



**Improving the Lives of Older Adults
through Faith Community Partnerships:
*Healing Body, Mind and Spirit***



*“We must reawaken our collective
sense of gratitude, appreciation
and hospitality, helping the elderly
know they are a living part
of their communities”*

POPE FRANCIS

AT HIS PAPAL AUDIENCE ON MARCH 4, 2015

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FOREWORD

Faith communities and health care organizations are both called to heal. While they have different practitioners, vocabularies and tools, they share concern for the well-being of the people they serve.

Working together, faith communities and health care organizations can support a particularly vulnerable group in our communities, the frail elderly. Our country's population is rapidly aging, and many older persons are living with multiple chronic illnesses. These older persons may live alone, isolated from their communities. They may live with family caregivers who are themselves aging and who are often overwhelmed. While good medical care is important, research shows that social and spiritual connections also play a critical role in the health of older people.^{1,2} Faith communities and health care partnerships have the unique ability to heal body, mind and spirit.

There are inspiring examples of these types of collaborations, such as those described in this booklet. But in many communities, these collaborations don't currently exist. The purpose of this booklet is to describe how to build creative relationships that can benefit health care organizations, houses of worship and aging persons and their families. It offers suggestions for how to get started and what these healing communities can do together.

A few words about language: As the Catholic Health Association of the United States, we think about faith communities in terms of parishes. But the ideas in this booklet apply just as well to synagogues, mosques and houses of worship of all faiths. Health care organizations refer to the full continuum of care, including hospitals, skilled nursing facilities and other senior service organizations, population health management programs and other health care providers.

INTRODUCTION

“Whatever can be done must be done to make it possible for the elderly-at-risk to remain self-sufficient and participating members of their communities.”

**A TIME TO BE OLD, A TIME TO FLOURISH:
THE SPECIAL NEEDS OF THE ELDERLY-AT-RISK**

CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

Striking advances in public health and medical technology allow someone 65 today to expect to live another two decades.³ Yet, by turning conditions such as heart disease, pulmonary disease and even many cancers into chronic illnesses, we are also increasing the number of people who will need services and supports in order to maintain their quality of life and remain in their homes and communities.

In 2016, nearly 60 million Americans are 65 and older, a number that is increasing by nearly 10,000 every day. More than 6 million are 85 or older, a number that will double by mid-century.

Today, 12 million Americans of all ages will require personal assistance or other supports, a number expected to double by mid-century.⁴ More than 80 percent live at home, and the vast majority of their care is provided by family members and friends. Those family caregivers report spending an average of 24 hours per week helping their loved ones, and one-quarter say they spend at least 40 hours per week — the equivalent of a full-time job.⁵

These elders often have complex care needs that can be met outside of the traditional health care system. While high-quality health care is essential, so are social supports that can enable elders to remain in their homes safely, optimize their health care and can help them stay connected with their communities. Supports may include friendly visits to prevent isolation, spiritual support, help with meals and nutrition and rides or companions for medical appointments. Seniors may also need help navigating the increasingly complex world of health care and social services.

New Medicare payment models that reward providers for keeping people well are driving health care organizations to be more

proactive in supporting patients before and after discharge. These models are creating incentives for hospitals and senior service providers to work with community organizations, including faith communities, to make sure that older adults get the full range of services and supports they need.

For their part, by building closer relationships with local health providers, faith communities can play a key role in keeping older persons in their congregations as healthy as possible and living in the setting they prefer. They can serve as connectors between volunteers and those who need basic assistance. Through faith community nursing and other similar programs highlighted in this booklet, faith communities can promote health and well-being. By providing these services, houses of worship may make, or renew, their links to members of their own communities.

Make no mistake, building these new relationships will not be easy. Hospitals and senior service providers approach their missions in vastly different ways than do faith communities. They even speak a different language — one of clinical outcomes rather than prayer and belief. And while health care payment models are evolving, they are creating uncertainty and aversion to risk and change.

