Perspectives

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A Newsletter for Faith Community Nurses

Leslie celebrating her birthday during the 2015 HMA conference.

Remembering Leslie Harrison

By Dr. Scott Morris

Leslie Harrison began working for Church Health in 1992 when she was only 20 years old. She was the first full-time dental receptionist, welcoming patients and getting them ready for appointments. Leslie made lots of mistakes, but she loved her work and was quickly committed to our mission.

Over the last 25 years, Leslie made herself an invaluable member of our team. She grew into a key role contributing to the team that works with churches and faith communities to create health ministries. Leslie even served as a congregational health promoter at her church, Cummings Street Missionary Baptist Church. She became a person who paid attention to details. It, therefore, only made sense that Leslie would become a critical part of planning the Westberg Symposium.

Almost every nurse who has attended a Westberg Symposium has had some form of interaction with Leslie. As the lead event planner, she scouted for the perfect venue and managed every last detail. She greeted you at registration and was the one you talked on the phone with questions or concerns. If Leslie didn't know the answer right away, she would get back to you with the answer. Taking her job seriously, Leslie loved what she did.

I was shocked when Leslie told me of her breast cancer diagnosis. She and I were both matter-of-fact about what needed to be done. Treatment included surgery and chemotherapy; then she could get on with her life. Only it didn't exactly go that way. For a while things seemed okay, but then there was a new lump. It quickly grew and then there was an infection and nothing seemed to go right. However, Leslie kept coming to work. She had to take care of "her" nurses. She believed in the work of faith community nursing and the Westberg Institute.

Leslie was diagnosed with breast cancer while we were planning the Westberg Symposium 30th Anniversary in 2016. She made several trips to the Skokie, Illinois, area by train and car. Even though she started treatment and

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Westberg Institute
for Faith Community Nursing
A Ministry of Church Health

Perspectives
A Newsletter for Faith Community Nurses

A Newsletter for
Faith Community Nurses
Volume 16 • Issue 3

For faith community nurses and others interested in the specialized practice and health ministry of faith community nursing.

Perspectives *provides resources to be shared. Feel free to use any part of this publication.*

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FROM THE EDITOR

Faith Community Nursing: A Patchwork Quilt of Ministry

Autumn arrived with the beauty of changing leaf colors and cooler temperatures. A simple pleasure on crisp and cool mornings is snuggling deeper under a warm quilt, perhaps a patchwork quilt made by loving hands. Ah, the gratitude of simple blessings from God in unexpected everyday experiences.

In this issue you'll find a *patchwork* of faith community nursing—stories of ministry abound from nurses actively serving individuals and groups in their congregations, the community, and around the world. One FCN serves a rural underserved population in the beautiful Shenandoah Valley of Virginia. Another FCN partnered with community agencies to create urban healing where presence, time, and building relationship invite healthier life choices. Yet another FCN combines her faith community nursing with lay ministry in international outreach to Ethiopia. Recognizing that grief and loss are to be expected during a lifetime, educator Susan Jacob shares what she learned during the FCN coordinator and educator retreat held this past summer in Memphis. Collectively, these nurses share a message useful for application in FCN ministry and practice. We also remember the life and many contributions of Leslie Harrison, who faithfully served Church Health and faith community nursing for decades. We lift prayers of comfort and peace for her family and friends.

Other breaking news includes word that the American Nurses Credentialing Center (ANCC) will suspend the faith community nurse certification by portfolio application process after just five years. Several other nursing specialties also lost the certification option. The reasons cited were low applicant volumes and subsequent financial loss to ANCC to administer the program. Thankfully, FCNs currently certified by portfolio will be able to maintain their certification by meeting ANCC's certification renewal requirements, and those with applications currently under review will receive a certification decision by year end. Special thanks go to the Health Ministry Association and other partners who worked so hard to create the initial FCN certification. We hope the future will present opportunities to validate and raise the level of professional practice in faith community nursing will present.

With a passion for nursing and promoting whole-person health,

Lisa Z

Seeking articles on unique settings for FCN ministry in the winter issue of Perspectives. Submit by December 20th.

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chemotherapy, she never complained and never stopped working. On days when she didn't feel well she would ask Georgia Oliver, another member of our Westberg Institute staff, to go with her to all the meetings at the hotels and other appointments. Leslie could not travel with the rest of the staff to the 2016 symposium in Illinois because she had chemotherapy scheduled the day of departure. With her selfless spirit, she arrived just in time for the opening of the 30th Anniversary celebration. No one was the wiser as Leslie greeted and joked with friends and nurses from all over the world. She even took coworkers to visit sites for the upcoming 2018 Westberg Symposium. It seemed as if she was trying to teach her colleagues all the details that needed to be addressed. Leslie would say, "This is what I do and they can't do without me." She was so private that no one realized just how sick she was.

