

June 2006

# The Collaboration Between Parish Nurse and Public Health Programs in Connecticut.

Theresa M. Bachhuber

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The Collaboration Between Parish Nurse and Public Health Programs in Connecticut

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B.S., College of Our Lady of the Elms, 1984

A Thesis

Submitted in Partial Fulfillment of the

Requirements for the Degree of

Master of Public Health

at the

University of Connecticut

2006



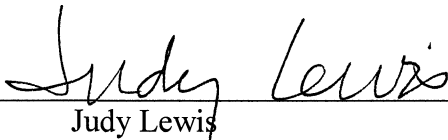
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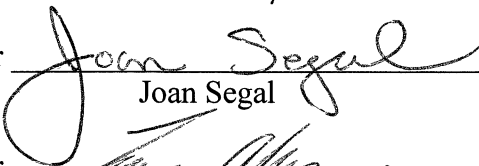
Master of Public Health Thesis


THE COLLABORATION BETWEEN PARISH NURSE  
AND PUBLIC HEALTH PROGRAMS IN CONNECTICUT

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## Abstract

Parish nursing is an emerging practice in the State of Connecticut. While nationally, parish nurse programs are more widely spread, those in Connecticut are progressive in their content and outreach to their faith communities. Communities of faith and, subsequently, the community-at-large might be better served if Parish Nurses collaborated more consistently with their local public health departments.

This qualitative research explores the relationship between parish nurse programs and public health departments in the State of Connecticut. An exploratory study using network sampling and in-depth, open-ended interviews provided data from the coordinators of parish nurse preparation programs in Connecticut and public health directors in those areas served by the parish nurse coordinators.

The research identified a knowledge deficit in each group regarding the others roles and priorities, and an interest in the potential for collaboration. Collaboration between public health departments and parish nurses could decrease redundancy and help advance the public health goals of each group.

## Acknowledgments

To my God for the “call” to service and for the loving guidance, blessings and bountiful resources which have been consistently provided to me through his Spirit.

To my husband and soul-mate, Bill, who provided endless love, patience, understanding, support and encouragement to see me through this process (and never once complained about the leftover dinners he had to eat on nights I was at class!).

To my parents, Maryann and Joseph (Ed) Enderle for being role models of living Christian faith and for supporting my decision to attend the College of Our Lady of the Elms for my undergraduate degree.

To my feline “kids” Crockett, Rikko, Thimbu, Johann Sebastian and Gretchen for being understanding of my time away from them to attend to my studies. The spirituality of cats should never be underestimated.

To Marilyn Pitman, Bristol Hospital’s Director of Library Sciences, who was an endless spring of information and guidance.

To all the participants in this study who so generously shared their time and talents with me.

This thesis is dedicated to the parish nurses in Connecticut who consistently demonstrate their love of God and vocation through their selfless acts. May the flame continue to burn in your soul that you share the light of hope and healing as you minister to others.



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# CHAPTER I

## INTRODUCTION

Our world is an increasingly unsettled place. With war raging in the Middle East, civil unrest in many underdeveloped countries, catastrophic natural disasters occurring at alarming rates, AIDS, poverty, and other social injustices increasing at home and throughout the world, government-funded faith-based initiatives have become a necessity in attempt to minister to the poor, marginalized and broken. This thesis addresses one non-government funded faith-based initiative: parish nursing, and its relationship with local public health.

What is parish nursing? Simply stated, parish nursing is the integration of faith and (holistic) health. Parish nursing focuses on prevention and health promotion while weaving a theological thread (spirituality) into its tapestry.<sup>1</sup> It is the reclamation of discipleship. As defined by Swinney et al., “Parish nursing is a community-based nursing practice that is giving nurses the opportunity to address the physical, cultural, emotional and spiritual needs of faith communities”.<sup>2</sup> Reverend Deborah Patterson states that “parish nursing fits the model of wellness and prevention in a way that touches lives across generational, cultural, and socioeconomic lines. It draws a healing circle around a congregation and extends that circle into the community, blowing open the doors of churches in renewing and life-affirming ways”.<sup>3</sup>

Parish nursing's roots are evident in the practice of Florence Nightingale, who believed that health care must be holistic and that spirituality nourishes the practical aspect of nursing service. According to Nightingale, science and spirituality are both necessary to promote healing.<sup>4</sup> Ms. Nightingale had a strong belief in God as the Creator of all things; that God and nature are the healers of all.<sup>5</sup> Spirituality was evident not only in her service to other people, but in her love of nature and animals. She was a strong advocate for the poor, marginalized and underserved as evidenced through her many letters pertaining to cruelty to animals<sup>6</sup> and her work with London's workhouse infirmaries.

Nightingale's approach to reform of the nineteenth century workhouse infirmaries was based on her assessment of the deplorable conditions found in these institutions. The infirmaries' environments of care juxtaposed with that of hospitals (which most patients could not afford) moved Nightingale into action as she witnessed social injustice in a two-tiered system of healthcare.<sup>7</sup> The origin of this movement is strangely similar to the very reasons that parish nurse programs continue to emerge: employers have reduced medical coverage because of high insurance premiums, while 46 million other Americans have no health insurance at all. The consequence is a tiered system. In the wealthiest country in the world, we are left with a great disparity of haves and have-nots. The question is whether we need more people like Florence Nightingale, who believe in the "calling" and social justice work of nursing or whether people are available but unaware of the infinite possibilities of (parish) nursing forged by the "founder of modern

nursing”.<sup>8</sup>

The modern concept of parish nursing originated in the midwestern United States in the late 1960's.<sup>9</sup> The concept was that of the late Reverend Granger Westberg; a Lutheran minister and Chicago hospital chaplain who believed that the church needed to become involved in holistic health: an integration of the body, mind and spirit to achieve health and wholeness. A call to a joint professorship in Religion and Health at the University of Chicago Medical and Divinity Schools provided Westberg with the opportunity to organize a series of meetings which joined religion and medicine. During these weekly conferences, a team of physicians, nurses and clergy presented and discussed the problems of individual patients with an emphasis on the spiritual dimensions of the illness. Medical, nursing and theology students were also in attendance. It was these conferences which convinced Westberg and others that illness is multidimensional and should be treated as such.<sup>10</sup>

Westberg's research hospital experience at the University of Illinois introduced him to many nurses who convinced him that “the field of preventive medicine would never go anywhere if it remained only in the hands of physicians”.<sup>11</sup> This revelation provided the foundation for modern parish nursing as Westberg was working in the Department of Community Medicine at the University of Illinois College of Medicine, where he established a program of family physicians' offices in churches. The nursing aspect of these holistic practices was so effective that, in 1984, Lutheran General

Hospital in Park Ridge, Illinois, began the first institutionally based parish nurse program.<sup>12</sup> Since then these programs have spread to congregations throughout the United States and Canada.<sup>13</sup>

Arriving at an accurate number of parish nurses in Connecticut, the United States and the world is not an easy task. Deborah Patterson, Executive Director of the International Parish Nurse Resource Center, states:

We believe the number (of Parish Nurses in the United States) is about 7,000, which is the number that appears in our book on parish nursing: The Essential Parish Nurse: ABCs for Congregational Health Ministry. This number is derived in the following fashion: Each educational partner using our curriculum reports the numbers of students enrolled in their parish nurse basic preparation classes. While not everyone who completes the classes becomes a parish nurse, there are also a few other parish nurse classes using different curricula. So, this is our best "guestimate" of the current number of parish nurses at this time. (personal communication, Deborah Patterson, November 8, 2004).<sup>14</sup>

Internationally, Reverend Patterson suggests that there are an additional 250 practicing parish nurses.<sup>15</sup> Deaconess Parish Nurse Ministries' Director stated that her organization was not aware of any research that has been done on parish nursing and public health services in other countries. Deaconess Parish Nurse Ministries is the parent organization for the International Parish Nurse Resource Center.<sup>16</sup>

## Research Question

This research sought to answer the following question: Is there a need for greater collaboration between public health and parish nursing in Connecticut?

## Purpose

The purposes of this research study were to:

- Explore the relationship between parish nurse programs and public health departments (and districts) in the State of Connecticut
- Identify resources for these partnerships
- Make recommendations for future collaboration

## CHAPTER II

### LITERATURE REVIEW

This chapter will provide the reader with an understanding of parish nursing and public health in Connecticut. It will discuss the faith-health connection and the importance of spirituality to health, citing specific research. The definition of parish nurse and the roles of parish nursing will be discussed. The Connecticut Council of Parish Nurse Coordinators (CCPNC) will be introduced and defined. Models for parish nurse curricula will be outlined. The scope of practice for parish nurses will be outlined. Finally, success stories of faith-based collaboration will be shared.

