

Foundations of Faith Community Nursing: **Health Promotion**

Outcomes:

- 1. Analyze the roles and responsibilities of the FCN in health promotion.**
- 2. Design and integrate a self-care plan as an instrument of faith community nursing practice to promote the health of self and others.**
- 3. Use selected professional standards as a guide for developing health promotion programs.**
- 4. Provide health teaching for groups and individuals according to a needs assessment.**

Adapted from: Foundations of Faith Community Nursing course based on the curriculum developed through the Westberg Institute for Faith Community Nursing, which is owned by the Spiritual Care Association, New York, N.Y.



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Outcome 1: Analyze the role and responsibilities of the FCN in health promotion.

What experiences, as an RN, have you already had in the area of health promotion?

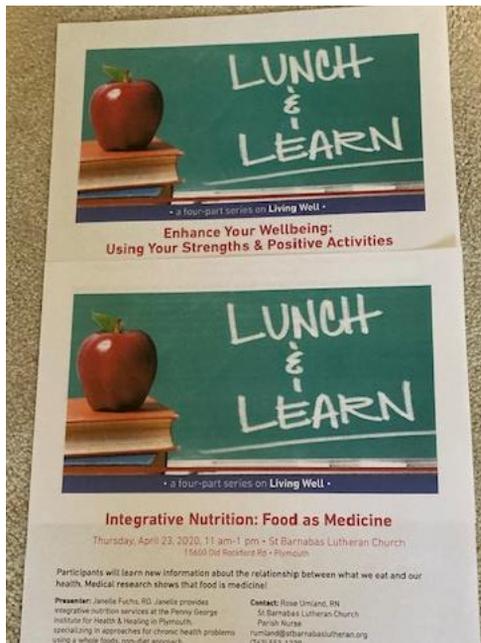


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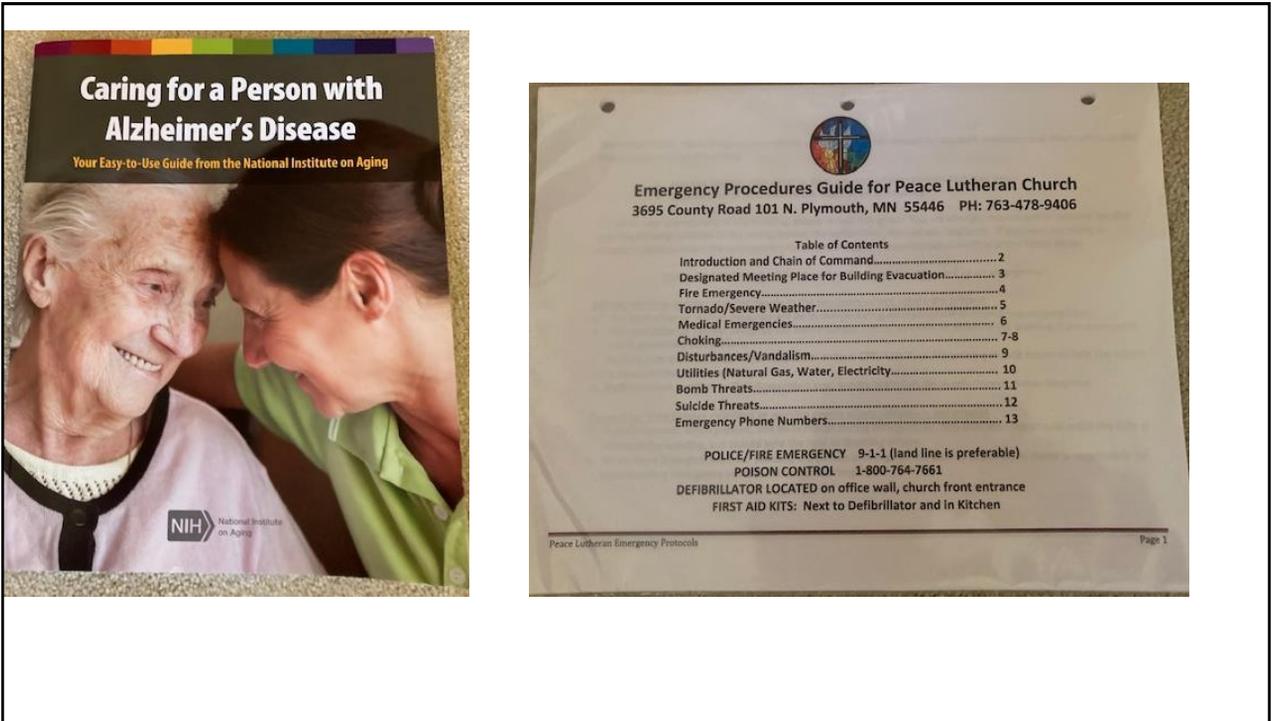
Health promotion's purpose is to positively influence the healthy behavior of people and societies as well as the living and working conditions that impact their health. Nurses are best able to perform health promotion tasks by enhancing the quality of life for all people through:

