

**Faith Community Nurse Network**  
*of the Greater Twin Cities*

---

*Foundations Course*  
*Advocacy, Care Coordination,*  
*& Transitional Care*



1

---

---

---

---

---

---

---

---



**Advocacy**

---

Jessica Drecktrah, MHA, MN, RN, FCN

Adapted from the Faith Community Nursing Course curriculum developed through the Weisberg Institute for Faith Community Nursing, which curriculum is owned by the Spiritual Care Association, New York, NY

2

---

---

---

---

---

---

---

---

**Objectives:** Advocacy for the delivery of dignified and whole-person care by the interprofessional team.

---

Advocate for vulnerable populations experiencing contemporary health issues.

---

Apply advocacy skills in faith community nursing practice.

---

3

3

---

---

---

---

---

---

---

---

### Reflection: Advocacy

Dan Lindh, CEO of Presbyterian Homes & Services & FCNN



4

---

---

---

---

---

---

---

---

### Reflection: Advocacy

**Torah**

**Deut 16:20**

*Justice, and only justice, you shall follow, that you may live and inherit the land that the Lord your God is giving you.*



**Qu'ran**

**Qu'ran 3:159-160**

*Then I said to the king, "If it pleases the kin, and if your servant has found favor with you, I ask that you send me to Judah, to the city of my ancestors' graves, so that I may rebuild it."... "I told them that the hand of my God had been gracious upon me. ... Then they said, "Let us start building!" So they committed themselves to the common good."*



5

---

---

---

---

---

---

---

---

### Reflection: Advocacy

**The Bible**

**Psalms 82:3-4**

*Defend the weak and the fatherless; uphold the cause of the poor and the oppressed. Rescue the weak and the needy; deliver them from the hand of the wicked.*

**Proverbs 31:8-9**

*Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy.*

**Matthew 25:40**

*The King will reply, 'Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.'*

**Philippians 2:3-4**

*Do nothing out of selfish ambition or vain conceit. Rather, in humility value others above yourselves, not looking to your own interests but each of you to the interests of the others.*

6

---

---

---

---

---

---

---

---



Advocacy for the delivery of dignified and whole-person care by the interprofessional team.

Objective 1

Adapted from the Palliative Community Nursing Course curriculum developed through the Werberg Institute for Palliative Community Nursing, which curriculum is owned by the National Care Association, New York, NY

7

---

---

---

---

---

---

---

---

**Key term: advocacy**  
*the act or process of pleading for, supporting, or recommending a cause or course of action*

**Key term: self-efficacy**  
*the extent of strength of one's belief in one's own ability to complete tasks and reach goals*



8

---

---

---

---

---

---

---

---

**Key term: wholistic health**  
*the human experience of optimal harmony, balance, and function of the interconnected and interdependent unity of the spiritual, physical, mental, and social dimensions*

**Theological Assumptions**

- Place matters
- Then nature of person
- Sickness and health
- Healing agents



9

---

---

---

---

---

---

---

---

**CRITICAL THINKING  
BREAKOUT**

---

What is the role of the  
FCN in relation to  
interprofessional care?

10

---

---

---

---

---

---

---

---

10



Advocate for vulnerable  
populations experiencing  
contemporary health issues.

---

Objective 2

Adapted from the Fall Community Nursing Course curriculum developed through the Weisberg Institute for Fall Community Nursing, which curriculum is owned by the National Care Association, New York, NY

---

---

---

---

---

---

---

---

11

Advocating for Vulnerable Persons

**Key term: vulnerable persons**

people at a greater than normal risk of experiencing abuse

12

---

---

---

---

---

---

---

---

12

### Large Group Brain storm: Vulnerable persons include....

*Examples: Pregnant women, infants, persons who are chronically ill and disabled, persons living with HIV/AIDS, person who are mentally ill and disabled, persons with suicide and homicide prone behavior, persons living in abusive families, persons who are homeless, immigrants and refugees, older adults*

13

13

---

---

---

---

---

---

---

---

### Awareness of Vulnerabilities

A range of healthcare issues may contribute to or arise from vulnerability.