Over the last few weeks of her life, it was all surreal. How could this be happening? Leslie was only 46. She never lost her faith. It was what sustained her. It was why she worked at Church Health. Leslie could be stoic, but she knew God was with her. She loved her daughter, Janae, and her step-daughter, Jonita. Leslie also loved the mission all of us at Church Health are on.

Leslie died quietly on October 4, 2017. It's a profound loss that goes beyond words. Many of you have responded through the platform about your own encounters with her. We shared these with her family at her funeral. What I know is that Leslie would be reluctant to receive your kind words about her. She just wanted us to do what God has called us all to do. So, in respect for her life of service, I pray we will all honor Leslie by doing the work of faith community nursing every day. And from time to time, I hope you will remember Leslie with fondness or a smile. In whatever way God makes possible for her; she will still be helping us along the way. Of that I am sure.

SCOTT MORRIS

Rev. Scott Morris, MD is founder and CEO of Church Health in Memphis, Tennessee.

Scott Morris
Founder and CEO, Church Health

A Safe Place in the Valley

Tailored Community-based Interventions

By Jennie Doane

It all began with a nurse's heart full of longing to do something meaningful in a community that needed so much, yet had so much to give. In a diverse, underserved population in Syracuse, New York, a small health ministry began. A recent census found 34 percent of the population lives below the poverty level. In 2011 a community health needs assessment identified the primary concern as limited policies to promote community safety and well-being, such as crime prevention and employment. Other concerns revolved around access to health care, in particular primary care and mental health, and individuals' perception that they were a limited partner in making health decisions.

Informed by findings from the community needs assessment, further information was sought to plan nursing outreach initiatives by asking community members what they would benefit from the most. A discussion session at the free food pantry revealed that participants wanted assistance with finding local resources to better manage their health. Also, help with reading and understanding medical documents was mentioned. The adult literacy crisis in America is a concern with 14 percent of adults over age 16 reading at or below a fifth grade reading level, and 43 percent of those with the lowest literacy rates live in poverty (ProLiteracy.org). A secondary concern is that low literacy rates add $230 billion annually to the country's health care costs. People need assistance filling out medical forms as well as having hospital discharge instructions and medical information materials read and explained to them. While long-term goals of literacy are being pursued in GED programs, the need for supportive medical education is of paramount importance for promoting health education as well as active participation in health choices and ownership. The people present at the informal pantry discussion also expressed a desire to know locations of free clinics and free screenings for prevention.

From personal experience, medical provider outpatient visits are short in length and limits the time for the patient to ask questions. In addition, there may be a language barrier, or a lack of medical comprehension due to low literacy or unfamiliar health care jargon. Time for the provider to address patient questions is a valuable intervention; however, this can prove costly for profitable practices.

The Ministry

After reviewing the community health needs assessment and data gathered from informal listening sessions, a small group of committed health professionals launched an outreach program of health advocacy to provide a supportive environment to educate and promote the community's health. The group developed this mission statement: "We exist to provide community members the means to take ownership of their own health by

IDEAS FOR SMALL GROUP EDUCATION SESSIONS

- Health promotion: Eat healthy on a tight budget; exercise in potentially dangerous environments or small spaces; spiritual health promotion; mental health promotion.
- Disease prevention: Why are health screenings important? Why are immunizations important? Where are free screenings available?
- Support groups: Chronic disease management; smoking cessation; mental health; alternatives to violence; bereavement and loss.

TIPS TO PLAN SUCCESSFUL INTERVENTIONS

- Identify findings from community needs assessment—what services or access to care are needed to address health concerns?
- List available community resources.
- Work collaboratively with community members—what more could be accomplished together?
- Explore the literature for evidence of best practice.
- Offer incentives.
- Remain flexible.
- Change your vision of "success."
- Be patient and open to possibilities.
- Capture outcomes data for sustainability.

empowering them through education and support." The ultimate purpose of the work is that individuals may come to know the complete healing Jesus Christ intends for their life—spiritually and physically. Other positive outcomes anticipated were well-managed chronic diseases, fewer emergency department visits, and decreased hospital admissions. The overall goal of this new outreach was not to provide services already in existence in the community; rather, work to ensure that the services being offered at city, state, and federal levels were effectively being utilized through the empowerment of community members to make their own health decisions.

Matching Needs with Interventions

The most important first step in outreach ministry is developing trusting relationships. Do the people trust you? Have they seen your face on a day-to-day basis and experienced your empathy and compassion? As nurses, "fixing" is ingrained in our mindset; however, this first step requires active use of presence, and the discipline to actively listen. Being present does not mean checking people in, organizing workers, making phone calls, or even handing out food. It means sitting on a bench, with your hands in your lap, and listening to individuals waiting in line. After many weeks, you begin to learn more about their situations and choices, and the door of trust begins to open. These simple interactions mattered most and made the greatest difference in establishing relationship.

