

# Faith Community Nursing: A Promising New Paradigm for Public Health

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# Research prompted by

- Aging demographics
- Increase in rates of chronic diseases
  - escalating cost of care
  - leading expense in health care
- Preventable
- Aging health care providers



# Paradigm Shift

- Community-based care
- Prevention and management of chronic disease
- Demographic changes
- Culturally sensitive care



# Faith Community Nursing is:

- **ANA (American Nursing Assn) speciality since 1984**
- **Focuses on health promotion and illness prevention as well as chronic disease management**
- **Health is not the absence of disease; rather it is a holistic way of living that embraces life in its fullness**
- **Assists congregants to achieve higher levels of wellness by improving their spiritual, mental, and physical health**



# A Faith Community Nurse (FCN) :



- Assists clients to obtain needed health related services
- Negotiates clients through the health care maze
- Promotes community awareness of significant health problems
- Lobbies for beneficial public policy
- Stimulates community action for health

# The Roles of a FCN

- Health Educator
- Health Counselor
- Referral Advisor
- Health Advocate
- Coordinator of volunteers
- Developer of support groups



# History of Faith Community Nursing

**1984 - a new model of health care: *Parish Nursing*, defined by Rev Granger Westberg linking spirituality, medicine, and prevention: whole person health**

**1998 - recognized by the ANA as a speciality:  
Scope and Standards for Parish Nursing**

**2004 - ANA Scope and Standards revised with title change: *Faith Community Nursing***

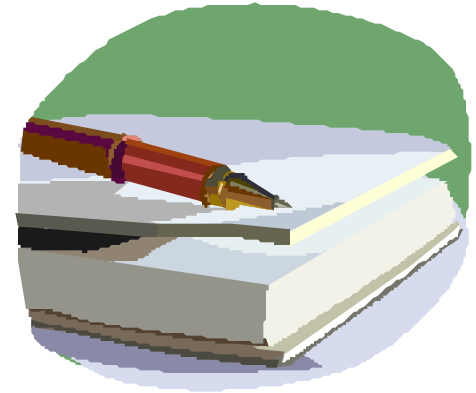
**2007 – growth to 30,000+ FCNs in the US, and an international nursing speciality**

# Research Questions

- 1) What does the FCN workforce look like?
- 2) Whom do FCNs serve?
- 3) What issues do FCNs deal with?
- 4) What types of interventions do FCNs provide?



# The Current Study



- Funded by Ascension Health Systems
- A pilot effort at nationwide systematic data collection
- Four-page scannable survey
- 542 surveys were completed; 517 of which were active parish nurses