- **Assessment of individual and community needs**
- **Education and support to improve health**
- **Identification and referral to resources**
- **Implementation of programs to help reduce premature deaths and reduce costs in both the financial and human terms for all entities**
- **Evaluation of health promotion interventions**

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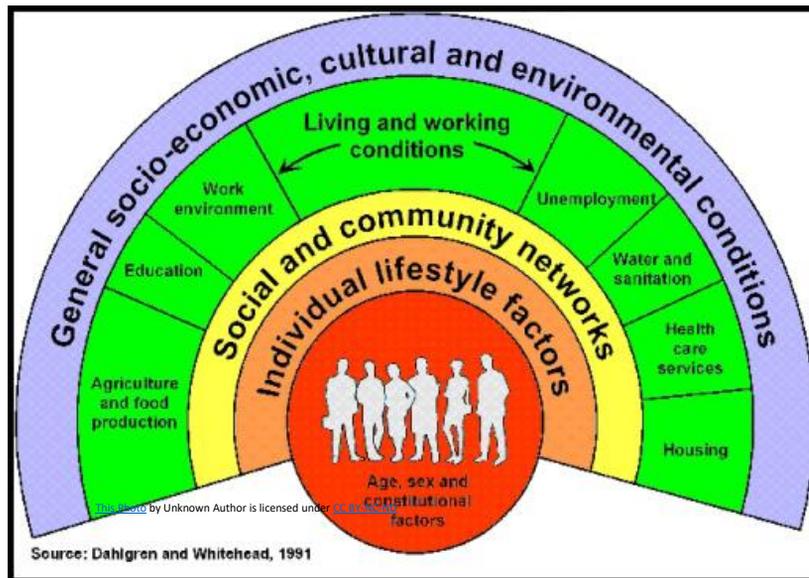
How does Health Promotion Compare to Disease Prevention?

Disease prevention: rooted in the medical model and includes measures not only to prevent the occurrence of disease but to arrest progress of the disease and reduce its consequences.

Health promotion: the process of empowering people to increase control over their health.

This process includes activities for individuals, the community-at-large or for populations at increased risk of negative health outcomes due to the **social determinants of health**.

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Social Determinants of Health

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Concept of Headwinds and Tailwinds.

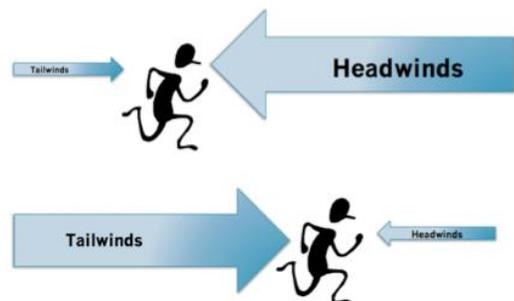
Did you know if you fly from New York to L.A. it takes as much as 40 minutes longer than flying from L. A. to New York?

This is because of HEADWINDS and TAILWINDS.

From a societal perspective, HEADWINDS are the challenges—some big, some small, some visible, some invisible that make life harder for some people, but not for all people.

(Concept of Debby Irving, author and educator)

In terms of health disparities and social determinants of health, what do you think some of the HEADWINDS are?



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The ACEs Study: (Adverse Childhood Experiences)

Largest study of its kind to examine the social and health effects of Adverse Childhood Experiences over a lifetime.

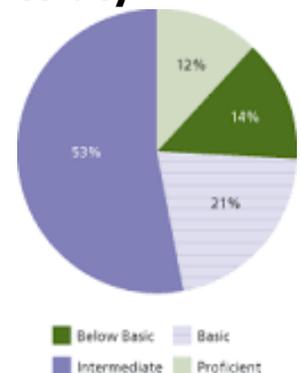
- Found that 64% of participants had 1 or more ACEs
- The more ACEs, the higher the risk of negative outcomes.
- Persons with 4 or more ACEs (12.5%) were:
 - 14% more likely to attempt suicide
 - 4.5% more likely to be depressed
 - 11% more likely to abuse alcohol and drugs.
- Persons with 6 or more ACEs reduce their life span by 20 years!