Second, the group conducted health education programs. Thankfully, the community members were already waiting for existing ministries to begin, so they were willing to spend time on the interventions. The population was already present, so no advertisement was needed except word of mouth. Through trial and error, the health advocacy group discovered the best strategy for this population was round table discussions. Formal lectures with PowerPoint slides did not appeal; rather, informally sitting down with small groups of people for active dialogue worked well. Some topics covered throughout the year included eating healthy on a budget, staying healthy through the winter, and how to access health services.

The small group participants selected the topics based upon their interests. All printed materials featured a lower reading level to enhance understanding. An added incentive for participation was a small personal hygiene care package, which was well received.

> The most important first step in outreach ministry is developing trusting relationships.

The Fruitful Outcomes

The relationships developed over time were by far the best outcome from the community outreach programs. Individual help, like a young pregnant woman being able to find access to prenatal care, also occurred. Many people received a kind conversation or a needed prayer. Most people who came through the outreach program just needed someone to listen. With limited resources, more work is needed to identify sound assessment tools and collect data for outcome measures to assure sustainability and possible expansion. Future plans include individual clinic visits, advocacy, and even home care visits.

The fruit of a successful faith community nurse program is not always what you first envision. In human terms, it may seem to fail; however, remaining open to change and the possibilities is a gift. A successful outreach program will look different in each community based upon the needs, location, and available resources. Tailored interventions and data collection are key to success. There is incredible value in simply being open to listening, and being present in the day-to-day lives of persons in your community.

A most powerful asset of the faith community nurse is building trust. Such trust comes from a collaborative intervention where individuals take ownership of their own lives and health. It was initially hard to break through this barrier because people looked upon a faith community nurse very cautiously. Who was she? And what does she want from me? These were early questions. Ultimately the greatest outcome resulted from building a community with individuals seeking healthy living. What began with a heart to give ended up with the community having hope for the future

JENNIE DOANE

Jennie Doane is a nurse with experience as a primary care nurse practitioner, faith community nurse, and bone marrow transplant nurse. She is a licensed minister and is currently pursuing ordination while working through the course of study in The Church of the Nazarene. Jennie recently relocated due to her husband's job and is seeking new ministry opportunities. Her passions include showing tangible love to the people in her community, educating young nurses, and spending time with her husband while raising three young children.

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Healthy Churches Can Transform Communities

By Amy Hanson

When the words ***healthy church*** are heard, they can take on a variety of identities with the least common being how *health* is defined outside the church. If you look up the definition for *health*, you find phrases such as, "absence from disease," or "soundness of mind and body." Synonyms include *vigor*, *strength*, and *stamina*. A Google search of *healthy church* identifies characteristics such as leadership, teaching of doctrine, faithfulness, and servants. As an advocate for faith community nursing and the wholistic health of the members of the church, I am often confused why there appears to be so much separation in the definitions of *health* and *healthy churches*.

As a health care provider for almost 30 years, I have seen *health* defined in many ways. It is much more than the absence of disease; rather, it includes some of the very characteristics that are sometimes used to identify a healthy church. Yet the church struggles to make the health of its members and the community a high priority. Identifying these needs is only part of the battle; the church must embrace the community and identify how to continue to meet ongoing health crises.

A recent community health needs assessment ranked Vanderburgh County (the largest in the region) 78th out of 92 counties for health outcomes in the state of Indiana. The same study found pressing health needs in the areas of exercise, nutrition, and weight-related challenges. In Vanderburgh County alone, 33.2 percent of adults are obese (Community Health Needs Assessment, Healthy Communities Institute, October 2015). In addition, a recent survey to the regional faith communities indicated 72 percent of the Vanderburgh County residents belong to a faith community, and 59 percent possess a strong commitment to addressing community health needs (Welborn Baptist Foundation Community Faith Summary, The Barna Group, March 2016). Findings from the community needs assessment and faith community survey led the Wellborn Baptist Foundation, serving the Southwest corner of Indiana, to explore new ways of partnering with churches to help create a culture of wellness in the greater community.

Time and energy was spent exploring evidenced-based programs and a wellness curriculum for local churches. Faithful Families, a North Carolina state extension program met desired criteria and became the foundation for a pilot program. Dr. Annie Hardison-Moody developed the wellness curriculum and provided much needed guidance through phone and personal consultation in writing a grant to help with funding. In spring 2017, three churches in Southern Indiana were chosen to be recipients of a two-year grant. The churches selected represented: (1) a variety of geographies—rural, urban, and suburban; (2) various denominations—Catholic, United Methodist, and non-denominational; and (3) churches with active faith community nurse programs recognizing faith community nurses (FCNs) already focused on the wholistic health and wellness of their congregations. FCNs serving their churches in unpaid roles brought knowledge, skills, and experience gained in both clinical and church settings.