The story of the faith-health connection has unfolded throughout history. As early as the fourth century before Christ, the physician Hippocrates, and his Greek colleagues, founded modern medicine. When Greece's medical schools were acquired by the Roman Empire, the influence of the Christian Church followed.<sup>17</sup> The Christian church vacillated between accepting and rejecting modern medicine for fear that if diseases and cures could be explained by science, God would not be needed.<sup>18</sup> The faithful realized that regardless of science, God was needed.

Most of the world's early hospitals were started by religious groups, in the first centuries of the Christian era. Nearly all of the existing American hospitals can be credited to faith institutions.<sup>19</sup> The American Nurses Association states:

Nursing has its historical roots in the healing-religious interface that was present in the ancient traditions of most major religions. The relationship between healing and religion evolved over time influenced by cultural, political, social and economic events. Religious groups founded hospitals to provide care to vulnerable populations such as the poor, immigrant, and homeless; and during the last century developed schools of nursing.<sup>20</sup>

The issues of wellness, healing, caring and curing are addressed by all faiths (religions).

People look to their faith as a source of physical, emotional and spiritual support working toward wellness in communion with the larger community.<sup>21</sup>

Religion plays a vital role in African-American communities. Second to the family, the church is the most important institution offering physical, emotional and spiritual guidance and support. In many cases, the church is not made of brick, mortar and a white steeple. Rather, it is often found in empty storefronts, grocery stores or other vacant properties. Physical plant aside, the church exudes vitality when filled with the faithful.

Many African-American churches have evolved to accommodate cultural differences and worship preferences. Gospel music, preaching, shouting, religious dancing, glossolalia (speaking in tongues) is commonplace. Parish nurses play an important role in ministering to the needs of fainting or hyper-excited communicants. Jackson describes the scene in one Louisiana church: “So many congregants are shouting, dancing, and fainting that nurses are on hand to take care of them, and the congregation is very exhilarated.”<sup>22</sup>



The term “parish nurse” in the context of these churches is very different than that coined by Granger Westberg. This “nurse” is not usually a licensed professional. She is a woman of the church who may wear white. Her role is to minister to parishioners during the service, which is often very lively.

The central theme of the sacred Scripture used by most faiths is health and healing. This is witnessed in both Old and New Testaments of the Holy Bible. Jesus Christ’s healing acts are documented extensively throughout the gospels.<sup>23</sup> Jesus’ focus was on the whole person.

According to Reverend Deborah Patterson, “When Jesus sent out his disciples he gave them a mandate to preach, teach and heal.”<sup>24</sup> Churches adhere to two-thirds of this mandate: preaching and teaching. Sunday worship regularly includes preaching. Formalized religious education is present in most churches and synagogues. There is a void in the area of healing. This void is being addressed in many communities of faith through health/parish nurse ministries.

Several studies demonstrate the positive impact that spirituality and/or regular church attendance has on people. Parish nurses across the country, and in Connecticut, are making a similar impact as evidenced in the literature.

A study done by Boland in the Journal of Holistic Nursing described how parish nurse programs allow for home health and public health to expand their roles by using the

community of faith to provide health promotion to the elderly. In her work, Boland's ten-year literature review (1988-1998) identified a consistent pattern of research findings. These findings demonstrated the importance of the roles of spirituality and social support in empowering the elderly to adhere to health-promoting activities. She also examined the effects of spirituality on health-promoting behaviors in the elderly, and found a similar result to the literature review: Support systems coupled with a sense of spirituality had a significant impact on health promoting behavior. Boland asserts that the church is source of social support and influence and should be used to achieve broad health objectives through parish nursing.<sup>25</sup>

Maddox used components of a spiritual assessment tool to explore spiritual wellness in older women. This qualitative study was performed in a 1,500 member Protestant church in the southeastern United States. Parish nurses provided many opportunities for the older women in the church to enhance their spirituality. Most of the activities were holistic in nature, supporting the body-mind-spirit connection. Participants in the study were women who attended one or more of the functions supported by the church. A questionnaire (spiritual assessment tool) was completed by forty women. The results of the study demonstrated the importance of spirituality to a person's sense of wellness. The most meaningful interventions cited were the acts of listening, praying together, sharing, and being present. Most of the women in the study reported that attending church on Sunday was important to them. Many described their health as a "gift from God."<sup>26</sup>

Parish nursing and the meaning and experience of health ministry within a congregation was studied by Chase-Ziolek. She states, “The purpose of this study was to “understand the meaning and experience of health ministry within the culture of a congregation with a parish nurse, examining both the emic and etic perspectives.”<sup>27</sup> The literature identified four dimensions of health ministry: motivation for the ministry, the meaning of health, actualizing the health ministry and health promoting qualities of congregational life. Chase-Ziolek refers to parish nursing as “one common expression of health ministry”.<sup>28</sup> This ethnographic study used observation, reviews of written documents and interviews to create ethnography. The study identified two forms of health ministry in the congregation: intrinsic (activities that are not associated with health promotion but that church members identify the activities as health promoting) and extrinsic (activities that directly promote health). It concluded that while the health ministry was active in the church, it was viewed as a separate entity. Participants in the study viewed their relationship with the church as contributing to their health but did not attribute their knowledge of health entirely to the health ministry.<sup>29</sup>

The most recent study demonstrating the efficacy of parish nurse interventions was done by Rydom and Thornquist. This research, funded by the Minnesota Department of Human Services, analyzed the effect of parish nurse interventions on older persons. It also studied the impact of these interventions on health care costs. The sample consisted of 713 older persons (patients) in 1,061 documented cases between October 2004 and June 2005. All known parish nurses practicing in a metropolitan area of central and northeastern Minnesota were invited to participate in the study. One hundred nurses

participated in the research. The study revealed that the interventions of parish nurses had a significant impact on the health and well being of older persons in the following areas: preventing illness through persuasion to seek medical attention, health promotion activities which encouraged and sustained change in parishioners, interceding with appropriate care that prevented stroke, sepsis, heart attack/failure, or other types of illness, and appropriate referrals. The study suggests that these interventions contribute to cost savings for individuals, commercial, state and federal payers but did not cite specific dollar amounts.<sup>30</sup>

Two papers have been completed on the practice of parish nursing in Connecticut. Batchelder's *The Development of Parish Nursing in Connecticut* is a qualitative study discussing the history of parish nursing and its emergence in Connecticut.<sup>31</sup> In this study, the researcher explores the history of parish nursing as it relates to the current practice of parish nursing in Connecticut.

The other paper explored the perception of parish nurse care from the recipient's view in a qualitative study using a phenomenological approach. Voisine states that the purpose of the study "was to interview recipients of parish nursing care and to explore the meaning of that care from the recipient's perspective."<sup>32</sup> The sample size was eight. Participants were from three different Connecticut churches with established parish nurse programs. Interviews were conducted at the participant's setting of choice or by phone. Participants were asked about the number of interactions they had with the parish nurse and the estimated time spent with the nurse. Interview questions focused on the

experience of receiving parish nurse care. Participants in the study reported feelings of reassurance by the parish nurse's interventions. Themes from the interviews included those of: profound gratitude, connectedness with the parish nurse, reassurance, therapeutic interventions, advocacy for homebound and information resource. Voisine recommended further research:

Research could be done collaboratively between public health and the parish nurse in any community that could answer the following question: Are there services provided by the parish nurse that are essential but cannot be covered by insurance? Public health nurses identify health needs of the client and the larger community. Parish nurses look at the needs of the church community in terms of health needs.<sup>33</sup>

The author found no research on the collaboration between parish nursing and public health in Connecticut.

The State of Connecticut is home to an estimated 725 Parish Nurses volunteering in 262 different church congregations (Table I). This number is probably low because it is based on an estimation of the nurses as reported by the churches who are affiliated with the Connecticut Council of Parish Nurse Coordinators (CCPNC). There are parishes throughout the State that are not affiliated with the CCPNC, and these are not represented in this estimate. Many Christian faiths are represented in parish nursing in Connecticut: Baptist, Catholic, Congregational, Lutheran, Methodist, Presbyterian, and Roman Catholic. There are no non-Christian faiths represented at this time. However, all communities of faith (Buddist, Jewish, Muslim, etc.) are welcomed to participate in this holistic practice.

Most of Connecticut's nurses have not participated in the parish nurse basic preparation curriculum sponsored by the International Parish Nurse Resource Center (IPNRC). Instead, these nurses attended parish nurse orientation programs sponsored by area hospitals. Hospital-sponsored parish nurses programs exist in the following Connecticut hospitals: Bristol Hospital, Danbury Hospital, Griffin Hospital, Lawrence and Memorial Hospital, Hospital of St. Raphael, St. Mary's Hospital and St. Vincent's Hospital (Table I).

