



Health Ministry

Providing for Health and Wholeness within a Congregation

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Programs of Health Ministry are being initiated in churches, synagogues and mosques. Although each program supports the integration of faith and health, every one is uniquely designed based on the gifts and needs of the members of the faith community.

A Health Ministry promotes health and healing as part of the mission and ministry of a faith community to its members and the community it serves. Health is wholeness. Healing is the process of integrating the body, mind, and spirit to achieve this wholeness and a sense of well-being, even when the curing of disease may not occur.¹

A Health Ministry provides:

- Understanding and support of the connection between religious activities and health.
- An opportunity for a faith community to influence the health of members of all ages.
- An opportunity for people of the faith community to integrate the health of the body, mind, and spirit while caring for each other and the people in the community.
- A path to attaining, maintaining, and regaining the best possible, holistic health that may be experienced.

Relationship Between Health and Faith Practices

Although the relationship of cause and effect are not readily apparent, research supports the theory that our religious and spiritual practices have an influence on

our health and well-being. More than 800 studies have found a significant, positive association between religious commitment and better mental and physical health.

Members of faith groups experience lower rates of heart disease and hypertension, lower rates of cancer, and more satisfaction with their life and their health.² When an illness or accident does occur there is a positive correlation between the odds of survival and the person's degree of religious involvement.³

Active participation in a faith community has a positive impact on health. In general, people who attend services one or more times per week live from seven to 14 years longer than those who don't. Attendance at more than one service a week provides a 31% reduction in heart disease while going to just one service per week reduces by almost 50% the risk of death occurring during the following year.⁴

Worship and prayer have a demonstrated affect on emotions. The more frequently people participate in devotional activities the healthier they rate themselves, even when they have a chronic disease. Frequent practice of prayer is associated with better health and emotional well-being and lower levels of psychological distress.⁵ Personal prayer increases a sense of peacefulness, decreases anxiety and feelings of anger, increases a sense of well-being and leads to a more positive outlook about life changes.⁶

Benefits of a Health Ministry

A Health Ministry can impact the health of congregants simply by facilitating a loving, human connection. Led by a team of professionals and volunteers, a Health Ministry provides a caring community of hope and a sense of connectedness that makes a positive difference in the lives of people. Many churches already have in place a program of lay visitation, volunteers to provide transportation or emergency meals. A Health Ministry provides an organizational framework so that all services can function together and additional avenues for assistance can be developed as needed.

The activities of each health ministry vary according to the resources and desires of the particular faith community.⁷ The leadership for the Health Ministry may be provided by a lay person or a health professional working in collaboration with the clergy. The design of the services within the program is dependent upon the skills offered by the leadership and their ability to draw in other resources.

Activities may include:

- Study of the integration of the concepts of faith and health.
- Education for health promotion and disease prevention that incorporates the concept of stewardship of the body that God has provided to each of us.
- Development of support groups to help each other.
- Health advocacy and location of resources and referral services.

- Education, coordination, and support of volunteers for various programs of service.
- Collaboration with organizations offering services within the community.

Health Ministry with a Parish Nurse

Several models of health ministry have evolved. The most common one is the parish nursing model. "Parish nurse" is the title given to a registered professional nurse who serves as a member of the ministry staff to promote health as wholeness of the faith community, its family and individual members, and the community.

The title parish nurse developed when this nursing specialty became active in the Lutheran church almost twenty years ago. As other denominations developed programs of health ministry led by nurses, the label for the specialty role spread. Parish nurse is now the term that professional nursing organizations and liability insurance programs recognize.

Parish nursing is a unique, specialized practice that holds the spiritual dimension to be central to practice. A parish nurse functions as part of the ministry staff within the interdisciplinary framework that includes clergy and other staff members serving a faith community. By incorporating the spiritual beliefs of the client into the nursing process, their faith perspective and spiritual practices become an intrinsic part of the health and healing process.

Expert in health promotion and community resources, a parish nurse focuses on issues of health within the context of the values, beliefs, and practices of a faith community. A parish nurse doesn't duplicate community services, such as the Visiting Nurses or Hospice Care, but collaborates with existing services bridging the gaps between them and the needs of the congregation.

The parish nurse position may be full-time or part-time, volunteer or paid, faith-based or faith-placed. A faith-based parish nurse comes through the initiative of a Health Ministry committee created to develop a program to serve one or more con-

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gregations. A faith-placed parish nurse is provided to one or more congregations by an agency or hospital as an outreach service. This position is paid in part or full by the hospital and is therefore influenced by the financial status of the agency.

Once their services are engaged, a parish nurse brings to the Health Ministry program an expertise in health promotion combined with the ability to assess individuals, families, and groups, develop appropriate interventions, and conduct ongoing evaluation. The most common roles fulfilled by a parish nurse are health educator and counselor, advocate for health services, referral agent, educator and coordinator of volunteer health ministers, developer of support groups, and integrator of spiritual practices and health.

