Objectives:

- Explore the health ministry model of legacy Atrium Health
- Understand the potential impact of faith community nursing and lay health ministry in your faith setting
Our Mission

To improve **Health**, elevate **Hope** and advance **Healing** – for all
Faith Community Health Ministry

12 Counties Served
50 Faith Community Nurses (10 paid)
113 Health Promoters (incl. 12 Latino FCHPs)
139 Faith Communities
Established in 1997
Faith Community Health Ministry

Affiliated with 139 faith communities in 12 counties

February 2021
REASONS FOR HEALTH MINISTRY

Ten Leading Causes of Death

Heart Disease

Nine Contributing Factors

Tobacco Use

Diet & Activity Patterns

Cancer

U.S. All Races

Suicide

Illicit Drug Use

Kidney Disease

Motor Vehicles

Influenza & Pneumonia

Sexual Behavior

Infectious Agents

Chronic Lung Disease

Kidney Disease

Suicide

Illicit Drug Use

Kidney Disease

Diet & Activity Patterns

Cancer

U.S. All Races

Suicide

Illicit Drug Use

Kidney Disease

Motor Vehicles

Influenza & Pneumonia

Sexual Behavior

Infectious Agents

Chronic Lung Disease

Eight Root Causes

External & Internal Stress

Anger & Frustration

Low Self Esteem or Self Worth

Meaningless Existence

Powerlessness Loneliness

Economic Disparity

Lack of Information Or Education

Hopelessness & Emotional Despair

Firearms

Pollutants & Toxic Agents

Diabetes

Alzheimer's Disease

Accidents

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Know What Affects Health

- Socioeconomic Factors: 40%
- Clinical Care: 20%
- Health Behaviors: 30%
- Physical Environment: 10%

Source: www.countyhealthrankings.org
As much as 80% of disease Americans pay to treat is preventable if we adopt healthier lifestyles.

Only 20% of an adult's health status is due to genetics, environment, or medical care.
Disparities

LATINO
- Diabetes: 65% more likely to be diabetic

AFRICAN AMERICAN
- Stroke: 40% more likely to die from stroke

AMERICAN INDIAN & ALASKA NATIVE
- Heart disease: 15% more likely to have heart disease

ASIAN AMERICAN & PACIFIC ISLANDER
- Liver cancer: 80% more likely to die from liver cancer
The Graying of America

Number of Americans 65+

Source: AARP; Based on data from the U.S. Bureau of the Census
Faith Community Health Ministry

History
Origin in “Parish Nursing”

Father of Parish Nursing
Rev. Dr. Granger Westberg

Roots
Historic beginning rooted in Judeo-Christian tradition

Faith Community Nursing
In the U.S. and around the world

Emphasis is on health and healing with ANY faith community!

Some Familiar Names for the Nurse
• Parish Nurse – Faith Community Nurse
• Jewish Community – Congregation Nurse
• Muslim Community – Crescent Nurse
4 Models for Affiliation with the Atrium Health Faith Community Health Ministry

EMPLOYEE MODEL
Compensated Faith Community Nurse

PARTNERSHIP MODEL
Non-compensated Faith Community Nurse

FAITH COMMUNITY HEALTH PROMOTER MODEL

FCHM LIAISON MODEL
Faith Community Nursing

A 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 in a faith community.

- Faith Community Nursing became an ANA nursing specialty in 1998.
- Faith Community Nurses (FCN) complete a Foundations of FCN Course.
What is a Faith Community Health Promoter?

A faith community health promoter (FCHP) is a lay person who is willing to minister to their faith community by educating them about health promotion and disease prevention.

After completing a ten-hour course, the FCHP can assist their congregation by starting a health ministry or by working alongside a faith community nurse in an existing health ministry.
Roles in the Faith Community Health Ministry

FAITH COMMUNITY HEALTH PROMOTER

- Integrator of Faith and Health
- Link to Health Education
- Referral Agent
- Facilitator of Support Groups
- Coordinator of Volunteers
- Advocate
- Pastoral Partner

FAITH COMMUNITY NURSE

- Integrator of Faith and Health
- Health Counselor
- Health Educator
- Referral Agent
- Coordinator of Volunteers
- Facilitator of Support Groups
- Advocate
- Pastoral Partner
Latino/Hispanic Community Collaboration

Spanish Programming/ Education/Services currently provided:

- Faith Community Health Promoter Training
- Mobile Mammography onsite screening
- Breast Health Education and access to resources
- Mental Health First Aid Adult and Youth curriculums
- Nutrition and Disease Self-management Community workshops
- National Diabetes Prevention Program
- Education workshops for Parents and Youth
- Access to Physical Activity/Exercise programs and resources
- Healthy Together (Childhood Obesity prevention program)
- Access to monthly Bulletin Board Health messaging
- Nutrition Education Sessions and Cooking Demonstrations
- End of Life Conversations
- Access to Atrium Health Community Resource Hub
Strategic Priorities for Community Health 2018-2020

- Mental Health and Substance Use
- Access to Care (Primary, dental and mental health)
- Socio-economic Determinants of Health
- Tobacco Prevention and Cessation
- Obesity (adult and child)

- In Faith Community Health Ministry- also focused on End of Life/Advance Directives
- Electronic Documentation
FCHM 2019 Key Process Metrics

FCHM Encounters reported for scorecard 2020 = 34,299

- # Med Reviews: 653
- # Group Exercise & Other events: 11,100
- # Education Participants: 12,133
- # FCN/FCHP Encounters: 16,419
- # of BP Screenings Performed: 2,888
- Potential ED Deferred ED Visits: 371
- SDOH - Food: 41,554
- SDOH - Financial: 6,102
Community Resource Hub Platform Utilization & Progress
2018- February 28, 2021

