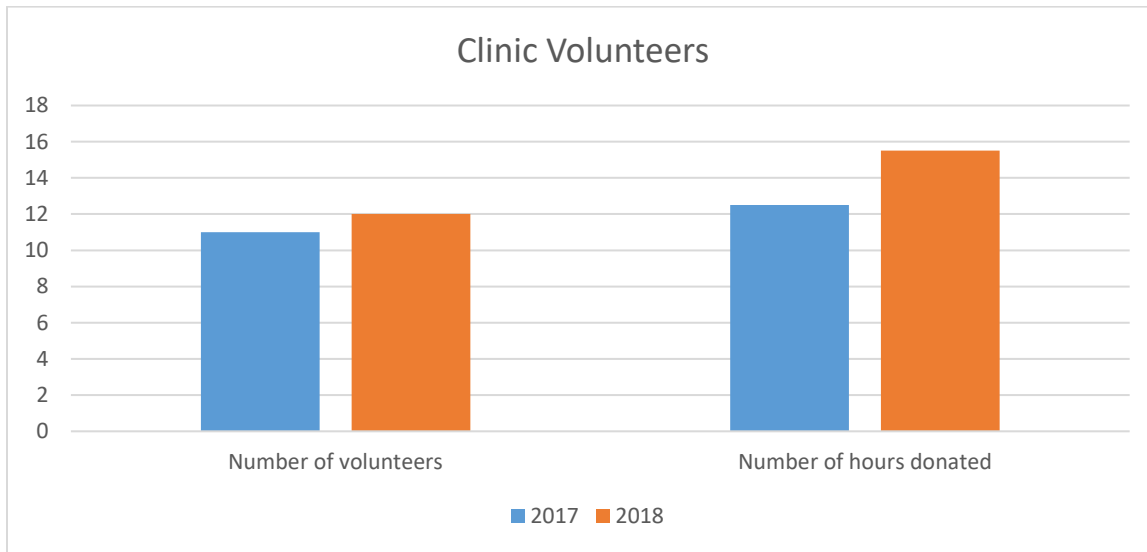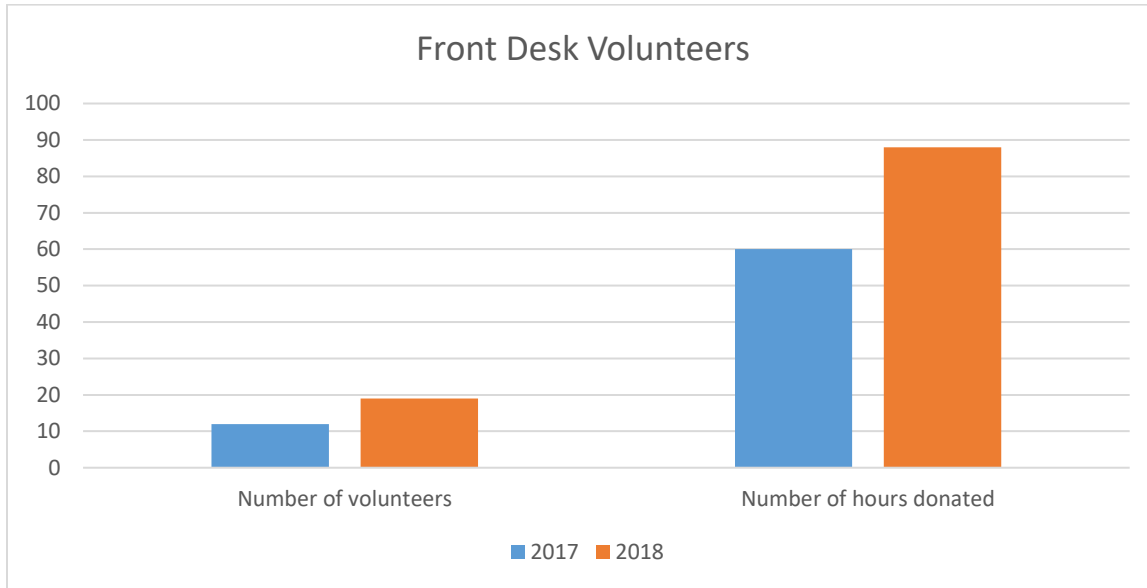

In 2017, the average number of clinic volunteers was 11 with an average of 12.5 hours donated. In 2018, the number of clinic volunteers increased to 12 with an average of 15.5 hours donated.