The key element of the grant is developing projects focusing on physical activity, nutrition and health education, and community engagement. Specifically, this grant will include training facilitators in the Faithful Families curriculum, as well as funding for creating a culture that leads to improvement of physical health. Each pilot will be customized to each individual congregational setting. To help identify the strengths and focus areas, a variety of tools will be provided to begin the initial assessment phase. Faithful Families has a created a Faith Community Assessment which focuses on infrastructure, partnerships and programs, people, physical

Emphasis on church partnering with existing community organizations

activity, and nutrition (Faithful Families-Eating Smart Moving More-Faith Community Assessment). This tool, in combination with an individualized evaluation plan, will help identify and build a sustainable culture of wellness within the church.

The initial training will take place in North Carolina in December of 2017. In the months prior, each church will receive consultation in a system of customized evaluation, creating wellness teams, and collaborating to maximize their potential impact. Examples of ways that they may choose to use some of their funding include water and healthy food access, creating infrastructure that leads to healthier choices, and resources to assist congregation members in becoming more physically active. One aspect of the grant is to provide a small stipend to a coordinator as an incentive for time and efforts. In addition, there is an emphasis on church partnering with existing community organizations, such as schools or other nonprofit agencies. These elements combined with the grant allow for the greatest impact in the church and the communities they serve.

This has been an exciting journey from assessment through to implementation and future evaluation of outcomes. We continue to explore ways in which we can incorporate healthy churches to include a broader approach of leadership, faithfulness, and servanthood as well as vigor, strength, and stamina. Healthy churches with healthy members creates healthy spaces for people to serve and transform their community.

AMY HANSON

Amy Hanson is the faith community coordinator for the Welborn Baptist Foundation. A registered nurse since, 1989, she has worked in a variety of settings including bedside nursing, home care, outpatient clinic, worksite wellness, and community clinics. Since 2011, Amy has worked to promote health and wellness in the church and community and the promotion of faith community nursing. She serves at the vice chair for the Tri-State Health Ministry Association, is a member of HMA, and serves as an educator for the Foundations in Faith Community Nursing program affiliated with Vincennes University–Jasper Campus. She has been married to her husband, Andy, for 33 years and they have four children ranging in age from 17 to 25.

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Eyleen Farmer speaking at the educators and coordinators retreat in August 2017.

The Hidden Lessons of Loss

By Susan Jacob

In early August 2017, the annual faith community nurse (FCN) educators and coordinators retreat was held in Memphis, Tennessee, in the new state-of-the-art Church Health offices at Crosstown Concourse. The Reverend Eyleen Farmer facilitated the retreat and encouraged participants to reflect on personal losses to gain understanding and appreciation for the lessons learned as a result of dealing with specific losses. Eyleen suggested that we often think of loss as something to avoid at all costs. Or when the loss cannot be avoided, it is something to which we should bring "closure" as soon as possible; however, losses often can be the gateways into a deeper, more expansive, and ultimately more joyful way of being in the world.

During the retreat, participants drew upon poetry, art, and music, both ancient and contemporary, as keys to this gateway of loss. All explored the lessons learned during complex and busy lives. The intent was not to eliminate the painful parts of life nor to create a rulebook for responding to loss the "right" way, but to seek instead understanding and meaning from personal losses. As participants reflected and gained perspective on their own experiences of loss, they also learned from each other as the group shared individual ways of coping with loss.

As faith community nurses, it is important for us to confront our losses, recognize our own grief, and allow ourselves permission and time to process. It is imperative to work through individual losses in healthy ways so as to be better equipped to comfort others who face losses in their lives. Understanding, support, and guidance are often best provided by individuals who have suffered similar losses. Whether the loss is a result of death of a loved one, divorce, loss of physical abilities, or loss of job, individuals are challenged both by the loss and the spontaneous grief reactions to that loss.Individuals experiencing grief often feel like they are "going crazy" and need reassurance that what they are experiencing is *normal* grief. Individuals experiencing loss often feel their grief reaction is a sign of weak faith. On the contrary; grief is frequently cited in scripture related to loss, tragedy, and disappointment. Mourning is the human expression of sadness and not a sign of weak faith. Life as it was prior to a significant loss

COMMON REACTIONS TO THE GRIEF EXPERIENCE

- **PHYSICAL SYMPTOMS** often include feelings of unreality and physical distress, such as chest pains, abdominal pain, headaches, and nausea, fatigue, insomnia, restlessness, crying and sighing, shortness of breath, and tightness in the throat.
- **EMOTIONAL SYMPTOMS** include numbness, sadness, anger, fear, irritability, guilt, loneliness, longing, anxiety, vulnerability, and abandonment.
- **SOCIAL REACTIONS** include being overly sensitive, withdrawn, avoiding others, lack of initiative, and lack of interest.
- **BEHAVIORAL SYMPTOMS** include forgetfulness, slowed thinking, wandering aimlessly, needing to recall the story of the loss, and trying not to talk about loss in order to help others feel comfortable around them.

will never be the same, and a "new normal" must be found. Well-meaning friends and family often inadvertently try to rush grieving people through their loss because they feel inadequate in providing support and desperately want their grieving loved one to return to their *normal* self. Often members within the family are processing the same loss in different ways, depending on their unique factors and the relationship with the individual or situation that caused the loss. Most are unaware of the length of time it takes for individuals to process a significant loss.