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Health Literacy: the degree to which an individual has the capacity to obtain, communicate, process and understand basic health information and services to make appropriate health decisions.

Only 12% of adults in U.S. have proficient health literacy

(77 million Americans have difficulty with common health tasks such as reading the label of a prescribed drug; reading health education information; following health instructions; navigating the health care system.)



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You are the FCN at a faith community and the director of children's ministry approaches you with this request: "We have a family where the single mom is developmentally disabled and has three children, ages 11, 9 and 4 who are all on the autism spectrum. We've noticed that the mom sends very unhealthy snacks with the children to Sunday School...candy, donuts, etc. And the mom is very overweight too. Could you talk with her about nutrition and more healthy snacks?"

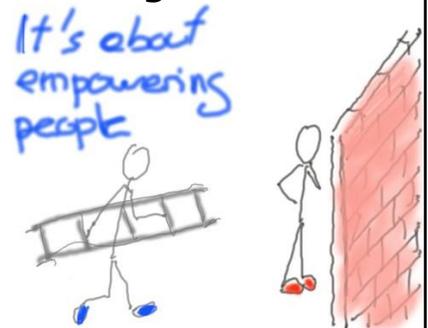
What about this "health promotion" scenario relates to the term "determinants of health?"



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FCNs embody the essence of health promotion through these roles:

- 1. We empower, mediate, and advocate.**
- 2. We help integrate health promotion and holistic health.**
- 3. We counsel through listening.**
- 4. We serve as resources and make appropriate referrals.**
- 5. We provide 1:1 and group health education.**
- 6. We serve as role models with our own self-care.**
- 7. We respect lifestyle choices.**
- 8. We work in partnership with other health professionals and community members to empower people to take charge of their health.**



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Two members of your faith community are in their 90's. They live at home despite the fact that they both have very poor vision and significant mobility issues. Their 50-year old son, who is also a member of the faith community, live in their basement. He is unemployed and you suspect he is chemically dependent because you often smell alcohol on his breath and his parents have told you he has been hospitalized several times for pancreatitis. The house is filthy and you are concerned about personal cares, safety and quality of life for all of these individuals.

Reflecting on the previously listed roles of the FCN, which ones would you need to use in this situation?

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Shortly after you starting working as an FCN, the community you serve offers a potluck meal to members. You attend the meal and observe servers who are not using gloves, are coughing and wiping their noses and notice that hot foods have not been kept hot and cold foods have not been kept chilled.

If it is, how would you go about it? (Keep in mind some of the things we've talked about re: culture of an organization, politics, history, unwritten rules?)



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You have been assessing needs at your faith community you realize that obesity is a health risk for many of the members. What health promotion ideas do you have for addressing this risk?

Complications of Obesity



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Reliable Resources for Health Promotion:

American Public Health Association www.apha.org

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

Healthy People 2030 <https://www.healthpeople.gov/2020>

Medline Plus <http://www.nlm.nih.gov/medlineplus/>

World Health Organization WHO www.who.int/en/

<https://www.mayoclinic.org/diseases-conditions>



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Outcomes 3 and 4: (Don't worry, we'll get back to Outcome 2)

- 3. Use selected professional standards as a guide for developing health promotion programs.**
- 4. Provide health teaching for groups or individuals according to needs assessment.**

60% of your faith community members are over 65 years of age. What might be some health promotion interventions you'd consider?



What if, instead, 60% were young families?



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Before you start developing health promotion programs it's important to understand some principles of teaching/ learning.



What's Your Learning Style?

 <p>Visual</p> <p>Visual learners usually retain more information when they can see something that graphically depicts what they are trying to learn. Visual learners should study using visual aids whenever possible. Flash cards, pictures, drawings—anything that will give you a visual memory.</p>	 <p>Auditory</p> <p>Auditory learners will retain more information when they hear something. For auditory learners, the best way to learn is to listen...over and over. Use a tape recorder. Read out loud. Have a friend quiz you orally.</p>	 <p>Tactile</p> <p>Tactile learners will retain more information when they use the "hands-on" approach—the lab and demonstrations.</p>
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ACTIVE LEARNING

What I hear, I forget

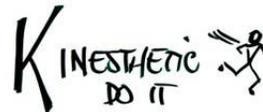
What I see, I remember

What I do, I understand

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Learning Styles

- **Visual (spatial)**—using pictures, images, spatial understanding.
- **Aural (auditory-musical)**---using sound & music
- **Verbal (linguistic)**—using words, both in speech and writing.
- **Physical (Kinesthetic)**—using body, hands, touch, other senses.