Table 3
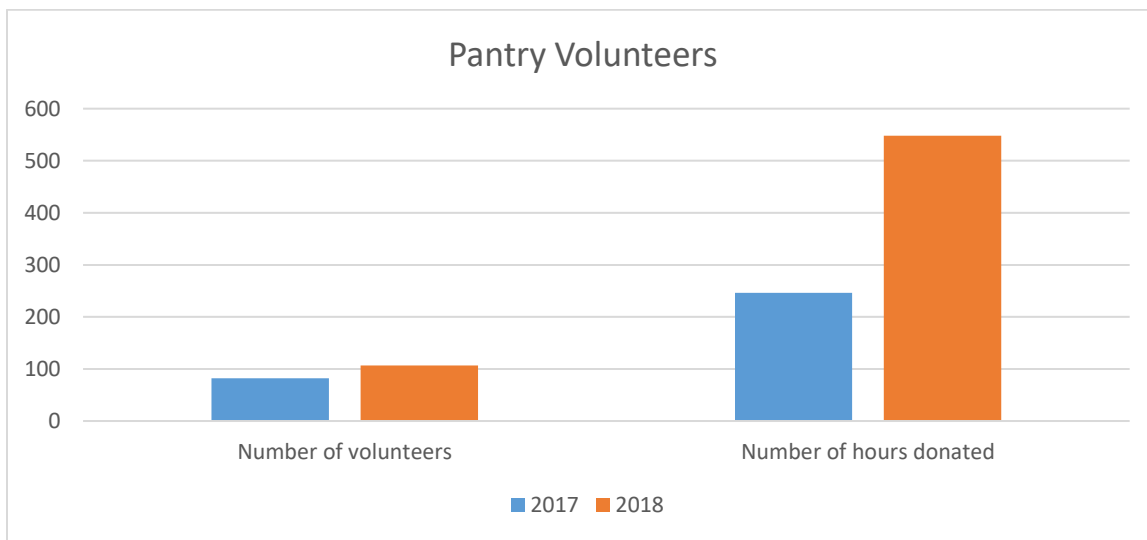
In 2017, the average number of pantry volunteers was 82 with an average of 246 hours donated. In 2018, the average number of pantry volunteers was 107 with an average of 321 hours donated.

Table 4

Front Desk Volunteers

In 2017, the average number of volunteers for the front desk was 12 with an average of 60 hours donated. In 2018, the average number of volunteers for the front desk was 19 with an average of 88 hours donated.

Table 5

Maintenance Volunteers

In 2017, the average number of maintenance volunteer was two with an average of 12 hours donated. In 2018, the average number of maintenance volunteers was four with an average of 18 hours donated.

Table 6

In 2017, the average number of shelter volunteers was six with an average of 72 hours donated. In 2018, the average number of shelter volunteers increased to eight with an average of 84 hours donated.
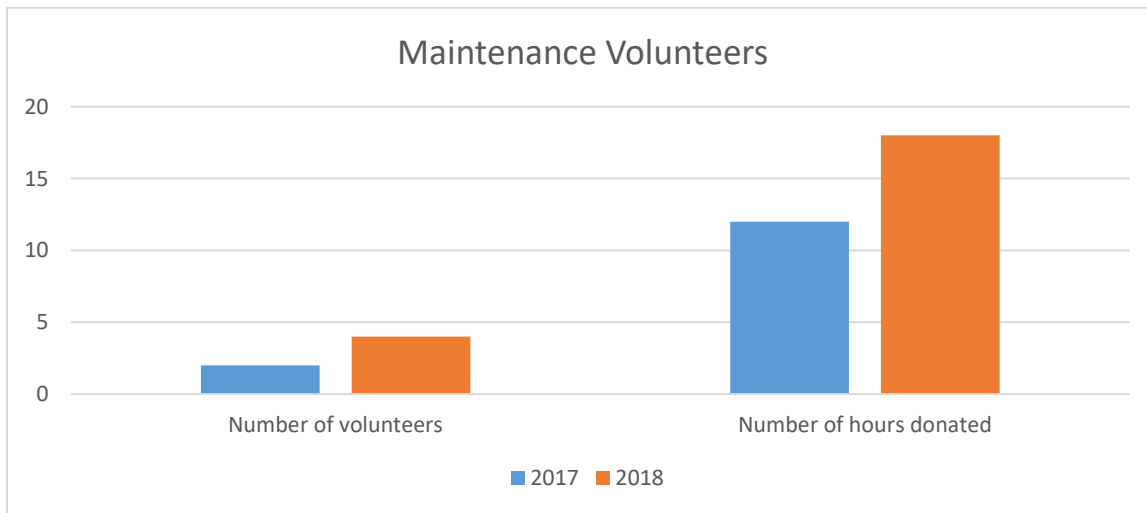
Table 7

