

UCC Faith Community Nurse Network

Linking and Touching Lives for Healing and Wholeness

An Informational Manual on Faith Community Nurse Ministry
Within the United Church of Christ



Health Care Justice Program

Justice and Witness Ministries, United Church of Christ



The UCC Faith Community Nurse Network and the Health and Care Justice Program, Justice and Witness Ministries are pleased to provide this Informational Manual on Faith Community Nursing.

It is the hope of the UCC Faith Community Nurse Network that all UCC congregations, denomination-wide, address the General Synod XXI Resolution “*Reclaiming the Church’s Ministry of Health and Healing*” (1997) by developing an awareness of congregational health ministry and faith community nursing in order to implement aspects of holistic caring for body, mind, and spirit into their ministries as appropriate to the needs of their congregations and the communities they serve.

The mission of health and human services belongs to the whole church – to all who have been called by God in Christ. The partners are many. ***Where the church is there is mission. Where the church is there are those who have been called to live “for the sake of other.”***

Health and Peace,

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United Church of Christ
Faith Community Nursing Network
Informational Manual

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SECTION I
UCC HEALTH CARE
JUSTICE

Mission Statement on Health and Human Service United Church of Christ

The mission of the United Church of Christ arises out of faith in God who calls the worlds into being, creates humankind in the divine image, and intends for us the blessing of wholeness and harmony with God, with creation, with other persons, and within ourselves. In health and human service, that mission must serve God's intent for humankind made fully manifest in Jesus Christ, conquered sin and death and reconciled humanity, nature, and God.

In the life of Jesus and in his ministries of teaching and healing, we learn the way of discipleship.

We rejoice in the power of God to make all things new and in the gift of the Holy Spirit through which the Church is empowered to continue Jesus' ministries of compassion, justice, and transformation, serving the well-being and wholeness of all God's people.

The mission of the United Church of Christ in health and human service is rooted in the ministry of Jesus Christ and empowered by God's spirit.

The Witness of Scripture

According to scripture, the tasks of mission are the liberation of the oppressed and the reconciliation of the alienated through acts of love and justice.

In faith,

We too are called

To preach good news to the poor;
To proclaim release to the captives and recovery of sight to the blind;
To set at liberty those who are oppressed; and
To proclaim the acceptable year of the Lord. (Luke 4:18)

We too are called

To feed the hungry;
Welcome the stranger;
Shelter the homeless;
Clothe the naked; and
Comfort the sick and imprisoned. (Matt. 25:31ff)

Traditions of Ministry

The Church has always understood itself to be an extension of Jesus Christ's ministry in the world. The *diakonia* of the early church — the ministry of healing, service, care, compassion and hospitality — served the needy neighbor in Christ.

Today within the United Church of Christ social service and social action are seen as integral and complementary forms of ministry. Church-related social services and institutions serve the emotional, mental, physical and spiritual needs of children, youth and families, the aging, the sick, and the developmentally disabled. Church-related social action and policy formation cover a wide range of contemporary issues which include: urban life, poverty, housing, health care, family life, women's issues, child care, aging, hospice, racial and ethnic concerns, needs of persons with disabilities, peace, and refugees and immigration. As social services and social action ministries remain faithful to Jesus Christ's ministry in the world, they will respond to the changing needs and new possibilities among people and within society, working always toward liberation from life's bondage and reconciliation of the alienated.

Responding to the Human Situation

The Church's ministries in health and human service have been significantly aided in recent years by new insights from the social and natural sciences. We know there are dynamic, interrelated biological, emotional and spiritual realities which function within every human person. We know that each person is shaped by the social, familial and spiritual communities in which she or he lives. We know that disease or disharmony may occur in any of these interrelated realities within human lives, affecting the whole person and requiring ministries of healing, care and cure. Where the Church is involved in healing ministries in the name of Jesus Christ, it is engaged in the work of reconciliation and liberation.

In medical science, social science and health care, preventive health care is highly valued. Individual responsibility for maintaining good health is encouraged and supported. The relationship of the natural environment to human well-being is emphasized as critically important. Our responsibility as individuals and corporate bodies to maintain and improve the natural environment is an ethical consequence of our understanding of the integrity of creation.

The Church's mission in health and human service must reflect this wholistic understanding of human personhood and of life itself. New scientific knowledge can be understood theologically as an expansion in human awareness of the elements of shalom. God's Spirit is ever at work, inviting us to participate in God's creative transformation of human need.

Thus informed by scripture, tradition, and human experience, our faith compels us to seek new ways to enable the liberation of the oppressed and reconciliation of the alienated through new acts of love and justice. When we do so, we must answer the questions: What are the dimensions of that mission? Who is involved in that mission?

What are the Dimensions of that Mission?

Faithful to our tradition and to our call to listen afresh to God's voice, the United Church of Christ is called to engage in the following ministries:

1. Education and Nurture Within the Church for Healthy, Wholistic Ways of Living.

Faithful stewardship of God's gifts, including our bodies, has always been taught within the Church. Increasingly, we are learning of the components of good health and of the individual's ability to influence or control many modern diseases. Incorporating this knowledge into our lifestyles becomes a part of stewardship. Since our society does not yet give high priority to prevention in health care, it is especially appropriate for the Church, in its healing ministry, to engage in preventive health education and to nurture personal responsibility for health maintenance. Programmatic initiatives need to incorporate research, theological reflection, and evaluation. The Church seeks to understand stewardship in the broadest sense and will include such concerns as:

- An understanding of the moral implications of a healthy lifestyle;
- Education and preparation for life changes from early childhood to late life;
- Awareness of the impact of the fear of death and of human extinction on human health and well-being;
- Ethical concern for consumption by wealthier nations amid starving populations and global poverty.

2. Direct Services.

A. Local Churches and Organizational Structures

The church must reclaim its ministry of healing through local churches and organizational structures. The roots of disease are diverse and may include brokenness of mind, body, spirit and relationship. The Church is called to claim and to extend to all who suffer the healing power of God, conveyed through the love, support, forgiveness, and prayer. The Church is also called to be a resource for healing within the wider community. Through cooperative efforts among local churches, within ecumenical and interfaith coalitions, and the public health community, the church may be involved in vital healing ministries. Those ministries may extend to support and training for volunteers and staff as well as programming within neighborhood health and community based human service organizations.

B. Institutions and Service Agencies of the Church.

Certain specialized needs are appropriately addressed by the Church through the development and support of institutions to provide direct care or service. Private entrepreneurs for whom competition and the marketplace are controlling forces provide much of the institutionally based health and human service in the United States. The Church provides a significantly different model of institutional care, rooted in faith-based commitment to compassion for all people, concern for the whole person, and a high ethical standard in business and health and service-related decision-making.

Rapid change in human need, forms of care, treatment options, the economics of health and human service delivery, and prevention and health maintenance practices is a contemporary reality. The Church must be a participant in change, both in shaping its direction and in responding to it. The efficient provision of effective human service, in the Spirit of Jesus Christ, will continue to challenge institutions of the United Church of Christ in our time.

3. Advocacy and Empowerment

The Church's mission is advocacy for full and just access to health and human service for all.

Bringing forth God's shalom is justice work that always involves exposing and opposing inequalities and injustices. Jesus taught that God stands with the poor and the devalued by ministering among, and standing with, 'the least of these.' Thus, an essential part of the Church's commitment to health and human service ministry is advocacy on behalf of those who are oppressed or disadvantaged. Priorities within our concern for the health and the well-being of others include:

- Adequate health care, and related social services, including mental health
- The impact of changes in public or governmental programs which pay for health and human service;
- The impact of changes in public or governmental programs which pay for health and human service;
- Full accessibility for the disabled, including access to employment as well as the removal of physical barriers which limit freedom of movement;
- The availability of affordable and accessible housing;
- Sexual and emotional abuse, harassment and bullying, domestic and other forms of family violence.

The allocation of our nation's resources has an impact on the effective provision of health and human service. The Church must be a strong advocate for those priorities which serve life and human fulfillment. Those priorities include, but are not limited to:

- Access to the necessities of life: food, clothing, shelter and health care;
- Adequate, fact-based health education, including sexual and mental health, for people of all ages;
- Improvement and protection of the environment;
- A just standard of health care that is accessible to all;
- An emphasis upon prevention over rescue in medical care;
- A revision of insurance and reimbursement mechanisms to provide preventive as well as acute health care, whether institutional or home based;
- Access to effective birth control and safe, legal abortion;
- Access to the means to protect oneself from infectious diseases (HIV, Hepatitis C, tuberculosis, etc.);
- The humane use of medical technology;
- The right to die with dignity.

What is Involved in that Mission?

The call to demonstrate and convey the compassion of Christ is implicit in the call to be the Church. Whether represented in local churches, association, conferences, or national-level bodies, the whole Church is itself the creation of God's compassionate mercy in Christ, and as such, the instrument of God's intention for all humankind. (II Cor. 5:13-21)

The mission of the United Church of Christ in health and welfare, therefore, belongs to the whole Church. At the same time, various parts within the UCC undertake portions of that mission, and roles in relation to it, on behalf of the whole.

Local churches conduct multiple ministries in health and human service ranging from education and nurture, to direct service, to advocacy and empowerment, to pastoral care, counseling and spiritual support.

Conferences and Associations of the United Church of Christ are involved both in terms of their own activities and in relation to the work of ecumenical and interfaith coalitions and of institutions and health and human service programs within their geographic area. The General Synod sets basic policy and direction for the national expression of the church and recommends policy and direction to local churches, Conferences and Associations.

Implementation of General Synod policies is the responsibility of the Covenanted Ministries the Associated Ministries and the Council for Health and Human Services Ministries of the United Church of Christ and its member institutions.

Thus, all expressions of the United Church of Christ are vital partners in the Church's mission in health and human service. Each engages its ministry in the name of the Christ and on behalf of the whole church. Our UCC mission in health and human

service belongs to all who have been called by God in Christ. Where the Church is, there is the mission. Where the Church is, there are those who have called to live "for the sake of the other." Where the Church is, there are those engaged in Diakonia - the ministry of healing, service, care, compassion and hospitality - the love and grace of God made visible in our mission in health and human service.

