Health Liaisons Expand the Power of Parish Nurses

BY BILL SOLBERG, L.C.S.W.

Julia Means, a parish nurse for Columbia St. Mary's, was attending a New Year's Eve church service when she answered the call for help. Penny Brown, a volunteer church health liaison who had been working with Means in health outreach, was worried about a parishioner: "She was out of breath at choir practice this week, and she's now in church and out of breath. Could you look at her?"

Sitting in church with her son, the woman -- we'll call her Mary -- was clearly in respiratory distress. Means helped calm her enough to take her to the emergency department, while Brown made sure Mary's son was taken home.

Means stayed at the hospital with Mary, who was anxious but said to Means, "I have faith; I have faith I will get better. Will you pray with me?" They prayed together.

Mary was found to have advanced pneumonia and needed several days of intensive care before she could go home. The physician told her that if she had not received immediate treatment, she would have died. Had Penny Brown not been so alert and so familiar with Mary, the year would have started in tragedy.

The church health liaison is critical to a population health model of care that we have developed at Columbia St. Mary's in Milwaukee. Liaisons work with a Columbia St. Mary's community health worker and the parish nurses, broadening the impact of the nurses.

According to the International Parish Nurse Resource Center, "Parish nurses are licensed, registered nurses who practice holistic health for self, individuals and the community, using nursing knowledge combined with spiritual care." Parish nursing has long been a tool for health systems and faith communities to use in partnership to improve community health. Indeed, as health systems grow more aware of the need to extend their reach beyond the walls of the hospital to improve the health of communities, they can learn much from the experience of parish nursing.

Columbia St. Mary's, a three-hospital Catholic system and a member of Ascension Health, finds that parish nursing fits Ascension's call to action: "to provide healthcare that works, healthcare that is safe, and healthcare that leaves no one behind." We assign parish nurses to congregations in Milwaukee's central city or to congregations with a social justice ministry to serve the central city. Addressing health disparities and improving access to health care in the central city are key aspects of our response to Ascension's call. Ascension Health is also requiring ministries to become involved in community health improvement actions in their communities, so this model of partnership within parish nursing is ideal.

For 16 years, Columbia St. Mary's employed

a traditional model of parish nursing, wherein one nurse worked with one or two churches to offer a full range of services — from supporting basic survival needs to offering health education and screening to assisting in crisis management and providing spiritual support for congregants during times of need. Last year, we enhanced the model after Charles McClelland, Bishop of the Northwest Wisconsin Jurisdiction of the Church of God in Christ (COGIC), asked Means to coordinate the health ministry for the 42 churches reporting to him.

The COGIC churches in Milwaukee serve thousands of congregants. Several have ample resources and financially independent congregants, but others lack resources and serve people who are in deep poverty. One commonality is that the churches serve mostly African-Americans, who face health disparities in hypertension, diabetes, breast cancer, prostate cancer and infant mortality.

Columbia St. Mary's and the bishop signed the COGIC Covenant to improve church members' health through our existing resources, including a prostate screening program; a digital mobile mammography coach; a clinic to treat hypertension and diabetes; the nursing skills and spiritual support of parish nurses; and a community health worker, whom Columbia St. Mary's already had employed to work with the nurses in the hypertension-and-diabetes clinic.

Therefore, we developed the role of church health liaison, a volunteer who is a formal or informal leader in the congregation, responsible for serving as a bridge to health services for congregants.

The community health worker position is paraprofessional, requiring only a high school degree as the academic credential. Good communication skills and organizational skills are essential. The worker's most important function is to make strong connections with the churches for health education and screening, so that no congregant has undiagnosed or untreated hypertension or diabetes.

That goal is extremely challenging, given the many churches involved in the Covenant. It was clear at the outset that the churches would need to be active participants. Therefore, we developed the role of church health liaison, a volunteer who is a formal or informal leader in the congregation, responsible for serving as a bridge to health services for congregants. Each church was asked to recruit a liaison to collaborate with the community health worker to develop timely and effective service programs. Liaisons helped develop a description of their role during one of the training programs that Columbia St. Mary's offers.

The first priority for the community health worker and the liaisons was to address hypertension and diabetes among church members. Previous screening had shown that many members were undiagnosed and many of those who had been diagnosed had not received treatment. The worker and liaisons turned to what they called "naturally occurring groups" in the churches. Rather than try to create events and invite congregants to them, they decided to go to regular church events. If the congregation has a Bible study program on weeknights, the liaisons are there. If a women's ministry has a meeting, they set up screening programs at the event. Working with such groups is an efficient way to use the liaisons' knowledge of church life to connect congregants to health resources.

Maurice Allen, a liaison at a church that sponsors a food pantry, drew on that knowledge to help a young teenager receive life-saving treatment.

Allen visits the pantry regularly to see how congregants and community members are doing. One day there, he was surprised to see a woman come in accompanied by her 13-year-old grandson during school hours. While they chatted, Allen learned that the boy had been feeling tired and weak for several weeks.

The parish nurse was holding a hypertension screening at the pantry, and Allen brought the grandmother and grandson over to see her. A quick check revealed the boy had extremely high blood pressure, and Allen and the parish nurse persuaded the grandmother to take him to a doctor the next day. She did, and the boy was found to have undiagnosed kidney disease that might have caused kidney failure if left untreated.

In addition to working with the "naturally occurring groups," the community health worker and the liaisons take advantage of teachable moments in the churches, based on the experiences of congregants. Rather than tying health education events to predetermined months, such as October for breast health awareness, the liai-

sons could link health education to particular concerns of congregants. When a mother of the church begins breast cancer treatment, prayers are offered in support and congregants become more willing to act for their own health. Health screening events are bolstered by congregants' testifying about their importance.

The planning, logistics, marketing and implementation of health education and screening programs make maximum use of the community health workers' and liaisons' skills. Their assumption of these responsibilities helps make the parish nurses more effective, freeing them to focus on professional skills: providing health education, triaging congregants' health problems and offering counseling and spiritual support.

The model has resulted in significant successes. During the last six months of 2011, for example, more than 2,000 people were screened for hypertension. Seven mammography screening events have been held at the churches using the mammography coach, with 90 women screened (as many as 30 percent of the women had not been screened in the past five years). Twenty churches held a "Safe Sleep Sabbath," when pastors delivered a consistent pulpit message about the sanctity of life and the importance of sleep practices to prevent infant death. Future events will include depression screening, diabetes education and the use of advanced care directives.

The future of the partnership linking parish nurses, community health workers and church health liaisons is bright.

Many churches outside the original jurisdiction have asked to participate. Through a grant from the Daughters of Charity, we will soon expand the model to Catholic churches in the central city. Because the partnership makes effective use of the skills of all involved, it is a sustainable model of care that will allow additional congregations to participate.

The future of the partnership linking parish nurses, community health workers and church health liaisons is bright, as its small footprint is making a big community impact.

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