In 2017, the average number of miscellaneous volunteers was 14 with an average of 42 hours donated. In 2018, the average number of miscellaneous volunteers was 20 with an average of 66 hours donated.
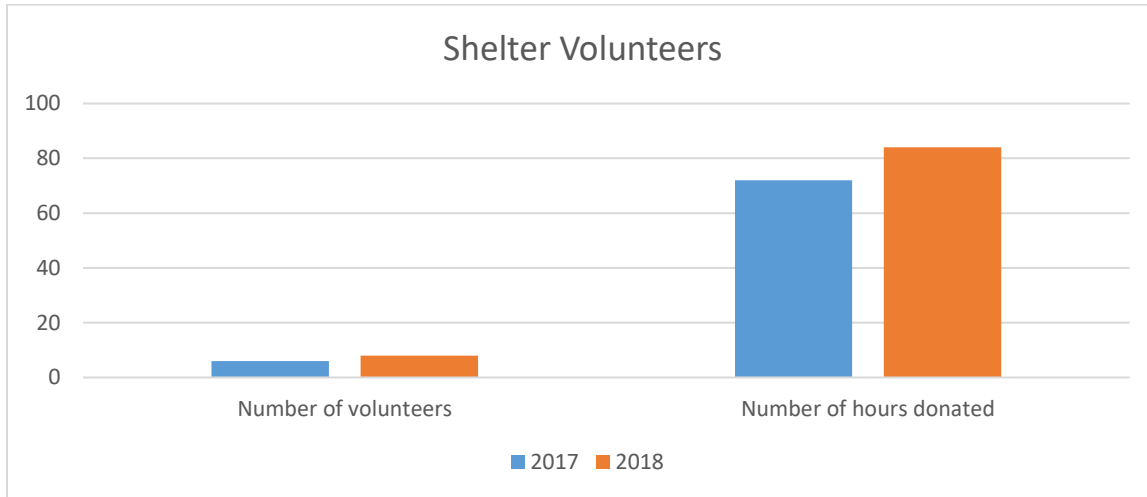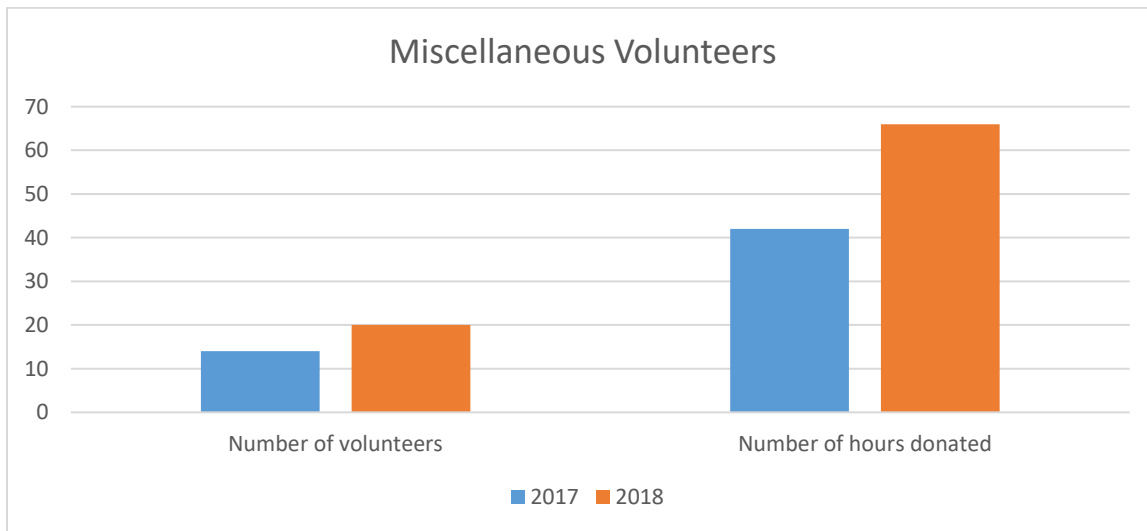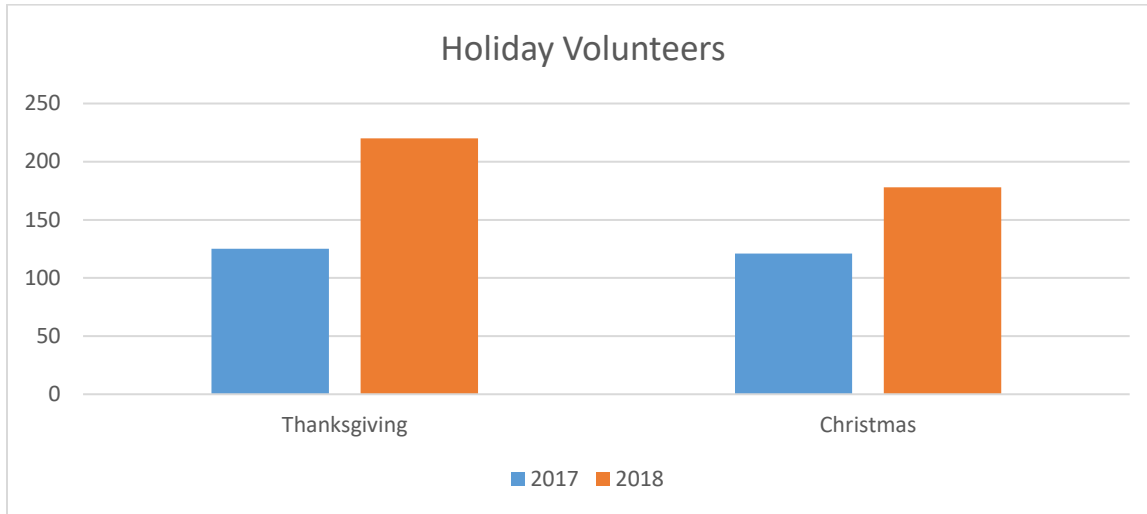
Table 8

In 2017, the average number of Thanksgiving volunteers was 125 and Christmas volunteers was 121. In 2018, there were 220 volunteers for Thanksgiving and 178 volunteers for Christmas.