Original UCC Mission Statement on Health and Welfare was Adopted by the General Synod of the United Church of Christ, June, 1985. This Statement was revised by the 700 Prospect Inter-Ministry Health and Wholeness Advocacy Table in 2003.

Why Health Ministries?

- 1. Good health is a part of God's intention for all people.
- 2. Health involves the whole person: body, mind, and spirit.
- 3. Health is a concern of the whole community
- 4. Healing and health care are valid ways of proclaiming the Gospel and ministering in the name of Jesus Christ.

Who is Involved in Health Ministries in the United Church of Christ?

Health Ministry partners are many. Both volunteer and paid, laity and clergy, they are committed to sharing the compassionate love and grace of Jesus Christ through the health and healing ministries of the United Church of Christ.

No one ministry encompasses the whole of the Church's mission in health. All of these ministries are conducted on behalf of the whole and parts of it.

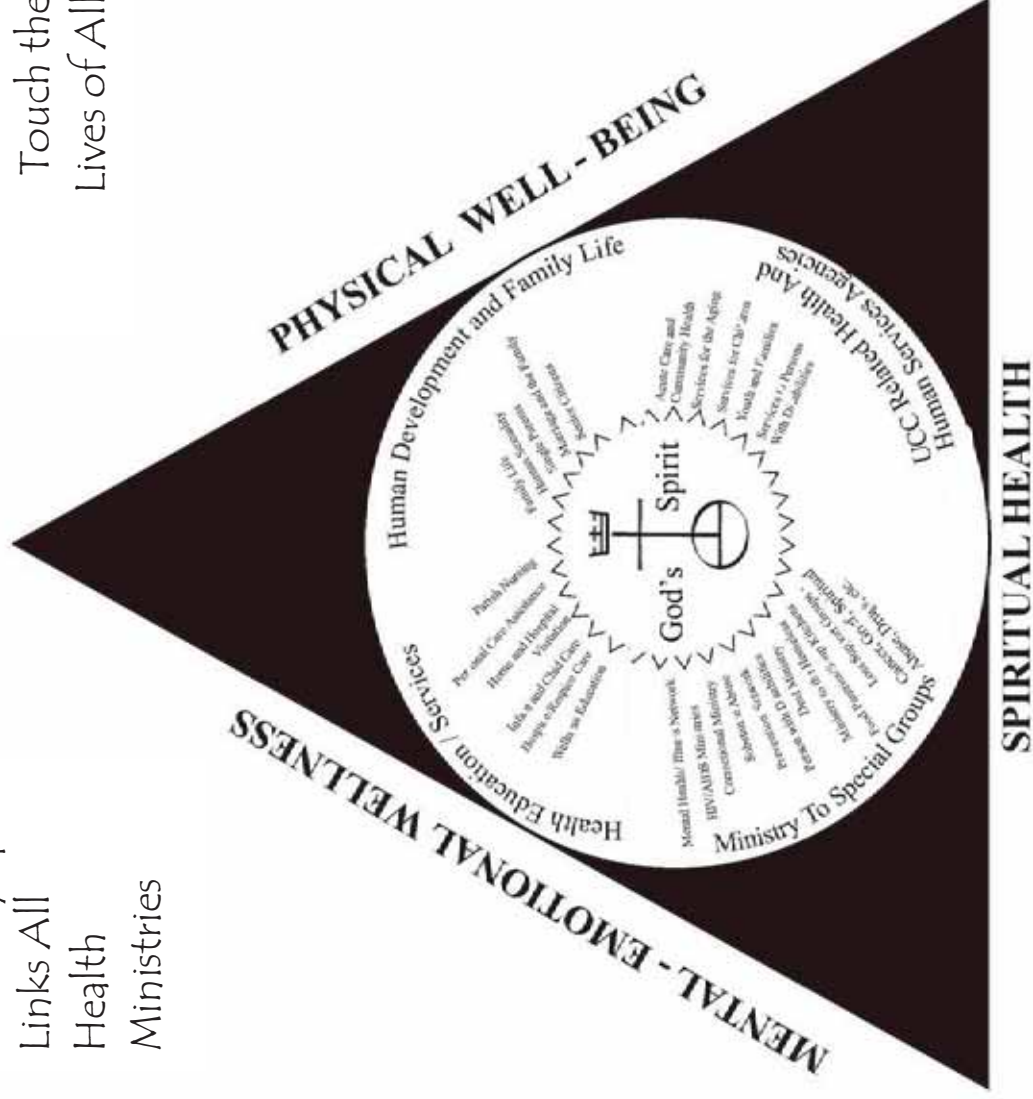
Because the Church's mission in health can never be assigned simply to the few who have professional expertise, that mission belongs to all who have been called by God in Christ. *Where the Church is, there is mission. Where the Church is, there are those who have been called to "live for the sake of the other."*

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What Health Ministry Programs are being carried out in the United Church of Christ?

The Holy Spirit
Links All
Health
Ministries

Health Ministries
Touch the
Lives of All



UCC Health Care Justice Program

The Health Care Justice Program is housed on the Cleveland-based team in Justice and Witness Ministries. The program provides leadership to the United Church of Christ in all its settings to understand health and health care in a holistic way and to encourage an understanding of health and health care as issues of justice.

Specifically, the Health Care Justice Program provides leadership and program support to the UCC Faith Community Nurses, the UCC Physician's Network, the COREM Health Task Force and conference/association health advocates by assisting these constituency groups and individuals to respond effectively to national, statewide and local health and wellness issues. In addition, the Health Care Justice program collaborates with the United Church AIDS Network (UCAN), UCC Disabilities Ministries, and the UCC Mental Illness Network to respond to health issues that affect specific communities and to promote a greater understanding of these issues within the entire denomination.

For an in-depth overview of the programs and initiatives of the Health Care Justice Program, go to: <http://www.ucc.org/justice/health>

Voted by the Twenty-first General Synod
Meeting in Columbus, Ohio
July 3 to 8, 1997

RESOLUTION: RECLAIMING THE CHURCH'S MINISTRY OF HEALTH AND HEALING

BACKGROUND

Health is harmony with self and others, the environment, and with God — a continuum of physical, social, psychological, and spiritual well-being. Health ministry is the promotion of healing and health as wholeness as a mission of a faith community to its members and the community it serves. Health partners are many, both paid and volunteer, laity and clergy, all are committed to sharing the compassionate love and grace of Jesus Christ through the health and healing ministries of the UCC.

The health minister / parish nurse serves as a member of the ministry team of the local church. The health minister (a person having a health care background that may or may not be a parish nurse) facilitates the promotion of health and healing via health education programs, spiritual care, referrals to appropriate health care providers, and providing for support groups and personal health counseling. The parish nurse, a registered professional nurse, promotes health and wholeness through the practice of nursing as defined by the nurse practice act in the jurisdiction in which he/she practices. Parish nurses function as health counselors, resource persons, spiritual caregivers, health educators, small group facilitators, and coordinators of health ministry volunteers.

WHEREAS, recognizing many illnesses and premature deaths may be prevented by lifestyle choices and belief systems, (i.e. diet, exercise, substance abuse, violence, and risk-taking behaviors), health ministers / parish nurses integrate current medical and behavioral knowledge with the belief and practices of a faith community to prevent illness and promote wholeness and

WHEREAS, the UCC Statement of Health and Welfare (1985) states that, based on our understanding of Shalom — of God's intent for harmony and wholeness within creation — and on the examples of Jesus Christ's ministry which expressed God's intent through acts of love and justice, we must be committed as a church to a mission of Shalom and to a lifestyle Compatible with that mission;" and WHEREAS, essential elements of a health ministry/ parish nursing program include (but not limited to);

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Meeting in Columbus, Ohio
July 3 to 8, 1997

- a philosophy of health and wholeness as a part of the faith community's mission,
- a designated person or team to be concerned about health ministry
- a commitment to continued learning regarding health and wellness issues,
- a process to develop and evaluate health and wholeness goals and objectives,
- health education and programming according to assessed health needs of the congregation,
- awareness of health and wellness celebrations designated in the UCC calendar; and

WHEREAS, General Synod Eighteen (June, 1985) adopted the "Mission Statement on Health and Welfare" which states that:

It is clear that the whole church is involved in this mission (in health and welfare). Whether represented in local churches, associations, conferences, or national level bodies the whole church is itself the creation of God's compassionate mercy in Christ, and as such, the instrument of God's intention for all humankind, (II Corinthians 5: 13-21); and

WHEREAS, good health is a part of God's intention for all people, health involves the whole person — body, mind, and spirit and healing and health care are valid ways of proclaiming the Gospel and ministering in the name of Jesus Christ; and

WHEREAS, the Gospel proclaims that health is a relationship to God set forth in Baptism and Holy Communion in which God makes wholeness as the Divine Gift.

The wholeness ascribed by God as a gift recognizes that illness and disability exist, but the presence of these does not define the individual in the sight of God, or limit the ability of such individuals to be in a whole relationship with God; and

WHEREAS, the United Church of Christ recognizes that God calls certain of its members to various forms of ministry in and on behalf of the church for which ecclesiastical authorization is recognized by commissioning, licensing, and ordination; health ministers and parish nurses may feel called to one of these authorized ministries;

Voted by the Twenty-first General Synod
Meeting in Columbus, Ohio
July 3 to 8, 1997

and THEREFORE, BE IT RESOLVED the Twenty-first General Synod encourages local congregations to develop/ include in their mission a commitment to health and wholeness, engage health and wholeness issues through an ongoing health cabinet/health ministry team, and consider the implementation of a health ministry/ parish nurse program.