The curriculum of parish nurse preparation courses varies according to the sponsor of the program. The Basic Parish Nurse Preparation Course endorsed by the IPNRC is comprised of twenty-one modules (Table II) aimed at enhancing the spirituality, knowledge and skills required of the parish nurse. The curriculum provides a confluence of many concepts: theology, health, healing, wholeness, environment, person and primary health care (as defined by the World Health Organization) but it lacks public health content. This course can be offered for credit through a college or university or as a continuing education program.<sup>34</sup> Cost for the basic preparation course is variable dependent upon facilities and speakers. Class fees range from five hundred dollars to over thirteen hundred dollars. Materials and meals are included in these fees.<sup>35</sup>

The "endorsed curriculum" (as it is often referred to) is written at the Baccalaureate level. It was developed during the 1980's and 1990's by two dozen parish nurse educators from the United States and the world. Parish nurse programs, colleges

and universities that have partnered with the IPNRC are implementing this curriculum globally.<sup>36</sup>

Educational partners are present in many states including Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New York, Nevada, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia and Wisconsin. There are no IPNRC educational partners in Connecticut but there are four in Massachusetts including Anna Maria College in Paxton, Boston College in Chestnut Hill, St. Anne's Hospital in Fall River and the University of Massachusetts in North Dartmouth.<sup>37</sup> International educational affiliates include those in Korea, Canada, Australia, Africa and the United Kingdom.<sup>38</sup>

There are barriers to participation in a basic parish nurse preparation course. The costs and time associated with attendance of such a program may be prohibitive for those who are working as unpaid professionals, or working full-time (with pay). Courses may run up to seven days and require overnight stay and travel.<sup>39</sup> Another barrier is the belief by some parish nurses that they do not have to attend an IPNRC course to practice as parish nurses. The IPNRC believes otherwise. McDermott, Solari-Twadell and Matheus substantiate this belief in Parish Nursing: Promoting Whole Person Health Within Faith Communities: "The International Parish Nurse Resource Center recommends that any nurse practicing under the title *parish nurse* should have completed

a course of specialized instruction that includes but is not limited to the core curriculum for parish nursing.”<sup>40</sup>

In addition to the basic parish nurse curriculum, the IPNRC offers several levels of parish nurse education. The entry level program is the basic preparation discussed previously. This course is offered at the Baccalaureate or higher degree level. Parish nurses who are interested in becoming parish nurse coordinators may enroll in the parish nurse coordinator course if they have successfully completed the prerequisite basic preparation course. This level requires a two-day commitment providing twenty-two contact hours or continuing education units, dependent on the University sponsoring the course. The qualifications of parish nurse educators include a Master’s Degree in Nursing, experience in parish nursing and completion of the basic parish nurse preparation course.<sup>41</sup>

The IPNRC was developed in 1986 at Lutheran General Health System. This organization supported parish nursing through leadership, education and research. Its programs have since been transferred to Deaconess Parish Nurse Ministries in Saint Louis, Missouri.<sup>42</sup> The IPNRC continues the mission established by the Lutheran General Health System and is very committed to education of parish nurses, coordinators and educators.

An annual highlight for the IPNRC is the annual symposium: The Westberg Parish Nurse Symposium. This conference offers networking opportunities in concert with



keynote speakers and breakout sessions to provide continuing education for professional nurses, clergy, health administrators, educators and other that are interested in parish nursing. Symposium attendance continues to grow with participation from several countries including Australia, England, and Ireland.<sup>43</sup> This year will mark the twentieth year for the symposium.<sup>44</sup>

The Connecticut Council of Parish Nurse Coordinators (CCPNC) is a not-for-profit organization of parish nurse coordinators which was founded in 1993 by two Roman Catholic nuns, Sisters Ann Matthew Lorusso and Mary Jean Tague. The founders are registered nurses who were working in hospital-based parish nurse programs, in Connecticut. They identified the need for a statewide council that would provide support and education to Connecticut's parish nurse programs. The mission of the CCPNC is to promote parish nurse programs throughout the state of Connecticut by providing support and guidance for beginning and existing health ministries at the parish nurse or congregational level. The CCPNC became incorporated in 2000.<sup>45</sup>

This Connecticut council is comprised of nurses and/or chaplains actively working as the parish nurse coordinator for an organized program. Each program initially joining the Council was asked to donate two hundred fifty dollars seed money. These funds were used for administrative expenses, primarily, for the annual conference.

Currently, there is no fee for membership. The small amount of revenue generated by the annual symposium covers current administrative costs. An initiation fee and/or

annual dues may be revisited if the Council moves forward on a scholarship fund. This idea has been discussed within the Council but has not yet been implemented. If such a fund were to be developed, scholarships would be made available to eligible registered nurses interested in pursuing a Basic Parish Nurse Preparation Course. Guidelines for a scholarship program have not been established.

Council members who are registered nurses have taken the Basic Parish Nurse Preparation Course sponsored by the INPRC. In most instances, the hospital affiliate paid for the course and the time off associated with the preparation. In one instance, the nurse was responsible for both the course fee and time off.

CCPNC member programs offer introductory parish nurse courses, and/or orientation, sponsored by their programs. While there has been a movement to “standardize” the curriculum for the CCPNC, this has not occurred to date (due to the overextension of each of the coordinators). Each of the CCPNC programs utilize content from the IPNRC’s basic preparation curriculum but are not endorsed by the IPNRC. These programs vary in length and content. For example, Bristol Hospital’s Introduction to Parish Nursing course spans several weeks. The group meets weekly for two hours per session for six weeks. Nurses are provided with a comprehensive manual that is used during lecture. Lectures are conducted by the Parish Nurse Coordinator, Chaplain and Bereavement Coordinator and include the following: Introduction to Parish Nursing; Professionalism, Accountability, Liability; Grief, Loss and Bereavement; Spirituality; Beginning Your Program and Networking (Table IV). Danbury Hospital provides eight

one-hour sessions that include the following topics: What Is A Parish Nurse; Holistic Health; Pastoral Care; The Modern Parish and Its Organization; The Parish Nurse as Teacher and Liaison; The Parish Nurse as Organizer; The Parish Nurse as Counselor and Spiritual Counseling.<sup>46</sup> Another example of varied curriculum is that of The Faith in Action Network, affiliated with Lawrence and Memorial Hospital in New London, which offers parish nurse or congregational ministry workshops that span two weeks. The content of workshops includes Patience, Prayer, Perseverance Needed to Create a Parish Nurse Program; Legal and Ethical Aspects; Spirituality, Religion and Wellness and, Accessing Community Resources<sup>47</sup>. The program at St. Vincent Hospital in Bridgeport consists of eight one-hour sessions or two four-hour sessions covering the following topics: History and Role of Parish Nursing; Integrated Wellness; Faith and Spirituality; Parish Nurse as Counselor; Parish Nurse as Health Promoter; Parish Nurse as Resource Person and Problems of the Community Dwelling Elderly.<sup>48</sup> The remaining programs offer similar content in their course offerings. Many offer continuing educational units or contact hours for attending the program. There is no charge for most of the hospital-sponsored courses. The one exception is the Hartford Area Association of Parish nursing which has a fee associated with their program.

The Hartford Area Association of Parish Nursing (HAAPN) is a partnership of the Connecticut Nurses' Association and an organized group of parish nurses representing over twenty-five faith communities in fourteen towns in the greater Hartford area. It was established in August 2004. The mission of this organization is to provide parish nurses

the opportunity to relate to each other in a professional organization to help to enrich the parish nurse programs within their own congregations.<sup>49</sup>

Connecticut's parish nurse programs are similar in their curriculum content, including the omission of the concept of public health and public health resources. This missing link is cause for concern given the intersection of domains/activities. According to King, Lakin and Striepe, "Parish Nursing is a highly visible way for churches to develop collaborative relationships with other healthcare institutions and play an instrumental role in promoting health, healing, and wholeness among their congregation and the community".<sup>50</sup> Many of the services available through parish nurses are similar to those provided by public health nurses. Without collaboration, there is the potential for duplication of services. Duplication may be minimized or eliminated through shared responsibility for community health programming.