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More Learning Styles

- **Logical (mathematical)**—using logic, reasoning, systems.
- **Social (interpersonal)**---learning in groups or with others.
- **Solitary (intrapersonal)**—working alone and using self-study.

And, of course, most of us are a combination of styles.

What are your preferred learning styles?

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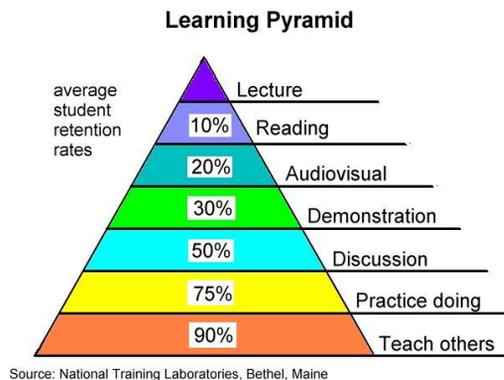
Adult learners tend to:

- ❖ Be _____-directed
- ❖ Draw on past _____
- ❖ Want to apply new information and skills _____
- ❖ Be kinesthetic learners
- ❖ Like “active” and “interactive learning!”
- ❖ Apply and retain material when they have a chance for _____.



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Active learning: a planned series of actions or events to invite the participant to process, apply, interact and share experiences as part of the educational process.



Let's brainstorm some active learning methods that could be used in your health promotion activities.

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- **Discussion**
- **Case Studies**
- **Hands-on experiential ---Doing!**
- **Field Trips**
- **Group work and cooperative learning**
- **Scavenger hunts**
- **Debates**
- **Role-playing**
- **Panels**
- **Brainstorming**
- **Problem-solving**
- **Interviewing**
- **Demonstrations**
- **Teaching others**

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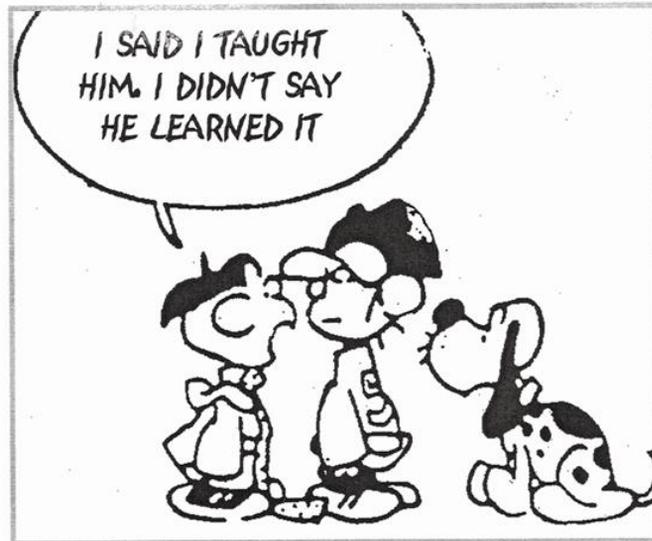
You decide to plan and teach a class on stress management to adults of all ages. Using what you know about adult learners and learning styles, identify 3-4 teaching/learning methods (other than lecture) you could incorporate.

Ex: Relaxation techniques and meditation are stress management strategies. What are some creative ways to teach these methods?



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**Active learning methods often take more time,
but remember this truism!**



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**You can use the nursing process to develop a health
promotion/health education program**

- ❖ **Assessment**
- ❖ **Diagnoses**
- ❖ **Outcomes Identification**
- ❖ **Planning**
- ❖ **Implementation**
- ❖ **Evaluation**

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Assessment:

What are some ways you could assess needs of your faith community (as a group and as individuals) in health promotion/education or disease prevention?

Because you are part of a “team” what do you need to keep in mind as you assess needs and plan?

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Your faith community purchased an AED several years ago. When you started as their FCN, the pastor asked you to take over the care of the AED. You find that the battery and pads have expired. You ask the pastor and staff if the AED has ever been used and They say, “I don’t think anyone in this place knows how to use it.”