BE IT FURTHER RESOLVED the Twenty-first General Synod calls upon the United Church of Christ Board for Homeland Ministries and Office of Church Life and Leadership, in conjunction with conferences, United Church of Christ seminaries, the Council on Health and Human Services Ministries and local congregations, to begin and/ or continue to develop resources that support the development and enrichment of health ministry programs in local churches; and BE IT FURTHER RESOLVED, the Twenty-first General Synod calls upon conferences and associations to:

1. Establish or designate a body to address health and human service issues confronting members and their communities; and
2. Recognize health ministry and parish nursing as a specialized ministry; and

BE IT FURTHER RESOLVED, the Twenty-first General Synod calls upon the Office of Church Life and Leadership to recognize and consider including health ministry/ parish nursing in the listing of specific church-related ministries qualifying for commissioned ministry, and to consider developing guidelines and educational standards to be included in the United Church of Christ Manual on Ministry.

Subject to the availability of funds.

SECTION II

UCC FAITH COMMUNITY NURSE NETWORK

HISTORY

The UCC Parish Nurse Network had its earliest beginnings with two retreats for UCC Parish Nurses. These retreats were held in St. Louis in 1994 and 1995, hosted jointly by the United Church Board Homeland Ministries Association/ American Missionary Association (UCBHM/AMA) and the Deaconess Foundation. Members of the Parish Nurse Network worked with the former UCBHM to draft and submit the resolution *Reclaiming the Church's Ministry of Health and Healing* which was adopted by General Synod XXI (1997, Columbus, OH). UCC Parish Nurses continue to gather and network whenever possible at national, regional and local conferences and meetings.

Currently the UCC Parish Nurse Network is under the auspices of the Health Care Justice Program, of Justice and Witness Ministries. The purpose is to expand the scope and visibility of parish nursing as one model of health and healing ministry. A Leadership Team has collaborated with the Minister of Health and Wellness to develop the Network and create or collect materials to enhance the development of health ministries within congregations using the parish nurse model.

Having an information booth at General Synod and co-sponsoring health screenings with the UCC Physician's Network has enhanced visibility of Faith Community Nursing/ Parish Nursing within the denomination. At General Synod XXIII the Parish Nurse Network was granted Voice Without Vote status for the first time, enabling Network members to serve more effectively as resource persons to General Synod and its committees when addressing items of business concerning health and wellness. Also at General Synod and on other occasions, members of the Network have met and consulted with other special interest groups in the UCC such as the Mental Illness Network and the Network of Persons with Disabilities.

Members of the Leadership Team have also assumed active roles within the national professional organization, the Health Ministries Association (HMA), as well as with the International Parish Nurse Resource Center (IPNRC), now sponsored by Deaconess Parish Nurse Ministries (DPNM) of St. Louis since its relocation in 2000 from its original home in Chicago with Advocate Health System. Established with deep historical roots in one of the UCC-predecessors the Evangelical Church and the Evangelical Deaconess Sisters, both DPNM and Advocate are affiliated with the United Church of Christ as members of the Council for Health and Human Service Ministries (CHHSM). Leadership Team Members have collaborated in the development of educational materials now available through HMA or the International Parish Nurse Resource Center, and have participated in the Working Group of the American Nurses Association and the Health Ministries Association to revise the scope and standards of practice.

With these revisions in the scope and standards of practice (2005), the official title given to a registered nurse responsible for a health ministry program within a congregation became "Faith Community Nurse". Though both titles are used in this manual and by individual nurses, change of the network's name to the "UCC Faith Community Nurse Network" reflects this updated and more inclusive understanding.

Network Description

Professional registered nurses, actively licensed, that serve (or are interested in serving) as a Faith Community Nurse (paid or volunteer) who are UCC members and/or serve congregations of the UCC.

Associate members of the Network include other UCC members interested in congregational health and faith community nursing, such as health ministers (who are not RNs), clergy, Christian educators, and other health care professionals.

A UCC Faith Community Nurse Network Directory is available on the UCC Health Care Justice website, as well as this manual. If you would like to be included in the Directory, complete the designated form found in this manual (*see page 25*).

Mission Statement

The mission of the UCC Faith Community Nurse Network is to:

- Promote Faith Community Nursing as a visible presence.
- Provide a voice for faith community nurses within the United Church of Christ.

Vision

The vision of the UCC Faith Community Nurse Network is:

- Health and wholeness of body, mind, and spirit for all God's children, compelled by Christ's healing acts of compassion, love, and grace empowered by the Holy Spirit.

Goals of the UCC Faith Community Nurse Network

1. To provide support for Faith Community Nurses in the UCC by facilitating networking between individuals and/or congregations for collaboration and peer consultation through the UCC national setting.
2. To provide additional opportunities for networking, including continuing education events and/or spiritual renewal retreats, specifically for Faith Community Nurses or with others interested in the integration of faith and health.
3. To develop and make available information and resources to assist UCC congregations and institutions in beginning and developing programs of congregational health ministry with Faith Community Nurses.
4. To represent Faith Community Nursing within the UCC denomination at wider church gatherings (such as General Synod, conference and association gatherings).
5. To advocate for the church to respond to health issues from a faith perspective that understands health and wellness as a vision of God's intended shalom.
6. To provide a link for collaboration and dialogue between UCC Faith Community Nurses and other Faith Community Nurses to address common issues.

UCC FAITH COMMUNITY NURSE NETWORK LEADERSHIP TEAM

**The UCC Faith Community Nurse Network is under the auspices of the
Health Care Justice Program, Justice and Witness Ministries**

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UCC FAITH COMMUNITY NURSE NETWORK DIRECTORY FORM

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FAX: 216-736-3703; Email: howarda@ucc.org

You may also complete this form online at:
<http://www.ucc.org/justice/health/ucc-community-nurses/parish-nurse-form.html>

(PLEASE PRINT OR TYPE LEGIBLY)

Last Name, First Name	Last	First	
Current Position/ Title			
Church/Organization/ Affiliation			
Race <i>(for statistical purposes only)</i>	Asian American <input type="checkbox"/>	African American/Black <input type="checkbox"/>	American Indian/Native American <input type="checkbox"/>
	Two races or more <input type="checkbox"/>	Native Hawaiian/Pacific Islander <input type="checkbox"/>	White/Euro American <input type="checkbox"/>
Preferred Mailing Address			
Mailing Address Cont.			
City/State/ZIP	City	State	Zip
Phone/Alt. Phone/Fax	PH1	PH2	Fax
Email Address			
Licensure/Certifications/ Credentials			
Registering for the first time <input type="checkbox"/>		Updating my current information <input type="checkbox"/>	

SECTION III

UNDERSTANDING

FAITH

COMMUNITY NURSING

Why Health Ministry in a Congregation?

Before the advent of modern medical technology, churches were actively involved in tending to the needs of the sick and vulnerable ones as part of their ministry. A congregational health ministry led by a Faith Community Nurse revitalizes that function reclaiming for the church its role of wholistic care, care of the body, mind, and spirit.

In 1979, Rev. Dr. Granger Westberg received a grant to create Wholistic Health Centers within Christian congregations staffed by a treatment/healing team of a doctor, nurse, social worker, and pastoral counselor. The nurses in these centers were called "Parish Nurses". Today Faith Community Nurses build on those beginnings by providing wholistic care within congregations and a link between churches, neighborhoods, and health resources in a community.

1. The importance of prevention.

Many diseases are preventable and individuals can and must assume more responsibility for their own health and well-being. Faith Community Nurses focus on intentional care of the spirit while teaching and assisting in activities that improve health and assist in preventing illness.

2. The congregation as an agency of health.

Churches have a long history, of being actively involved in tending to the needs of the sick as part of their ministry. The Faith Community Nurse can reinforce and validate the church's ancient and contemporary concern for personal health.

3. The concept of stewardship.

"Okonomous" (the New Testament Greek word for stewardship) refers to management, particularly of our households. Since God dwells not only where we

worship, work, and play but also in our bodies, the concept of stewardship of "household" extends to our bodies and everything in our lives that God has given us to care for and manage. Faith Community Nursing lifts up this rich concept of stewardship; assisting people to be good stewards of their body by making decisions that directly relate to personal habits and lifestyle that support health and well-being

Reference: The parish nurse. Chronicle of pastoral care. Spring/Summer. Volume 7 #1.1987.

Overview of Faith Community Nursing

1. *Faith Community Nursing is the specialized practice of professional nursing that focuses on the intentional care of the spirit as part of the process of promoting wholistic health and preventing or minimizing illness within a faith community (ANA & HMA, 2005, page 3).*

2. Assumptions of Faith Community Nursing are:
 - a. Health and illness are human experiences.
 - b. Health is the integration of the spiritual, physical, psychological, and social aspects of the person thereby promoting a sense of harmony with self, others, the environment, and God.
 - c. Health may be experienced in the presence or absence of disease or injury.
 - d. The presence of illness does not preclude health nor does optimal health preclude illness.
 - e. Healing is the process of integrating the body, mind, and spirit to create wholeness, health, and a sense of well being, even when curing may not occur.

3. Requisites to be met to function as a Faith Community Nurse:
 - a. The Faith Community Nurse must be an actively licensed, registered nurse.
 - b. The Faith Community Nurse must be knowledgeable in two areas — professional nursing and spiritual care.
 - c. The Faith Community Nurse functions as a member of the staff providing spiritual care within the congregation.

4. The goal of the Faith Community Nurse is the protection, promotion and optimization of health and abilities, prevention of illness and injury, and responding to suffering within the context of the values, beliefs, and practices of the faith community in which they serve.
5. The Faith Community Nurse uses the nursing process to address the spiritual, physical, mental, and social health of the people of the congregation.
6. The nursing interventions most often provided by a faith community nurse are: education, counseling, advocacy, referral, utilization of resources available to the congregation and developing and supervising volunteers from within the congregation.
7. The Faith Community Nurse collaborates with nurses in the specialties of community health, hospice, rehabilitation, home health, acute health, and critical care to facilitate a wholistic response to the needs of members of the congregation.
8. The document, *Faith Community Nursing: Scope and Standards of Practice*, in conjunction with *Nursing's Social Policy Statement, 2nd ed.* (ANA, 2003), *Nursing: Scope and Standards of Practice* (ANA, 2004), and *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2001); and the laws, statutes, and regulations related to nursing practice for the state in which the congregation is located, delineate the professional responsibilities of a Faith Community Nurse.