Yet, these new models of cooperation can be a win for all: for hospitals, senior service providers, faith communities and seniors themselves. Working together, we can achieve the common goal of improving the medical, social and spiritual care of our communities. Health care organizations and faith communities can collaborate in new ways to heal body, mind and spirit.

How to start? Hospitals, senior service providers and faith communities need to communicate with one another. They can think broadly about what service means to older adults and their families. And they may need to commit resources — human or financial — to these new collaborations. Faith communities can consider their local health care and senior service organizations as resources — not just for members of their congregations who are sick or in need of long-term care, but as potential partners in serving aging congregation members living at home.

More than nine of every 10 adults over 65 live with at least one chronic condition. One out of six lives with four or more.⁹

Receiving support in the community has the potential to not only improve the well-being of seniors, but also reduce their rehospitalizations and lengths of stay.

THE CASE FOR COLLABORATION

Advantages for Health Care Organizations

- ◆ Augment discharge and navigation programs
- ◆ Reduce admissions, re-admissions and lengths of stay
- ◆ Improve patient outcomes
- ◆ Reduce costs
- ◆ Demonstrate fulfillment of mission and tax-exempt purpose

For hospitals and senior service providers. By participating in person-centered approaches that heal mind, body and spirit, hospitals, skilled nursing facilities and other health and senior-service organizations have the opportunity to reduce admissions, readmissions and lengths of stay — key metrics in an evolving payment system that increasingly focuses on quality and patient outcomes rather than volume of services.

One strategy for achieving these goals is providing high-risk patients with education and support before admission or after discharge. Creating new relationships with faith communities can be an effective way to deliver those services.

Health care organizations, especially those taking on risk for enrolled populations, may significantly reduce overall health care spending and generate positive returns on investment by taking two steps: First, properly identifying those at high risk for admission to a hospital or nursing facility. Second, providing services and supports or guiding patients to programs such as home delivered meals, transportation support, and health and nutritional education.⁶ This would include referrals to the person's faith community and its services.

For example, a church-based support group supplemented with help from a community-based nurse, social worker or community health worker may be more cost-effective than a hospital-based navigator making periodic phone calls. By providing training or other program assistance, a health care organization can help build such a faith-based support network.

These programs can also serve as powerful ways for hospitals or senior service providers such as nursing homes, home care agencies, assisted living facilities and continuing care communities to demonstrate their charitable mission and their tax-exempt purpose.

For parishes and other faith communities. Many older persons have a lifelong commitment and connection to their place of worship. As they age, they may call upon their pastor or staff for assistance, needing their faith community more than ever. Conversely they may become less mobile or lose access to transportation, thereby losing their ability to participate in their faith community.

Faith community and health care partnerships can address both of these eventualities. Faith community nurse and other programs can assist congregation staff in visiting the sick and addressing other requests for assistance. They also can help reconnect parishioners with their faith communities, bringing the congregation to the person with a prayerful and helpful visit or by helping to arrange for the older person to attend religious services and events.

Developing a healing ministry may help houses of worship provide their congregation's older persons and their caregivers a sense of community — a place where they can learn to cope with illness or find help with the demands of family caregiving.

Faith community nurses or volunteers may also provide much-needed support for clergy. For example, well-trained and well-organized lay volunteers may take on some pastoral care responsibilities. While a pastor's first response to a request to build a robust healing ministry may be, "I don't have time," developing such a model could, in reality, free up time in the long run.

Advantages for Faith Communities

- ◆ Strengthen sense of community among congregation
- ◆ Reconnect with congregants no longer involved in congregation
- ◆ Support the work of staff and clergy
- ◆ Free up time of staff and clergy for other responsibilities
- ◆ Help link congregants and members to community resources

Advantages for Congregants

- ◆ Support for family caregivers
- ◆ Sense of belonging and connectedness to faith community
- ◆ Better connection to health care system
- ◆ Assistance for living at home
- ◆ Coordination of care and services
- ◆ Spiritual support

For congregants. Benefits for congregants may vary. For older adults with attentive families, caregiver support and training may be a primary need. These programs may help connect a faith community to the elder and his or her children or other family members.

