Come All Ye Faithful

Diversity in Faith Community Nursing

BY PAM CHWEDYK

By providing health education and wellness promotion in religious communities of color, minority nurses of all faiths can make a powerful difference in eliminating health disparities.

Not that long ago, nurses who answered a calling to promote physical and spiritual health in their places of worship were known as parish nurses or congregational health nurses. But in today's unprecedentedly multicultural America, where many of the faithful are just as likely to attend a Muslim mosque or Hindu temple as a church or synagogue, this specialty area of nursing has acquired a new, more all-embracing name: faith community nursing.

"When what we do was first recognized by the American Nurses Association [ANA] as a specialty practice in the late 1990s, it was under the title 'parish nursing,'" says Nancy Rago Durbin, RN, MS, FCN, interim director for faith community nursing for the Health Ministries Association (HMA), a professional association for faith community nurses (FCNs). But by 2005, when Durbin was part of a team working with ANA to update the specialty's *Scope and Standards of Practice,* the limitations of that name had become glaringly obvious.

"One of the ANA leaders said: 'Do you have to be Christian to claim this specialty?'" recalls Durbin, who is also director of Advocate Parish Nurse Ministry and the Parish Nurse Support Network for Advocate Health Care in the Chicago area. "When I said, 'No, this is by no means an exclusive specialty, any nurse from any faith is welcome to practice,' she said: 'Well, your name doesn't seem to include that.' And she was right!"

Of course, the term "parish nurse" is still alive and well. It's widely used to denote FCNs who work to improve health in specifically Christian settings. But professional organizations like HMA and the International Parish Nurse Resource Center (IPNRC), a ministry of the Church Health Center, now rec-

ognize that church-based nursing is one thread in a much bigger tapestry that encompasses many different faith traditions. In fact, the Church Health Center, despite its name, teaches FCN training courses to nurses of all faiths all over the world.

When and how did traditional parish nursing evolve into this broader, more culturally inclusive specialty? "I've always known it to be all-inclusive," says Maureen Daniels, RN, MN, FCN, an IPNRC faith community nurse specialist. "I think it's just the organic nature of it that's helped it grow into more of these other faith settings. One of the things that's so beneficial about this model is that it's meant to be adapted to the community and to where the needs are."

Different Faiths, Same Roles

No matter whether the faith they practice is Baptist, Buddhist, or Baha'i, minority nurses need to be involved in addressing the health and wellness concerns of their own faith communities. Even though most FCNs do this work on a volunteer basis while also holding regular nursing jobs, they can make a tremendous difference in improving health outcomes and reducing health disparities in communities of color—especially those that are economically disadvantaged and/or medically underserved.

"[Places of worship] can be a very important resource for on a regular basis," explains Ann Littleton, a congregational health advocate at Sacred Heart Catholic Church in Greenville, Mississippi, which serves a predominantly African American congregation plus a smaller Hispanic congregation. "At our church, we probably have more people from the community gathered together in one place every weekend than anywhere else. We can pass out information about cancer, heart disease, stroke, and diabetes just like we pass out the Sunday bulletin."

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The roles FCNs perform are remarkably similar from faith to faith. The Canadian Association for Parish Nursing Ministry organizes those functions into this easy-to-remember acronym:

H – Health advisor

E – Educator on health issues

A – Advocate and resource person

L – Liaison to faith and community resources

T – Teacher of volunteers and developer of support groups

H – Healer of body, mind, spirit, and community

For example, Ameena Hassan, RN, a Muslim nurse who works in the ICU at Las Colinas Medical Center in Irving, Texas, has been providing community nursing services at her mosque, the Islamic Center of Irving, since 2009. It's a large mosque, serving approximately 500 families in the Dallas area.

"We do health education classes here every month," says Hassan, coordinator of the mosque's Health Advisory Committee. "We do blood pressure screenings and cholesterol screenings. We do mammograms every year, usually in April. During flu season, we do flu shots."

