



FOUR KEYS TO SUCCESS IN PARISH NURSING

In 1995 St. Francis Medical Center of Santa Barbara (SFMC) launched Congregational Healthcare/Parish Nursing (CHCPN) as the centerpiece of its community benefits program.

CHCPN was created in response to a collaborative community needs assessment conducted in 1994. The program's founders intended it to extend the hospital's healthcare resources to the poor, the elderly, migrants, and others who are medically underserved. The founders hoped that CHCPN's holistic wellness approach would encourage people to make healthy lifestyle choices that improved the quality of their lives. They knew that a wellness approach could both reduce healthcare costs and improve community health. By forging an alliance between the medical center and the community's many churches, both Catholic and non-Catholic, the founders hoped to "reclaim the healing ministry of the church/synagogue."¹

St. Francis Medical Center—part of Catholic Healthcare West, California's largest not-for-profit healthcare system—is cosponsored by nine religious institutes, including the Franciscan Sisters of the Sacred Heart, which founded St. Francis Hospital in 1908.



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*A
California
Hospital
and Local
Churches
Cooperate to
Bring
Healthcare
to the
Neighborhood*

**BY SR. CHRISTINE
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FOUR KEYS TO SUCCESS

In creating their new parish nurse program, the founders discovered four keys to success.

Choose a Proven Model They saw no need to "recreate the wheel" in planning the program. After visiting an existing parish nurse program—Greater Hollywood Health Partnership (GHHP), which was affiliated with Queen of Angels/Hollywood Presbyterian Medical Center, Los Angeles—the founders decided to model CHCPN after it. GHHP provided the new program with invaluable expertise.

Develop Adequate Funding Sources Once the founders had written a formal proposal for the program, they presented it to SFMC's board for approval and to the St. Francis Hospital Foundation for funding.

Both groups agreed to support the project. Now in its third year, CHCPN is primarily financed by the foundation, although grants and fund-raising events help defray its costs. The program's expenses for its first three fiscal years have been \$178,500 (1996-1997), \$245,400 (1997-1998), and \$450,000 (1998-1999). A total of \$500,000 has been budgeted for FY 1999-2000. The funds are primarily used for parish nurse salaries and benefits, equipment, and supplies.

Appoint Leaders Committed to Wellness Because healthcare organizations have traditionally functioned on a medical model—that is, providing care for injury or illness—the move to a wellness philosophy of care has been a paradigm shift. Some in the ministry have had difficulty adjusting to this shift. CHCPN's founders were therefore careful to ensure that the new program was strongly supported by both SFMC's board and its administration. This high-level backing enabled the founders to remain faithful to their vision.

Since parish nursing is a ministry, CHCPN's founders sought a program manager who had



been *called* to the work and completely embraced the parish nursing philosophy. Fortunately, they found such a person in Dana VanderMey, who has helped make the program a success.

Seek Support from Local Faith Communities The parish nurse movement began in 1984 when, under the leadership of Rev. Granger Westberg, six Protestant church congregations in the Chicago area launched it in concert with Lutheran General Healthcare System (now known as Advocate Healthcare). Having broken through an old wall separating two healing communities—healthcare and the church—the movement quickly spread. Today, it is estimated, there are about 6,000 parish nurses in the United States.²

In recent years, the traditional healthcare concept of “curing” has come to be replaced by that of “healing.”³ Healing and holistic healthcare are at the core of parish nursing. Parish nurses must be men and women of prayer who devote themselves to “healing as Jesus heals.” And just as, in Mk 11:15, Jesus drove the moneylenders from the temple, parish nurses must be prepared to occasionally shake things up in their communities so that healthier lifestyles can be embraced.

CHCPN was effectively launched when, at an annual luncheon for area clergy, the founders asked those present whether they favored the creation of a parish nurse program. The response was enthusiastic, as was a follow-up survey of area church parishes. VanderMey then visited the parishes and held introductory meetings for those interested in participating in the program.

Over the past three years, support for CHCPN has deepened in the participating parishes. Indeed, some pastors say they have come to consider the local parish nurse an integral part of the parish staff.

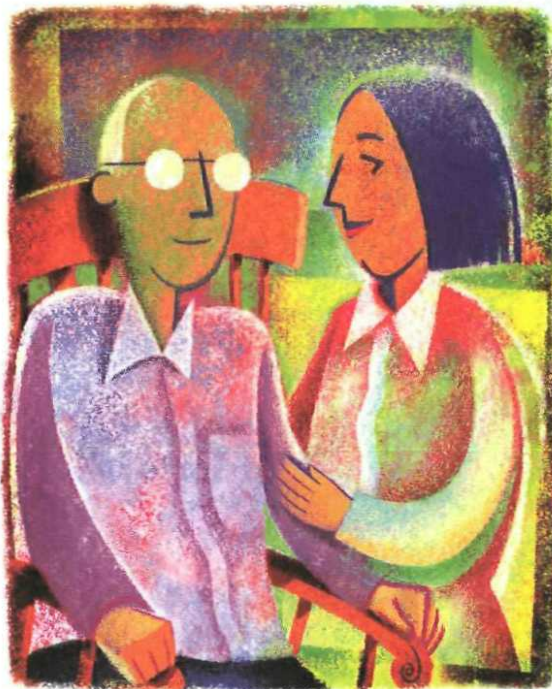
CHCPN AND THE COMMUNITY

As of the beginning of this year, CHCPN had 14 parish nurses serving 25,000 people in the parishes of 26 church congregations (including three Catholic parishes) and Catholic Charities, where a parish nurse ministers to the agency’s clients.