A Health Ministry in Action

The easiest way to understand a Health Ministry is with a specific example of one response within a UCC church. This is the story of a woman we will call "Janice."

Janice has long been active in her church and considers the members of her congregation as her extended family. This "family" responded immediately when she fell, breaking her hip and wrist. Janice's insurance would provide for three days of hospital care after surgery and then a week in a rehabilitation facility. After that she was to be sent home to care for herself. She had no family in the area.

When alerted to her accident, the Health Ministry team in Janice's church,

under the leadership of their parish nurse, responded in multiple ways to support both her immediate and long-term needs.

The parish nurse notified the blood bank at the hospital that if during surgery a blood transfusion was needed, Janice's pints of blood could be credited to the church's blood bank account. This account had been established so the church family could receive blood transfusions without cost. Donations are received from church members and their friends at the annual blood drive conducted at the church.

A church member was sent to Janice's home to ensure that it would be secure while she was hospitalized and to care for her cats. Both issues had been of immediate concern to Janice and providing this care was the first step in reducing her level of anxiety.

The parish nurse and the pastor went to the hospital to offer Janice spiritual support, information, and companionship while she awaited her surgery. Since Janice was physically comfortable, this pastoral team discussed with Janice how and when she would like the rest of the church family to learn of her fall and hospitalization. In response to Janice's desires she was added to the prayer line and the church family was notified of her accident and ongoing condition at church gatherings.

Members were encouraged to offer prayers and send cards so that Janice would know she was being held in their care. Hospital visits were discouraged so Janice could rest during those three days. Once Janice was moved to the rehabilitation facility, visits were coordinated so that periods of activity could be alternated with periods of rest.

The parish nurse visited to offer information, support, and encouragement and to assess the situation and plan interventions that the church could provide. The pastor, briefed by the parish nurse as to Janice's physical status, visited and offered spiritual support, prayer, and communion. Potential visitors were encouraged to offer the gift of presence and love while keeping visits brief.

In anticipation of meeting her long-term needs as Janice recovered, a member of the Health Ministry team was assigned to collaborate with Janice and the parish nurse. This lay-volunteer, trained as a "health visitor," provided daily contact and encouragement in Janice's rehabilitation efforts and approaching discharge. These visits helped to determine Janice's capabilities, needs, and desires as she prepared to return home. Once Janice was home, this lay-volunteer continued a schedule of periodic contacts throughout the remainder of Janice's recovery. This provided a flow of information to the pastor and parish nurse, who then identified pertinent interventions that might be provided by the congregation.

Before Janice was discharged home, a ramp had to be built up to her front door. The parish nurse contacted two volunteers on the church's "time and talents" stewardship list. These men built a ramp and put up railings so that Janice could safely get into her home. Other volunteers provided for her safety by arranging the furniture to accommodate the now necessary walker, obtaining equipment for the bathroom, and installing a portable phone. These supplies all came from a collection stored by the church for such a purpose since some insurance plans do not cover these expenses.

The time and talents stewardship list also provided the parish nurse with potential volunteers so that a schedule could be established of drivers who could provide transportation to Janice's daily physical therapy appointments and periodic doctor's appointments.

The time and talents list also provided names of volunteer cooks so that a series of "dinner companions" could be arranged. In this case, a church member brought a meal and shared it with Janice, providing both physical sustenance and companionship.

As Janice's bones healed, the physical, mental, emotional, and spiritual interventions provided by the Health Ministry

team continued to evolve. Today, after receiving the care and support of her church family, coordinated by the Health Ministry team, Janice once again considers herself healthy, even though full movement of her wrist has not returned.

The Future of Health Ministry within the UCC

The number of health ministries is gradually increasing as the concept of integrating preaching, teaching, and healing grows in appeal to many UCC churches. In addition, the *Manual on Ministry* in the United Church of Christ supports the commissioning of ministers in health ministry/parish nursing.

The major barrier that remains to providing the professional expertise of a parish nurse on the ministry staff of every congregation is funding. The majority of parish nurses within the UCC are serving in a volunteer capacity. Hopefully, with increased awareness and future planning with congregations, this situation will change.

Reflection Questions

1. How do you define health and healing?
2. Who could benefit from a Health Ministry within your congregation?
3. What gifts could you bring to a Health Ministry within your church?
4. What gifts could you receive from a Health Ministry within your church?
5. What plans could be made to fund a Parish Nurse to become part of the ministry team?

Notes

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3. M. McCollough, D. Larson, W. Hoyt, H. Koenig, and C. Thoreson, "Religious involvement and mortality," *Health Psychology*, 19: 211-250, 2000.
4. W. Strawbridge, R. Cohen, S. Shema, and G. Kaplan, "Frequent attendance at religious services and mortality over 28 years," *American Journal of Public Health*, 87: 957-961, 1997.
5. M. Musick, "Religion and subjective health among black and white elders," *Journal of Health and Social Behavior*, 37: 221-237, 1996.
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