What is your “needs assessment” of this situation?



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Diagnosis and Outcomes:

After assessing needs you will have a diagnosis. You can then identify the outcomes/objectives you hope to achieve.

Remember that identifying outcomes can be done with a client or group for better “buy-in.”

Use ACTION VERBS to write objectives/outcomes and try to state them in measurable terms.

Action verbs are actions you could measure:

Demonstrate

Describe

Identify

Compare and Contrast

List

Discuss pros and cons

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Let’s practice using the AED situation:

AED Diagnosis/Need:

AED Outcomes/Objectives: As a result of attending the educational program, participants will be able to:

1.

2.

**Did you use “action verbs?”
Can you measure if learning took place?**

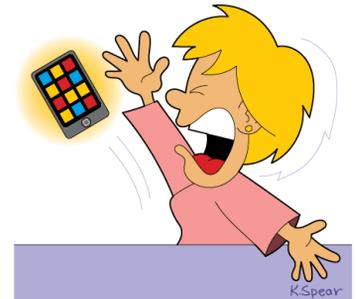
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Planning

Once you have your objectives/outcomes you may need to do some research before you can make decisions on content, length of class, learning methods, materials.

One of the biggest challenges in planning is to control the amount of content.

What do learners _____ to know
versus
what is _____ for them to know?



"Quit giving me so much information!"

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If an objective for the AED class were:

**"Participants can identify when to use an AED,
what type of content would you include in your class?"**



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Let's try another topic:

After conducting a needs assessment, you decide to offer a health education program on the topic: Living Options for Seniors.

Please write three learning outcomes/objectives for this 2 hour class.

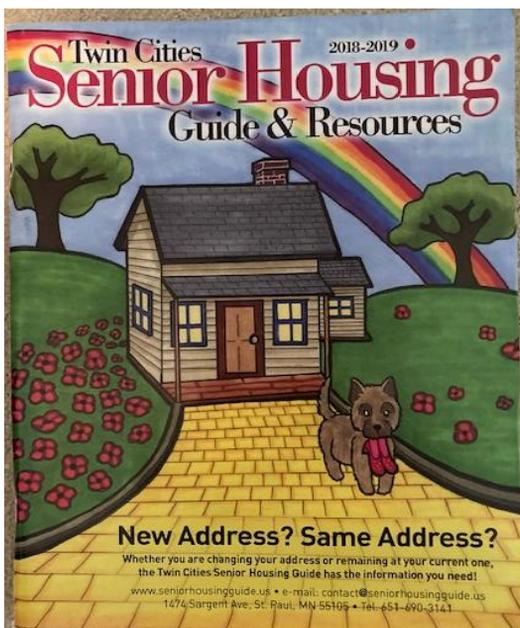
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Let's say one of your objectives is:

- 1. Participants will be able to identify several different living options for seniors.**

Now, you need to determine what content you will include to meet this objective.

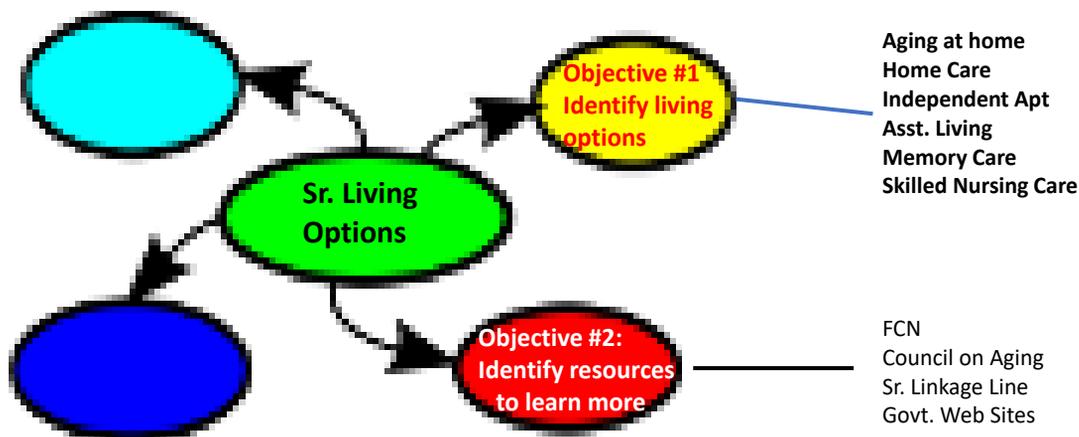
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One option for considering what content to use is "MIND-MAPPING" Use Objective #1 (identify types of senior living options to develop your mind-map)