An elderly widow whose adult children live in distant cities may have very different needs. For her, a strong parish-based volunteer network may make it possible to continue to live at home and maintain the community and spiritual support that has sustained her for many years.

For many older people and their caregivers, their faith community represents a place where they are cared about and belong. Visits and services from their parish or congregation show them that they are still part of this community and have not been forgotten.

But whatever the individual circumstance, leveraging the spiritual support of the church, the practical advice and assistance of a health system and volunteer-based social supports can make the concept of a healthy mind, body and spirit a reality, especially for frail elders coping with chronic illness.

“One who truly wishes to walk in God’s path must imitate God through loving kindness at life’s crisis points, such as illness. By visiting the ill, we follow God’s paths, acting as God does. In this way we connect and care for one another in illness and crisis, when we are most vulnerable.”

RABBI JOSEPH OZAROWSKI

**JEWISH PASTORAL CARE: A PRACTICAL HANDBOOK FROM
TRADITIONAL AND CONTEMPORARY SOURCES**

EDITED BY RABBI DAYLE A. FRIEDMAN | JEWISH LIGHTS PUBLISHING, 2001

HOW FAITH COMMUNITIES AND HEALTH CARE CAN WORK TOGETHER

Faith communities and health care organizations can learn from some successful examples — some new and some old, some modest and some ambitious. Here are a few, ranging from the easiest to implement to the most complex and far-reaching.

Support and Training Models

Hospitals and senior service providers can work with faith communities to provide support programs for elders with chronic conditions and their family caregivers. Programs that teach volunteers and others in the congregation how to visit a hospital patient, nursing home resident or home-bound elder; how to care for a frail relative; and where to get information about both paid assistance and government support are relatively simple to design and inexpensive to operate. Yet the return on investment, in terms of better quality of life for older adults and their families, and in cost savings to the health system, can be high.

Faith-based communities themselves can also benefit from, for example, a program to train people to visit those who are sick. People often avoid these visits because they “don’t know what to say.” But with some basic education from both health care staff and pastoral leaders, they are not only more likely to visit friends, they may form a reliable team to supplement the pastoral care of others in the faith community.

“A health ministry combines the therapeutic qualities of church, community and faith in God to strengthen the healing task ...”

From Health Ministry
for United Methodist
Clergy and Congregations
Concepts of Health

HEALING AND WHOLENESS

Mother Angeline Ministries of Care, supported by the Carmelite Sisters for the Aged and Infirm, has created programs to teach volunteers how to make pastoral visits to people with high personal care needs, to provide spiritual comfort to the dying and to coordinate these initiatives. The Mother Angeline program has trained volunteers in Vermont, New Hampshire, Florida and New York City, where it works closely with Archcare, the continuing care community of the Archdiocese of New York.

To help build relationships between its health system and parishes, Archcare has created a Director of Parish Integration and a Care Navigation Center that includes a telephone-based-information-and-referral service for both English- and Spanish-speakers and a free online care coordination tool that allows care recipients and their family members to create an online patient profile, track medications and share information.

In Baltimore, the Johns Hopkins Bayview Medical Center runs a 10-week training program for faith-community-based lay health educators. Teachers include physicians, nurses, social workers and chaplains. Participants learn to identify potential medical conditions, help organize public health programming and direct fellow congregants to community and medical resources. Medical residents have become so enthusiastic about the program that Hopkins has made it part of their formal training.

In central North Carolina, Wake Forest Baptist Medical Center, four other hospitals and 230 churches formed FaithHealthNC, a coalition working to train and coordinate volunteers who provide individual supports and navigation assistance for high-risk populations, including older adults. To achieve its goal of reducing hospital utilization among the uninsured, FaithHealthNC has trained more than 400 navigators, who serve as bridges between underserved community members and public and non-profit providers of supports and services.