Faith community nurses have the education, experience, and access to resources to provide congregants with basic facts about the grief process and strategies that can help them work through the loss. Grief is work that is difficult and time-consuming, but necessary for achieving resolution and adapting to a new normal. Faith community nurses can facilitate this process by being present, providing a listening ear as individuals recall their stories, and suggesting strategies that promote healing. Interventions with grieving people include acknowledging that grieving is normal and that the grief process lasts longer than a year—much longer than most people think. Treating people with respect and recognizing and acknowledging the enormous difficulty of facing their loss is supportive. Nonverbal support, such as a smile, nod, touch, hug, and quiet listening, is usually very welcome.

> Seek instead understanding and meaning from personal losses.

It is important to encourage grieving people to be patient with themselves and to avoid comparing themselves to others. Also important for grief recovery is rest, exercise, hydration, eating regularly, and maintaining a routine. Those who are grieving should postpone making major life decisions whenever possible.

Uniquely equipped to be a companion on the journey, FCNs are with those processing loss and seeking a new normal. In a community of faith, all are commanded to do so in Romans 12:15: "Rejoice with those who rejoice, weep with those who weep." Faith community nurses must come alongside those who are grieving to provide caring support, acceptance, and silent understanding. It is also imperative to heighten others' awareness about the normalcy of grief as well as teach strategies to assist those actively grieving. As persons of faith, we are not promised the absence of grief, rather to expect some loss as part of life in Psalms 31:9: "Be gracious to me, O LORD, for I am in distress; my eye wastes away from grief, my soul and body also."

In closing, the Scripture reminds us all of the promise of the presence of God in loss and in healing—Isaiah 41:10: "Do not fear, for I am with you, do not be afraid, for I am your God; I will strengthen you; I will help you, I will uphold you with my victorious right hand."

SUSAN JACOB

Since 1998 Susan Jacob has ministered as a faith community nurse for her congregation. In 2012, Susan was appointed as educational consultant for faith community nursing at Westberg Institute. Susan is also professor and interim BSN program director at the University of Tennessee Health Science Center. Her clinical and research focus is hospice, grief, and bereavement.

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Miraculous Medical Mission

The Journey as a Faith Community Nurse

By Joan Appleton

The meaning of *faith* in faith community nursing was elevated to higher level of personal understanding during a medical mission to Ethiopia in May 2017. From the moment I began this huge endeavor as director of the mission, I felt as if I were being carried along by that indescribable, wonderful force which we recognize as God's active presence in our undertaking. "How was your medical mission?" numerous individuals asked upon my return. The best answer to this question was "miraculous!" The definition of *miraculous* refers to "supernatural" and the effect "of an almighty power and not by natural causes" (Merriam-Webster Unabridged 2017). Indeed it was a miraculous medical mission!

It all began in January of 2017 when I was commissioned to hold a medical clinic at Crosspointe School in Dukem, Ethiopia. I previously traveled to Ethiopia in 2016 with a team of pastors and another missionary to plant a church in a jungle village; visit a prison and a school; speak and preach at churches; and hold a conference for Ethiopian pastors and their wives. During my visit to Crosspointe School, established by a missionary couple, I was introduced to the many health issues of the children, parents, and workers at the school. Parasites were the cause of many of their disease processes. The school had 125 orphans in special need of health care. My heart was deeply touched by the need as well as how to address the need. This seemed an enormous endeavor requiring numerous health professionals and lay persons.

The missionaries in Ethiopia are godly individuals who spend much time in prayer. People of faith in Ethiopia depend on prayer in many instances as their only way to survive. I soon learned in my efforts to plan for this medical mission that prayer was the key factor. Prayer is critical to unfolding God's plan, which had begun to evolve over the years in my practice of faith community nursing. I envisioned my ministry serving one church and the local community. Instead God led me to become both a certified lay minister and faith community nurse (FCN) with outreach into many churches, communities, and missions work.

As FCNs and missionaries are well-educated to do, we remained focused and steadfast through faith and prayer.

In preparation for the mission trip, I recruited several medical and lay persons; however, conflicts arose in personal schedules. Now, two months before scheduled departure, there remained only me. Here is where the first miracle occurred! I was inspired not give up. God had commissioned me and knew full well his plan for this Ethiopian mission work. With gratitude, my dear husband supported me with prayer and his medical expertise to help make the mission possible. In addition, I sought wisdom from medical missionaries in the field and was miraculously guided to just the right persons. I learned to purchase all medications needed in the foreign country versus the US if possible. This provided more

medicine dollar-for-dollar and also boosted Ethiopia's economy.