The final piece of data to analyze is the results of the volunteer survey. This survey was offered to all volunteer staff in an optional, anonymous format. A copy of the informed consent was printed and laminated for those interested in partaking in the survey. Copies of the survey were provided to those volunteer staff interested in completing the survey, and completed copies were left in a mailbox with the DNP student's name. Volunteer staff were instructed not to place their name on the survey, and to simple put a check mark in the column that best answered the question from their perspective. This survey was made up of a five-point Likert scale with six questions in which the person surveyed responded to the questions as strongly agree, agree, unsure, disagree, and strongly disagree (Appendix C). Eighty-eight volunteer staff completed the survey and the results are listed in Table 9.

Table 9
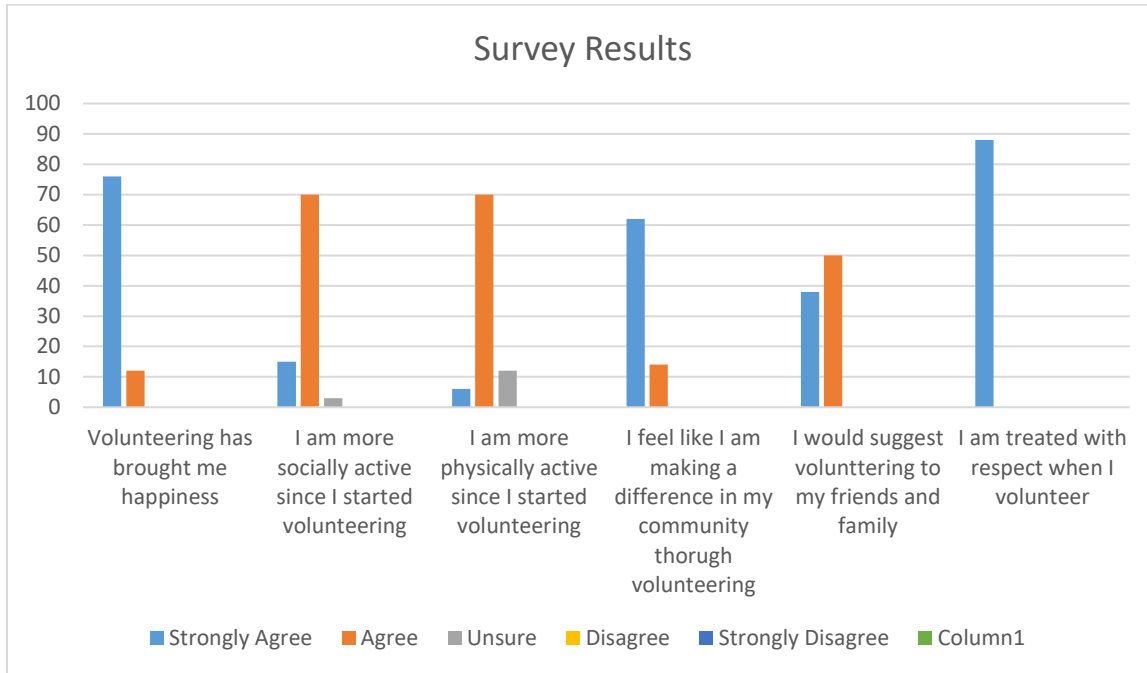
The results of this survey revealed that 76 volunteers "strongly agree" and the remaining 12 "agree" that volunteering brought them happiness. Fifteen volunteers "strongly agree", 70 volunteers "agree", and three volunteers were "unsure" if they feel more socially active since starting to volunteer. Six volunteers "strongly agree", 70 volunteers "agree", and 12 volunteers were "unsure" if they are more physically active since starting to volunteer. Sixty-two volunteers "strongly agree" and 14 volunteers "agree" that they feel like they are making a difference in their community through volunteering. Thirty-eight volunteers "strongly agree" and 50 volunteers "agree" that they would suggest volunteering to friends and family. Finally, all 88 volunteer surveyed "strongly agree" that they are treated with respect when volunteering. Overall, it is the DNP student's opinion that these results are a reflection of the research provided on the benefits of volunteering as listed in the *Review of Literature* section of this project.

Chapter VI: Discussion

Findings

In order to identify major findings and outcomes related to this project, it is important to revisit the objectives of this project.