Faith Community Nursing

Faith community nurses are registered nurses who have additional specialized training. They blend ministry and nursing as they include care of the spirit while assisting members of a faith community to maintain or regain their health. Faith community nurses serve as health educators, advocates and counselors. They may coordinate classes in nutrition and offer presence and prayer. They do not replace clergy or provide individual medical treatment or nursing care.

Often faith community nurses donate their time. According to one survey, 90 percent are volunteers. Of those who are paid, half say they are supported by their church, and one-third are funded by a hospital.⁷

However, the issue of funding is a sensitive one. Few houses of worship have the financial resources to support a nurse on their own and most hospitals are reluctant to pay. However, those faith communities that do support faith community nurse programs find them extremely valuable.

St. Cecilia's Catholic Church, in the small farm town of Hastings, Neb., began its program a few years ago with a health needs assessment. Its four part-time nurses, supported by an endowment, made more than 2,000 parishioner contacts in less than three years, ranging from home visits to public health classes to grief groups. The nurses also visit local long-term care facilities.

Some health systems have found a middle ground. In the Phoenix area, Dignity Health founded the Center for Faith Health Ministries in 2007 with the goal of strengthening the bonds between faith communities and health systems. The center has helped more than two dozen churches establish faith community nursing and other volunteer programs. While it does not pay for nursing time, the center facilitates monthly networking and best practice meetings, trains volunteers to do congregational assessments and works with local church committees. It has begun piloting a program to notify churches when their members are hospitalized in an effort to improve the transition from hospital to home.

Navigator Models

Some faith communities and health systems are building more ambitious, formal relationships.

Catholic Health Care Services (CHCS) of the Archdiocese of Philadelphia has designed a support program for older adults at St. Monica Parish in South Philadelphia. It provides a suite of supports and services, including information and referral, pastoral care, formal care management and a care partner program, where parishioners are encouraged and trained to support fellow congregants in need.

The program has succeeded in reducing rehospitalizations and nursing home admissions for a very high-need population. The Archdiocese is expanding the program, which is funded by a private foundation, to three more parishes in the Philadelphia area.

In 2004, the Methodist LeBonheur Healthcare system in Memphis, Tenn., created the Congregational Health Network (CHN) to build an active relationship with clergy and congregants, especially in medically-underserved communities. CHN includes the system's hospitals, Mid-South congregations and community health organizations.

Full-time nurse navigators support CHN members while they are inpatients. Hospital-trained volunteer liaisons at each participating church arrange visits for congregants, help design discharges, and build a post-discharge support system, such as friendly visits, rides, meals and the like. The hospital also provides a wide range of training programs for congregants.

CHN has enrolled 580 faith communities and 20,000 individuals, and trained more than 700 patient liaisons. An early study found that the program reduced readmissions, emergency department visits, length of stay and total costs, as well as mortality among participants. The system reports that the program, budgeted at \$600,000 annually, saves \$4 million a year.⁸

In early 2016, the Maryland Faith Community Health Network replicated the CHN model as a two-year pilot. The Maryland program is a partnership between three hospitals in the LifeBridge Health system and multiple faith communities in the state. But in contrast to Memphis, the Maryland version is being organized by a third-party intermediary, the non-profit Maryland Citizens Health Initiative.

The program is currently supported with foundation grants, but Lifebridge internally funds its own staff and technical resources. In its first few months, the initiative reached agreements with 50 congregations, but will initially focus member enrollment and support at 11 “launch congregations” including St. John Catholic Church in Carroll County.

Funding

While many of these programs are relatively inexpensive, they still cost money. How can health systems and faith communities fund them?

The most reliable source may be the operating budgets of hospitals or senior service providers. But in the absence of strong evidence of net cost savings, health care organizations may be reluctant to take this financial step.

Community benefit funds may be an alternative. Tax-exempt hospitals are required to work with community members to identify community health needs and to develop plans and carry out activities to address those needs. As a result, many hospitals are looking to community benefit more strategically. They are addressing well-defined needs in more intense ways and seeking community partners to support these programs. For example, if a hospital identifies diabetes prevention and control as a community need, it could partner with a consortium of local churches to provide screenings, education, caregiver supports and nutritional services.