Connecticut's Department of Public Health was established in 1878. Today it has eight hundred and fifty employees.<sup>51</sup> The Commissioner of Health has responsibility for the health of Connecticut's estimated 3,503,604 residents. Local health departments report directly to the commissioner. Connecticut has eighty-eight health departments. Forty-nine of the departments are full time. The full time departments include thirty health department and nineteen districts. (A district is comprised of 2-18 towns.) The full time departments service ninety percent of the state's population. Thirty-nine departments are part time.<sup>52</sup>

Connecticut's public health departments have the following mission:

To protect the health and safety of the people of Connecticut and actively work to prevent disease and promote wellness through education and programs such as prenatal care, immunizations, AIDS awareness, supplemental foods, and cancer (mammography) screening; to monitor infectious diseases, environmental and occupational health hazards, and regulate health care providers such as health facilities, health professionals, and emergency medical services; to provide testing and monitoring support through the state laboratory; to collect and analyze health data to help plan policy for the future; and to be the repository for all birth, marriage and death certificates.<sup>53</sup>

Local health department priorities are guided by the Center for Disease Control and Prevention's *The Essential Public Health Services*<sup>54</sup>, influenced by community need, and included: infection and disease reduction and prevention; maternal and child health; chronic disease control, environmental health; public health education and health promotion; school health services; public health preparedness (e.g. bioterrorism, pandemic flu); lead detection and abatement; HIV/AIDS; asthma; WIC Program; clinics for the underserved (e.g. Sexually Transmitted Diseases, Women's Health, Well Child Care); community health nursing; tobacco use; chronic disease management; cancer; seniors issues; nutrition; children's health; midlife prevention; communicable disease; obesity; and community collaboration.

The roles of the parish nurse are rooted in public health. Public health is a social institution that focuses on prevention, health promotion and wellness in the population of the entire community. Parish nursing addresses the holistic health of the church's population: the community of faith. King, Lakin and Stripke explain, "Parish nursing can be perceived as one of the specialty areas within public health nursing, since both groups

provide population-focused practice.”<sup>55</sup> The American Nurses Association’s *Scope and Standards of Parish Nursing Practice* introduces public health and its relation to parish nursing in the following:

With the recognition that most illnesses and premature death are a result of life-style choices and diet, exercise, substance abuse, violence, and risk-taking behaviors, parish nursing integrates current medical and behavioral knowledge with the beliefs and practices of a faith community to promote health as wholeness and to prevent or minimize illness.<sup>56</sup>

These standards were updated and renamed in 2005. They are now referred to as: *Faith Community Nursing: Scope and Standards of Practice*.

The American Nurses Association’s (ANA) *Faith and Community Nursing: Scope and Standards of Practice* set very clear guidelines for practicing parish or faith community nurses (FCN). The ANA states:

The purpose of this document is to describe the evolving specialty of faith community nursing and to provide faith community nurses, the nursing profession, and other health care providers, spiritual leaders, employers, insurers, and their patients with an understanding of the unique scope of knowledge and the standards of care and professional performance expected of a FCN.<sup>57</sup>

These standards are especially important given the ambiguity in authority over parish nurses. The ANA standards provide a well-versed introduction about faith-based community nursing which discusses issues and terms relative to this specialty area of nursing. A glossary provides definitions for the following terms used throughout the document: assessment, caregiver, code of ethics, continuity of care, criteria, data, diagnosis, disease, documentation, employee, environment, evaluation, evidence-based

practice, expected outcomes, faith community, faith community nurse, family, group, guidelines, healing, health, healthcare providers, health ministry, health promotion, illness, implementation, information, interdisciplinary, knowledge, multidisciplinary, patient, peer review, plan, promotive practices, quality of care, restorative practices, spiritual care, standard, strategy, supportive practices, well-being and wholistic (holistic).

The standards follow the format of similar ANA standards' documents with each standard marked by measurement criteria. A list of the standards' topics follow:

Assessment, Diagnosis, Outcomes Identification, Planning, Implementation, Coordination of Care, Health Teaching and Promotion, Consultation, Prescriptive Authority and Treatment, Evaluation, Quality of Practice, Education, Professional Practice Evaluation, Collegiality, Collaboration, Ethics, Research, Resource Utilization and Leadership. The document is sensitive to all faiths recognizing that the term parish nursing has not been universally accepted and recognized in all traditions.

What is a parish nurse? A parish nurse is a registered nurse who delivers primary preventive nursing to church members with the purpose of assisting them to achieve and maintain optimal physical, mental and spiritual health. Weis, Matheus, and Schank define this role as follows: "A parish nurse is registered professional nurse who, as a member of the ministerial team of a congregation, provides holistic nursing services to the congregation".<sup>58 59</sup> The Marquette University School of Nursing in Milwaukee, Wisconsin provides this definition of a parish nurse: "A parish nurse is a registered nurse who facilitates whole person care within a congregation and in so doing reclaims the healing ministry of the faith community".<sup>60</sup> The parish nurse is not a home care nurse,

therapist, physician, or clergyperson. S/he is a nurse in a role very different from that of most nurses. Hands-on care is limited to non-invasive screening procedures and hugs. Referrals are made to outside agencies or other entities if the parishioner requires home care services, therapy (physical, occupational, speech, psychological), medical consultation or theological direction. S/he acts as liaison by initiating the appropriate referrals to care for the whole person.

Much of a parish nurse's practice is consumed with health promotion and outreach. Office hours are commonplace. The nurse will advertise set times during which blood pressure screenings may be provided as well as any other health related consultation. Health fairs are endeavors which parish nurses offer to their congregations to reach large numbers of people. Educational articles and other information provided to congregants serve to educate on matters related to holistic health. Boland describes the role of the parish nurse "...as an expansion of home and public health roles, parish nurse programs use the faith community as a cooperative means for sociocultural implementation of health promotion".<sup>61</sup> Due to the blurring of roles, parish nurses should be keenly aware of the priorities and initiatives of their local public health department. The successful collaboration between public health and parish nursing depends on a clear understanding of each other's roles.

Roles of the parish nurse include: integrator of faith and health, health educator, volunteer coordinator, health counselor, health advocate, referral advisor, and developer of support groups.<sup>62</sup> Similarly, public health nurses are client advocates, educators and



group leaders.<sup>63</sup> Often, church leaders are unsupportive of parish nursing because they misunderstand the role of the parish nurse.

The Center for Disease Control and Prevention (CDC) has provided grants to states, including Connecticut, which encourages collaboration among communities of health and faith. For example, The National Arthritis Action Plan: A Public Health Strategy is a national, coordinated effort to improve the quality of life (of persons diagnosed with arthritis) through effective arthritis management. The CDC, the Association of State and Territorial Health Officials, and the Arthritis Foundation developed this initiative. In its strategies for public communication, a priority area cited is faith communities.<sup>64</sup> The funding released for these types of programs may be an incentive for collaborative efforts.

Collaboration between public health and parish nurses has been proven effective in other areas of the country. One example is Iowa where cooperative efforts between parish nurses and public health began through informal discussions. These discussions resulted in a grant proposal to the Iowa Department of Public Health to fund two health promotion and disease prevention programs: colorectal screening and a health fair. The grants resulted in successful programs and this experience became the catalyst for a cooperative effort between public health and parish nursing throughout Iowa.<sup>65</sup> Another example is Saint Louis, Missouri's North County: A collaborative program including the Arthritis Foundation, Missouri Extension Services, Tri-Parish Nursing Ministries and the Saint Louis County Department of Health, was created to promote physical activity and

healthy eating for older adults. This pilot program and study included exercise (one hour twice weekly) led by an instructor from People with Arthritis Can Exercise and nutritional counseling provided by a Saint Louis County registered dietitian. Results were favorable and feedback from participants was positive.<sup>66</sup>

A State-community partnership in New York also demonstrates the potential of faith-based initiatives engaged with public health. The goal of this partnership was to eliminate health disparities among underserved populations through education and resource allocation. The coalition focused on health disparities in the areas of access to care, asthma, cardiovascular disease, diabetes, HIV/AIDS and oral health. Hundreds of organizations, including faith-based groups, participated in this collaborative effort reaching sixty thousand community residents throughout New York State.<sup>67</sup>

While parish nursing is a faith-based initiative that is active in Connecticut, it has not yet formed coalitions with public health entities to take advantage of some of the funding that is currently being made available. Two other Connecticut faith-based programs that appear to be successful are Sister Talk Hartford and Search Your Heart.

Sister Talk Hartford is an interactive, multifaceted, faith-based weight management program which is an adaptation of the original Sister Talk program which was tested in the Boston, Massachusetts area. It includes twelve inner-city partner churches. Participants in the program attend twelve weekly sessions followed by four “booster sessions”. The focus of the program is wellness and prevention through a supportive

community (of faith). Empowerment of participants to become informal leaders through a train-the trainer program is essential to the program's success. The church is supplied with the training and tools needed for current and future use. Trainers are provided with manuals, videos, food logs, scales and pedometers. Spiritual messages are woven into each of the sessions. Efforts are made to secure transportation and babysitting for participants to facilitate attendance at sessions.