1. Establish current number of volunteers, and current number of hours volunteered on a weekly basis, at the organization of focus, by meeting with key organization stakeholders during initial project implementation in order to establish current and future volunteer needs.

2. Evaluate the effectiveness of volunteer promotion with use of pre-implementation and post-implementation data on current number of volunteers, number of hours donated, and number of professionals donating time to the free clinic at the completion of the active phase of this project plan.

3. Create a social media video (Appendix A) at the initiation of this project that is approved by key organization stakeholders and promotes volunteerism at the organization of focus.

4. Create an organizational brochure (Appendix B) that discusses the needs of the organization, mission and vision, and how volunteers can support the organization. This outreach tool will be used when reaching out to community churches, colleges and universities to promote volunteerism throughout the active phase of this project.

5. Create a volunteer survey (Appendix C) that evaluates whether volunteers felt that their overall health and quality of life had improved as a result of volunteering time and/or services at the organization of focus. This survey will be offered upon completion of the active phase of this project to all volunteers.

In order to set a goal for success of this project, promoting volunteerism, it was essential to understand the number of volunteers currently working for the organization on a regular basis and the number of hours donated. This information was then incorporated with the needs and demands of the organization of focus to determine a project goal of increasing volunteerism by 25%. As identified in the *Data Analysis* section of this project paper, this goal was achieved, and nearly doubled, by the end of the active phase of this project.

Objectives 3-5 were met in the early stages of this project, as they were needed to complete the application for IRB. IRB approval of this project was essential, as the DNP wished to present volunteer staff the opportunity to participate in an optional, anonymous survey to determine personal perspectives related to volunteering. It was essential to have all components of objectives 3-5 completed at time of IRB application in order to provide the board a greater understanding of what was to be accomplished through this project.

Limitations or Deviations from Project Plan

Unfortunately, reaching out to the local college and university proved ineffective for this project. The DNP student was not able to speak with students to promote volunteerism within the organization of focus, but was allowed to leave an organization brochure with the contact person for each school. As a result, the DNP student is not aware of any increase in volunteerism as a direct result of contacting these schools and therefore no data is provided for this intervention.

Additionally, all monetary donations for the organization of focus go directly to the director of the organization. The purpose of this project was not to evaluate monetary donations, but rather the number of volunteers. Therefore, any monetary donations that may have come as a result of this project were not monitored or discussed in this project paper.

Implications

As discussed in the *Setting* section of this paper, there is a wide variety of research and

literature related to charitable organization that are government funded, and very little on

charitable organizations that are privately funded. The DNP student strongly feels that privately

funded charitable organizations, such as the organization of focus for this project, need to be

further studied in relation to the impact they have on community health and wellness. There is a

major gap in literature on privately run charitable organizations that could be filled if privately

funded organizations published articles on the work they do, and the results they achieve.

Practice.

In order to sustain the implemented volunteer outreach program, the director of the

organization must maintain and further revise the outreach process. The DNP student met

resistance from church leaders to speak with the congregation about the outreach project and the

benefits for both the organization of focus, and those who volunteer. However, a formal

agreement with church advisors to hold semi-annual outreach talks with the congregation could

be beneficial. Through conversations with church advisors, the DNP student found that there is a

strong rapport with the director of the organization of focus, and most church organization in the

area. Therefore, it may benefit the organization of focus to have the director of the organization

speak with church congregations for this portion of future outreach.

Future research.

The clinical questions for this project were as follows:

- At a local non-profit organization, will reaching out to local churches and community

  colleges and universities, compared to current outreach techniques, improve volunteerism

  of time and services over a three month period.

- Secondary to this question, will those who volunteer report improved health and quality of life over a three-month period.

Given the results of this project, both clinical questions were proven clinically significant for the organization of focus. The results of this project will be reviewed with key stakeholders for the organization of focus prior to March, as the director of the organization will be stepping down from his role. At this point in time, the director position has not yet been filled.

Nursing.

The significance of this project is not specific to nursing, but rather to healthcare as a whole. As discussed in the *Background and Significance* section of this paper the U.S. Department of Health and Human Services (2015) states those living in poverty must choose how they spend their limited income. Necessities such as food, shelter, clothing, and utilities tend to take priority over healthcare expenses as medical fees, copayments, and prescription fees can quickly become burdensome. Healthcare expenses can bankrupt those living above poverty level, while basic human necessities can bankrupt those living at poverty level (U.S. Department of Health and Human Services, 2015). Loignon and colleagues (2015) determined that living conditions, poor quality of interactions between providers and the underserved, and the complexity of healthcare systems are the main barriers to healthcare access for those living in poverty. The organization of focus aids in eliminating healthcare disparities by offering those in need, who qualify for services, an opportunity to improve their quality of life, seek healthcare free of cost and without judgment, and provide learning opportunities to create a sustainable future.

Health policy.