9. The professional documents listed above in item # 8 outline the minimal expectations of a professional nurse practicing in this specialty. The congregation may provide additional stipulations and requirements.

10. The preferred minimal levels of preparation for a registered nurse or advanced practice nurse entering the specialty of faith community nursing are:
 - a. A baccalaureate or higher degree in nursing with academic preparation in community nursing.
 - b. Experience as a registered nurse using the nursing process.
 - c. Knowledge of the healthcare assets of the community in which the church is located.
 - d. Specialized knowledge of the spiritual beliefs and practices of the congregation to be served; particularly familiarity with the United Church of Christ and an understanding of the integration of faith and health based upon a mature faith, grounded within a theological base.
 - e. Specialized knowledge and skills to enable implementation of *Faith Community Nursing: Scope and Standards of Practice*, the document that describes the minimal expected level of professional care.

What Does A Faith Community Nurse Do?

The role of the Faith Community Nurse will vary from church to church, depending upon the needs of the parishioners and the resources available. All duties of this position will be performed according to the legal regulations and professional standards related to the practice of registered nurses and the additional requirements of the congregation. The following categories are not all encompassing or restrictive and are expected to vary with changing needs and priority of resources.

The Faith Community Nurse provides for these services and may not in all situations personally provide each of these. Part of the role of faith community nursing is to establish the means for others to become involved in providing services within the program and also to make appropriate referrals. In all functions, the FCN assists the faith community in re-discovering and reclaiming its historic role in health care and healing.

Health Assessor

- Surveys the congregation for perceived health strengths and needs (individually and collectively)
- Arranges or provides health screenings such as blood pressure or blood cholesterol, as well as assessment of spiritual well-being.

Health Educator

- Increases the health consciousness of the congregation using a variety of educational formats such as bulletin boards, newsletters or church bulletins, speakers, and study groups.

- Fosters an understanding of the relationship between lifestyle, personal habits, attitudes, spiritual practices and well-being.
- Assists individuals and their families to integrate new knowledge concerning health issues.

Health Counselor/Consultant

- Discusses personal health concerns with individuals
- Makes visits to homes, residential facilities and the hospital as indicated
- Assists parishioners to recognize, acknowledge, and get medical care for conditions they may otherwise have ignored or denied.
- Both refers and accepts referrals for the benefit of church members
- Develops and / or facilitates support groups

Health Advocate/Referral Source

- Assists the congregation in advocating for needed services or resources for the underserved
- Serves as a liaison to a variety of community resources and services
- Assists the church staff and congregation in becoming aware of social and/or legislative issues that affect health care
- Assists members of the congregation in understanding and effectively using health care and social service resources

Volunteer Coordinator/Facilitator

- Recruits, trains, supports, and supervises volunteers who broaden and extend the resources of help within the parish
- Evaluates the gifts of volunteers and appropriateness of performance of assigned tasks, providing feedback and recognition

Integrator of Faith and Health

- Assists members of the congregation in understanding that a physical crisis may trigger a spiritual crisis and vice versa
- Helps each person in their search for meaning as they face challenges to their health
- Promotes higher levels of wellness by improving spiritual health as well as physical and mental health
- Participates in the worship life of the congregation

HEALTH MINISTRIES PROGRAM MAY INCLUDE
(a listing of possible activities)

Health Educator

Dental Health
Wellness Weekend-Health Fair
CPR Class
Update Your First Aid Kit
Conflict Management Sessions
Sabbath Keeping Seminar
Life Stress Education
Corporate Wellness
Mediation/ Relaxation Education
Sexuality/ Sex Education Classes
Dying, Death, Grief & Loss Seminars
Wellness for Youth
Parenting Classes
Bioethics Seminar
Lifestyle Change Class
The Caring Question Class
Healthy Refreshments for Meetings
Living with PMS education
Time Management Workshop
Violence in the Home Class
Chemical Health Series
Gifts of the Spirit Workshop
Grief Clinic
Good Touch-Bad Touch Education
Healthy Heart Class
Prayer, Stress & Healing Class
Homeless and the Church Class
Good Nutrition Class

Caring For Your Elderly Parents
Workshop
A Spiritual Christmas Workshop
Prayer and Meditation Class
Cancer Treatment Class
Mental Health and Depression Class
Unplug the Christmas Machine
Workshop
Lifestyle Wellness Series
Free to Be Thin Class
Health and the Bible Class
Chemical Dependency Series
Drugs and Interventions Series
Living with Alzheimer's Class
How to Ask Your Doctor
About...Class
Women's/ Men's Health Issues Series
Eating Disorders Class
Retirement Planning Seminar
Seminar on Aging
Living Will/ Durable Power of
Attorney
Planning Your Own Funeral Class
Health & Safety Seminar
Nursery Attendant Training
Child/ Sexual Abuse Education
Babysitting Training Class

Coordinator of Volunteers

Cards/Call of Concern
Spiritual Support Group
Widow's Support Group
Unemployed Support Group
Caregiver's Support Group
Mothers-Day-Out
Phone Ministry Follow-up
Coordinate Transportation Pool
Establish & Train for Prayer
Developing Member Referral Network
Stop Smoking Clinic

Weight Loss Support Group
Parents of Teens Support Group
Parents Anonymous Group
AIDS Support Group
Senior Fellowship Meal/ Day
Hospital/Nursing Home Visitation
Training
Children's Ministry/with Elderly
Caring Community Training
Stephen Ministry Training
Befrienders Training
Alzheimer's Caregiver Support Group

Coordinator of Volunteers, Cont.

Training for Greeters
Quilting Group at Shut-In's Home
Adopt a Grandparent (S.S. Class)
Divorce Support Group
Arthritis Support Group
Adopt-a-Student (College and Elderly)

Coordinate Home Health Care
Retreat for Elderly
Single Parent Support Group
Telephone "Buddy" Network

Personal Health Counselor and Home Health Minister

Home Visits
Pre and Post Hospital Visits
Nursing Home Visits
Expectant & New Mother Visits
Teenage Mother Visits
Volunteer Network for Home Care
Ministry to Pastors and Staff
Case Conference with Pastoral Staff
Fire/Smoke Alarm Check-Church & Home

Personal Prayer Requests-Staff Meeting
Building Accessibility
Sermon, Mediation, Homily
Expand Prayers of the Church
Services of Prayer and Healing
Worship/devotions in Nursing Homes
Staff Education> Consultation & Listening
Advocate for Nursing Home Patients

Health Monitoring and Screening

Blood and Organ Donations
Personal Health Assessments
Blood Pressure Screening
Diabetes Screening
Cholesterol Screening
Glaucoma Screening

Confronting Child and Family Abuse
Low-Impact Aerobics
Well-Adult Screening Clinic
Health Standard for Day Care Program
Living with Chronic Illness

Health Resource and Referral Agent

Life-line Emergency Phone System
Personal/Family Crisis Intervention
Medical Service for Uninsured

Transitions from Home to Nursing Home
Ministry to Homeless
Resource for People of Special Need

Additional Faith Community Nurse Intervention

- Collaborates with nursing colleagues from other specialties to provide the traditional services of nursing care.
- When another registered nurse is unavailable, the FCN is responsible for both general and specialty nursing care.

SECTION IV

**CONGREGATIONAL
HEALTH MINISTRIES
LED
BY FAITH COMMUNITY
NURSES**

Starting A Health Ministry Led by A Faith Community Nurse

What follows is a brief, general outline of possible steps to investigate the possibility of creating a health ministry program within your congregation led by a Faith Community Nurse. Since each congregation is unique, each process of formation and implementation is varied. Some steps may be addressed simultaneously or in a different order. The pastor and church leaders will provide the information as how to proceed. See the resource list at the end of this manual for more information.

The steps repeated over and over are: Organize, Educate and Celebrate

Step One - Learn all you can about the concept

1. Obtain and read the foundation documents and Faith Community Nursing: Scope and Standards of Practice
2. Review the information provided on the UCC website
3. Review the information provided on other websites such as:
Health Ministries Association (HMA), the professional membership organization representing FCN www.HMAssoc.org
International Parish Nurse Resource Center (IPNRC)

www.parishnurses.org

4. Attend local, regional or national gatherings and talk with faith community nurses
5. Review your church philosophy, mission and purpose statements
6. Speak with your pastor
7. Identify several interested people within the congregation that are interested in working on a task force to investigate and develop this concept

Step Two - Visualize a health ministry within your congregation

1. Identify what activities are already underway that support health and well-being
2. Identify what else could be done
3. Brainstorm with the pastor and members of the task force about how they might view such a program

Step Three – Get Ready

1. Based on the gathered information and input from the pastor, work with the members of the task force to develop a formal proposal with a budget.
2. Write a draft mission statement with goals and objectives
3. Present the concept with a tentative proposal for developing a health ministry led by a Faith Community Nurse to the appropriate governing board within the church.
4. Respond to feedback in a manner that keeps the proposal alive.
5. Determine if a new staff position can be created
 - a. Investigate faith community nursing as a paid or volunteer position
 - b. Seek a line item in the church budget to cover supplies and salary if possible.
6. Develop a job description for the faith community nurse.

Step Four – Select Staff

1. Recruit and select the person or persons who will be responsible for the ministry.
2. Investigate how the registered nurse may be prepared for this specialty work. There are educational programs of various depths available in many places locally and nationally as well as on-line.
3. Provide the opportunity to participate in an educational program that will adequately prepare them to fulfill the professional

requirements set forth in *Faith Community Nursing: Scope and Standards of Practice* (ANA & HMA, 2005).