- access to health care
- cost of health care
- inadequate housing
- homelessness
- hunger or food insecurity
- right to life issues
- violence
- lack of health insurance
- cultural diversity

14

14

---

---

---

---

---

---

---

---

## LARGE GROUP DISCUSSION

What healthcare issues of vulnerable person in your faith community are most pressing? Least pressing?

p. 314

15

---

---

---

---

---

---

---

---



Apply advocacy skills in faith community nursing practice.

Objective 3

Adapted from the Faith Community Nursing Course curriculum developed through the Wertheim Institute for Faith Community Nursing, which curriculum is owned by the National Care Association, New York, NY

16

---

---

---

---

---

---

---

---

Large Group Brain storm: Advocacy skills include....

*Examples: Assertiveness, Honesty, Power, Directness, Risk-taking, Effective communication, Negotiation, Health Coaching*

17

17

---

---

---

---

---

---

---

---

Where does the FCN get the power for advocacy?

**Expert power** – in relation to person and evidence-based practice.

**Legitimate power** – license to practice (based on education).

**Referent power** – nurses often rank #1 for trust in public opinion polls.

**Reward** – improved health for faith community members.

18

18

---

---

---

---

---

---

---

---

Besides your power, **careful listening** is also essential for effective advocacy.

- Allow individuals to identify their own situation.
- Assist individuals in clarifying their personal values.
- Affirm individuals in selections options (non-judgmental).
- Support individuals in decision-making.




---

---

---

---

---

---

---

---

19

### Advocacy Steps - p. 332

1. Assess the nature and source of the issue.
2. Determine the appropriate target.
3. Establish mutual goals with clients.
4. Negotiate an action plan with the client.
5. Consider the economic impact of the plan.
6. Determine availability of resources.
7. Assess receptivity to advocacy.
8. Serve as a navigator, while avoiding paternalism.
9. Establish boundaries.
10. Recognize resilience in previous experiences
11. Implement the plan.
12. Evaluate outcomes.

---

---

---

---

---

---

---

---

20

### Outcomes of Advocacy include:

- Access to and use of healthcare.
- Personalized care based on need and not the bottom line.
- Care coordination that optimizes outcomes.
- Empowerment and enhanced coping skills.
- Engagement in managing health needs.
- Reduction in care avoidance and improved care seeking.
- Strengthen ability to understand and provide self-care.
- A faith community that is a setting of healing and whole person health.

---

---

---

---

---

---

---

---

21

# CRITICAL THINKING BREAKOUT

## Case 2: Family Case – Focus Dementia

p. 332

What are the appropriate basic steps for advocacy in this situation?

General steps listed on p. 315

22

---

---

---

---

---

---

---

---

---

---

## FCNN Falls Prevention Programs

**Stepping On**  
Developed and tested originally in Australia, this program has been adapted in the U.S. with a proven 20% reduction in falls.  
**Workshop length:** 1 session per week for 7 weeks (8-session session).  
Led by two trained facilitators, a physical therapist, pharmacist, vision expert, and community safety expert.  
Designed for people over age 60 who live at home or in an independent apartment.  
Program emphasizes assessment of risk factors and essential exercises for falls prevention.

**A Matter of Balance**  
Developed and tested by Boston University.  
**Workshop length:** 1 session per week for 6 weeks.  
Led by two trained facilitators and one guest health professional.  
Inclusive program designed for people over age 60 who are able to problem solve. Exercises may be adapted to a seated position.  
Program emphasizes physical activity and practical strategies to reduce the fear of falling.

**Tai Ji Quan Moving for Better Balance**  
Developed and tested at the Oregon Research Institute with a proven 20% reduction in falls.  
**Workshop length:** 2 sessions per week for 12 weeks.  
Led by one trained teacher.  
Designed for people over age 60 of all activity levels.  
Program emphasizes exercise classes using slow-gait, movement to improve balance and core strength, strengthen muscles, and increase flexibility.

23

---

---

---

---

---

---

---

---

---

---

## FCNN Living Well

**Living Well with Chronic Conditions**  
Designed for people impacted by any chronic condition as well as for their family and friends to support living a healthy life.  
**Example chronic conditions include:** arthritis, autoimmune disease, cancer, heart disease, mental illness, and obesity.  
Topics include: goal setting and problem solving, managing symptoms and addressing emotions, mind-body connection, communication with a healthcare team, tips for eating well, and safe exercise.