Another miracle occurred when I changed departure dates from May 2 to May 16 to allow more time to gather supplies and pack. Because of this date change, a full-time missionary to Nigeria on leave to visit family approached me and said, "I noticed on your flyer that you changed the dates of the medical mission. If the door is not closed, I want to go with you." My feeling at that moment can only be recounted as divine joy. God had not only blessed this medical mission with an experienced missionary but also one with experience working in medical clinics in Nigeria. The third miracle came through airline arrangements. Although just three weeks prior to travel, I did not have to change my reservations. My missionary companion paid only a slight increase in airfare with the same airline and we sat together on all flights.

The miracles of this medical mission continued. All along I planned to have an Ethiopian nurse work with us in the clinic. In just six half-days of clinic, two nurses and one missionary examined and dispensed medicines to 850 individuals, ranging from age three to 85 years. An Ethiopian pharmacist who had a son in Crosspointe School also worked with us a few days throughout our clinic time. God placed a certain dollar amount in my mind to purchase medications which indeed bought all the medicine we needed with surplus. Our goal was to provide the three-day parasite treatment and vitamins to every individual. By the end of our mission trip, we provided 1,000 persons with parasite treatment and vitamins with medication left over. In addition, we provided health teaching specific the Ethiopian culture; provided clothes, reading glasses, and personal hygiene products; and offered prayer with every person either individually or in a group. As FCNs and missionaries are well-educated to do, we remained focused and steadfast through faith and prayer, strong communication with each other, and love-infused teamwork.

One final miracle from this medical mission came from the inspiration to make connections for an FCN resource center to train FCNs in the capital of Ethiopia. Although nursing is very different in this African country, there are always commonalities to be found. Faith community nursing practice has much to offer in Ethiopia especially among the poverty-stricken villages. Never will I limit what our God can do through FCNs in Ethiopia and other African countries. Especially after my experiences on this miraculous medical mission!

JOAN APPLETON

Joan Appleton is a certified lay minister and a parish nurse in the United Methodist church. She considers her calling as a combination of nursing and evangelism channeled through faith community nursing. She is also a part-time nurse educator at Jackson State Community College, in Jackson, Tennessee.

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Westberg Institute ANNOUNCEMENTS!

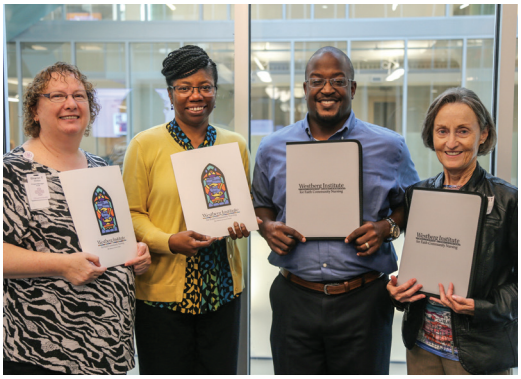
By Sherrie Lemons and Katora Campbell

Westberg Institute Highlights over the last few months include a milestone for "the platform" and educational opportunities.

Educators Course participants from the July 30th–August 1st training.

EDUCATORS TRAINING AND RETREAT

Educators training this year had 22 participants representing 16 Educational Partner organizations from various states including South Carolina, Ohio, Texas, California, Minnesota, Virginia, and Michigan. We are excited about these new educators continuing to teach the Foundations course. Following the training many attended the annual Educators and Coordinators Retreat, August 1–3 at our offices in Crosstown Concourse in Memphis. Thirty participated in retreat activities focused on the "Hidden Lessons of Loss" presented by Elyeen Farmer, an Episcopal minister and expert in hospice spiritual care. Participants engaged in review of experiences and support of loss through case studies, group discussions and examples of application through story. Each year the retreat provides opportunity for participants to reconnect to the spiritual care aspect the faith community nurse's practice.



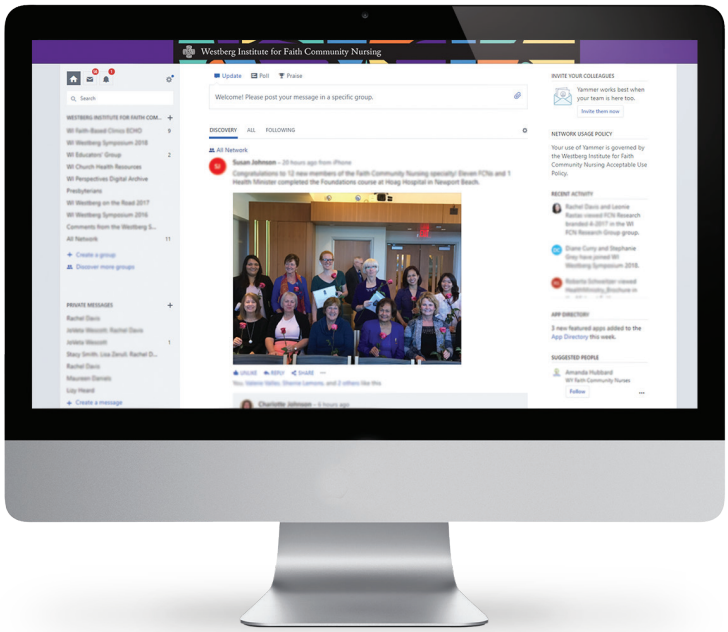
Coordinator planning meeting October 11, 2017.