Step Five – Implement

1. Plan an event to introduce the concept of health ministry and the Faith Community Nurse to the congregation during a Sunday worship
2. Plan a reception for the Faith Community Nurse and invite the community
3. Involve a wider group of interested parishioners.
 - a. Present the program at an adult Bible study, women's/men's fellowship, Christian Education meeting, etc.
 - b. Write an article for the church newsletter
 - c. Enlist others in health and wellness discussions
4. Invite volunteers to form a Health and Wellness Task Force/Team/Committee, etc.
 - a. Determine how this will fit into your congregation's structure
 - b. Recruit both health care providers and consumers
5. Survey the congregation for personal gifts and health needs
6. Plan a program based on the results of the health needs survey
7. Facilitate teaching the congregation about the connection between wellness and wholeness of body, mind, and spirit through bulletin boards, poster displays, conversations, newsletters, social functions, classes, etc.

Step Six – Continue the Process

1. Make information available to help members of the congregation understand the health connection between the care of the body, mind, and spirit.
2. Keep accurate reports and documentation
3. Network with community agencies

4. Gather more resources
5. Meet with the Health Committee regularly
6. Meet with the volunteers regularly
7. Meet with the pastor regularly
8. Develop and maintain a system of cross-referral within the staff of the congregation
9. Do annual reports
10. Make health ministry a priority in your prayer life

Step Seven – Maturity Stage

1. Health awareness is integrated into the life of the church
2. Prayer and healing is offered with a worship experience
3. Volunteers are trained and supported in their work in an ongoing basis
4. Health fairs and other health events are planned so that they always include and/or related to wholistic health with consideration of spiritual health
5. Community agencies continue to refer and accept referrals
6. A variety of services continue to be developed and offered based on the gifts, desires, and needs of the members of the congregation
7. Joint ventures with other congregations are offered
8. Evidence is collected concerning lifestyle changes and a greater understanding by members of the connection between spiritual health and physical health
9. Plans are developed for long-term financial funding of health ministries

References:

Carol M. Story, RN, MN. Puget Sound Nurse Ministries. Seattle, WA

Alvyne Rethemeyer, RN MSN. Deaconess Parish Nurse Ministries. St. Louis, MO.

Barbara T. Baylor, MPH, CHES. UCC - Justice and Witness Ministries.

Position Description and Terms of Call for a Faith Community Nurse

Consulting the *UCC Manual on Ministry* and the guidelines for support of ministry in your particular conference will be helpful; also, obtaining sample position descriptions for FCN from congregations similar to your own setting. Generally it is important to include:

Title

Determine what is the most appropriate or acceptable title to use in your congregation. Examples: Faith Community Nurse, Parish Nurse, Congregational Nurse, Health Minister.

Description of the position

Use one or two sentences. Do not include duties. It may include rationale for the position, i.e. scripture, congregation's mission statement, denominational statements or recommendations

Accountability within the congregation organization

Who will the FCN report to or be supervised by?
What is the relationship with other staff or governing bodies?
Who will evaluate the faith community nurse? When and how?

Functions and responsibilities

It is better to list general areas of responsibilities rather than specific tasks. You may wish to subdivide this section by the roles of the Faith Community Nurse (educator, counselor, advocate, referral agent). Consider that this is a position description for future Faith Community Nurses.

Time commitment

How many hours a week or month are expected? You may want to make this a minimum amount, rather than a specific amount of time especially if it is a volunteer position (Example: Will work a minimum of ten hours a week.)

Benefits

Will the position be paid? What expenses will be reimbursed, such as mileage? Will insurance be included?
Will paid holidays and / or vacation be included?

Length of service

This provides an opportunity to renegotiate the position and terms.

Number of positions

Will there be more than one Faith Community Nurse? If more than one, are roles clarified?

Qualifications

Not generally included in position descriptions, but listed separately. When describing qualifications, consider how they will be demonstrated and evaluated. e.g. How will you determine if the person has "good written communication skills?"

EVALUATION AND QUALITY ASSURANCE

Faith Community Nurses are required to acquire and maintain current knowledge in nursing practice, health promotion, and spiritual care by:

1. Participating in continuing education programs and other educational activities authorized by the congregation
2. Updating professional knowledge and skills through reading and study

Faith Community Nurses should systematically participate in evaluation of quality and effectiveness of practice by:

1. Evaluating the program on a continuing basis with appropriate priorities
2. Providing the congregation with appropriate statistical data
3. Documenting services provided according to the requirements of professional nursing and the congregation.

CREDENTIALING, AUTHORIZATION, AND COMMISSIONING

PROFESSIONAL AUTHORIZATION

Licensing

The process of examination by the board of nursing of each state for the purpose of assuring an individual is capable of performing at minimal levels of competence in order to practice legally as a registered professional nurse.

To practice as a Faith Community Nurse in any faith group, an individual must have an active RN license in the state in which the church is located.

Certification/ Recognition

A professional nursing, peer-review process of evaluation to verify that an individual meets criteria for skill performance and knowledge base required for practice at an expert level within a particular professional specialty area of nursing.

At this time (2007), the FCN Credentialing Task Force of the Health Ministries Association is collaborating with the American Nurses Credentialing Center (ANCC) to develop a process for professional nursing certification/recognition specific to Faith Community Nursing.

RECOGNITION AND AUTHORIZATION BY THE CHURCH

Commissioned Ministry

The UCC recognizes the blessing of many gifted and talented individuals that serve the church in a variety of settings, who are living out a call to ministry, as a unique and highly personal call from God. Such a call may not be one requiring ministry of Word and Sacrament as for ordained or licensed ministry, but is valid and no less ministry and no less important to the ministry of the church.

Commissioned Ministry then is an authorized ministry of the UCC that recognizes and affirms the call of an individual seeking to be authorized in a specialized and focused area of church-related ministry that does not require the broader preparation of ordained ministry.

Commissioning is the appropriate process for Faith Community Nurses within the UCC to seek "standing" as a recognized and authorized minister of the United Church of Christ. The steps of the commissioning process are described in the UCC Manual on Ministry, a process very similar to that required for seeking ordination with the primary difference in educational requirements.

Reasons to seek Commissioned Minister standing may include: personal and professional growth, increased credibility and visibility as a professional person in ministry. (See also the General Synod Resolution "Affirming the Essential Role of Commissioned Ministry as an Authorized Ministry of the UCC" (2003).

Licensed Ministry

In the United Church of Christ, a licensed minister is a lay person who performs specified duties in a designated local church or within an Association, mainly preaching and conducting services of worship. Licensed ministry has been created by the church for those special situations when ordained ministers are not available to provide these services to a local church. A licensed minister may be authorized to administer the sacraments and rites of the church "in special cases and at the request of the local church which the person serves."

Persons are licensed by an Association of the United Church of Christ where the local church is located. The Association determines the specific duties for which the license is granted in consultation with the local church served. The license is granted for a period of one year and must be renewed.

The Faith Community Nurse may be considered for licensed Ministry in the local congregation as needed or fits the situation.

**AFFIRMING THE ESSENTIAL ROLE OF COMMISSIONED
MINISTRY AS AN AUTHORIZED MINISTRY OF THE
UNITED CHURCH OF CHRIST**

WHEREAS, in the letter to the Church at Ephesus we are told "The gifts he gave were that some would be apostles, some prophets, some evangelists, some pastors and teachers, to equip the saints for the work of ministry for building up the Body of Christ" (Ephesians 4:11- 12); and

WHEREAS, in Paul's first letter to the Church at Corinth he says, "Now there are varieties of gifts, but the same Spirit; and there are varieties of services, but the same Lord; and there are varieties of activities, but it is the same God who activates all of them in everyone. To each is given the manifestation of the Spirit for the common good" (1 Corinthians 12:4-7); and

WHEREAS, the Constitution of the United Church of Christ "recognizes that God calls the whole Church and every member to participate in and extend the ministry of Jesus Christ by witnessing to the Gospel in church and society" (Article VI, paragraph 20); and

WHEREAS, "The United Church of Christ recognizes that God calls certain of its members to various forms of ministry in and on behalf of the church for which ecclesiastical authorization is required by the church (*Constitution and Bylaws*, Article VI, section 21); and

WHEREAS, "Commissioning is the act whereby the United Church of Christ, through an Association, in cooperation with a person and a local church of the United Church of Christ, recognizes and authorizes that member whom God has called to a specific church-related ministry which is recognized by that Association, but not requiring ordination or licensing" (*Constitution and Bylaws*, Article VI, paragraph 27); and

WHEREAS, professionals in the areas of Christian education, parish nursing, church music, church administration, worship and the arts, parish visitation, spiritual direction, and other church ministries serve in positions in our congregations or in other settings of the church that do not require ordination or licensing; and

WHEREAS, these ministries are vital for the faith formation,

continued spiritual growth and empowerment of the children, youth, and adults of our local churches to live as a people of faith in an ever-more-volatile society and are undertaken on behalf of the entire United Church of Christ.

THEREFORE LET IT BE RESOLVED, that the Twenty-fourth General Synod reaffirms, emphasizes, and celebrates the essential role of commissioned ministry as an authorized ministry in the United Church of Christ, as one that seeks to empower lay persons through the granting of ecclesiastical authority and standing to those individuals who have demonstrated a call from God to specific ministries for which they have gained the credentials required by the authorizing Association or Conference and in which they will serve a calling body that will enter into covenant with the authorizing Association or Conference; and

LET IT BE FURTHER RESOLVED, that in so recognizing and affirming the essential role of commissioned ministry as an authorized ministry in the United Church of Christ, the Twenty-fourth General Synod requests that the Parish Life and Leadership Ministry Team of Local Church Ministries works intentionally and as needed to increase knowledge and awareness about commissioned ministry with committees on the ministry in the various Conferences and Associations so that they are able to provide adequate assistance and support of candidates for commissioned ministry, including a period of mentorship and preparation that is patterned after the "In Care" process used with candidates for ordination, for the length of time deemed appropriate for the discernment and commissioning process to evolve effectively; and

LET IT BE FURTHER RESOLVED, that the Twenty-fourth General Synod requests that the Parish Life and Leadership Ministry Team of Local Church Ministries undertakes a diligent effort to determine how best to provide support and assistance on commissioned ministry to all interested parties and to undertake a study of commissioned ministry as it is currently being lived out in order to ascertain how best to provide that support and assistance; and

LET IT BE FURTHER RESOLVED, that the Twenty-fourth General Synod recommends that all professionals living out a call from God through their service in the various settings of the church in positions that do not require ordination or licensing should seek the recognition and authorization of their calls through the process for commissioned ministry, providing they possess the credentials deemed necessary for said authorization; and

LET IT BE FURTHER RESOLVED, that the Twenty-fourth General Synod recommends that all candidates for commissioned ministry be mentored effectively through the commissioning process by the local church and the Conference or Association and that once the process is completed and the authorization granted, the standing of all commissioned ministers be recognized through such official channels as listings in Conference and Association directories, inclusion as appropriate in United Church of Christ Ministers' Associations, and the recognition of anniversaries of commissioning for those with long periods of service; and

LET IT BE FURTHER RESOLVED, that the Twenty-fourth General Synod urges local congregations, Conferences, Associations, and other settings of the church to consider commissioned ministers as viable candidates for those professional positions not requiring ordination or licensing and that the compensation for those positions be comparable for the level of credentialing and responsibility required, including such additional items as sabbatical time, access to pension and health plans, continuing education funds, and housing allowance as appropriate.