**Living Well with Chronic Pain**  
Designed for people impacted by chronic pain as well as for their family and friends to support living a healthy life.  
**Topics include:** managing pain, dealing with frustration and fatigue, pairing health and communication about pain effectively, therapeutic exercises, and relaxation techniques.

**Living Well with Diabetes**  
Designed for people impacted by diabetes as well as for their family and friends to support living a healthy life.  
**Topics include:** symptom management, hypo- and hyperglycemia, managing fatigue and pain, nutrition strategies, and integrating physical activity.

"I have learned there are people like me, not living life to the fullest because of a chronic condition, and that we can move forward."

24

---

---

---

---

---

---

---

---

---

---





28

---

---

---

---

---

---

---

---

Reflection: Advocacy & Collaboration

- Deuteronomy 1:9
- Proverbs 27:17
- Ecclesiastes 4:9-10
- Amos 3:3
- Luke 10:1-2

29

---

---

---

---

---

---

---

---

Coordinate implementation of a whole-person-centered plan of care with particular emphasis on the spiritual needs of diverse populations.

Objective 4

Adapted from the Faith Community Nursing Course curriculum developed through the Weisberg Institute for Faith Community Nursing, which curriculum is owned by the National Care Association, New York, NY.

30

---

---

---

---

---

---

---

---

### Key Term: Care Coordination

The deliberate organization of patient care activities between two or more participants

Key Organizations: AHRQ, National Quality Forum, ANA –

↑ quality through care coordination



31

---

---

---

---

---

---

---

---

### Outcome Evaluation: Care Coordination

Decrease ER visits and Hospital readmissions

Prevents complications

Decreases costs



Improves patient quality of life, self confidence, satisfaction, safe transitions and health outcomes

© Getty Images

32

---

---

---

---

---

---

---

---

## CRITICAL THINKING BREAKOUT

*Think of different situations death of a loved one, hospital visitation, difficult diagnosis, health screening or need for supportive holistic care*

What is the role of the FCN in relation to other people in the faith community who might participate in coordinated care?

33

---

---

---

---

---

---

---

---

# LARGE GROUP DISCUSSION

Think of different situations - health promotion, a patient discharge, transition in care level, or complex care situation

What is the role of the FCN in relation to others on the health care team that provide care coordination?

34

---

---

---

---

---

---

---

---

## Skills Needed for Care Coordination

- Communication and interpersonal skills
- Clinical skills
- Teaching skills
- Counseling skills
- Critical thinking, problem solving and knowledge of community resources
- Group process skills
- Collaborative networking skills
- Leadership skills
- Research skills



35

35

---

---

---

---

---

---

---

---

Apply competencies and skills that support successful care coordination.

Objective 5



Adapted from the Faith-Community Nursing Course curriculum developed through the Weisberg Institute for Faith-Community Nursing, which curriculum is owned by the National Care Association, New York, NY.