Three-hundred fifty women have participated in Sister Talk Hartford. This program is ongoing so conclusive data is not available. Preliminary data suggests positive results in the participants' blood pressures, cholesterol levels, weight and blood sugar results.<sup>68</sup> In their fourth year, the researchers are now studying the sustainability of the intervention. Publications are in progress.<sup>69</sup>

Search Your Heart is a faith-based heart and stroke prevention program sponsored by the American Heart Association. The Search Your Heart program targets minority populations with the objective of increasing and sustaining heart and stroke awareness through education. "Heart Health Ambassadors" are selected by an organization or church to act as the facilitator for a group. This ambassador is provided training through a train-the-trainer module. As with Sister Talk, the trainer is provided with a comprehensive manual which may be photocopied and distributed. S/he is expected to attend periodic training with the American Heart Association and to communicate relevant information and programs to their organization or church.<sup>70</sup>

The Search Your Heart program is active in sixty churches throughout Connecticut. Over three hundred participants are involved in the program. Regional events sponsored by the American Heart Association which focus on minority groups (eg. Power to End Stroke Campaign) are often a new forum for introducing the Search Your Heart program.<sup>71</sup> Parish nurses can introduce this program into their communities of faith. A train-the-trainer program is available to Connecticut's parish nurses. Several of Connecticut's parish nurse coordinators have begun working with this American Heart Association program.

The opportunity for increasing Connecticut's success stories is enormous. Church is the place where people regularly congregate and are ready to listen, learn and reach out. Parish nurses can be the link to both community-of-faith and public health efforts to maximize the importance of the whole person. According to Maddox, "...nursing the interconnectedness of the mind, body and spirit becomes a key component of the care needed by every individual, no matter what age".<sup>72</sup> The key to optimal outcomes in parish nursing will be in the collaboration with local and state public health agencies.

This research was an important step in investigating collaboration and redundancy in the provision of health services. Though the research was limited to parish nursing and public health, the potential for decreasing overlap in services through increased collaboration is essential for an efficient healthcare system.

## CHAPTER III

### METHODS

This research sought to answer the following question: Is there a need for greater collaboration between public health and parish nursing in Connecticut? The purposes of this research study were to:

- Explore the relationship between parish nurse programs and public health departments (and districts) in the State of Connecticut
- Identify resources for these partnerships
- Make recommendations for future collaboration

The methodology used to collect, analyze and interpret data for this research was of qualitative design. Network sampling (also known as reputational selection or chain referral) was used to select research participants. This type of sampling capitalizes on the knowledge and strengths of community experts familiar with the study criteria, who are then asked to refer their colleagues to the researcher.<sup>73</sup>

#### Sample

The sample included parish nurse coordinators (nurses and clergy), public health directors, and public health nurses. All participants were affiliated with programs or departments within Connecticut.

Parish nurse coordinators were asked to participate in the research. Verbal consent

was obtained at the time of this invitation. Each parish nurse coordinator was emailed the interview questions (Appendix A) to prepare for the interview. A request for an interview appointment accompanied the interview questions. Emailed responses provided written consent for their participation in this study. Nine parish nurse coordinators participated in the study representing the following areas: Bristol, Bridgeport, Danbury, Derby, Hartford, New Haven, New London, Waterbury and Stratford.

Each Parish nurse coordinator provided the names of the towns served by their program ministry. S/he also provided the names of the director(s) of health serving the areas. There was one exception when one coordinator could not provide the name(s) of the health directors for her area. *The Directory of Local Directors of Public Health in Connecticut*<sup>74</sup> was used to identify the appropriate directors.

Directors of health representing thirty-six departments or districts were sent an email explaining the purpose of the study; listing the interview questions (Appendix B); and requesting consent to participate in the research. Emailed responses provided written consent for participation in the study. Fourteen public health departments or districts participated in the study: Bristol-Burlington Health District, Bridgeport Health Department, Central Connecticut Health District, Farmington Valley Health District, Glastonbury Health Department, Manchester Health Department, Naugatuck Valley Health District, Norwalk Health Department, Quinnipiac Valley Health District,

Stamford Health Department, Stratford Health Department, Trumbull-Monroe Health District and Waterbury Health Department.

#### Data Collection

The interview technique selected was in-depth, open-ended interviewing. According to Schensul, Schensul and LeCompte, “this open-ended, exploratory interview format allows researchers maximum flexibility in exploring any topic in depth and in covering new topics as they arise.”<sup>75</sup> The interviews were guided by a set of questions.

Interview questions posed to parish nurse coordinators asked about health department(s) serving the area, name(s) of the public health director(s), involvement with public health to date, willingness to collaborate with public health, current curriculum, the information that might be added to the curriculum, willingness to revise the curriculum, willingness to have a public health representative lecture for a session and anything else that the coordinator might want to share (Appendix B).

The responses from parish nurse coordinators were categorized into a yes (Y) or no (N) format for purposes of the tables. For example, a yes response noted in the *Knowledge of Health Director's Name* indicates that the parish nurse coordinator was able to accurately provide this information. A yes response in the area of *Understanding of Public Health Goals* indicates that the coordinator was able to articulate at least one of the general goals and objectives of the local health department. A yes was noted in the *Curriculum Includes Public Health Information* if the parish nurse included public health

information in his/her curriculum. As for the *Need for Curriculum Revision*, a yes was recorded if the coordinator indicated that s/he needed or wanted to update the curriculum for the purposes of including public health information. A yes response for the *Involvement with Public Health Department* indicates that the coordinator responded that s/he had worked with public health in any fashion. *Vision for Collaboration with Public Health* indicates that the coordinator expressed his/her ideas of collaboration. *Willingness to Collaborate with Public Health* indicates whether the coordinator stated that s/he would be willing to revise the curriculum to include instruction by a public health official as well as periodic lectures on public health at parish nurse meetings. The final question asked of parish nurse coordinators was not characterized in the yes/no format because the answers were narrative and recorded in their entirety.

Questions for the health directors focused on: an understanding of parish nursing, the involvement with parish nurses, the knowledge of the roles of parish nurses, the willingness to collaborate with parish nurses, the willingness to instruct a parish nurse class, types of information that should be added to the parish nurse curriculum and priorities of the department/district (Appendix C).

Responses to the questions were categorized into yes or no answers for purposes of the tables. A yes response in the area of *Knowledge of Parish Nursing Concept* indicated that the health director was able to articulate a general definition of parish nursing. The minimum acceptable definition was “a nurse who works in her church to promote health and/or wellness”. Positive (yes) responses to the question *Understanding of the Parish*



*Nurse Role* were indicated if the health director was able to describe what a parish nurse does. If yes was indicated in the section related to the question asking about *Involvement with Parish Nurse Programs*, the health director had to describe how the department was involved with parish nursing. Similarly, a yes notation was made if during the conversation about departmental priorities the health director indicated that parish nurses assist in achieving departmental priorities. The *Need for Curriculum Revision* was marked yes if the health director indicated that public health (or other) information needed to be added to the parish nurse curriculum. (There was a nice opportunity for the author to provide education during this process, as part of the introduction to the question.) And, if the health director responded positively to the question about *Collaboration with Parish Nursing*, a yes was noted. Finally, the discussion regarding a *Willingness to Participate in Instruction of a Parish Nurse Preparation Course* was marked yes if the director agreed to teach in a course. A yes was also recorded for those who said “possibly” or “maybe”.

Other sources of information for this research included books, journals, the Internet, personal experience as a parish nurse/parish nurse coordinator and personal communications with individuals.

## Data Analysis

Cross-case analysis<sup>76</sup> was the method by which the data was analyzed. Gathered data were compiled into a matrix linking knowledge and collaboration factors for each group. This process effectively demonstrates the similarities and differences between the

programs and departments or districts of each group while allowing for investigation of differences.

According to Labuschagne, “The reliability criterion for qualitative research focuses on identifying and documenting recurrent, accurate and consistent (homogenous) or inconsistent (heterogeneous) phenomena under study in similar or different human contexts”.<sup>77</sup>

### Study Limitations

Rich data was produced from this research however, there was one limitation: the inability to obtain data from all of the health directors contacted. Fourteen health directors responded.

## CHAPTER IV

### RESULTS

Qualitative analysis of the data revealed two themes about the relationship between Connecticut's parish nurse programs and public health districts/departments:

1. A lack of knowledge of each other's roles and priorities.
2. Many opportunities for collaboration.

#### Public Health

Representatives from fourteen public health departments or districts comprised the sample for public health. Twelve directors of health and two public health nurses participated in the interview. The sample was made up of more females than males: nine females compared to five males even though the total group was more heavily weighted male. Of the thirty-six directors initially contacted for the study, eleven were female. Seven of the female respondents were those whose names were provided directly by parish nurse coordinator. One of the other female respondents had worked with parish nurses in her department. Yet another female respondent was active in parish nursing in their own church. Perhaps a personal connection with parish nursing or parish nurse coordinator explains the higher female response?

The majority of those interviewed demonstrated knowledge of the concept of parish nursing and the role of the parish nurse (Table V). A female respondent verbalized her view of a parish nurse: "S/he is a volunteer in the parish who is able to provide service in their parish or beyond." A nice understanding of parish nursing was

communicated by this health director: “Nurses that are affiliated with a church, often times as a member, and provide screenings, counseling, and education to those within the congregation seeking health information.” Another participant replied, “Parish nurses are nurses who either work or volunteer for the diocese or a church. They participate in preventive health measures like blood pressure clinics, new mother classes, etc.”