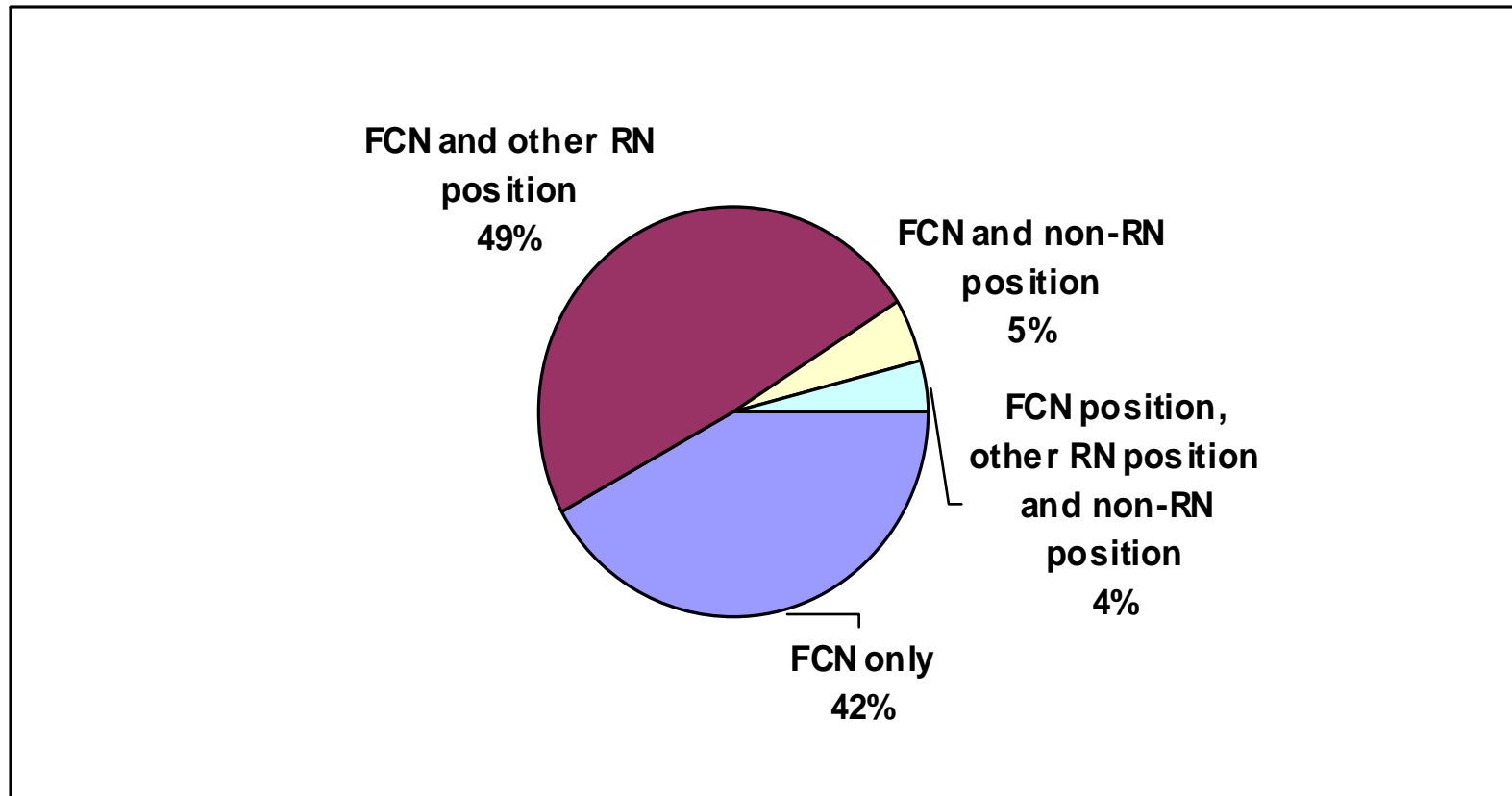
# Demographics of FCNs

- Older
  - 1/3 were age 65 and older
  - 1/3 were ages 55-64
- Well-educated
  - 53% reported that their highest degree (either nursing or non-nursing) was a bachelor's or higher.
- Experienced
  - median of 32 years practicing as an RN.