36

---

---

---

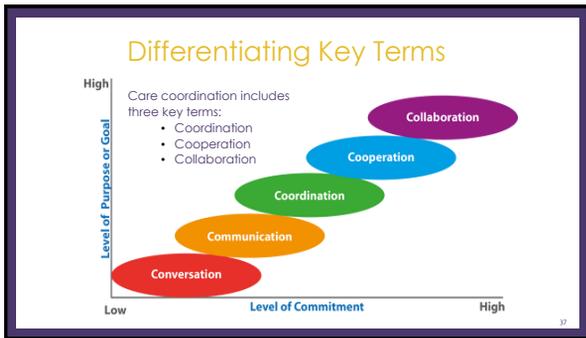
---

---

---

---

---



37

---

---

---

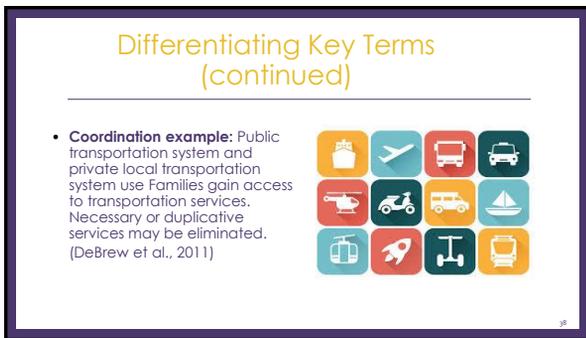
---

---

---

---

---



38

---

---

---

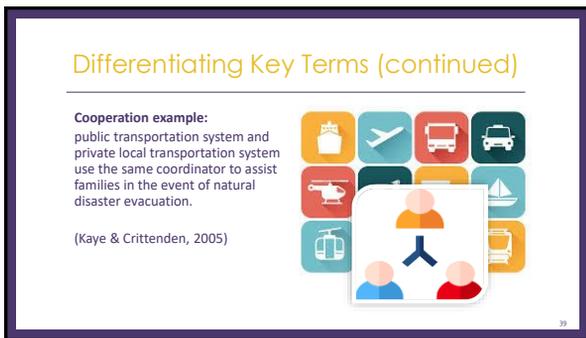
---

---

---

---

---



39

---

---

---

---

---

---

---

---

### Differentiating Key Terms (continued)

**Collaboration example:** Structure of the Faith Community Nurse Network - private and public funds support activities

Available resources, contacts and funding, are shared. (Engle & Prentice, 2013)



40

---

---

---

---

---

---

---

---

### Collaboration means:

- Empowering client to take ownership and responsibility for health decisions.
- Building on community assets (strengths in the community).
- Giving all involved the opportunity to share thoughts and ideas.
- Initiating the collaborative process.
- Building connections to link people and organizations.



Garcia, Schaffer, & Schoon, 2014

41

---

---

---

---

---

---

---

---

### FCNs collaborate with:

- Spiritual leader
- God
- Faith community
- Health providers
- Other ministries
- Individual and family
- Community organizations
- Health systems
- Businesses
- Volunteers



42

---

---

---

---

---

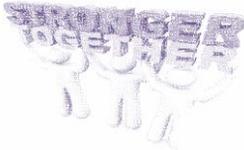
---

---

---

### What are the benefits of collaboration?

- Collaborating with key professionals and various agencies in the community can legitimize an issue.
- The ability to collectively capture the interests of key policymakers in the community can be multiplied.
- Enhances seeking grant funding



43

---

---

---

---

---

---

---

---

### Barriers to Collaboration

**Needle in a haystack**—the belief that others may have already solved the problem

**Hoarding**—the basic premise that people do not want to share their knowledge because they see hoarding their information as a source of real power

**Not invented here**—the solution is not a product of the group but comes from outside the group (American Red Cross, 2011).

44

---

---

---

---

---

---

---

---

### Breakout: Collaboration Activity

Body and Soul video.  
<https://www.youtube.com/watch?v=U14wio6wWL8>

As an FCN, as you think about implementing a health promotion program, consider:

1. Who will you involve from within your faith community and from the local community?
2. What is your role as a FCN in implementing the collaborative health promotion activity?
3. What might be possible barriers to the effectiveness of the collaboration and how could you manage those barriers?

45

---

---

---

---

---

---

---

---

### Discussion Questions

1. How does collaboration in faith communities differ from other settings?
2. Why is inter-professional health care collaboration important?
3. Identify how you as an FCN can collaborate with other ministries or committees in your faith community.

46

---

---

---

---

---

---

---

---



Coordinate care by using volunteers and support groups to provide whole-person care.

Objective 6

Adapted from the Faith Community Nursing Course curriculum developed through the Weisberg Institute for Faith Community Nursing, which curriculum is owned by the Spiritual Care Association, New York, NY

47

---

---

---

---

---

---

---

---

### Volunteers are:

- Necessary for the work
- Assist with variety of tasks
- May see themselves as God's hand extended
- Must be recognized
- FCN must know how to recruit, train, manage, and supervise



48

---

---

---

---

---

---

---

---

## Nurse Volunteers

---

Bound by state statutes

Does not relieve the nurse from liability or malpractice

Good Samaritan Acts vary from state to state



49

49

---

---

---

---

---

---

---

---

## Federal Volunteer Protection Act of 1997

---

The statute provides that volunteers of nonprofit or governmental agencies are not liable for harm due to acts of omission under these conditions.