With future growth of free clinic services provided through the organization of focus, there will be a need for the organization to regulate services offered, provide analytics of disease control and maintenance, and provide evidence of meeting national goals and standards of care. As the clinic progresses to full-time services, it is important that staff be properly trained to develop policies for care within the clinic that meet national standards of care. This would be a great opportunity for a future DNP project for this organization.

Chapter VII: Conclusion

Value of the Project

The DNP student worked hard to establish an outreach program to attain volunteer help for the organization of focus through outreach to local colleges, universities, and churches. Despite reaching out to local colleges and universities being ineffective, the positive results of reaching out to local churches made this project a success. Through proper outreach, the DNP student was able to increase volunteerism by 43% on a weekly basis when compared to the same time the previous year. The organization of focus felt the success of the project most during Thanksgiving and Christmas. There was so much support from volunteers during these holidays that the organization had a large amount of food left over that they were able to serve to their volunteer staff and residents of the men's and women's shelter. Food trays were also made and placed in the communal refrigerators, for those who come to the organization on non-pantry days for a meal.

Additionally, a major benefit of the increase in volunteer staff and services was the ability of the organization to open their first housing residence for a family. This was a huge accomplishment for the organization as previously when families came in, the men would have to go to the men's shelter alone, and the women and children would stay in the women's shelter. Strict rules prohibited the opposite sex from visiting in the others shelter making family time difficult. Future plans for the organization are to have at least two family units available to families in need by the end of the year.

DNP Essentials

The DNP Essentials are as follows:

I.   Scientific Underpinnings for Practice

II.   Organizational and Systems Leadership for Quality Improvement and Systems Thinking

III.   Clinical Scholarship and Analytical Methods for Evidence-Based Practice

IV.   Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

V.   Health Care Policy for Advocacy in Health Care

VI.   Interprofessional Collaboration for Improving Patient and Population Health Outcomes

VII.   Clinical Prevention and Population Health for Improving the Nation's Health

VIII.   Advanced Nursing Practice

DNP Essentials II, VII, VIII, and I were achieved through the creation of the organization brochure that discussed the mission and vision of the organization, a social media video promoting volunteerism at the organization, and volunteer survey to identify personal perspectives of the volunteers on how their health and well-being has been affected by volunteering. Analyzing research that supports the positive effects that volunteering has on both personal and community health and well-being, as well as analyzing data obtained through project implementation meets DNP Essential III. The active portion of this project, reaching out to local colleges, universities, and church organizations, allowed the DNP student to achieve DNP Essentials VI, VII, and VIII.

DNP Essential IV and V were not met through this project, but were achieved in other manners. DNP Essential IV was met through clinical practicum and use of technology to manage healthcare needs of patients, and DNP Essential V was met through completion of webinars and data management courses.

Plan for Dissemination

It is the intention of the DNP student to present a PowerPoint presentation to Bradley University for the completion of the doctoral portion of the DNP student's degree program. During this PowerPoint presentation, the DNP student will address specific needs of the community of focus, current and future needs of the organization of focus, process for increasing volunteerism, and results of the DNP student's project.

Attainment of Personal and Professional Goals

As a future nurse practitioner, with goals to serve at-risk and under-served communities to aid in the prevention and reduction of chronic disease, this project has allowed the DNP student the ability to see first-hand what this will entail. This project focused on the ongoing need for volunteer support to maintain current goals, and attain future goals. While the results of this project was positive, achieving these goals did not go according to plan. The DNP student needed to adapt and create new interventions to meet the goals of the project. Hearing that the director of the organization of focus had plans to step away from the position in the near future left the DNP student concerned about the future of the outreach program created. However, in order to continue to work towards personal and professional goals, the DNP student will maintain contact with the organization and continue to work towards maintaining, and perfecting, an outreach process that effectively meets the needs of the organization. This experience has only driven the DNP student to continue reaching towards personal goals of reducing healthcare disparities in at-risk and under-served communities!

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Appendix A

Social Media Video

https://www.youtube.com/watch?v=8Jn9-OR5FIM

Appendix B

Organizational Brochure

Father Carr's Place 2B

1062 N. Koeller St.,
Oshkosh, WI 54902

http://fatercarrs.org/.

Needed Donations

Food Items	Ham
Mashed Potatoes	Brown Sugar
Breakfast Sausage	
Pancake Mix	Syrup

Gift Ideas for Adults and Kids

Headphones	Lego Sets
Alarm Clocks	Purses
Make-up Kits	Hair Dryer
Flat Irons	Craft Kits
Walmart Gift Cards	
Art Sets	Toys
Target Gift Cards	
Board Games	Stickers
Children's Books	
Stuffed Animals	
Fleece Blankets	
Shave/Grooming Kits	
Packer Hats/Clothing	

The Goals of Father Carr's Place 2B

To the homeless we are to be HOPE of shelter…

To the hungry, we are to be HOPE of food…

To the lonely, we are to be HOPE of friend-ship…

To the alcoholic or drug dependent, we are to be HOPE of recovery…

To the depressed, we are to be HOPE of discovery of self-worth and purpose…

To the physical, sexually, and spiritually abused, we are to be HOPE as Christian Domestic Abuse Shelter and Home…

To the sick, we are to be HOPE of healing…

To those who struggle with faith, we are to be HOPE in our example and life in Christ.