# Work Structure

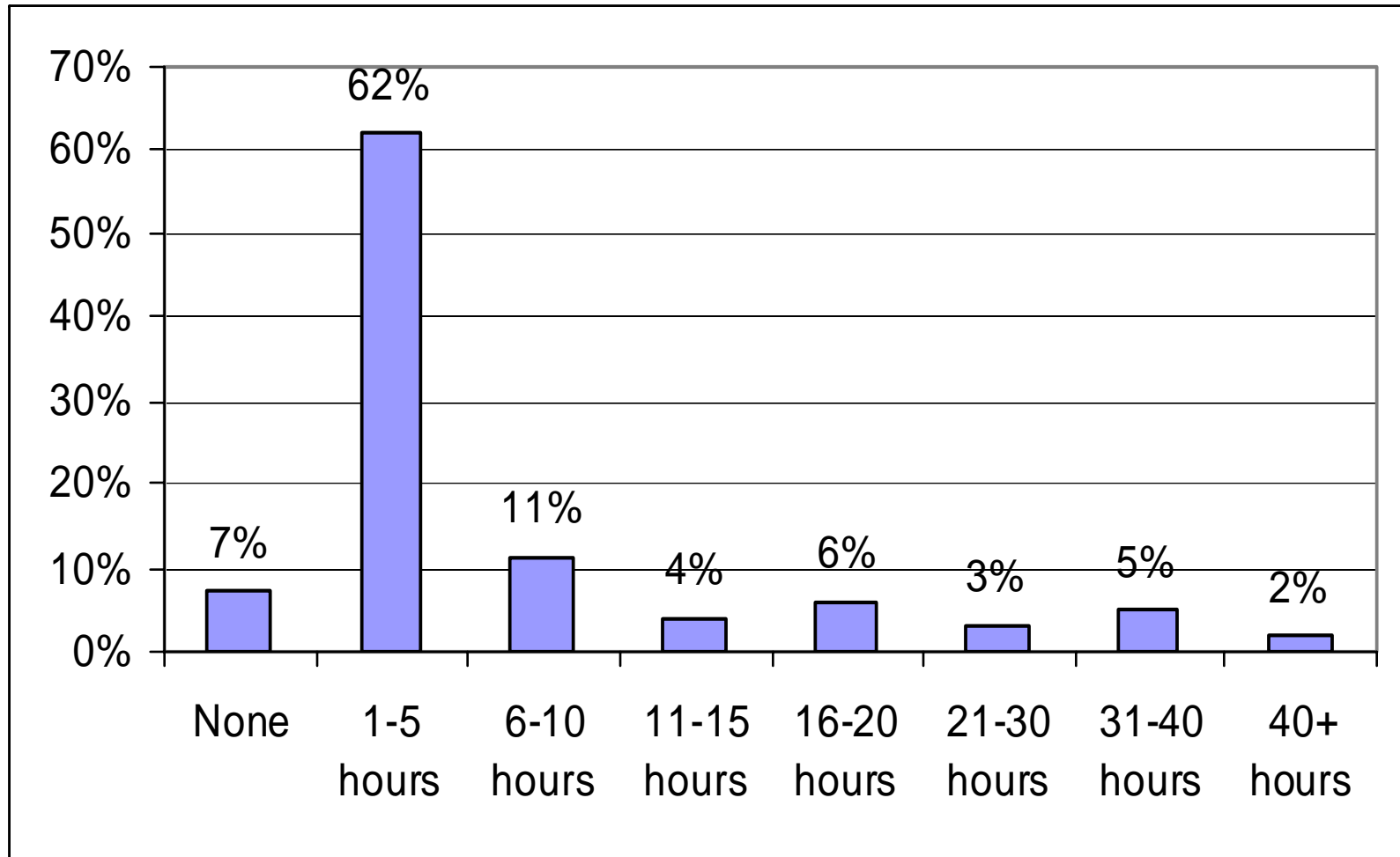
- 90% indicated that their FCN work was a volunteer job, while only 10% reported being paid
- 47% reported that their ministry was affiliated with an Ascension Health hospital

# 58% worked a job other than FCN



Many indicated their other jobs were volunteer positions as well.