- The volunteer was acting within the scope of duties.
- The volunteer was properly licensed, certified, or authorized, if required, for the activities performed.
- Harm was not a result of willful or criminal misconduct.
- Harm was not caused by the volunteer operating a vehicle for which the state requires operator licensure and/or insurance.

Ohio Nurse Association, 2021, p. 5

50

50

---

---

---

---

---

---

---

---

## Good Samaritan Acts

---

Vary from state to state

Generally do not cover activities that are not related to emergency situations, so they do not apply in an FCN practice



51

51

---

---

---

---

---

---

---

---



### Why do people volunteer?

- They want to make a difference (contribute to a good cause).
- They hope to develop new skills.
- They want to meet people and make new friends.



55

---

---

---

---

---

---

---

---

55

### What can volunteers do in faith community?

- Collect data
- Provide professional consultation (in their fields)
- Design brochures, newsletters, logos
- Edit documents
- Maintain a database
- Conduct services such as "visits," mentoring, or instruction

56

---

---

---

---

---

---

---

---

56

### Large Group Activity: Preparing to Recruit Volunteers

- See Appendix A: 337-341 in your textbook
- 16 Tips for Recruiting Adult Volunteers



57

---

---

---

---

---

---

---

---

57

### Developing and Sustaining Support Groups

- People who gather to share common problems, experiences, illnesses, or life situations
- Generally made up of peers with a professional or volunteer facilitator, who may be the FCN
- Small in number (10-15) and attendance is voluntary
- Led by peer or professional facilitator

58

---

---

---

---

---

---

---

---

58

### Support Group Benefits

- Members solve their own problems.
- Members learn about health, health conditions, diseases, or situations.
- Groups allow safe environments for people to share or "let off steam" with others who understand through shared experiences.
- Attendance limits isolation.
- Reduce anxiety.
- Improve self-esteem.
- Improve quality of life.



59

---

---

---

---

---

---

---

---

59

### Characteristics of Good Support Groups

- Prompt response to inquiries
- Regularly scheduled meetings or newsletters
- Access to appropriate professional advisors (for example, medical specialists, licensed therapists, counselors, or employment attorneys for workplace discrimination)
- Strong leadership
- A clearly stated confidentiality policy
- Specific qualities the individual is seeking; for example, a group around a specific condition, or a group for siblings

Greenwood et al., 2013

60

---

---

---

---

---

---

---

---

60

### To organize a support group

- Group structure
  - Led by professional facilitators
  - Peer support groups
- Group size
- Location of meetings
- Length of sessions
- Group roles
- Leadership; lay or professional
- Advertise in the local paper
- Explore resources for referral before the group begins.
- Remember the group is **NOT** therapy; refer individuals who need therapy to appropriate certified counselors or therapists.

61

---

---

---

---

---

---

---

---

### Activity: Support Group Planning

See Appendix B - 342 in your textbook

1. What is the goal of this group?
2. What are the criteria for membership?
3. Who is the leader of the group?
4. What are the criteria for selecting the leader?
5. How are the new members referred and screened for membership?
6. Is there a set minimum or maximum number of members?
7. Where does this group meet?
8. When does this group meet?
9. How long is each meeting?
10. Will this group have a planned ending or will it be ongoing?
11. How is group effectiveness determined?

62

---

---

---

---

---

---

---

---

### Large Group Discussion

1. What would you say is the first step in determining whether your work as an FCN should involve starting a support group?
2. What topic would you recommend for a support group in your faith community?

63

---

---

---

---

---

---

---

---



Ensure continuity and coordination of health care for consumers during transitions between settings and levels of care.