The mosque also holds an annual health fair. At last year's event—attended by almost 200 community members—local physicians, nurses, and dentists provided 100 cholesterol and diabetes screenings, 33 bone density screenings, 67 dental exams, and 42 vision exams. In addition, they gave 90 attendees nutrition advice and distributed 100 bicycle safety helmets to children.

At New Horizon Church International in Jackson, Mississippi, "cardiovascular disease is the number one health problem among my congregation, so we do lots of CVD screenings, education, and referrals," says Ella Garner Jackson, RN, CHN, leader of the church's Health and Wellness Ministry. Jackson and her team also provide a full calendar of other disease prevention programs, including exercise classes, kidney disease screenings, and

The Health and Wellness Ministry at New Horizon Church International, led by Ella Garner Jackson, RN, CHN (lower left corner), offers many different health promotion activities for congregation members, including screenings, healthy cooking demonstrations, and cancer awareness events.

HIV/AIDS education. On the advocacy front, the ministry helps increase access to health care for low-income church members by connecting them with community resources that provide affordable prescriptions.

Because Mississippi has some of the highest levels of poverty and African American health disparities in the nation—including disproportionately high morbidity and mortality rates from cancer, diabetes, and other chronic diseases—Jackson is especially focused on the FCN's volunteer training role. In 2005, Jackson, who is also a cardiac case manager at Mississippi Baptist Medical Center, founded the Abundant Living Community Organization (ALCO), a nonprofit organization that has taught nearly 160 nurses and non-nurse volunteers to lead health ministries in African American churches throughout the state.

Same Roles, Different Needs

How faith community nurses carry out these roles is driven by the unique needs of the communities in which they serve. In some faith settings, for instance, FCNs must tailor their health promotion activities to accommodate specific religious requirements.

"In Islam, we don't mix men and women together in the mosque," says Hassan. "If we're doing something like screenings or flu shots, we have to have it in two separate places for men and women. And the women's space has to be covered, because they don't want to [expose their bodies] in front of others."

But in many minority faith communities, the biggest challenges for FCNs are more likely to revolve around cultural and socioeconomic needs than belief-based ones.

"Here in the Chicago metro area, Advocate's parish nursing program includes two Latino congregations and two African American congregations," says Durbin. "Our nurses who work with those communities are very focused on the needs of people who are disenfranchised, undocumented, and struggling with access to care. Some of our nurses are dealing with the problem of food deserts, and they're trying to work with the communities to create sustainable vegetable gardens and increase access to quality foods."

Littleton, a retired English teacher who became a church health advocate after taking the ALCO training in 2010, emphasizes that "in our Hispanic health ministry, we don't ask about immigration status. If anybody comes to us in need of our services or a referral, we try to make them feel as comfortable with us as possible. It's important for them to feel that we're not going to pry into their status; we're just providing health services that they need."

One of the most empowering ways minority FCNs can lead their faith communities down the path to healthier living is by breaking down cultural barriers that exacerbate health inequities and impede access to care.

"In some African American communities, there is still enormous distrust of the health care system," Durbin notes. "A black faith community nurse can become the entry point for many people to develop that trusting relationship. Someone may say, 'I went to the public health clinic down the street and they were mean to me. So I'm not going back.' And the nurse will say, 'Well, how about if I go with you? Because that's where you need to be to get your meds refilled.' Then the nurse can physically take that person back to the clinic and help them [build a better relationship with those providers]."

Durbin also notes, "In our Latino communities, men's health is a big issue. Many of the guys have traditional machismo cultural values, so they don't take care of their health. And traditionally, it's the women and the older men who are the churchgoers, but

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not the younger guys. Latino faith community nurses who know the culture can figure out creative ways to engage that core group of men, such as providing them with health information through the people who love these men and who do go to church."

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Daniels cites the example of a group of parish nurses in Portland, Oregon, who are partnering with local promotores to extend their health ministry outreach deeper into the Hispanic community. "Because the promotores had such good relationships with the people, and people trusted them so much, they were able to get many more community members to come to health events the nurses had organized than the nurses would have gotten by themselves," she says.