Funding for this action will be made in accordance with the overall mandates of the affected agencies and the funds available.

(Sample: Excerpted from a Faith Community Nurse Commissioning Program)

IMMANUEL UNITED CHURCH OF CHRIST
FERGUSON, MO

Service of Commissioning for Sheryl S. Thies Cross as
Faith Community Nurse and Minister of Health

WORDS OF WELCOME & INTRODUCTIONS

THE PRELUDE

THE BELLS & CHIMES

GREETING

CALL TO WORSHIP (Psalm 103: 1-5, 21-22)

Leader: Bless the Lord, O my soul, and all that is within me,
bless his holy name.

People: Bless the Lord, O my soul, and do not forget all His
benefits,

Leader: Who forgives all your iniquity, who heals all your
diseases,

People: *Who redeems your life from the Pit, who crowns you
with steadfast love and mercy,*

Leader: Who satisfies you with good as long as you live so
that your youth is renewed like the eagles.

People: *Bless the Lord, all his hosts, his ministers that do his
will.*

All: ***Bless the Lord, all his works, in all places of his
dominion. Bless the Lord, O my soul.***

PRAYER OF INVOCATION

“A Litany on Reclaiming the Ministry of Health and Healing”

Leader1: Our Creator God’s intention for the world is that of
“shalom”-peace, harmony, and wholeness for
humankind and all of creation.

Leader2: Our biblical heritage is rich in stories of God’s acts
of reconciliation to restore “shalom”-harmony
between God and humanity, and peace with all
creation.

All: **Guilt, anxiety, fear, broken relationships,
loneliness and separation all contribute to human
sickness and disharmony.**

Leader1: God has called the church to a mission of
transformation and reconciliation to bring about
“Shalom.” As the Body of Jesus Christ, we must be
committed to living faithfully in ways that promote
wholeness, healing, and prevent illness.

Leader2: *Health* is harmony with self and others, the
environment, and with God-a continuum of physical,
social, psychological, and spiritual well-being.

Leader1: *Healing* is reintegration of body, mind, emotions,
and spirit that allows living in the fullness of God’s
intentions: restoration of “shalom.”

All: ***Health ministry then is the promotion of healing
and health as a mission of a faith community to
its members and the community it services.
Health ministry partners are many, both paid and
volunteer, laity and clergy; all are committed to
sharing the compassionate love and grace of
Jesus Christ through the health and healing
ministries of the church.***

THE SERVICE OF COMMISSIONING

Leader2: Some partners sense a special calling and serve the church as health ministers as they bring to the church their gifts and skills from the healthcare background.

Leader1: Others sense a similar calling and serve as **Faith Community Nurses**. *Faith Community nursing is a specialized area of ministry that blends, calls forth, and utilizes the gifts of experience, faith education, and skills of a professional registered nurse within a faith community.*

Leader2: Faith Community nursing today is inspired by the faithful work of deaconesses of the early church as well as those who served in recent times such as Evangelical Deaconess Sisters.

All: **Jesus said: Heal the sick and tell them. “God’s heavenly reign is near you.” Oh God, Giver of Health and Salvation, as apostles anointed many with oil who were sick, you healed them. As they baptized you with water, you cleansed and made them whole. As we recognize oil and water as symbols of your healing, love, grace, and mercy, let us strive to reclaim our congregations as communities of healing for this world. Let us bring our wounds, our gifts, our lives, and bring our Redeemer God into the middle of brokenness to celebrate your “shalom.”**

Greeting
Presentation
Exhortation
Covenant
Laying on of Hands
Prayer of Commissioning
Declaration
Charge and Presentation of Symbols

HYMN

OFFERTORY

THE PRAYER OF DEDICATION

CLOSING HYMN

BENEDICTION

POSTLUDE

(Prepared by Rev. Sheryl Cross, RN, MSN, M.Div. for this Service of Commissioning as Parish Nurse and Minister of Health by the St. Louis Association of the MO Conference, United Church of Christ (9/27/98) — based on the Resolution of the UCC General Synod XXI (1997) "Reclaiming the Church's Ministry of Health and Healing")

SECTION V

FAITH COMMUNITY NURSE PRACTICE

PROFESSIONAL AND LEGAL EXPECTATIONS OF FAITH COMMUNITY NURSES

Professional Expectations

Faith Community Nurses are provided definition of the scope and competent standards of professional practice by:

- American Nurses Association (2001). *Code of Ethics for Nurses with Interpretive Statements*.
- American Nurses Association (2003). *Nursing's Social Policy Statement, Second Edition*.
- American Nurses Association. (2004). *Nursing: Scope and Standards of Practice*.
- American Nurses Association and Health Ministries Association (2005) *Faith Community Nursing: Scope and Standards of Practice* This document addresses the specialized independent practice of Faith Community Nurses as defined by the local jurisdiction's nurse practice act. Nurses function with autonomy and freedom within this realm.

Legal Expectations

The Nurse Practice Act for your state defines the independent practice of nursing within those borders. The document is available from the bookstore at the State House or from the State Board of Registration in Nursing. In addition to the legal rules and regulations, State Boards of Nursing may also use the standards of the professional organization to define illegal, incompetent, and/or unethical practices.

Reference: Matteson, P. and Rafter, N. Excerpt from "Documentation of Care in Parish Nursing"

ACCOUNTABILITY AND DOCUMENTATION IN FAITH COMMUNITY NURSING

What is a Faith Community Nurse accountable for in practice?

Accountability in FCN practice includes documentation of the nursing process, confidentiality, and regular statistical reports to the congregation's Health Ministry Committee and/or employing agency.

Documentation is defined as:

"The recording of the assessment, plan of care, interventions, and evaluation of outcomes in a retrievable format for the client in order to facilitate continuity in meeting desired health outcomes." HMA & ANA, 2005.

Whether paid or an unpaid volunteer, we document because:

- *We are responsible to the client.* There must be a record of past contact and care. This assists our memory and allows others to step in as necessary and provide for continuity of care. A client always has the right to request review of their records.
- *We are held accountable by our profession.* Documentation is the best evidence that the expected standard of care has been met. If there is no documentation, the assumption is that no care was given.
- *We are held accountable by our employer,* whether this is a Health Cabinet or Committee of the congregation or an external employer. Weekly or monthly statistical reports are required to provide an overview of the interactions of this practice.

- *We must collect data that demonstrates that this specialty of nursing practice makes a measurable difference in our clients' lives.*

Recommendations for practice

1. Documenting for client care
 - Adopt or develop client contact forms that provide for necessary documentation of this specialty nursing practice
 - Use single form or multiple forms that address(es) different types of assessment and interventions

2. Documenting for tracking of the health ministry program
 - Adopt or develop summary sheets that reflect your position description
 - Use regular logs – daily, weekly, monthly to keep track of FCN activities
 - Be sensitive to maintain confidentiality by reporting numbers rather than using names

3. Storage of client records
 - Know that the records belong to the institution with which you have contracted to provide care to this congregation. (i.e. the congregation itself, a health system or other agency)
 - Secure all client records confidentially in a locked file cabinet or in a secure computer file
 - Store all client records, including inactive records, securely for as long as required by your state law. Records on children must be kept until the child reaches the age of 21, and any records involved in litigation should be kept for 21 years
 - All clients have access to their records. The FCN should ask for a

dated, signed statement showing that a copy of the record was shared with the client, and it is advisable to initial each page as it is copied, so that copies cannot be easily altered. Client record access may be denied in the following situations:

- If records are being maintained for potential litigation
- If the person's physician has determined that the information could endanger life or safety of the individual or another person.
- If the Personal Representative requests the information and the patient's doctor determines that such access is reasonably likely to cause substantial harm.
- If a Health Ministry/FCN program dissolves with no plans for a future FC, the following options may be considered:
 - If there is a support agency with a FCN Coordinator, the church may allow the coordinator to store the client records securely.
 - The client records may be given to the recipient of care to maintain.
 - The client records may be transferred to a secure medical record storage facility, for which there are fees.
 - Client records may be shredded only after they have met the state regulations and if the recipient of care does not respond to a registered letter.
- It is **not** recommended to allow the client records to be stored at the church without medical professional oversight.

References:

Matteson, P and Rafter, N. "Documentation of Care in Parish Nursing"

Also see:

- American Nurses Association. (2001). *Code of Ethics for Nurses with Interpretive Statements*.
- American Nurses Association. (2003). *Nursing's Social*

Policy Statement, Second Edition.