Objective 7

Adapted from the Faith Community Nursing Course curriculum developed through the Wertheim Institute for Faith Community Nursing, which curriculum is owned by the National Care Association, New York, NY

64

---

---

---

---

---

---

---

---

### Transitional Periods

- gaps in care may occur
- may lead to poor outcomes



65

65

---

---

---

---

---

---

---

---

**Key term: transitional care**

Action of faith community nurses or other healthcare providers designed to ensure the coordination and continuity of health care for healthcare consumers during movement between different locations and care settings

66

66

---

---

---

---

---

---

---

---

**Key term: transitional care**

67

---

---

---

---

---

---

---

---

**Faith Community Nurse Transitional Care Model**

**Pre-discharge interventions**

- whole-person assessment, which includes spiritual
- appropriate referrals
- screening (vitals)
- disease education
- medication reconciliation
- self-care training
- safety assessments

68

---

---

---

---

---

---

---

---

**Faith Community Nurse Transitional Care Model**

**Post-hospitalization physician visit**

- ensure that the visit occurs
- introduce the FCN role to the doctor
- facilitate information exchange
- make sure that the patient and caregiver are fully engaged

69

---

---

---

---

---

---

---

---

## Recent Research

Six nursing interventions present 73% of 210 NICs documented by FCNs

- emotional support
- spiritual support
- active listening
- medication management
- health education
- fall prevention

29

70

---

---

---

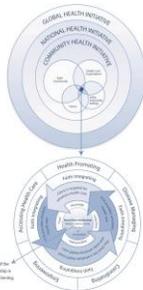
---

---

---

---

---



(Ziebarth, 2019)

29

71

---

---

---

---

---

---

---

---

## Large Group Discussion

1. What transitions of care do you see yourself getting involved in? How will this course clarify how you navigate your role?
2. How is the model of faith community nursing changing?

29

72

---

---

---

---

---

---

---

---

**Objectives:** Advocacy for the delivery of dignified and whole-person care by the interprofessional team.

---

Advocate for vulnerable populations experiencing contemporary health issues.

---

Apply advocacy skills in faith community nursing practice.

---

73

73

---

---

---

---

---

---

---

---

**Objectives:** Coordinate implementation of a whole-person-centered plan of care with particular emphasis on the spiritual needs of diverse populations

---

Apply competencies and skills that support successful care coordination.

---

Coordinate care by using volunteers and support groups to provide whole-person care.

---

Ensure continuity and coordination of health care for consumers during transitions between settings and levels of care.

---

74

74

---

---

---

---

---

---

---

---

**Faith Community Nurse Network**  
*of the Greater Twin Cities*

*QUESTIONS*

---

*Foundations Course  
Advocacy, Care Coordination,  
& Transitional Care*



75

---

---

---

---

---

---

---

---

### References

American Nurses Association and Health Ministries Association. (2012). Faith community nursing: Scope and standards of practice (2<sup>nd</sup> ed.). Silver Springs, MD: Nursebooks.org.

Arent, J., Tsang-Quinn, J., Levine, C., & Thomas, D. (2012). The patient-centered medical home: History, components, and review of the evidence. *Mt. Sinai Journal of Medicine*, 79(450), 433-450.

Atherly, A. & Thorpe, K. E. (2011). Analysis of the treatment effect of Healthway's Medicare health support phase 1 pilot on Medicare costs. *Population Health Management*, 14(1), 23-28.

Cesta, T. (2013). Centers for Medicare & Medicaid Services – new interpretive guidelines for the conditions of participation for discharge planning – part 1. *Hospital Case Manager*, 21(11), 151-154.

DeBrew, J., Moore, L., Blaha, S., & Herrick, C. A. (2010). New friends in the evolution of case management: Faith community nursing. *Introduction to care coordination and nursing management*. In L. J. Ferro, C. A. Herrik, & J. Hu (Eds.), pp. 218-239. Sudbury, MA: Jones and Bartlett.

76

---

---

---

---

---

---

---

---

---

---

### References

Garcia, C. M., Schaffer, M. A., & Schoon, P. M. (2014). *Population-based public health clinical manual: The Henry Street model for nurses*, 2<sup>nd</sup> ed. Indianapolis, IN: Sigma Theta Tau International Society of Nursing.