“Faith communities offer significant, unrealized potential for outreach and partnerships. ... [They] can communicate important messages and encourage action when their interests align with your interests.”

It’s About How You LIVE
In Faith — Community
Outreach Guide

FROM CARING CONNECTIONS,
IN COLLABORATION WITH
DUKE INSTITUTE ON CARE
AT THE END OF LIFE

The growing shift to managed care and population health management may also provide incentives for funding such programs. Collaborations with faith communities could function within those budgets, especially if they can be shown to reduce overall costs. For example, a number of managed care organizations are beginning to provide case management and caregiver education services to their members. These could be delivered through faith organizations.

While many individual parishes and other faith communities may not have the financial resources to support even modest initiatives, they may still find funding opportunities. Some possibilities: working with other houses of worship to share resources, encouraging lay leaders to fund a designated project or using in-kind services of congregants. For instance, members of the congregation with computer skills may be willing to help manage a database of volunteers and those who need assistance.

Government and foundation grants may also serve as sources of funding, especially during a start-up period. Community foundations are increasingly interested in supporting creative health care delivery models such as these.

“Health, in the biblical perspective, means wholeness — not only physical, but also spiritual and psychological wholeness; not only individual, but social and institutional wholeness.”

**HEALTH AND HEALTH CARE:
A PASTORAL LETTER OF THE AMERICAN CATHOLIC BISHOPS**

EXAMPLES OF ACTIVITIES

When considering how health care can partner with faith communities, the following provide examples that can be led from either partner, and those that can be done jointly.

Health Care Organization Activities

- ◆ Host meetings of local clergy to describe services and find out about needs in their congregations. Reach out to clergy new to the area
- ◆ Include faith communities in community health needs assessments by holding focus groups among congregants and interviewing staff and clergy
- ◆ Hold wellness programs, clinics or screenings in congregation spaces
- ◆ Offer hospitality, parking and educational resources to clergy and volunteers when they visit patients
- ◆ Offer training to area clergy and pastoral ministers to address pastoral and spiritual needs of sick and hospitalized persons
- ◆ Convene area faith community nurses and volunteers for education and networking
- ◆ Help support faith community nurse programs financially or with other resources such as grant writing
- ◆ Offer rotation for seminarians in hospitals and long-term care facilities

Faith Community Activities

- ◆ Offer support groups for older or chronically ill persons and their caregivers
- ◆ Donate space for health education and screening activities
- ◆ Train lay volunteers to take on some pastoral roles of clergy, such as visiting the sick
- ◆ Host a meeting of area health care providers to discuss needs of older persons in the congregation
- ◆ Send volunteers to visit congregants in hospitals or long-term care facilities
- ◆ Participate in hospital community health needs assessments to provide information about the needs of older people in faith community and their caregivers
- ◆ Share resources and programs with other faith communities
- ◆ Offer prayers for congregants who are sick and for their caregivers

Joint Faith Community and Health Care Organization Activities

- ◆ Teach parish and congregation volunteers who visit faith community members to identify health problems and refer for services in the community
- ◆ Train volunteers to help members of their faith community to navigate the health system and access community resources
- ◆ Convene health care chaplains and clergy within the community to discuss how they might work together
- ◆ Arrange for parish clergy, faith community nurse or volunteer to visit discharged patients
- ◆ Develop training program or other support for family caregivers
- ◆ Develop advanced faith community nurse or health care navigation programs

“When a congregation partners with a hospital, together they can dramatically improve the health outcomes of their congregants, both by helping to keep them out of the hospital and after they are in the hospital, keeping them healthy and not in need of going back in.”