- American Nurses Association. (2004). Nursing: Scope and Standards of Practice.
- American Nurses Association and Health Ministries Association (2005) *Faith Community Nursing: Scope and Standards of Practice*
- Hickman, Janet S. 2006. *Faith Community Nursing*. Lippincott, Williams and Wilkins, Philadelphia.
- IPNRC Newsletter Page 6:
http://www.parishnurses.org/DocumentLibrary/Perspectives_Winter%202004.pdf
- The Health Information Technology for Economic and Clinical Health Act (HITECH Act) related to use of electronic health records.
<http://waysandmeans.house.gov/media/pdf/110/hit2.pdf>

Health Ministries Association

P.O. Box 529
Queen Creek, AZ 85242
800-280-9919
www.hmassoc.org

International Parish Nurse Resource Center

475 E. Lockwood Ave.
St. Louis, MO 63119
(314) 918-2559 FAX (314) 918-2558
www.parishnurses.org

CONFIDENTIALITY

The Faith Community Nurse is to maintain client confidentiality as described in professional nursing guidelines while also being aware of legal guidelines that may pertain specifically to the practice settings and activities of the faith community nurse.

Professional Perspectives

Standard 12. Ethics The registered nurse:

Maintains patient confidentiality within legal and regulatory parameters.

American Nurses Association. (2004). *Nursing: Scope and Standards of Practice*. p. 39

Provision 3.2 Confidentiality

Associated with the right to privacy, the nurse has a duty to maintain confidentiality of all patient information. The patient's well-being could be jeopardized and the fundamental trust between patient and nurse destroyed by unnecessary access to data or by the inappropriate disclosure of identifiable patient information. The rights, well-being, and safety of the individual patient should be the primary factors in arriving at any professional judgment concerning the disposition of confidential information received from or about the patient, whether oral, written or electronic. The standard of nursing practice and the nurse's responsibility to provide quality care require that relevant data be shared with those members of the health care team who have a need to know. Only information pertinent to a patient's treatment and welfare is disclosed, and only to those directly involved with the patient's care. Duties of confidentiality, however, are not absolute and may need to be modified in order to protect the patient, other innocent parties, and in circumstances of mandatory disclosure for public health reasons.

*Information used for purposes of peer review, third-party payments, and other quality improvement or risk management mechanisms may be disclosed only under defined policies, mandates, or protocols. These written guidelines must assure that the rights, well-being, and safety of the patient are protected. In general, only that information directly relevant to a task or specific responsibility should be disclosed. When using electronic communications, special effort should be made to maintain data security. American Nurses Association. (2001). *Code of Ethics for Nurses with Interpretive Statements*. p.12.*

See also American Nurses Association and Health Ministries Association (2005) Faith Community Nursing: Scope and Standards of Practice.

Legal Perspectives: Health Insurance Portability and Accountability Act (HIPAA)

This legislation relates to the professional relationship between clients and a healthcare system. When the Faith Community Nurse is not directly associated with or sponsored by a healthcare system, HIPAA is applicable only in certain situations. These include seeking healthcare information about a church member's status after discharge. This requires a release from the client to seek such information. In that FCN's act as consultants or advisors to the client and do not actually render treatment, they are not actually considered "providers" within the HIPAA definition that defines a Covered Entity. When referring persons to other professionals, though not required by law it is always good professional practice to request permission before seeking additional resources on their behalf which could impact their confidentiality.

Other situations relating to client health information in the church setting concern use of permission and registration forms for children's and youth ministries. It is appropriate to ask general questions in order to obtain the minimal information needed in case of an emergency, but not so specific or detailed that one can be considered on a higher threshold for liability or risk sharing of confidential information unnecessarily.

See sample forms on the following pages:

"Confidentiality Statement for Faith
Community Nurses" "Authorization for
Release of Medical Information"

References: HIPAA website: [VWVVV. hhs.gov/ocr/hipaa/guidelines](http://www.hhs.gov/ocr/hipaa/guidelines)

International Parish Nurse Resource Center,
St. Louis MO <http://www.parishnurses.org/>

Confidentiality Statement for Faith Community Nurses

Confidentiality, or the right to privacy, is the right of every patient, particularly in the arena of personal health information. As a registered nurse, the Faith Community Nurse is aware of that right and acknowledges that right. The Faith Community Nurse also respects that right in the context of working with individuals and groups in a particular faith community. As a faith community nurse, I agree with and will act according to the points listed below:

1. Medical information shared by a parishioner will be kept in strict confidence, and will be shared only with that person's prior approval.
2. Health information will only be discussed with the parishioner, unless permission is given by that individual (or their legal proxy) to discuss that information with others.
3. Confidential health information may not be discussed with other congregational members, or the family or friends of the faith community nurse.
4. Breach of confidentiality may result in disciplinary action by the Faith Community Nurse Program, which could include termination of position.

I have been given a copy of this statement. After reading it carefully, I understand its contents and expectations.

Signature: _____ Date: _____

Church: _____

City/State: _____

Witness: _____ Date: _____

**Authorization for Release of Medical Information to the Faith
Community Nurse**

Confidentiality, or the right to privacy, is the right of every patient, particularly in the arena of personal health information. It is also the right of every patient to have assistance from any health provider of their choice, including a faith community nurse.

In order to facilitate this, it is sometimes necessary for physicians and other health providers to share a patient's/parishioner's private health information with the faith community nurse. This form is an authorization for release of needed medical information to a faith community nurse, based upon the expressed permission of the patient/parishioner named below.

I, _____ (Patient/Parishioner),
authorize _____ (Physician),
to allow _____ (Faith Community Nurse),
a Faith Community Nurse within my congregation,
_____ (Parish/Congregation),
to have access to my private health information in the following
situation(s): (Check all that apply)

- I grant to the Faith Community Nurse access to my medical record(s).
- I grant to the Faith Community Nurse permission to speak with the physician, or other health provider named above, about my health condition(s).
- I request to the Faith Community Nurse to accompany me to an appointment with the physician or other health provider named above regarding my health condition(s).

Patient/Parishioner: _____ Date: _____

Person given Permission: _____ Date: _____

Witness: _____ Date: _____

The United Church of Christ Pension Board

Churches may elect to provide health, dental, and pension coverage for nurses who are employed by the congregation. A nurse must work at least 20 hours per week in order to be eligible for coverage.

Questions may be directed to the UCC Pension Board office in New York (212) 870-2777, toll-free at (800) 642-6543 or visiting the website: www.pbucc.org

SECTION VI

**FREQUENTLY ASKED
QUESTIONS**

FAITH COMMUNITY NURSING FAQ's

- Question:** *Do I have to document if I volunteer as a Faith Community Nurse?*
- Answer:** Yes. Whether an unpaid volunteer or paid, when functioning as licensed professional registered nurses, we are required to document care given. (See Section V)
- Question:** *Do I have to follow the FCN: Scope and Standards of Practice if I volunteer as a Faith Community Nurse?*
- Answer:** Yes. The professional expectations of the independent practice of Faith Community Nursing apply to all working in this capacity whether paid or as unpaid volunteers. (See Section V)
- Question:** *What is the normal salary for Faith Community Nurses?*
- Answer:** For those who are paid, the salaries are very similar to RNs in the local community that work as school nurses, entry-level hospital or skilled nursing nurses, and other community health nurses.
- Question:** *What is the minimal number of hours required for an effective Faith Community Nurse program?*
- Answer:** This of course depends on the size and needs of the membership served. Usually working a minimum of 10 –20 hours per week is needed to be effective; some Faith Community Nurses work full-time (40 hours) per week.
- Question:** *Is there credentialing required for Faith Community Nursing?*
- Answer:** At this time, there is no professional specialty certification examination required or available for FCN. Along with the professional nursing expectations, the FCN is accountable to the church as a person in ministry. Within the United Church of Christ, FCN is understood to be a specialized area of ministry for which it is appropriate to seek standing and

authorization as a Commissioned Minister. (See Section IV)

Question: *What can a Faith Community Nurse do?*

Answer: The FCN can perform independent functions of nursing (actions that do not require a physician's order) as outlined by your state's Nurse Practice Act. (See Section III)

Question: *Do Faith Community Nurses work with only older adults?*

Answer: FCNs are concerned with the health and well-being of individuals of all ages and their families. Programs and the activities of the FCN however reflect the greatest needs and interests of the particular faith community served.

Question: *Is a Faith Community Nurse covered for liability under the UCC Insurance Board's program?*

Answer: Yes. Although coverage is not automatic, Nurses Professional Liability coverage is now available for registered and licensed practical nurses who offer their services to churches under the guidelines of the FCN program of the church. (See Section V)

Question: *What does the church need to provide for a Faith Community Nurse program?*

Answer: Minimally - office space and a telephone (with some privacy for confidentiality), a lockable filing cabinet for record storage, access to secretarial support, mileage reimbursement, continuing education, and basic office supplies.

Question: *Where can we obtain a copy of FCN: Scope and Standards of Practice?*

Answer: This is available from HMA at www.hmassoc.org

Question: *How do we learn about the Nurse Practice Act?*

Answer: Contact the State Board of Nursing in your state by calling or going on-line to access the Nurse Practice Act.

Question: *Where can we find funding for congregational health ministry and/of a Faith Community Nurse program?*

Answer: Besides prayer, good places to start include: philanthropic agencies (most libraries carry foundation references), congregations, hospital / health-related institutions, individuals, special offerings and fund-raiser activities, planned giving (bequests)

Question: *What do we need to assure success of a health ministry led by a Faith Community Nurse?*

Answer: The pastor's support and participation, congregational understanding of the connection between faith and health, congregational commitment, and good collegial match between the pastor and FCN

Question: *How can the UCC FCN Network be contacted?*

Answer: Contact any of the Leadership Team members (see Section II) or Ms. Barbara Baylor, Minister of Health Care Justice Programs, Justice and Witness Ministries (216) 736-3708; or baylorb@ucc.org The Minister of Health Care Justice Programs provides staff support, but the work of the network is collaborative.

SECTION VII

FAITH COMMUNITY NURSE RESOURCES

RESOURCES

The development of programs of health ministry and the role of the faith community nurse continues to evolve. To provide only a list of specific resources would be limiting since it can very quickly go out of date. For that reason we have provide a combination of both general resources as well as some specifics. It is by no means meant to be an all inclusive list.