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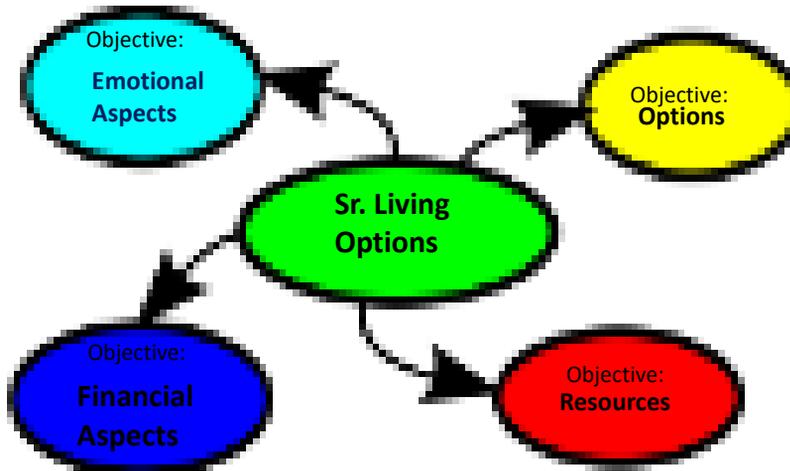
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Mind-mapping is only one option. An outline also works.

Objective 2: Identify one local resource clients could use to help them better understand senior living options.

- A. Senior Linkage Line/Council of Aging**
- B. Senior Housing Resource catalog**
- C. Faith Community Nurse**
- D. Clinic or hospital social worker**

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Organize “chunks” of content for flow and learning methods.

Which of these chunks of content should go first?

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Once you have the “chunks” of content and have sequenced them, you need to develop your content for each “chunk.” (Or find an expert to teach the class.)

As you develop content, also plan your teaching/learning methods keeping in mind different learning styles.

What “active” methods could you use for the “chunk” on types of living options?

Ex: Ask participants to list the pro’s and con’s of various living options.



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Once you have the content, sequencing, teaching/learning methods worked out, prepare teaching/learning materials.

What should you keep in mind when designing these?

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➤ **Reading levels—3rd to 4th grade is best**

➤ **FOG or SMOG index**

<http://aspiruslibrary.org/literacy/SMOG%20Readability%20Formula.pdf>

➤ **Language**

➤ **Hearing and vision or other disabilities**

➤ **Learning styles, personality styles**

➤ **Don't overwhelm with materials**

➤ **Comfort with technology**

➤ **Age—but don't assume**

➤ **Keep in mind cultural,
socioeconomic factors**



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In addition to instructional design planning, also consider:

- 1. Is this class approved by your supervisor?**
- 2. Are there any "political" ramifications?**
- 3. Plan well in advance to get on the church calender.**
- 4. Reserve a room well in advance.**
- 5. Plan time for promoting and marketing.**
- 6. Do you want to bring in an outside speaker?**
- 7. What is the budget/cost? Who will pay?**