VINCENT DIMARCO

PRESIDENT OF THE MARYLAND FAITH HEALTH NETWORK

HOW TO GET STARTED

The following are initial steps that health care organizations and faith communities can take to develop programs that support frail elders in their communities. See the *Resources* section of this guide for a list of organizations and resources that can provide more in-depth information and support.

Open a dialogue

The first step is communication. Hospitals and senior care providers can reach out to their local faith leaders to begin the process of identifying their needs and finding opportunities for cooperation. These first steps may be as simple as building a better system for contacting clergy when a congregant is admitted, providing parking for visiting clergy or hosting an annual appreciation lunch for community clergy.

At the same time, pastors and other clergy can reach out to local hospitals and senior service providers to try to forge new relationships. For instance, a church may have space that is unused during weekdays. Rather than remaining empty, it could house adult day programs or health screenings, or serve as classroom space for training sessions or educational programs. Or, a faith community could offer to send a congregant or staff member with pastoral training to visit a local assisted living community. Such arrangements can open relationships that may eventually result in more ambitious ventures.

Identify needs

The next step may be to identify needs. What care gaps do congregants face? How can they be closed? Are there opportunities for faith communities and their local hospitals or senior service providers to cooperate to serve those needs, such as through a faith community nurse program, a disease self-management course or a caregiver support program?

Do congregants need help navigating the health system maze? This assessment of needs could be done by the congregation, by a hospital as part of its community health needs assessment, or as a joint effort between a congregation, a hospital and a community-based organization as a first step in working together.

Look for partners and build new relationships

When a single house of worship does not have the resources to support these programs or the critical mass of participants to make programming cost-effective, it should consider partnering with other faith communities, including those of other denominations.

Faith communities and hospitals or senior service providers looking to embark on a cooperative journey also should consider enlisting the help of other partners. Because social supports are rarely built into the organizational DNA of either faith communities or health systems, both may look to other community-based organizations as a formal or informal partner. In some communities, this may be Catholic Charities, or another faith-based social services organization or the Area Agency on Aging.

Evaluate

Track the number of congregants volunteering for and served by these programs, the satisfaction/sense of wellbeing of persons served and, if possible, measure whether new relationships and enhanced services improve health outcomes and/or lower health care costs. Periodically review the quality of the relationship: Are communications working? Do partners understand each other? Are goals being met? Are any problems or challenges being addressed? This information is key to sustaining programs.

Tips for Getting Started

- ◆ **Start a conversation:** Clergy or lay leaders should meet informally with local hospital and/or senior service executives to discuss the needs of aging persons and other community needs, as well as the challenges and opportunities they create.
- ◆ **Find champions:** Faith communities, hospitals and senior service providers should identify committed individuals to get these types of programs started.
- ◆ **Recognize the limitations of your potential partners:** Hospitals and senior service providers are struggling to manage rapidly evolving payment systems and changing relationships with physicians, patients and their families. Faith communities have limited staff and financial resources.
- ◆ **Acknowledge the skills and knowledge those partners bring:** Hospitals remain the focus of medical care in many communities. Senior service providers have vast experience in caring for older adults. Clergy and lay leaders understand the needs of the individuals in their communities, and can help provide critical spiritual support. The key to success is leveraging these advantages.
- ◆ **Start small:** Look for some easy wins. These can help build trust and confidence, and help bridge the divide that separates the faith and health care communities.
- ◆ **Seek funding opportunities:** Foundations, individual donors, or even government agencies may be willing to finance cooperative demonstrations. Identify individuals with grant-writing experience and focus the grant request on a specific, targeted initiative. And be prepared to show results — that will mean gathering data on who is using any new services and what benefit they receive from their participation.

CONCLUSION

There is great wisdom — and great benefit — to the concept of healing the mind, body and spirit. As we live longer, we are more likely to need a caring community and spiritual support to complement high-quality medical care. Neither faith communities nor hospitals and senior service providers can do this alone. But together, they can improve the quality of life for older adults in their communities.

“Parish volunteers who reach out to the elderly member of the community, especially those who live alone, and offer them meals, transportation, help with personal errands, or even a little conversation, are making visible the love of the invisible God.”