COORDINATORS COMMITTEE

We will be launching a coordinators advisory council for the Westberg Institute. Seven coordinators have been diligently working with us to develop the council's role, participant criteria, and ongoing activities. The council will have 12–15 members representing US and international regions. The initial key work of the council will be to re-envision and update the curriculum for the coordinators' training course. More information about the development of this council and the new training curriculum will be coming out in 2018.

FOUNDATIONS FOR FAITH COMMUNITY NURSES CURRICULUM

Now that the new *Scope and Standards for Faith Community Nursing* (4th ed.) have been released, we are continuing to focus on processes for updating the Foundations curriculum. We will post more information on our website and WI Platform on this process as we establish its structure and identify experts to author curriculum components. We are working toward a goal is to have the new curriculum out in 2019.



1,000 MEMBERS

On April 4, 2016, Church Health launched the Westberg Institute for Faith Community Nursing online platform, connecting nurses globally and allowing them to share resources and learn from one another every day. On May 2, 2017, we surpassed 1,000 members on the platform, the first of many milestones to come. The Westberg Institute for Faith Community Nursing online knowledge sharing and social media platform, simply referred to as "the Platform," provides nurses with instant access to the latest news and announcements, including regional events and conferences, and the upcoming 2018 Westberg Symposium.

The platform is an endless repository of knowledge in the form of research, feedback, webinars, groups, and resources. Conversations that serve as a means of fellowship, networking, and socializing begin daily, and nurses are always on the hunt for ways to connect with each other within their respective regions and denominations. The FCN platform currently hosts 79 groups for various communication purposes, with more forming each week. If you can't find what you are looking for, you have the opportunity to begin a platform group and invite others to join in the dialogue, while staying connected to other conversations as well.

More on the platform on page 15!

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Serving Multiple Faith Communities in the Rural Shenandoah Valley

By Jeannie Coffman

Two roads diverged in a wood, and I—
I took the one less traveled by,
And that has made all the difference.
(Robert Frost, from "The Road Not Taken")

In May 2015, I began my journey as a faith community nurse. After focusing on priorities of family and hospital nursing for almost four decades, I took a leap of faith and left acute care nursing to serve in the community. The first thing on my bucket list was to take a Foundations of Faith Community Nursing course at Shenandoah University in Winchester, Virginia. At the time, I was uncertain about where the additional education would lead. The answer was soon revealed when I read an ad in the local paper for a position as a faith community nurse (FCN) in my community. I quickly applied, went through a rigorous interview process, and with gratitude was offered the job. The rest is history!

As an FCN in a rural region of the Shenandoah Valley, I work with five small parishes that include eight individual churches. While this may sound confusing to FCNs serving one congregation, my assignment is with a two-point and also three-point parishes wherein one pastor presides over two or three parishes. Each Sunday finds me worshiping and serving a different church. The majority of my parishes are Lutheran, but I also serve a Brethren church. To my delight, God blessed me with at least one familiar face in each of the congregations—the benefit of age and living in the Valley for a long time. The farthest distance between my congregations is about 30 miles. Some Sundays I attend more than one service to allow for greater connections and ministry with each congregation.

My FCN ministry requires driving the back roads of Shenandoah County. Each church is unique with its own set of characteristics, such as denomination and theology; worship style; size of congregation; age range of its members; congregational culture; knowledge of whole-person health; hierarchy and style of leadership; as well as the formal and informal leaders of pastors and lay people. One of my first lessons was to identify the "go to" people in each congregation to identify perceived priorities and gain initial support of the FCN ministry.

As my ministry began, few congregants understood my role and how I could be of service to them. Over a short period of time my ministry of healing and supportive presence became understood and valued. Informal "pew-side consultations" at Sunday morning worship became more frequent. As relationships of trust were established, my parishioner visit list began to grow. I journeyed on back roads new to me. Many were unpaved and narrow, thus I referred to them "as the roads less traveled." My previous experience as a home health nurse combined with today's technology of GPS (Global Positioning System) provide a level of daily comfort and prevent me from getting lost.

I now have 68 individuals documented in an online data base. Additionally, I see others during health screenings, flu shot clinics, and educational events. Though I see parishioners with a wide range of ages from infants to octogenarians, most are over 65. Many home visits are to individuals having difficulty leaving their homes. Most do not qualify for additional health care services and struggle with chronic disease. During those visits I am the ears for the parishioner who needs to talk. I am the eyes of safety, making sure the parishioner is in a safe environment and able to maintain self-care. I am the advocate and referral agent when additional support is needed. I am the gentle touch or hug that lets them know someone cares. And finally, and I am the voice of devotion, Scripture, and prayer at the end of each visit.