Shelter
Food Bank & Meals
Free Medical Clinic
Faith and Community

About Father Carr's Place 2B

Father Carr's Place 2B is many things. It's a free clinic, retreat center, chapel, and food bank. It's also a positive home with three hot meals a day for men, women, and children who seek safe and temporary residence. Maybe most importantly, Father Carr's Place 2B is a life enrichment center. Mother Theresa once said the worst poverty in America is loneliness. Since its founding by Father Martin Patrick Carr, this unique nonprofit has helped thousands of individuals and families find independence and purpose in life through mentorship, community support, and fellowship. In fact, Father Carr's Place 2B relies solely on private donations with no government support and is run primarily by volunteers. Truly, Father Carr's Place 2B is for the community, run by the community.

To learn more about all that Father Carr's Place 2B has to offer, visit www.fathercarrs.org or contact Executive Director Bob Lang at blang@fathercarrs.org or 920-231

Appendix C

Volunteer Survey

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
Volunteering has brought me happiness					
I am more socially active since I started volunteering					
I am more physically active since I started volunteering					
I feel like I am making a difference in my community through volunteering					
I would suggest volunteering to my friends and family					
I am treated with respect when I volunteer					

Appendix D

Informed Consent for Volunteer Survey

Promoting Volunteerism for a Private Non-Profit Charitable Organization that Provides Free

Healthcare Services, Community Food Pantry, and Housing for Displaced Community Members

You are invited to participate in a research study. The purpose of this portion of the study

is to determine individual health and quality-of-life benefits resulting from volunteering. This

study consists of answering a six-question survey. Your participation in this study will take less

than five minutes. This optional, anonymous survey will have no identifying information listed.

Taking part in this study is voluntary. You may choose not to take part or may leave the study at

any time.

There is no compensation for taking this optional, anonymous survey.

Questions about this study may be directed to Jennifer Stanisch, who is in charge of this

study or Dr. Steinwedel at (309) 677-2575, or csteinwedel@fsmail.bradley.edu. If you have

general questions about being a research participant, you may contact the CUHSR office at (309)

677- 3877).
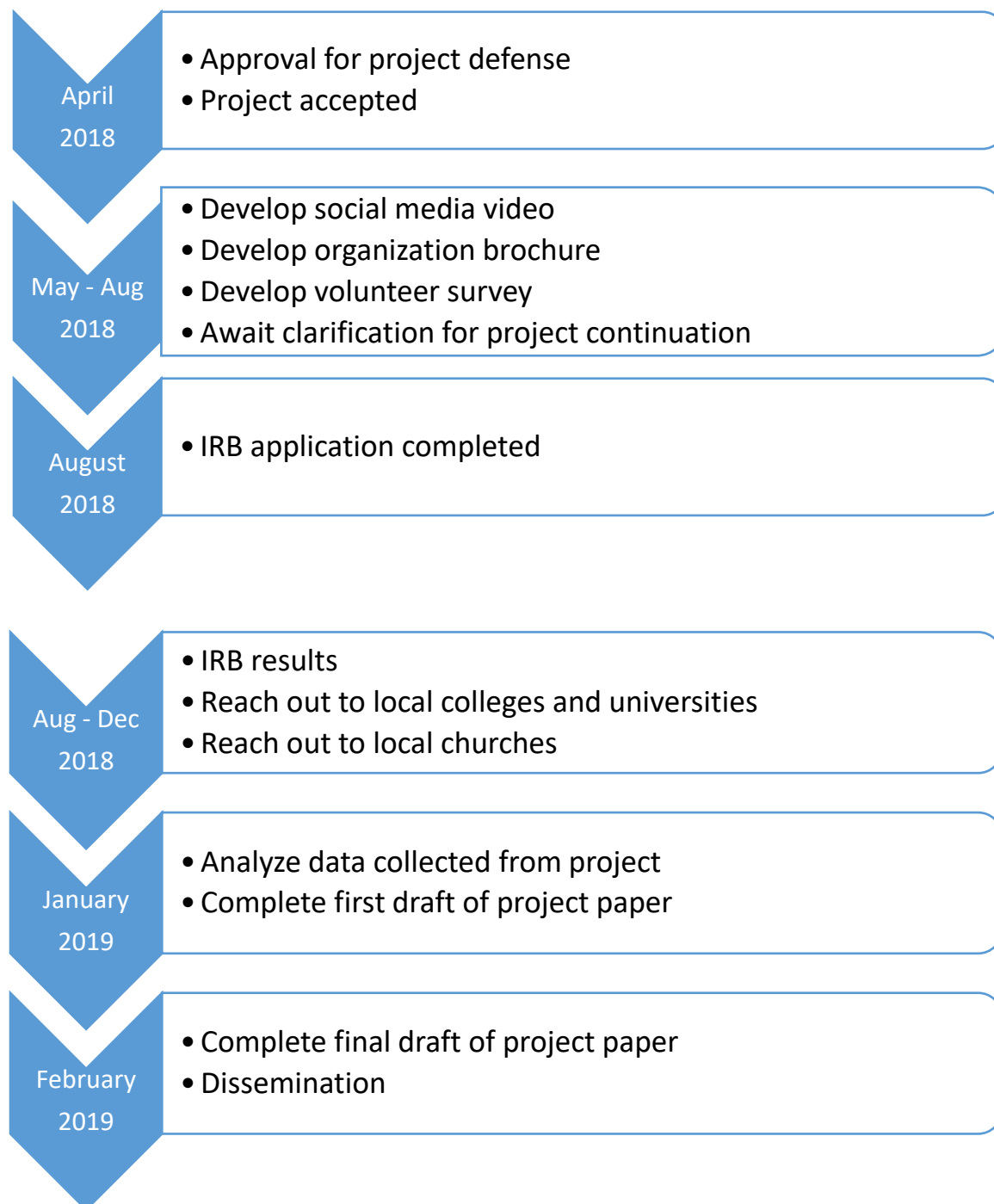
You are voluntarily making a decision to participate in this study. Your participation in