Speaking to faith-based initiatives, this health director said that parish nursing “is a faith supported effort where nurses go out to the congregation and/or public.” Those with knowledge of the parish nurse concept and role were also involved with parish nurse programs. One participant stated, “I was involved with parish nursing a long time ago in another town.” Another health director was very familiar with the role and concept of parish nursing stating, “I am the director of a health ministry at my church”. Still another shared, “I am very familiar with parish nursing. Some of the duties are very similar (to public health nursing) especially along the lines of health education and blood pressure screenings.” This participant sees parish nursing “as a growing movement. People are beginning to see the need for faith-based programs. There is a captive audience with opportunities for health screening and education. And, there is respect and trust built in.”

Health departments reporting involvement with parish nursing mentioned a variety of activities including: referrals, screenings, creation of health information (e.g. nutrition manual for families), distribution of health information, needs assessments, health surveys, health fairs, prevention activities (e.g. flu vaccine clinics), pooling of resources, coalition or committee participation. One health director raved about the parish nurse program in her district stating, “This hospital program has paid staff. They have a van,

which allows them to go all over the region providing health screenings, health information, and doing health surveys or needs assessments for my department. The goal is to reach a lot of people.” Another health director had no current involvement with parish nurse programs but stated, “There have been parish nurse programs in the past who have contacted us for health fairs. We provided staff and public health information on WIC (Women Infants and Children) nutrition, lead prevention, HIV prevention, and did blood pressure screening.” Several others have used parish nurse programs to assist in vaccination clinics, primarily flu clinics. This director said, “I have a couple (of parish nurses) that will be at our flu shot clinic helping as volunteers. They will most likely be screening people for contraindications. We have students that give the injections.”

The acceptance of collaboration with parish nurse programs was evident throughout the interview process although health directors (who lacked knowledge about parish nursing) did not see how parish nurses might assist in addressing departmental priorities. (Essential priorities or services were discussed in Chapter II.) Only half of the respondents interviewed could see how parish nurses might assist in addressing departmental priorities. One participant suggested, “There is an enormous opportunity for public health to interface with parish nurses. Church is the place where people regularly congregate. This could be a phenomenal link to inform people about public health initiatives.” Another participant echoed the need for collaboration as she described how parish nurses might collaborate with her department:

“Being familiar with and sharing information on health programs offered by the health department and referring individuals for health department services as appropriate. Within the church setting, the parish nurse sees people from all walks of life and many ages and stages. The parish nurse

can provide education and instruction made available through the health department. She can also use the health department as a resource whenever information is needed.”

Twelve health directors expressed interest in collaboration with parish nurses while ten thought there was a need for curriculum revision (in the parish nurse program).

Health directors made many suggestions for collaboration between public health and parish nurse programs. These included assisting in health education and dissemination of information to communities of faith (as made available by the public health department); serving as a referral source (mutual); sharing resources; providing community programs and screening clinics together; participating (local health departments) in the local parish nurse training program; collaborating on advocacy; and sharing information on community needs and trends. One director enthusiastically reported, “I see many ways for parish nurses collaborating with my department! Everything from hands on care to information distribution.” Another stated, “I have yet to have a parish nurse approach me about collaboration but it would be welcomed. Everything from advocacy to volunteers that are needed in every department, working with clinics and seasonal things such as flu clinics, asthma, environment issues...”

Suggestions for the parish nurse curriculum had similar themes including: the roles of the health department and community health centers; behavioral health in the community; how parish nurses and health departments can better work together to provide for those within a community; listing of public health departments serving each area; local health authority; environmental health; public health emergencies;

communicable diseases; understanding political systems; public health reporting. Two of the respondents emphasized the need for education regarding the scope of practice for parish nurses (as each had experienced a parish nurse practicing outside of his or her scope). For one health director, the parish nurse practicing outside of her scope could have had serious consequences for the entire community. This health director spoke of “one situation where a church initiated a full blown investigation of a food borne outbreak and did not report it to the health department. Clearly the parish nurse over stepped her bounds”.

### Parish Nurses

Eight registered nurses and one chaplain constituted the parish nurse coordinator sample of nine. Each of the nine programs in the State of Connecticut was represented. The respondents were primarily female with only one male included in the parish nurse coordinator sample.

The majority of those interviewed demonstrated knowledge of their local health director and public health goals. However, only two programs included public health information in their curriculum. All coordinators agreed that public health should be included in curriculum revision (Table VI).

Involvement with public health departments was limited. Only half of the respondents reported involvement with the local health department. Those who had collaborated with public health were involved in the following areas: flu clinics;

committees; grant writing; health screening; resource allocation (eg. educational materials, in-service training, speakers, newsletters); childhood obesity nutrition education program for schools; tobacco prevention and cessation programs; health council (coordinating community resources including parish nurses). One very active parish nurse coordinator stated, “We have done flu clinics together, sit on community committees, collaborate on grants, and refer to each other as resources. We use the health department as a strong resource.” Another coordinator remarked:

We have had contact with our health department through their childhood obesity and nutrition programs for the schools. They are also working closely with the state for continued tobacco prevention and cessation programs. We are part of a health council that addresses three target groups: cancer patients and caregivers, elderly adults, and children. They are working together to best utilize the community resources, including parish nurses, to educate the public in our towns about the many resources available to them.

Parish nurse coordinators identified a need for collaboration and education in these areas: influenza, HIV/AIDS, community mental health, school health, referral sources, general awareness of parish nursing, children’s health and prevention, care for the elderly and reduction of service duplication. All of the respondents demonstrated a vision and willingness to collaborate with their local public health departments.

Curriculum revision is an identified need. Most parish nurse programs lacked any public health information in their curricula. One coordinator reported that has been her intent to revise her curriculum to include a session on public health although this revision has not occurred to date stating, “I plan on incorporating public health information into the curriculum for next year. Having the health department do a class for the program



curriculum is a great idea. I was just using them as part of our monthly meeting programs.” Some suggestions for content revision included: grant writing; privacy; disease prevention and health promotion; free resources; the role of public health; methods for public health and parish nurses to work together; principles of public health and, legal issues. All respondents indicated a willingness to revise their existing curriculum to include public health information and speakers.

The final question posed to parish nurse coordinators was: Is there anything else that you would like to share about your program? The responses to this question varied. One coordinator had nothing more to add. Most coordinators expounded on the activities of their program. One coordinator stated, “My program is very basic. Anything that we can do to educate the public in the parish setting is important.” Another coordinator shared, “We are trying to get involved with the black churches through their health ministries. I am working with the American Heart Association on Search Your Heart. We are helping the city to identify young children for lead screening.” Some coordinators expressed frustration in managing volunteers as evidenced by this coordinator who said, “I need ways to motivate people. It’s difficult when there is an all volunteer base.” Still another said, “I have a very passive group of nurses and it is hard to motivate them.”

The responses from the two groups were largely congruent. In three instances, however, the responses were diametrically opposed. The health director had no

knowledge of parish nursing in two cases. One parish nurse coordinator lacked knowledge regarding public health.

The data from this study demonstrate that there is a clear need for collaboration between public health and parish nursing in Connecticut. The data also demonstrate a public health knowledge deficit for Connecticut's parish nurses because their curricula do not include this topic. In addition, the data illustrate a lack, or misunderstanding, of each other's roles. As previously stated, the successful collaboration between public health and parish nursing requires a clear understanding of their respective roles. The need for extensive education and clarification is significant.

The primary limitation of this study was the low participation of public health directors, fourteen out of thirty-six responded to the request for an interview. While there was a good range of responses from all those who did participate, it is possible that this study under-represents health directors with little or no knowledge of parish nursing and would be less interested in collaboration with parish nurses.

## Recommendations

The International Parish Nurse Resource Center (IPNRC) is *the* global and national resource for parish nursing. Local public health departments would benefit from seeking information from the IPNRC, especially in the beginning stages of collaboration. The American Public Health Association is the national resource for public health information. Parish nurse coordinators seeking information on public health would

benefit from this association. Since this study investigated programs in Connecticut, recommendations and resources will be based in Connecticut.