# Spent a median of 3 hrs/wk doing FCN



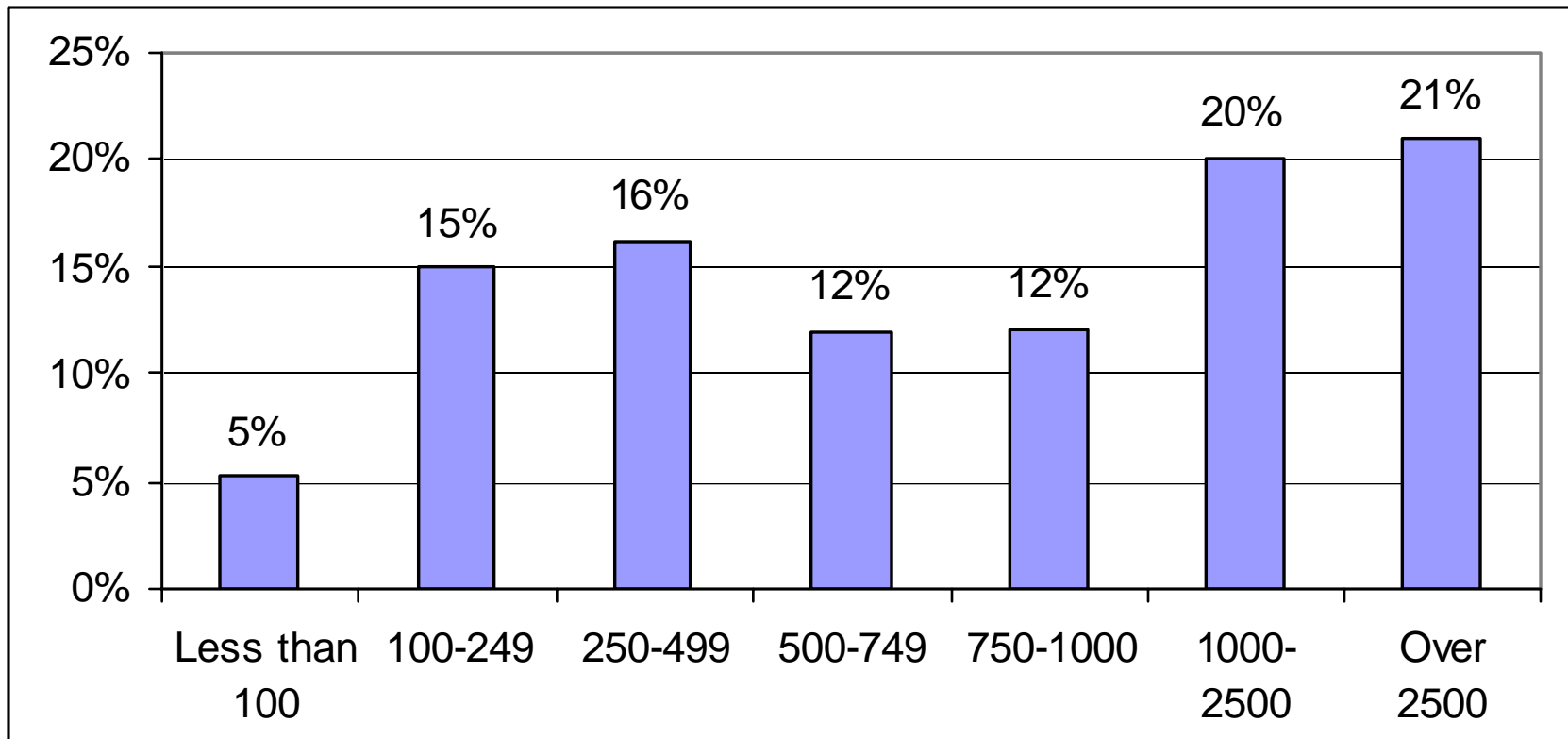
# Congregations Served

- **94% served only one congregation**
- **58% served a Roman Catholic congregation**
- **31% served a Protestant congregation**
  - **Episcopal (5%), nondenominational (3%), or “other” (4%)**

# Serve All Types of Communities

- 40% either large or small city congregations
  - 9% serve congregations in inner-city areas
- 38% suburban congregations
- 23% small town or rural congregations.