3546 e-Referrals
to Partner Organizations since May 2018

14056 Connections
Made for patients to learn more or get help from social care providers since January 2018

1666 Local Programs
Added to the Community Resource Hub by Teammates since November 2017

69 Claimed Partners

902 Self-Claimed*

871 Activated Social Care Providers since 2018

Major Milestones
- Two MOU’s Signed with Navicent Community Partners
- First Behavioral Health & Addiction Services Partners with MOU

Next Steps
- Planning Partner Meet & Greet June 2021

Social Services for 28025 (Concord, NC) | Atrium Health Community Resource Hub
(atriumhealthcommunityresourcehubstaff.org)
FCHM Addressing Food Insecurity

**# Served Total**
**2019 N=41,554**

- **Community Garden**: 828
- **Soup Kitchen**: 1,831
- **Food Pantry**: 22,203
- **Meals Provided**: 8,299
- **Back Pack Ministry**: 8,393
N=342

- Current PCP: 81%
- Urgent Care: 14%
- Emergency: 5%

FCHM 2019 FCN Referrals (Medical Home Pre-established)
FCHM 2019 FCN Referral Patterns

N=1,214

- Community Health Agency, 810
- Free Clinic, 141
- Health Department, 44
- Home Care, 29
- Hospice, 14
- Referral Lung Screening, 4
- FC Leader, 52
- Support Group, 7
- Therapist / Counselor, 45
- New Atrium PCP, 34
- New PCP (Not Atrium), 8
- FQ Community Health Center, 26
COVID-19 FCHM RESPONSE

- COVID - 19 Messaging and Education
  - Faith Community Partners
  - FCHM Community Nurses and HPs
- County level EOC support- serving as county community liaison
- Involvement in 2 Million Mask Initiative and Faith Community Committee work
- Participation in population specific education committees
- Distribution of Masks and other PPE
- Screening sites- identifying sites and volunteer at sites
- Vaccination sites- identifying faith locations and volunteering
- Community Benefit involvement; Med Assist, Food insecurity, PPE distribution, blood donation site coordination
- Social Isolation
Understanding Social Isolation and Loneliness

• AARP) A feeling of sadness or distress about being by ourselves or feeling disconnected from the world around us.

• (NIA-NIH) Loneliness is the subjective distressed feeling of being alone or separated. It’s possible to feel lonely while among other people, and you can be alone yet not feel lonely.”

Social Isolation:

• (AARP) happens when we’re separated from other people and don’t have social connections.

• (NIA-NIH) Social isolation is the objective physical separation from other people (living alone)
We know that Social Interactions as areas of need are *just as important* to the health of a patient as clinical needs.

Patients that are socially isolated are at rising risk for health concerns.

**Program Aim:** To mitigate loneliness and social isolation by cultivating regular contact with the patient and addressing barriers of social participation through connections to community and health services, in order to:

- improve patient’s health
- improve appropriate and decrease inappropriate medical care utilization
- support patients at home, both clinically and socially
Why 3 Screening Questions

Asking all three questions measure the three dimensions of loneliness, per UCLA Loneliness Scale data.

How often do you feel that you lack companionship?
Measures *relational* connectedness, or intimate others

How often do you feel left out?
Measures *social* connectedness, or social others

How often do you feel isolated from others?
Measures self-perceived isolation, or the affiliative environment
There are a total of 4 Power Forms and 1 referral form.

This is the first call:

Each question has drop down choices to choose.

Duke Social Support Index: Initial Questions

DSSI 1: Other than members of your family how many persons in your local area do you feel you can depend on or feel very close to?

- None
- 1-2 people
- More than 2 people

DSSI 2: How many times during the past week did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together?

DSSI 3: How many times did you talk to someone (friends, relatives or others) on the telephone in the past week (either they called you, or you called them)?

DSSI 4: About how often did you go to meetings of clubs, religious meetings, or other
## A day in the life of an FCN

<table>
<thead>
<tr>
<th>Referral</th>
<th>Number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>AYA House/RCCC</td>
<td>38</td>
<td>Does not include those who have applied to 3CH</td>
</tr>
<tr>
<td>Mental Health/Substance Use referrals</td>
<td>34</td>
<td>Referrals to programs such as Intensive Outpt therapy, does not include referrals for medication management or therapy.</td>
</tr>
<tr>
<td>Vocational Rehab</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Health Net/Community Free Clinic</td>
<td>51</td>
<td>34 were accepted into the program, 67%</td>
</tr>
<tr>
<td>Clients seen</td>
<td>501</td>
<td>Unique individuals in a month</td>
</tr>
<tr>
<td>Total encounters</td>
<td>1,973</td>
<td></td>
</tr>
</tbody>
</table>
“As the Faith Community Nurse at Opportunity House for 8 years, I identified that just providing for the food, clothing, and hygiene needs of those experiencing homelessness would not help anyone move toward stability. Assessing the needs of each individual always led to the conclusion that it was more than a series of poor choices that led to homelessness, it was years of instability, neglect, abuse, in addition to learning or developmental disabilities and unaddressed physical and mental health issues. Feeding and clothing them would not be enough.”

“From the very first time I came to Opportunity House, I wanted to create a program that would empower our people to move out of poverty. It has taken 8 years, a change in administration, intentional partnerships, and prayer and perseverance to get to where we are today. It will take the support of our entire community to keep moving forward.”

Laura Tolbert, MSN, RN
Faith Community Nurse
Benefits of Affiliation with Faith Community Health Ministry

- Strong leadership structure and established program
- Ongoing education and support for the FCN and FCHP and Clergy
- Access to expertise and resources focused on community-driven priorities in all counties served
Questions?

Pam Hurley, MOL, BSN, RN
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Atrium Health

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