To further collaboration between local public health departments and parish nurse programs, dialogue must begin at the local level. The goal of this dialogue would be for each entity to learn about the other and to discuss the areas of concern identified in this research. It might also include: the history of parish nursing, the roles of parish nurses, the priorities of the local parish nurse program, the role of the local public health department, and health department priorities. Participants in these discussions should be left to the discretion of the local parish nurse coordinator and health director. King, Lakin and Striepe highlight the importance of these discussions:

Ongoing two-way communication is needed during all phases of planning, implementing, and evaluating the effectiveness of collaborative working relationships. Such dialogue is critical in developing a clear perspective of how to use specific roles most effectively, and how to work cooperatively in establishing mutual goals for health programs within the church and community.<sup>78</sup>

The revision of Connecticut's curricula for parish nurses should include information about public health and strategies for a successful collaboration. Current curricula are inconsistent among Connecticut's nine programs. It is recommended that curricula include public health information to ensure that Connecticut's parish nurses receive consistent information for their practice within their individual communities of faith. Public health courses are offered through the Department of Public Health (<https://ct.train.org>) and are recommended for parish nurses. Examples of these courses

include: an on-site, Introduction to Public Health course; a web-based Public Health Emergency Preparedness 101 course; an on-line Intro to Wellness: A Health Professional's Guide to the Principles of Wellness course and a computer-based training entitled, Chemical Terror Threats: Are You Prepared. On the public health side, it is recommended that information about the benefits of parish nurse/public health collaboration be offered to health directors. The Connecticut Association of Health Directors (CADH) would be a good contact for disseminating information.

The Connecticut Public Health Association is a good resource for parish nurse coordinators and parish nurses. Its programs include an annual meeting which provides information on specific topics and an opportunity for networking. It would be prudent for the Connecticut Council of Parish Nurse Coordinators to consider a poster session or booth for this annual meeting as a means of educating their public health colleagues. The Connecticut Association of Public Health Nurses (CAPHN) can also serve as a good resource for networking and collaboration between parish nurses and public health. This membership organization is currently working with one of the parish nurse coordinators, who is speaking at the 2006 annual meeting.<sup>79</sup>

The Connecticut Council of Parish Nurse Coordinators is an excellent resource for public health departments to gain information on Connecticut's parish nurse programs. Parish nurse coordinators from throughout the State are part of this group. This group meets monthly to discuss statewide issues pertinent to parish nursing, and to provide education and resources to parish nurses in Connecticut. The Council sponsors a daylong

symposium annually, which offers the opportunity for continuing education, and networking. Attendance at this symposium would be beneficial for the directors of health, public health nurses and other public health personnel. The monthly meeting of the Connecticut Council of Parish Nurse Coordinators would also be a good place for directors of health to begin building collaborative relationships with parish nurse programs.

Parish nurse coordinators throughout Connecticut should take the initiative on this collaborative effort considering the parish nurse knowledge deficit present in some health departments. An introductory meeting scheduled by parish nurse coordinators with their local health department could begin the process. The parish nurse coordinator and local public health director (minimally) should be party to this meeting. Other attendees would be at the recommendation of the parish nurse coordinator and public health director. During this introductory meeting, the educational needs of the department and parish nurses would be identified. Subsequent meetings would be scheduled according to mutually agreed upon times to set priorities, goals and objectives for their local collaborative effort.

The opportunities for collaboration between public health and parish nurses are abundant. The following lists some of the areas which parish nurses could work together with public health:

- Volunteering to be on call for emergencies (disaster preparedness)
- Providing health information to their congregations on emergency preparedness

- Volunteering at mass vaccination sites
- Recruit and coordinate volunteers from individual congregations
- Participate in health screenings
- Assist in community needs assessments

### Strategies for Change

The thesis and the research supporting it would be wasted if it was simply bound and put on a shelf. It is the intent of the author to help to facilitate collaboration between parish nursing and public health. The following are strategies for change:

1. Information from this research will be shared with the CCPNC.
2. The Ten Essential Public Health Services document will be shared with CCPNC members prior to meeting with health directors.
3. CCPNC will meet with CADH to discuss the features and benefits of collaboration.
4. CCPNC will update its curriculum to include public health representation and information.
5. CCPNC members will educate existing parish nurses in the individual programs to the features and benefits of public health collaboration.
6. Local parish nurse support/education programs will invite the health director to one meeting annually.
7. CCPNC will have a presence at the CAPHN and CPHA annual meetings next year.

## CHAPTER V

### CONCLUSION

In October of 2003, Governor John Rowland signed Executive Order 31 establishing the Governor's Faith-Based Council. The goal of this council was to increase collaboration between government and faith-based organizations for the provision of social services<sup>80</sup>. Archbishop Henry J. Mansell (2005) of the Archdiocese of Hartford stated the need for collaboration: "There is a need to do more. There is a need for more people, from the various sectors, to work in collaboration, to bring talent, expertise, resources, and determination to make a difference..."<sup>81</sup>

Connecticut has the potential to do much more for the State's communities. The willingness to do more is evident as is the desire to focus on prevention and holistic health. Through enhanced communication and education between public health and parish nurse programs, invaluable networks will be created. The result will improve the lives of individuals in and around Connecticut's faith-based communities for years to come.

Future applications for this research are indicated. A larger sample size would prove beneficial but could not be obtained in Connecticut. Replication of the study on a regional or national level would produce a larger sample. This type of study might also look at regional or cultural trends. An investigation of the effectiveness of public

health/parish nurse collaboration and implementation of recommendations in this thesis would be valuable follow up to this research.



## Appendix A

Table 1

### Connecticut Parish Nurse Programs

Program	Location	Coordinator	Number of Churches Affiliated with Program	Number of Nurses Affiliated with Program
Bristol Hospital	Bristol	Theresa Bachhuber, RN	27	58
Danbury Hospital	Danbury	Reverend Paul Beavers	21	32
Faith In Action Network	New London	Mary McGrattan, RN	22	36
Griffin Hospital	Derby	Daun Barrett, RN	41	75
Hartford Parish Nurse Network	Hartford	Jane Tait, RN	30	75
St. Joseph Family Life Center	Stamford	Sister Mary Jean Tague, RN	22	60
St. Mary Hospital	Waterbury	Pat Dwyer, RN	5	19
St. Raphael Hospital	New Haven	Sister Ann Matthew, RN	40	70
St. Vincent Hospital	Bridgeport	Marilyn Faber, RN	54	300
Totals			262	725

Source: Connecticut Council of Parish Nurse Coordinators

Table II

Example of Basic Parish Nurse Preparation Course Curriculum

The “Endorsed Curriculum”

The Role of the Congregation in Health, Healing, & Wholeness  
Theology of Health, Healing, & Wholeness  
History & Philosophy of Parish Nursing  
Ethics in Parish Nursing  
Self Care for Parish Nurses  
Assessment: Individual, Family, Congregation  
Accountability & Documentation  
Function of the Parish Nurse: Integrator of Faith & Health  
Function of the Parish Nurse: Personal Health Counselor  
Function of the Parish Nurse: Health Educator  
Function of the Parish Nurse: Referral Agent  
Function of the Parish Nurse: Coordinator of Volunteers  
Function of the Parish Nurse: Developer of Support Groups  
Function of the Parish Nurse: Health Advocate  
Getting Started  
Functioning Within a Ministerial Team  
Health Promotion & Maintenance  
Prayer & Worship Leadership  
Legal Considerations for Parish Nurses  
Grant Writing for Parish Nursing  
Grief & Loss

Source: International Parish Nurse Resource Center

Table III

Example of Basic Preparation Course Curriculum for Nurse Coordinator/Manager

Role of the Parish Nurse Coordinator/Manager  
Infrastructure for Parish Nurse Programs  
Accountability  
Working with Churches  
Orientation of the Parish Nurse  
Current Issues in health Care  
Documentation  
Human Resources Management  
Grant Writing  
Budgeting  
Planning for the Ongoing Development of the Parish Nurse  
Self Care for the Parish Nurse Coordinator  
Spiritual Development for the Parish Nurse Coordinator

Source: International Parish Nurse Resource Center

Table IV

Example of Hospital-Sponsored Introduction to Parish Nursing Course Curriculum

Session	Topic
Session I	<p>Introduction to Parish Nursing (2 hours)</p> <ul style="list-style-type: none"> <li>• Welcome and Introductions</li> <li>• Opening Prayer</li> <li>• Introduction to Parish Nursing</li> <li>• History and Philosophy</li> <li>• Biblical/Religious Roots</li> <li>• Granger Westberg</li> <li>• Connecticut</li> <li>• Health Promotion and Illness Prevention through Roles/Functions</li> <li>• Interpretations of relationship between faith and health/healing</li> <li>• Coordination of health concerns within the faith community</li> <li>• Health education, health advocacy, and health screening</li> <li>• Training and support of volunteers</li> <li>• Models of Parish Nurse/Health Ministry Programs</li> <li>• Organizational Chart</li> <li>• Paid vs. Unpaid Staff</li> <li>• Budget</li> <li>• Program Evaluation</li> </ul>
Session II	<p>Professionalism, Accountability, Liability (2 hours)</p> <ul style="list-style-type: none"> <li>• Professionalism</li> <li>• Licensing Requirements / Restrictions</li> <li>• Scope and Standards of Nursing Practice in Parish Nursing</li> <li>• Nurse Practice Act</li> <li>• Accountability</li> <li>• Documentation / Record Keeping</li> <li>• Liability Issues</li> <li>• Personal, Faith Community, Volunteer</li> <li>• Confidentiality and Mandated Reporting</li> <li>• Community Partners</li> <li>• Resource – Referral Manual / File</li> <li>• Home Care / VNA Agencies</li> </ul>