Bridging Cultural Differences

Even if a nurse doesn't share the same religious, ethnic, or cultural background as the faith community he or she works with, collaborating with leaders within the community can be an effective way to bridge those gaps. For example, the Faith Community Health Ministry (FCHM) program at Carolinas HealthCare System in Charlotte, North Carolina, uses a model that makes it possible for the hospital system to meet the needs of virtually any belief community.

"We form partnerships with faith communities through either a faith community

Earn Specialty Certification in Faith Community Nursing

It's been more than six years in the making, but it's finally here. In August 2014, the ANA's American Nurses Credentialing Center will launch its first-ever certification program for the specialty of faith community nursing. Developed in partnership with the Health Ministries Association, the new portfolio-based certification is designed to formally recognize the competencies of FCNs practicing across the full spectrum of diverse faith traditions.

FCNs who meet all of the following eligibility criteria and pass the portfolio assessment can earn the credential Registered Nurse-Board Certified (RN-BC):

- Hold a current, active RN license in a state or territory of the United States or the professional, legally recognized equivalent in another country
- Have a minimum of 1,000 practice hours in the specialty area of faith community nursing in the past three years
- Have completed 30 hours of continuing education in faith community nursing in the past three years
- Fulfill two additional professional development categories from this list: academic credits, presentations, publications or research, preceptorship, and professional service

For more information, visit
www.nursecredentialing.org/FaithCommunityNursing

nurse or a faith community health promoter," explains Sheila Robinson, BSN, RN, the program's health ministry coordinator for Mecklenburg County. "My role is to help each one of those individual communities promote health and wellness within their own particular faith. I provide the clinical guidance and oversight to the nurses and the health promoters."

This approach enables Robinson, an African American Christian nurse, to work with such diverse faith communities as the Hindu Center of Charlotte, a temple that serves about 2,000 families. Her health promoter partner is Chidaabha Vyas, vice president of the Hindu Center's executive committee. When they first teamed up in 2012, one of their key projects was to survey the temple's members about their most important health concerns and then develop programs targeted to those needs.

"Heart disease, allergies, and weight loss were some of the top concerns the community identified for us," Vyas says.

Being able to work side by side with a community liaison like Vyas makes it easier for both Robinson and Carolinas HealthCare System to serve the local Hindu community in culturally sensitive ways. "When we formed the partnership, I told Chidaabha, 'I'm of Christian faith, so you will have to help me to be able to meet the needs at the Hindu Center,'" Robinson says. One cultural lesson she learned early on is that some members of this community may be uncomfortable with the idea of placing a terminally ill family member in hospice care.

"Again, this is more of an Indian cultural issue than a religious one," Vyas stresses. "Some of us do not believe in speeding up the process of death. We believe death will come when it will come. Having a connection between our temple and the hospital system through the FCHM program is very helpful, because we can let them know that when an Indian family is resisting hospice it's because there is a real cultural dynamic going on."

Congregational health advocate Ann Littleton (left) and other members of her health ministry team at Sacred Heart Catholic Church at work in the vegetable garden they planted to increase the community's access to healthy foods.

Praying isn't enough to make America's health disparities crisis go away. But by educating, advocating, and integrating spirituality with health in all the diverse settings where people gather together to pray, faith community nurses have the power to bring about real change.

"Diabetes is a very big concern. And it's not specifically the Hindu community that's so affected by this disease," she points out. "It's [Asian] Indian people in general. Diabetes is more of a concern for us as a race, I would say."

A Higher Power

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"Because of our partnership with Sheila and the FCHM, something is happening at the Hindu Center now that was never happening before," Vyas reports. "It has helped us develop a culture that prioritizes health. Before, health was thought of as more of an individual responsibility. But now, we're beginning to develop a connection with our members based on the idea that 'you are responsible for your own health, but the temple is here to help you be responsible for your health.'"

Jackson adds: "My pastor has told me, 'I know that you've saved some lives in this congregation. I know that I am a healthier person myself because of all the education you've provided in the church.' I can look out into the pews and show you people who were not going to the doctor, who weren't taking their medicine, and who are now routinely seeing a physician. That's at the heart of what a faith community nurse can do." MN

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