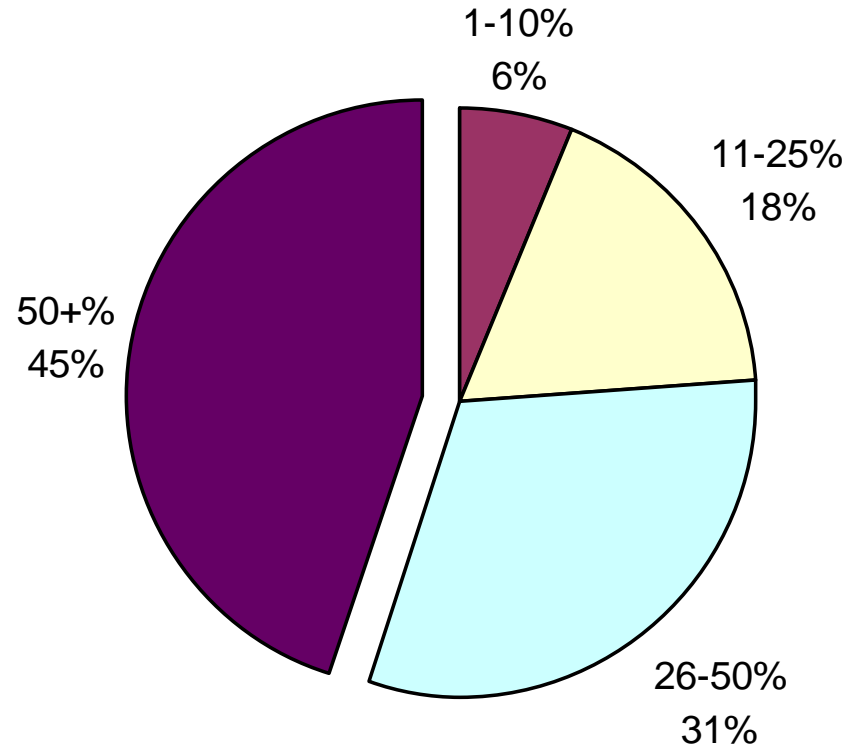
# Congregation Size



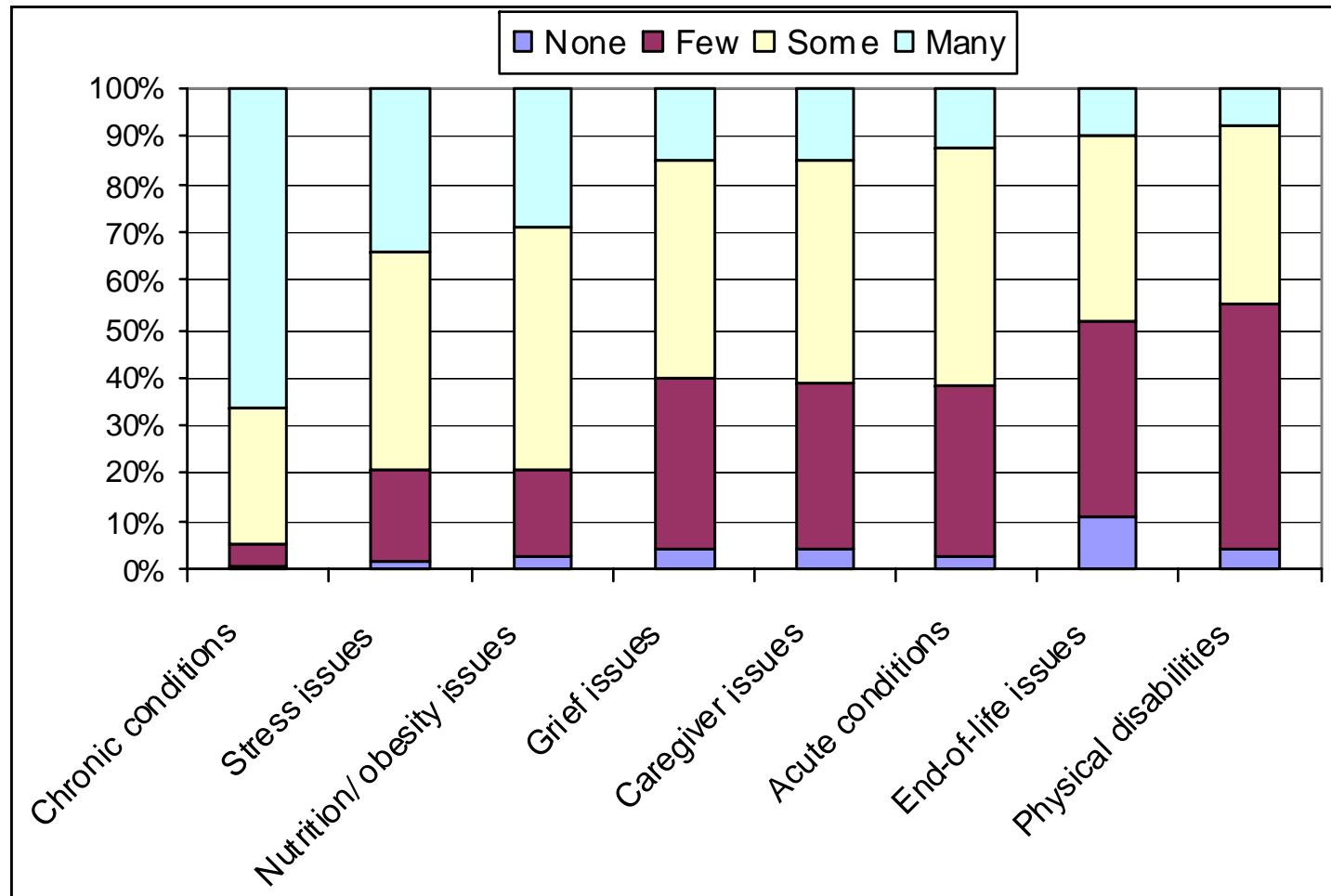


# Serve Aging Congregations

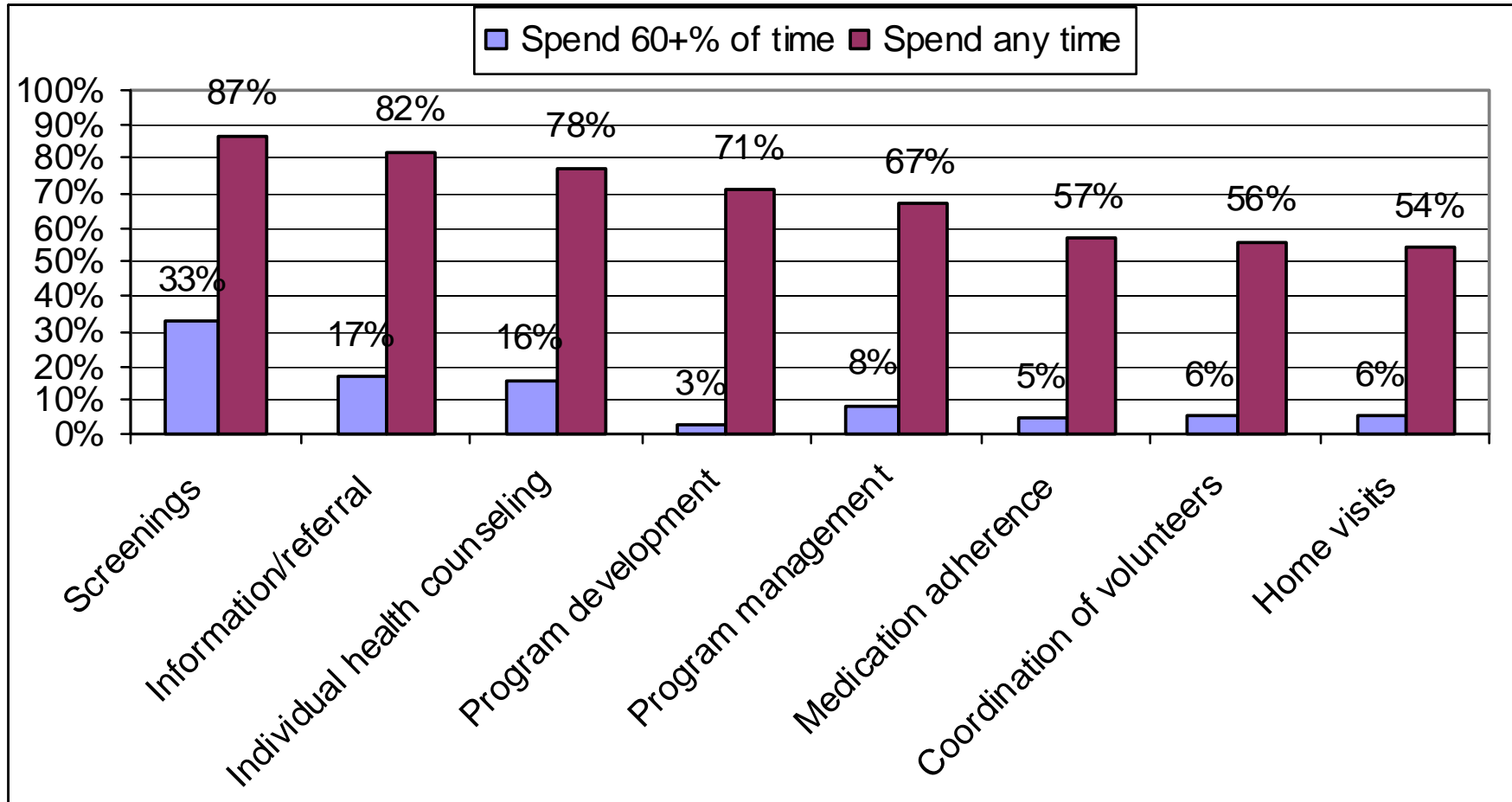
**Percent of Congregation Age 55 And Older**



# Serve Populations With Chronic Conditions



# Primary Activities



# Key Findings

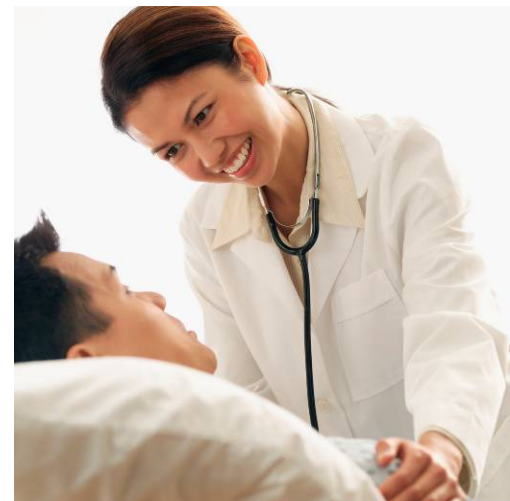
- Roles related to prevention, community case management and access to care are central to FCN practice
- FCNs tend to serve congregations consisting of older adults and those with chronic diseases
- Obesity/nutrition and stress are major health concerns.

# The ElderCare Project

- Pensacola, Fl:
  - Upon discharge from hospital frail elderly are connected to a faith community nurse in their community.
  - Goal: maintain client in home while preventing rehospitalization.



# *Palliative Care*



- Troy, NY and Warren, MI
- Working in partnership with Palliative Care programs, treating CHF and COPD patients, FCNs become the bridge into the community.
  - Provide support, ongoing assessments with appropriate utilization of services while maintaining clients in the community as long as possible.

# Conclusions

- Prevention and management of chronic disease are key roles for FCNs
- FCN programs provide some of the services not typically available in the existing health care system
- FCNs may expand the availability of culturally sensitive health services within underserved communities (e.g. rural, inner-city)

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