Since each of our UCC churches is an independent entity and is populated by individuals with different gifts and needs, each health ministry program has commonality, but it also is by necessity unique to that congregation. As you investigate and then develop a health ministry you may find the following sources of information and resources helpful.

PROFESSIONAL ORGANIZATION

Health Ministries Association <www.HMAssoc.org> or 800-280-9919

This is the professional organization for faith community nurses and others involved in health ministry. Members share information regarding resources, programs and funding opportunities through the website, newsletters, and regional and national conferences. The web-site also provides contact information and resources available from all faith groups providing health programs within faith communities. A Health Ministry Journal is also available.

EDUCATIONAL OPPORTUNITIES

The faith community nurse bridges two disciplines and as such must be prepared in and responsible to both. Educational offerings in nursing have expanded along a continuum to now range from continuing education programs with extensive contact hours to baccalaureate and graduate level

nursing courses. Some theological schools and universities offer courses or programs of study for nurses that provide education on spiritual and pastoral care. Some educational programs are offered within facilities and others are offered on-line.

UCC Conferences

At the Conference and Area levels of organization within the UCC there are educational opportunities. Call your Conference office to learn what is going on and what support they might have for your efforts.

Interdisciplinary Programs of Study

There are educational opportunities available both at educational institutions and on-line for interdisciplinary study. Check with your local theological school or seminary for courses. Also the Oates Institute ([www,oates.org](http://www.oates.org)) offers a Health Ministry Certificate program on-line.

Educational Resource Centers

Educational resources centers have developed all over the country. One of the first was the International Parish Nurse Resource Center sponsored by the Deaconess Foundation, affiliated with the United Church of Christ as a member of CHHSM. This center has developed a curriculum that is taught in various sites. To learn where these continuing education offerings are available go to the web- site ipnrc.parishnurses.org. An online e-letter is also available.

PUBLISHERS AND OTHER SUPPLIERS OF MATERIALS

Keeping up to date with the release of new books, videos, and manuals that support our work is an ongoing task. The following list of publishers and their current books gives you a sampling of what kind of supports are available both from diverse groups. In addition, you may go to the national web-sites of religious denominations and see what they have available. Materials developed by one faith community are often

useful with others; just check the theological perspective with your pastor.

Abingdon Press <www.abingdonpress.com>

- Ammerman, N., Carroll, J., Dudley, C. and McKinney, W. (1998). *Studying Congregations - A New Handbook*.
- Langhauser, S. (2000). *Blessings and Rituals for the Journey of Life*
- Savage, J. (1996). *Listening and Caring Skills — A Guide for Groups and Leaders*.
- Willhauck, S. & Thorpe, J. (2001). *The Web of Women's Leadership — Recasting congregational ministry*

Alban Institute <www.alban.org>

- Cahalan, K.A. (2003). *Projects that Matter — Successful Planning & Evaluation for Religious Organizations*.
- Dudley, C.S. (2000). *Basic Steps Toward Community Ministry*
- Hahn, C. A. (1994). *Growing in Authority-Relinquishing Control*.
- Steinke, P.L. (2000). *Healthy Congregations — A Systems Approach*

American Nurses Association < www.nursingworld.org >

Has available the three foundation documents for nursing practice plus our specialty

- American Nurses Association. (2001). *Code of Ethics for Nurses with Interpretive Statements*.
- American Nurses Association. (2003). *Nursing's Social Policy Statement, Second Edition*.
- American Nurses Association. (2004). *Nursing: Scope and Standards of Practice*.
- American Nurses Association and Health Ministries Association (2005) *Faith Community Nursing: Scope and Standards of Practice*

Augsburg/Fortress Press <www.augsburgfortress.org>

- Gunderson, G. (1997). *Deeply Woven Roots - Improving the Quality of Life in Your Community*.
- Jackson, C. (2003). *The Gift to Listen, The Courage to Hear*.
- Westburg, G. & McNamara, J. W. (1990). *The Parish Nurse — Providing a minister of health for your congregation*

Eden Seminary Bookstore <www.eden.edu/bookstore/parishnurse.asp>

- Carries a large number of books from a variety of publishers

Elsevier / Mosby <www.elsevier.com>

- Solari-Twadell, P.A. & McDermott, M.A. (2005). *Parish nursing: Development, educational preparation, and administration*.
- Jones and Bartlett <www.jbpub.com>
- O'Brien, M.E. (2003). *Parish Nursing: Healthcare Ministry within the Church*
- O'Brien, M. E. (2003). *Prayer in Nursing*
- O'Brien, M.E. (2003). *Spirituality in Nursing- Standing on Holy Ground*
- O'Brien, M. E. (2004). *A Nurse's Handbook of Spiritual Care*

Haworth Press <www.haworthpressinc.com>

- Vandecreek, L. & Mooney, S. (eds.) (2002). *Parish Nurses, Health Care Chaplains, and Community Clergy*
- Smith, S. (2003). *Parish Nursing- A Handbook for the New Millennium*

Health Ministries Association <www.HMAssoc.org>

Has books, videos, health education programs, and other supplies

- ANA & HMA (2005) *Faith Community Nursing: Scope and Standards of Practice*.
- Christian Medical Commission, World Council of Churches. (1990). *Healing and Wholeness- The Churches' Role in Health*.
- Droege, T. (1999). *The Healing Presence — Spiritual Exercises for Healing, Wellness and Recovery*.
- Health Ministries Association. (2002/2004) *A Guide to Developing A Health Ministry*
- The professional membership organization for Faith Community Nurses, www.HMAassoc.org .
- DVD "The Healing Team"—An Introduction to Health Ministry and Parish Nursing". May be obtained through the Health Ministries Association, www.hmassoc.org.

International Parish Nurse Resource Center <ipnrc.parishnurses.org>

- Has a *Parish Nurse Ministry Survey: An Outcomes Measurement Tool*
- Parish nurse pins, course certificates, blood pressure cards, bookmarks
- A standardized core curriculum for parish nurse preparation

Judson Press <www.judsonpress.com>

- Grantham, R. (1980). *Lay Shepherding — A guide to visiting the sick, the aged, the troubled and the bereaved*
- Jones, K. B. (2001). *Rest in the Storm — Self-Care Strategies for Clergy and Other Caregivers*.
- Lord, C. A. (1997). *The Church Newsletter Handbook*
- Sparkman, T. & Sparkman, G. T. (1988). *Writing your own worship materials: Responsive readings, litanies, prayers, worship service outlines*

Lippincott, Williams and Wilkins <www.lww.com>

- Hickman, Janet S. 2006. *Faith Community Nursing*.

Morehouse Publishing <www.morehousegroup.com>

- Driskill, J. (1999). *Protestant Spiritual Exercises*
- Geitz, E., Burke, M. & Smith, A. (Eds.). (2000). *Women's Uncommon Prayers — Our lives revealed, nurtured and celebrated*

Pilgrim Press www.thepilgrimpress.com

- Chase-Ziolek, M. (2005). *Engaging Congregations in Ministries of Health*.
- Evans, A. R. (1999). *The Healing Church — The Practical Programs of Health Ministries*.
- McEwan, D, Pinsent, P, Pratt, I, & Seddon, V. (2001). *Making Liturgy—Creating Rituals for Worship and Life*
- Patterson, D. L. (2003). *The Essential Parish Nurse*.

Prentice Hall <www.prenhall.com/nursing>

- Taylor, E.J. (2002). *Spiritual Care — Nursing Theory, Research and Practice*

Sage Publishing <www.sagepub.co>

- Clark, M. B. & Olson, J. K. (2000). *Nursing within a Faith Community: Promoting health in times of transition*.
- Solari-Twadell, P. A. & McDermott, M. A. (1999). *Parish Nursing: Promoting whole person health within faith communities*

United Church Resources <www.UCC.org>

- *Called to Care: A Notebook for Lay Caregivers*

Willowgreen <www.willowgreen.com>

Has books and videos as well as free material on-line that may be printed out

- Miller, J. & Cutshall, S. (2001). *The Art of Being a Healing Presence A Guide to those in caring relationships.*
- Miller, J. *Effective Support Groups*

SECTION VIII
NEIGHBORS IN NEED

Support Neighbors in Need

"The cost of discipleship is rising . . ." William Sloane Coffin

Imagine . . . another world is possible: but not without the strong support of people of faith like you.

Giving to Neighbors in Need is our way of acting on our belief that another world is possible! We dare to imagine a world where every child of God is valued, loved and nurtured in equal measure. Jesus shows us how we can help ourselves and others have hope for a better world here on this earth.

"Faith puts us on the road," wrote William Sloane Coffin, "hope keeps us there."

Your generous gift to the Neighbors in Need offering in the United Church of Christ has never been so important. Many congregations receive Neighbors in Need on the first Sunday of October. You can donate online at any time. To find out more about Neighbors in Need by logging onto <http://www.ucc.org/nin/>

Neighbors in Need funds organizations and congregations that address the whole range of social issues and concerns: poverty, economic development, health care for all, human rights, peacemaking, violence, racial and economic justice, environmental concerns, and advocacy for public education, multiracial, multi-cultural implementation and public policy. Neighbors in Need also supports the work of the United Church of Christ's Justice and Witness Ministries. One-third of the offering supports the UCC's Council for American Indian Ministry, including our twenty American Indian UCC congregations.

Neighbors in Need funds assists the work of the Health Care Justice Program in supporting the UCC Faith Community Nurse Network.

Imagine

Another World Is Possible



2009 Neighbors In Need
Justice and Witness Ministries

**UNITED CHURCH
OF CHRIST**

A Prayer For Healing

Loving and tender God,
touch my heart with hope,
touch my mind with clarity,
touch my soul with peace, and
touch my body with the warmth of your healing presence.

Grant me courage to face the future,
insight to understand life's trial,
wisdom to discern how I can touch lives of others,
and comfort of people who care about me as I reach for your loving hands.

In Jesus' name, Amen.

*Rev. Deborah Patterson, Executive Director
International Parish Nurse Resource Center
Deaconess Parish Nurse Ministries*