this survey means that you have read and understood the information presented and have decided

to participate. Your submission of this survey also means that all of your questions have been

answered to your satisfaction. If you think of any additional questions, you should contact the

researcher(s).

Appendix E

Organizational SWOT Analysis

Strength:	Weaknesses:
• Conforms with mission and vision of new organizational ownership • Culture receptive to change • Aligns with JCAHO standards of care • Privately funded nonprofit • Promotes God's work through community engagement • Culture of serving	• Ongoing need for volunteers • Poor marketing techniques to promote volunteerism • Limited knowledge of services offered within the community • Sustained by monetary and non-monetary donations
Opportunities:	Threats:
• Increase community awareness of services • Improve service quality • Increase volunteerism rates • Promote growth within the organization • Increase services offered to the community	• Sustained by volunteers • Religious affiliation • Poor marketing • Not conducive for families with both parents

Appendix F

Volunteer Project Timeline

April 2018	• Approval for project defense • Project accepted

May - Aug 2018	• Develop social media video • Develop organization brochure • Develop volunteer survey • Await clarification for project continuation

August 2018	• IRB application completed

Aug - Dec 2018	• IRB results • Reach out to local colleges and universities • Reach out to local churches

January 2019	• Analyze data collected from project • Complete first draft of project paper

February 2019	• Complete final draft of project paper • Dissemination

Appendix G

Newsletter Information

Father Carr's Place 2 B in Oshkosh, WI is looking for volunteers that are willing to donate time

on a regular basis to serve the community. Father Carr's provides shelter to those in need, free

healthcare, and offers a food pantry on Fridays. Volunteers are always needed to meet the needs

of this growing organization, and support community members. Volunteering is also a great

opportunity to engage in social activity, meet new friends, and promote God's work. If you are

interested in volunteering, please contact Jennifer Stanisch at 262-994-3959 or

jstanisch@mail.bradley.edu for more information!

The link below is a YouTube video that I created that gives a bit more detail and is just over 4

minutes in length.

https://www.youtube.com/watch?v=8Jn9-OR5FIM

Appendix H

CUHSR Letter of Exemption

Dear Investigators:

Your proposed study (CUHSR 72e-18) *Promoting volunteerism for a private, non-profit, charitable organization that provides free healthcare services, community food pantry, and housing for displaced community members* has been reviewed and was found to be exempt from full review under Category 2.

Your vita and ethics certificates are on file.

Be aware that future changes to the protocols must first be approved by the Committee on the Use of Human Subjects in Research (CUHSR) prior to implementation and that substantial changes may result in the need for further review.

While no untoward effects are anticipated, should they arise, please report any untoward effects to CUHSR promptly (within 3 days).

As this study was reviewed as exempt, no further reporting is required unless you change the protocol or personnel involved.
This email will serve as notice that your study has been reviewed unless a more formal letter is needed. Please let me know, and I will provide the letter.

Ross L. Fink, Ph.D.
Chairperson, CUHSR

Bradley University
Department of Nursing

Promoting Volunteerism for a Private Non-Profit Charitable Organization that Provides
Free Healthcare Services, Community Food Pantry, and Housing for Displaced
Community Members

By

Jennifer L. Stanisch

has been approved

April 3, 2019

Approved: _Cynthia M. Steinwedel, PhD, RN -- April 5, 2019_____
(DNP Project Team Chairperson name, credentials & date)

Approved:_Ann Marie Swanson, RN, DNP, APNP -- April 3, 2019_____
(DNP Project Team Member name, credentials & date)