Grant, R. W. & Finnocchio, L. J., (1995). Interdisciplinary collaborative teams in primary care: A model curriculum and resource guide. San Francisco, CA: Pew Health Professions Commission.

Greenwood, N., Mabibi, R., Mackenzie, A., Drennan, V., & Easton, N. (2013). Peer support for careers: A qualitative investigation of experiences of careers and peer volunteers. *American Journal of Alzheimer's Disease & Other Dementias*, 28(6), 617-626. doi:10.1177/1533317513494449

Grey, M. & Connolly, C. (2008). Coming together, keeping together, working together: Interdisciplinary to transdisciplinary research and nursing. *Nursing Outlook*, 56(3), 102-107.

77

---

---

---

---

---

---

---

---

---

---

### References

Keller, L. O., Strohschein, S., Lia-Hoagberg, B., & Schaffer, M. A. (2004). Population-based public health interventions: Practice-based and evidence-supported (Part 1). *Public Health Nursing*, 21(5), 453-468.

McDonald, K., Sunaram, V., Bravata, D., Lewis, R. et al. (2007). Closing the quality gap: A critical analysis of quality improvement strategies, care coordination. Agency for Healthcare Research and Quality.

Ohio Nurses Association (2005). The nurse as a volunteer. *Ohio Nurses Review*, 84(2), 1-5.

Thibault, G. (2012). Core competencies for inter-professional collaborative practice. Institute of Medicine Global Forum on Innovation in Health Professional Education.

Ziebarth, D., Campbell, K (2016). A Transitional Care Model: Using Faith Community Nurses. *Journal of Christian Nursing*, 21(2), 112-118.

Ziebarth, D. (2019). Transitional Care. *Faith Community Nursing*, 297-312.

78

---

---

---

---

---

---

---

---

---

---

## Differentiating Key Terms (continued)

**Key Term: Coordination**

exchanging information and altering activities for mutual benefit to achieve a common purpose

79

---

---

---

---

---

---

---

---

## Differentiating Key Terms (continued)

- Coordination requires more than organizational involvement and networking.
- It is most effective when all parties affected by proposed changes share in the decisions about the possible consequences of the changes.

80

---

---

---

---

---

---

---

---

## Differentiating Key Terms (continued)

**Key Term: Cooperation**

exchanging information, altering activities, and sharing resources for mutual benefit to achieve a common purpose

81

---

---

---

---

---

---

---

---

### Differentiating Key Terms (continued)

Shared resources may include sharing staff, work space, training, information, funding, and, in some cases, legal arrangements.

82

---

---

---

---

---

---

---

---

82

### Differentiating Key Terms (continued)

**Key Term: Collaboration**

exchanging information, altering activities, sharing resources, and enhancing the capacity of another organization for mutual benefit

83

---

---

---

---

---

---

---

---

83

### Differentiating Key Terms (continued)

Members of a collaborative effort view each other as partners that are willing to share risks, resources, responsibilities, and rewards.

A multi-sector collaboration is an alliance of public, private, and nonprofit organizations.

84

---

---

---

---

---

---

---

---

84

## Support Groups Provide Information

- Information about wellness / medical treatments, research and strategies (through brochures, booklets, websites, telephone help lines, and person-to-person sharing in the group meetings)
- Information about public policy, legal resources, privacy laws, and protection from discrimination
- Help finding adequate medical or physiological information
- Ways to find out about financial assistance, grants, stipends, or scholarships

85

85

---

---

---

---

---

---

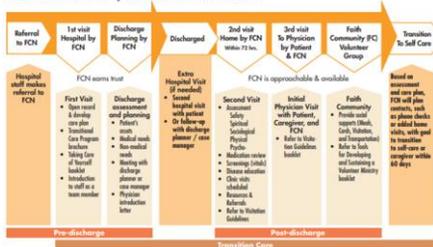
---

---

---

---

FIGURE 1: Faith Community Nurse Transitional Care Model



DeBorja, D., Campbell, K. (2016). A Transitional Care Model Using Faith Community Nurses. *Journal of Christian Nursing*.  
 https://doi.org/10.1016/j.jcn.2016.05.002

86

86

---

---

---

---

---

---

---

---

---

---