**A TIME TO BE OLD, A TIME TO FLOURISH:
THE SPECIAL NEEDS OF THE ELDERLY-AT-RISK**

CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

WORKS CITED

1. Steptoe, Andrew; Shankar, Aparna; Demakakos, Panayotes; Wardle, Jane. "Social Isolation, Loneliness, and All-cause Mortality in Older Men and Women," *Proceedings of the National Academy of Sciences*, March 2013. doi: 10.1073/pnas.1219686110
2. Moberg DO: Research in spirituality, religion and aging. *J. Gerontol. Soc. Work* 45, 11-40, 2005
3. US Administration on Aging Projected Future Growth of the Older Population, Department of Health and Human Services, Washington, D.C. Available online http://www.aoa.acl.gov/Aging_Statistics/future_growth/future_growth.aspx#age
4. Family Caregiver Alliance, Selected Long-Term Care Statistics 2015, San Francisco, Calif., 2015. Available online at <https://www.caregiver.org/selected-long-term-care-statistics>
5. National Alliance for Caregiving, AARP Public Policy Institute, Caregiving in the US 2015, Wash, D.C. 2015. Available online at http://www.caregiving.org/wp-content/uploads/2015/05/2015_CaregivingintheUS_Final-Report-June-4_WEB.pdf
6. Sally Rodriguez, Dianne Munevar, Caitlin Delaney, Lele Yang, Anne Tumlinson. Effective Management of High-Risk Medicare Populations, Avalere Health, Washington, D.C., 2014
7. Center for Health Workforce Studies University at Albany. Findings From a Study of Parish Nurses/Faith Community Nurses (FCNs) in the United States, Rensselaer, N.Y., 2007
8. AHRQ Health Care Innovations Exchange, Church-Health System Partnership Facilitates Transitions from Hospital to Home for Urban, Low-Income African-Americans, Reducing Mortality, Utilization, and Costs, Washington, D.C., 2014. Available online <https://innovations.ahrq.gov/profiles/church-health-system-partnership-facilitates-transitions-hospital-home-urban-low-income>
9. William W. Hung, Joseph S. Ross, Kenneth S. Boockvar, and Albert L. Siu. Recent trends in chronic disease, impairment and disability among older adults in the United States, *BMC Geriatrics* Feb, 2011. Available online at: <http://bmcgeriatr.biomedcentral.com/articles/10.1186/1471-2318-11-47>

RESOURCES

Websites

American Nurse Credentialing Center – Faith Community Nurses

<http://nursecredentialing.org/faithcommunitynursing>

The American Nurses Credentialing Center (ANCC) and the Health Ministries Association (HMA) offer a certification through an assessment portfolio for Faith Community Nursing. This certification validates faith community nurses' unique knowledge, skills and contributions to patient care. It provides a valid and reliable assessment of the entry-level clinical and spiritual knowledge and skills of registered nurses in the faith community nursing specialty after initial RN licensure.

Catholic Health Association of the United States – Faith Community and Community Benefit Resources

www.chausa.org/nursing/nursing-overview/resources/parish-nursing-resources

www.chausa.org/communitybenefit/community-benefit

The Catholic Health Association is a membership organization of Catholic-sponsored health systems, hospitals, long-term care organizations and other facilities. The faith community webpage features information on CHA's and others' resources for parish nurses, prayers, and recommended reading. The second website has resources on planning and evaluating community benefit programs and working with community organizations to improve community health.

Catholic Health Alliance of Canada

http://www.chac.ca/index_e.php

http://www.chac.ca/alliance/online/online-chacpublications_e.php

The sister organization of Catholic Health Association of the United States in Canada provides resources focused on Catholic values, mission and vision, including online resources, for parishes and health care institutions engaged in health and healing ministries.

Church Health Center

www.churchhealthcenter.org

The Church Health Center is committed to connecting people of faith and their congregations with quality health resources, meaningful volunteer opportunities and trusted educational experiences. This website gives information about programs, resources and education for faith community nursing and congregational “health promoters.”