In this FCN ministry, there are times that I complete assessments, offer suggestions, share resources, and provide spiritual support; however, there are times when none of the usual nurse tasks of "doing to" or "doing for" apply. In these instances, healing presence is the best intervention. Other times it is the tender loving care, the calming presence while working out the problem. I have been known to prepare a meal while figuring out what needs to be done next, particularly when limited resources are available. When no other church volunteers could be found, I provided transportation to doctor appointments and treatment visits. Sometimes it is during the car rides together, when the audience is captive, that new insights are revealed—an unexpected opportunity to take a spiritual and emotional pulse of the parishioner.

The skills of listening and being present are probably the most important gifts I have to offer. After trying to find the right devotional each time, I now let God pick the best one for the day. I open the devotional resource to a random page and read the one that God has chosen for me and the parishioner. Many parishioners find my devotional books and accompanying message as something special offering meaningful dialogue as we explore God's message together.

In this FNC ministry, the Lord has blessed me with a new adventure every day. God has created a special niche in the rural Shenandoah Valley where I have the opportunity to serve and the ability to make a difference. I'll continue to take the roads less traveled—truly my joy every morning.

JEANNIE COFFMAN

Jeannie's nursing background includes medical-surgical, women and children's care, and infection control. She is now a faith community nurse in Page County, Virginia, serving a population with high unemployment rates in a medically and primary care underserved region. Jeannie's FCN salary is supported by grants from Shenandoah Valley Lutheran Ministries and Shenandoah County Health Ministries Coalition.

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1,100+ FCNs and aspiring FCNs are waiting for you! Request an invitation by visiting https://westberginstitute.org/fcn-knowledge-sharing-platform today!

79 groups are active on the platform now. As a member of the platform you can see what these groups are doing and talking about:

1. Alaskan Faith Community Nursing
2. ANCC FCN Certification: "Working on it"
3. Arkansas Faith Community Nursing
4. Baycare Hospital System Faith Community Nurses
5. BCHS FCN Leadership
6. California Faith Community Nurses
7. Catholic Charities East Texas Diocese of Tyler
8. Catholic FCNs
9. Catholic Parish Nursing/Faith Community Nursing So IL
10. Church of the Nazarene
11. Coordinators Advisory Group
12. COP Health Ministry
13. Diocese of Camden Parish Nurses
14. Documenting FCN Practice
15. Episcopal FCNs
16. Episcopal FCN's and friends
17. European Resource Center
18. Faith Community Nurses in Home Care Nursing
19. Faith Community Nurses International
20. Faith Community Nurses in the Rockies
21. Faith Community Nursing/Health Ministries NW
22. FCN Job Transitions
23. FCNOC
24. FCNSI
25. FCN Spiritual Directors
26. FCN Writing and Spiritual Journaling Group
27. GrapeVineProject
28. Idaho Faith Community Nurses
29. Illinois Baptist Nursing Fellowship
30. Indiana Faith Community Nurses
31. Indiana United Methodist Church Conference
32. IOWA and ILLINOIS Faith Community Nurse Group
33. Juice Plus+
34. Lutheran Parish Nurses
35. Medicare, Medicaid and Marketplace
36. Mental Health Interest Group
37. MHM Wesley Nurses
38. Midwest Faith Community Nurses
39. Mission-minded FCNS
40. Missouri FCN
41. Northeast Florida Parish and Faith Community Nursing
42. Private Group NOVA FCN
43. Ontario, Canada Regional Events
44. Ozarks FCNs
45. Parish Nurse Ministries of New England
46. Parish Nursing Ministries UK
47. Pennsylvania FCNs
48. Presbyterians
49. Resource Bazaar!
50. Saint Thomas Health, Nashville FCN Graduates
51. San Diego Parish Nurses (FCN)
52. Sarasota, FL FCNS
53. South Florida FCNs
54. Tennessee Faith Community Nurses
55. Trinity FCN Network
56. UK Coordinators
57. UK PN Cluster East Midlands
58. United Church of Christ Faith Community Nurse Network
59. United Methodist Church Denominational Group
60. Vis-a-vis Germany
61. West Virginia Faith Community Nurses
62. WI Church Health Resources
63. WI Community Moderators
64. WI Digital Learning Hub
65. WI Educators" Group
66. WI Faith-Based Clinics ECHO
67. WIFCN and LSSPP Collaboration
68. WI FCN Coordinators and Managers
69. WI FCN Research Group
70. WI News and Announcements
71. WI New to Parish/Faith Community Nursing
72. WI Perspectives Digital Archive
73. WISCONSIN FCNs and Friends
74. WI Westberg on the Road 2017
75. WI Westberg Symposium 2016
76. WI Westberg Symposium 2018
77. WI World Forum Group
78. WI Yammer 101
79. WYO FCNS

Perspectives
A Newsletter for Faith Community Nurses

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