

Make Partners of your Local Clergy

BY RHODA WEISS

Members of the clergy often refer parishioners to health care organizations. In addition, community clergy are considered part of the health care team—many make frequent visits to hospitalized or home-bound congregants and serve on health care ethics and pastoral care committees.

Yet health care organizations rarely look to clergy to serve on their communications and community relations teams. This is true even at a time when multiple research studies demonstrate the link between religion and healing and the vital role spirituality plays in improving health and helping people cope with stress.

Recognizing the importance of faith-based medicine, a small number of health plans are making spiritual counseling a covered benefit, and some hospitals are including their chaplains in disease-management programs. At WakeMed in Raleigh, NC, for example, an innovative program for patients with congestive heart failure includes the hospital chaplain, who helps them with coping and spiritual needs. This emphasis on holistic care has resulted in a 60 percent reduction of patients being readmitted for the disease, WakeMed's leaders say.

Faith-based medicine is not directed solely at patients and parishioners. Many Catholic hospitals, such as St. Francis Medical Center in Honolulu, sponsor health fairs that offer education, information, and screenings to members of the local clergy. As a result of these programs, many hospitals are identifying previously undetected cancers and other major diseases.

ENHANCING THE CLERGY LINK

Here are several more ways Catholic health care organizations can enhance their relationships with local clergy and places of worship.

- Orient each new clergy person and other church/synagogue leaders to your programs and services. The orientation should be individualized, focused, and comprehensive. It should introduce clergy to those departments, services,



Ms. Weiss is a

Santa Monica,

CA-based health

care consultant

and speaker.

and staff with which they are most likely to deal, as well as to the organization's executives.

- Assign a "buddy" to each new clergy person. Ideally, these "buddies" will be members of your pastoral care department; but if the number of newcomers is high, ask members of the management team to participate. The "buddy" should be the contact person who ensures that the clergy person's needs are met and that his or her referrals are well received and followed through on. The "buddy" should also try to make sure the clergy person feels as though he or she is part of your organization's "family."

- Consider starting for clergy members an electronic newsletter that shares information concerning programs, activities, and support groups; and provides tips on dealing with ill and injured patients and their families. Your newsletter could welcome guest columns that explain the clergy person's religious perspectives on illness and death.

- Institute a "hot line": a phone number from which clergy can obtain medical information concerning parishioners. (The provision of such information would have to be governed by HIPAA guidelines, of course.)

- Conduct research among local clergy to ascertain how they and their congregants view the organization in terms of access, quality, service, pastoral care, comfort, and other issues. Do clergy want to become more involved with your organization? Do Catholic and non-Catholic clergy feel equally welcomed? What educational offerings would be of interest to them and their parishioners? What are the unmet health needs of the community? Such surveys could be distributed through the local ministerial association, which might choose to cosponsor the research.

- Host ministerial association and church/synagogue group gatherings.

- To ensure ethnic and cultural diversity, include clergy of all races, religions, and ethnicities in developing spiritual assessments of new patients.

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COMMUNICATION STRATEGIES

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Create a spiritual library for clergy and laypersons.

- Establish a database of clergy (and their staffs) and key volunteer leaders to help you maintain contact with them. Community opinion leaders often influence the health care choices of their congregants.

- Create (or, if you already have one, enhance) a spiritual library for clergy and laypersons. This library, which should include an online component, might offer articles on meeting the religious and spiritual needs of individuals, the latest research on mind-body interventions, spirituality, wellness, and similar topics.

- Establish a clergy advisory board to help your organization identify and deal with issues facing the community, the clergy, and their places of worship.

- Ask members of the community clergy to speak to physicians and staff on religious, spiritual, cross-cultural, and ethnic approaches to health and wellness. For holy days, ask the clergy of the religions involved to write for the newsletter brief articles about the holy days' histories and traditions.

- Involve clergy in the preparation of the community needs assessment and the community benefits plan.

- Develop a program in which parish nurses periodically work with places of worship other than those they usually work with. Train retired clinicians or volunteers from various religious groups to be volunteer parish health providers. They can also act as liaisons between your organization and their own places of worship.

- Become involved in premarital classes by offering your physicians and health care professionals as speakers and sources of information and referrals for engaged couples. Continue to partici-

pate in other programs and fairs as appropriate, employing volunteers and retired employee volunteers linked to that place of worship whenever possible.

- Offer health-related articles for the church or synagogue website and newsletters and have the materials distributed at religious and social functions. Provide links from websites of places of worship to your site, especially those areas that deal with health and wellness, and list easy-to-access programs and services.

- Providence does begin at home. Don't assume that Catholic churches and community organizations will automatically form a bond with your Catholic health care organization. Too often, we assume that just because we share the same religious affiliation or parish nurse program, the relationship we form will not need nurturing. Nothing can be further from reality. History offers numerous examples of religious organizations at odds with each other despite their shared missions, values, and ethical concerns. Catholic health care has in recent years made great strides with the partnerships it has formed with Catholic Charities organizations, but the story shouldn't end there.

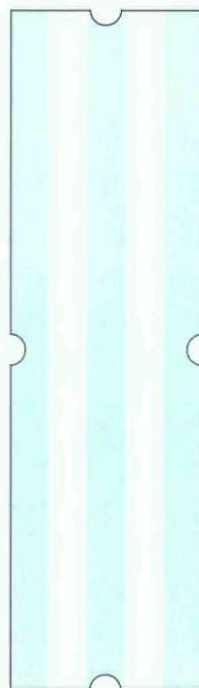
We who are associated with Catholic health care organizations need to continue to strengthen and enhance our programs and activities and understand the needs both of our individual parishes and the Protestant, Jewish, Muslim, Hindu, Buddhist, Bahai, and other religious groups that make up our community of care. □

For more information, contact the author at rweiss@memnet.org or at 310-393-5183.

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