In each parish, the program is governed by a

“cabinet.” Cabinets typically comprise 6 to 12 members of the church congregation, often including people with a healthcare background. Each cabinet begins its work by conducting a needs assessment to determine the most appropriate care plan for the parish (see **Box**).

In conjunction with the cabinets, the parish nurses train volunteers who serve their communities as lay visitors. Having been educated by the parish nurses about the relationships among lifestyle choices, attitude, faith, and well-being, the volunteers make home and hospital visits to parishioners. They also help organize health screenings, fairs, classes, and other events.⁴ Besides training the volunteers, the parish nurses serve as health resources for Sunday school teachers and youth group leaders and help parish residents find their way through the healthcare system.



REACHING THE UNDERSERVED AND POOR

In 1997 CHCPN received the Catholic Health Association’s highest distinction, the Achievement Citation for outstanding healthcare services.

Still, the program’s leaders are concerned that it is not yet reaching the people who need it most. Minority populations make up most of three member congregations. And, through its partnership with Catholic Charities, the program works directly with low-income and homeless populations. Unfortunately, however, the faith communities that have shown the greatest readiness to join the program are mainly white and middle-class.

To improve its outreach, the program has set several goals for the coming year.

PARISH NURSES’ PRIMARY FUNCTIONS

- Education
- Personal health counseling
- Training of volunteers
- Referral/resources
- Integration of health and faith
- Coordination of health screenings



Overcoming Cultural Barriers In some congregations, language and other cultural barriers have kept some people from understanding the parish nurse program and the benefits parishioners could gain from it. To overcome such barriers, parish nurses attend seminars at which they discuss the best ways to be effective.

Demonstrating Effectiveness To attract the poor and underserved, CHCPN must target these populations more clearly and prioritize their needs. In addition, the program must develop outcome

measures that demonstrate its effectiveness to the populations it wishes to serve. □

NOTES

1. "Parish Nurse Programs," Health Care Advisory Board, Advisory Board Company, Washington, DC, 1997.
2. "Parish Nurse Programs."
3. Catholic Health Association, *Partners in Healing*, St. Louis, 1995, p. 7.
3. *News & Health*, St. Francis Medical Center, Fall 1995, p. 1.

GROWTH OF A PARISH NURSE PROGRAM

In 1997, Genesys Health System began developing a parish nurse program in Grand Blanc, MI. Through membership in church congregations, parishioners share their faith and values and gain a sense of community. Our mission at Genesys is to improve the health of the community. Establishing a health ministry through a parish nurse program was a natural connection. The ministry of the Church involves meeting people's physical as well as spiritual needs, and a parish nurse can reach out to people who may not know how to find medical advice or who feel intimidated by going to a doctor. As a symbol of a congregation's healing and health ministry, a parish nurse helps lead the parish community toward better health. Genesys assists in this process by serving as a resource for the parish nurse, providing guidance, support, education, and information.

As part of our preliminary development, we went to the faith communities themselves to help us identify parishioners' health needs. We also explored other parish nurse programs in the United States, and identified two operational models: one in which a healthcare provider hires and places parish nurses in congregations; and one in which the congregations pick their own parish nurses. Often in the latter case the parish nurse is a member of the congregation and volunteers his/her time.

At Genesys, we choose to follow the second model, which was better suited to help us meet our mission of improv-

ing community health. This model provides faith communities access to resources that support their healthcare efforts and represents a true partnership between Genesys and the communities. It allows congregations to retain their autonomy and not feel that a healthcare provider is directing their health needs or pressuring parishioners to use its services.

COORDINATOR AND FUNDING

We hired a parish nurse program coordinator to serve as a liaison between faith communities and health resources. The next step was obtaining funding. The profits from an established Genesys fundraiser, the annual Charity Classic golf and tennis tournament, are intended to be used in the community to improve people's health. The Charity Classic committee agreed to pledge the funds raised over the next five years to the parish nurse program. The 1998 Charity Classic netted more than \$130,000, which will cover the parish nurse coordinator's salary and scholarships for parish nurses to attend a parish nurse preparation program. The remainder of the funds raised will be used to start an endowment fund for the program and other community healthcare needs.

INTERDISCIPLINARY TEAM'S ROLE

The Genesys parish nurse program officially began in July 1998. The Parish Nurse Interdisciplinary Team, which includes two physicians, a case manag-

er and social worker, a health promotion nurse, a pharmacist, a chaplain, a dietitian, the Genesys director of volunteer services, a nurse educator, and a marketing representative, meets every other month with the parish nurses to share ideas and resources. This network of health resources benefits communities in diverse ways. For example, one congregation asked for help planning a children's health fair; another asked for assistance with CPR training for the church staff, including the pastor and the parish nurse.

PARTICIPATION

Four congregations now participate in the program with Genesys, and approximately 25 other congregations have expressed an interest in developing such a program. Our goal is to ensure that people in the community have access to a reliable source of medical expertise that can link them to health, social, and spiritual resources. On any given day, a parish nurse may visit a member of the congregation to assess medical needs and provide support, accompany a parishioner to a doctor's appointment, lead a support group, or plan a wellness program for the congregation. Genesys acts as the parish nurse's healthcare partner in these, and many more, activities that help people and communities.

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