	<ul style="list-style-type: none"> <li>• Local Hospital / Facilities</li> <li>• Clergy</li> <li>• Church Committees</li> </ul>
Session III	<p>Grief, Loss, and Bereavement (2 hours)</p> <ul style="list-style-type: none"> <li>• Grief, Loss and Bereavement</li> <li>• Definition and Phases</li> <li>• Identify Needs</li> <li>• Empathetic Listening Skills</li> <li>• Verbal and Non-Verbal Queues</li> <li>• Effective Sharing</li> <li>• Counseling and Referral</li> <li>• Resources</li> </ul>
Session IV	<p>Spirituality (2 hours)</p> <ul style="list-style-type: none"> <li>• Definition of Spirituality</li> <li>• Spiritual Wellness and Distress</li> <li>• Spiritual Gifts and Limits</li> <li>• Listening Skills</li> <li>• Presence and Prayer</li> <li>• Hope and Trust</li> <li>• Spirituality vs. Religiosity</li> </ul>
Session V	<p>Beginning Your Program – “Nuts and Bolts” (3 hours)</p> <ul style="list-style-type: none"> <li>• Pastor</li> <li>• Parish Council</li> <li>• Health Cabinet / Committee</li> <li>• Assessment / Survey</li> <li>• Community of Faith</li> <li>• Community at Large</li> <li>• Tools</li> <li>• Programs at Area Churches</li> <li>• How to Plan a Health Fair</li> </ul>
Session VI	<p>Parish Nurse Network (2 hours)</p> <ul style="list-style-type: none"> <li>• Dinner Meeting</li> </ul>
Session VII	<p>Parish Nurse Network (2 hours)</p> <ul style="list-style-type: none"> <li>• Dinner Meeting and Commissioning</li> </ul>

Source: Bristol Hospital

Table V

Interview Data from Public Health Directors

Knowledge of Parish Nursing

Health Department	Respondent Gender	Knowledge of Parish Nursing Concept	Understanding of Parish Nurse Role
1	F	Y	Y
2	M	Y	Y
3	M	Y	Y
4	F	Y	Y
5	F	Y	Y
6	F	Y	Y
7	F	Y	Y
8	M	N	N
9	F	Y	Y
10	F	Y	Y
11	F	Y	Y
12	F	Y	Y
13	M	N	N
14	M	N	N
Totals	5 M, 9 F	11	11

Table VI

Interview Data from Public Health Directors

Collaboration with Parish Nurse Preparation Programs

Health Department	Involvement with Parish Nurse Programs	Parish Nurses Assist with Departmental Priorities	Collaboration with Parish Nursing	Identified Need for Curriculum Revision	Willingness to Participate in Instruction of Parish Nurse Preparation Course
1	Y	Y	Y	Y	Y
2	Y	N	Y	N	Y
3	Y	N	Y	Y	Y
4	Y	Y	Y	Y	Y
5	Y	Y	Y	Y	Y
6	Y	Y	Y	Y	Y
7	Y	Y	Y	Y	Y
8	N	N	N	N	N
9	Y	Y	Y	Y	Y
10	Y	N	Y	Y	Y
11	Y	N	Y	Y	Y
12	Y	Y	Y	Y	Y
13	N	N	Y	N	Y
14	N	N	N	N	Y
Totals	11	7	12	10	13

Table VII

Interview Data from Parish Nurse Coordinators

Knowledge of Public Health

Parish Nurse Program	Respondent Gender	Knowledge of Health Director's Name	Understanding of Public Health Goals	Curriculum Includes Public Health Information	Need for Curriculum Revision
1	F	Y	Y	Y	Y
2	F	Y	Y	N	Y
3	F	Y	Y	N	Y
4	F	Y	Y	N	Y
5	F	Y	Y	Y	Y
6	F	N	N	N	Y
7	F	Y	Y	N	Y
8	F	Y	Y	N	Y
9	M	N	N	N	Y
Totals	1 male	7	7	2	9



Table VIII

Interview Data from Parish Nurse Coordinators

Collaboration with Public Health

Parish Nurse Program	Involvement with Public Health Department	Vision for Collaboration with Public Health	Willingness to Collaborate with Public Health
1	Y	Y	Y
2	N	Y	Y
3	Y	Y	Y
4	Y	Y	Y
5	Y	Y	Y
6	N	Y	Y
7	N	Y	Y
8	Y	Y	Y
9	N	Y	Y
Totals	5	9	9

## Appendix B

### Interview Questions for Parish Nurse Programs

1. Which public health department services this area? Who is the director?
2. What is your understanding of your local public health department's goals and objectives?
3. Tell me about any involvement that you have had with your public health department.
4. How do you see public health collaborating with parish nurses?
5. Does your current curriculum include public health information?
6. What information would you like to see added to the parish nurse education curriculum?
7. Would you be willing to revise your curriculum so that a public health official could instruct one of classes (and return periodically to update existing parish nurses on priorities and/or new initiatives for public health)?
8. Is there anything else that you would like to share regarding your program?

## Appendix C

### Interview Questions for Public Health Directors

1. What is your understanding of parish nursing (or health ministries)?
2. Tell me about any involvement that you have had with parish nurse programs or parish nurses in your area? Do you know any of the nurses in your area?
3. What (if any) preconceived notions do you have of what parish nurses can/cannot do?
4. What are the public health priorities for your department?
5. As we discussed, the role of the parish nurse is very community health or public health driven. Understanding this, in what areas do you see parish nurses collaborating with your department?
6. What types of information would you like to see added to the parish nurse education curriculum?
7. Would you (or a representative from your department) be willing to instruct one of classes and return periodically to update existing parish nurses on priorities and/or new initiatives for public health?

## Appendix D

### Website Links

#### Parish Nurse:

<http://www.annamaria.edu/> - Anna Maria College.

<http://www.bc.edu/> - Boston College.

<http://www.carroll.edu/~parishnurse/> - Parish Nurse Center at Carroll College.

<http://www.cord.edu/dept/parishnursing/> - Parish Nurse Center at Concordia College.

[http://www.cuw.edu/academics/programs/parish\\_nurse/](http://www.cuw.edu/academics/programs/parish_nurse/) - Parish Nurse Program at Concordia University.

<http://www.lcms.org/pages/default.asp?NavID=891> - Lutheran Church Missouri Synod. This church is very active in parish nursing and health ministry.

<http://ipnrc.parishnurses.org/> - International Parish Nurse Resource Center

<http://www.parishnursing.umaryland.edu/> - University of Maryland parish nurse information.

<http://www.parishnursing.net/> - The Parish Nursing Center for Community Health Ministry at Florida Hospital, Orlando, Florida.

<http://www.umassd.edu/> - University of Massachusetts Dartmouth.

<http://www.valpo.edu/nursing/programs/parish.php> - College of Nursing at Valparaiso University.

#### Public Health:

<http://www.asph.org/> - Association of Schools of Public Health.

[http://grad.uchc.edu/mpH/mpH\\_intro.html](http://grad.uchc.edu/mpH/mpH_intro.html) - University of Connecticut Health Center Graduate School.

<http://www.astho.org/> - Association for State and Local Health Officials.

<http://www.bt.cdc.gov/> - Centers for Disease Control and Prevention emergency preparedness.

<http://www.cadh.org/LocalHealth/tabid/57/Default.aspx> - Connecticut Association of Directors of Health.

<http://www.cdc.gov/> - Centers for Disease Control and Prevention.

<http://www.cpha.info/> - Connecticut Public Health Association.

<http://www.dph.state.ct.us/> - Connecticut Department of Public Health.

<http://info.med.yale.edu/eph/> - Yale School of Public Health.

<http://www.naccho.org/> - National Association of County and City Health Officials.

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#### Author Note (In Memory of Fred Erson)

Reverend Fred E. Erson was a shepherd to the parish nurses of Connecticut. Like Granger Westberg, Reverend Erson was a pioneer of parish nursing. Fred can be credited with starting the first hospital-based parish nurse program in the northeast, in 1989. Fred was very active in the Connecticut Council of Parish Nurse Coordinators. His commitment to and love of parish nursing was evident in any conversation.

Fred departed his earthly home on November 14, 2004 to begin ministering from beyond. Parish nursing, in Connecticut, would not be where it is today had it not been for Fred's perseverance and dedication to the concept.