Emory Interfaith Health Program

www.interfaithhealth.emory.edu

The Emory school of Public Health and the Association for State and Territorial and Health Organizations (ASTHO) has developed a guide for public health and faith-based partnerships with a focus on a model practice for increasing influenza protection among hard to reach populations. The guide also provides information on types and functions of faith-based organizations and partnerships.

The George Washington Institute for Spirituality and Health (GWISH)

www.GWISH.org

Works toward a more compassionate system of health care through research, education and policy work focused on bringing increased attention to the spiritual needs of patients, families and health care professionals. This website includes information on GWISH and online educational and clinical resources in the fields of spirituality, religion and health.

Health Ministries Association

www.hmassoc.org

The mission of the Health Ministries Association (HMA) is to support leaders in the integration of faith and health in local communities. HMA includes faith community nurses, health ministers, program leaders, and spiritual leaders who have developed health ministries in diverse faith communities. This website provides information about joining a HMA network, program ideas, conferences and publication.

Mother Angeline Ministries of Care

www.carmelitesisters.com/carmelite-events/mother-angeline-ministries-of-care#.V1BONfkrKUK

The Mother Angeline Ministries of Care, named for the foundress of the Carmelite Sisters for the Aged and Infirm, is a volunteer parish outreach program for the sick and homebound, focusing on spiritual care. This website describes training on Mother Angeline's philosophy of care, understanding memory and physical impairment, the needs of elders living in the community, life review and reminiscing and spirituality of aging.

Wesley Theological Seminary

www.wesleyhts.org

The Wesley Theological Seminary has a health minister certificate program, a 22-hour training program to equip faith community members in pastoral skills. The training program teaches faith community members about the basics of different health ministry models, and how faith communities can enter collaborative and meaningful partnerships. This website offers information on resources and education for faith community nurses and health ministers.

Westberg Institute for Faith Community Nursing

www.churchhealthcenter.org/fcnhome

The International Parish Nurse Resource Center (IPNRC), now known as the Westberg Institute for Faith Community Nursing, was created over 30 years ago from Rev. Granger Westberg's vision of the role of parish nurses in faith communities. This website provides resources on education, network development and research on parish nursing.

Articles & Documents

“Benefits of Faith Community Nursing.” Deaconess Faith Community Nurse Ministries.
Available at www.faithnurses.org/faith-community-nursing/benefits/

Congregational Health Advocate/Parish Nurse Manual, 2nd Edition, 2016.

Available at www.google.com/#q=Congregational+Health+Advocate%2FParish+Nurse+Manual%2C+2nd+Edition

“Faith, Community, and Health: Partnerships with Good Neighbors.” *American Nurse Today*.
Available at www.americannursetoday.com/faith-community-and-health-partnerships-with-good-neighbors/

“Faith Community Health Partnership Commitments.”

Atlantic Health System. Available at www.atlantichealth.org/Files/Public/Documents/Faith/Faith%20Community%20Health%20Partnership%20Commitments.pdf

“Health Ministry for United Methodist Clergy and Congregations: Concepts of Health, Healing and Wholeness.” UMC Health Ministry Network.

Available at www.wespath.org/assets/1/7/4380.pdf

“Live Healthy in Faith” toolkit. DeKalb County Board of Health.

Available at www.dekalbhealth.net/wp-content/uploads/2015/05/faithbased-toolkit.pdf

“Partners in Health Newsletter.” Holy Cross Health.

Available at www.holycrosshealth.org/partnersinhealth

*“To heal is to do God's holy work.
To soothe pain, to prevent grief,
to wipe away a tear becomes the
supreme privilege of anyone who must
come in contact with the helpless,
poor, and sick in body and spirit.
The alleviation of physical pain is often
beyond our control but alleviation of
psychological anguish is something that
all of us is capable of providing.”*

RABBI SHALOM STERN

WHEN WORDS FAIL

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