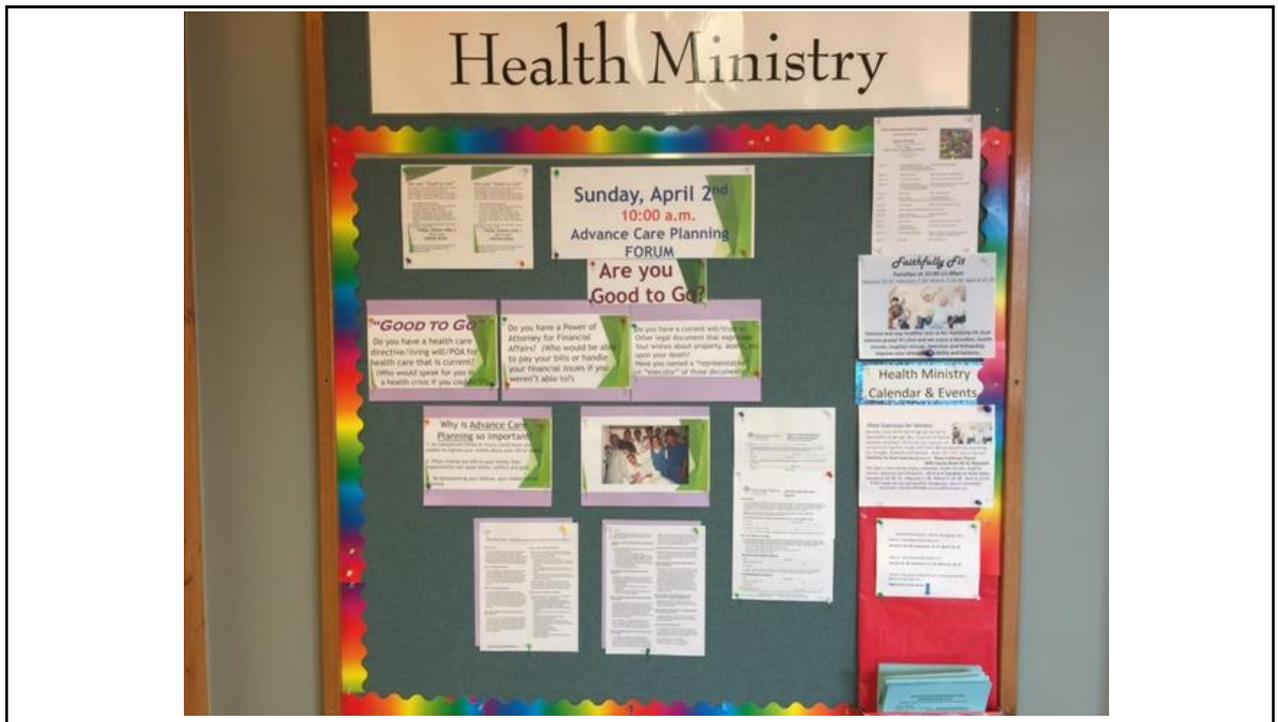
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- 8. Who will you invite? How will you advertise?
- 9. How will you evaluate?



- 10. What other planning elements might be necessary?

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Implementation:

All systems are GO!! Are you sure you're ready??

Do you have all the "details" in place prior to the class?

What kind of a learning environment do you want to create for attendees?

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Evaluation:

Evaluation should be part of every step of the process.

You can evaluate many different components:

- **Quality of presentation**
- **Content**
- **Time/Place/Environment**
- **Resources used**
- **Knowledge gained**
- **Behavior change**

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How will 1:1 health education/promotion differ from group efforts?



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What about our unique role in intentional spirituality and integration of body, mind, spirit?

What are health promotion/education ideas you could use in this area?



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A word about complementary therapies as defined by the US National Center for Complementary and Alternative Medicine
While there is great consumer demand for these therapies, the process of evaluating the efficacy, benefits and possible harms has been slow.

Use good judgment in recommending these therapies as FCNs because, as FCNs, we are to use Evidence-based practice.

Acupressure and Acupuncture
Aromatherapy
Massage
Meditation
Yoga, Tai Chi, qi gong
Music Therapy
Healing touch

Supplements
Herbal Medicine
Homeopathy
Reflexology
Reiki
CBD

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A challenge for each of us in our health promotion efforts is to teach by example.

What do our own health behaviors say to others?

Are we treating our own bodies, minds and spirits in healthy ways so we can serve God in the best way possible?



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Outcome 2: Design and integrate a self-care plan as an instrument of faith community nursing practice to promote the health of self and others.

From what you've learned already about faith community nursing, what might make you vulnerable to burnout or compassion fatigue?



Compassion fatigue: the gradual decline of compassion that results when nurses or other health professionals are exposed to events that have traumatized their clients.

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Outcome 2: Design and integrate a self-care plan as an instrument of faith community nursing practice to promote the health of self and others.

From what you've learned already about faith community nursing, what might make you vulnerable to burnout or compassion fatigue?

What are "your signs" of burnout or compassion fatigue?



Compassion fatigue: the gradual decline of compassion that results when nurses or other health professionals are exposed to events that have traumatized their clients.

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Your “homework” for this session was to complete the Healthy Living Assessment Wheel on page 205 of your participant manual. You were to reflect on your current level of healthy living and what you may need to work on to take care of yourself as you begin this new ministry.



Model-for-Healthy-Living-Assessment-Wheel.pdf

We’ll go into breakout groups now. Please share with each other:

- 1. What did I learn about my own level of healthy living?**
- 2. What areas of my “wheel” do I need to work on to stay healthy, physically, emotionally, spiritually?**

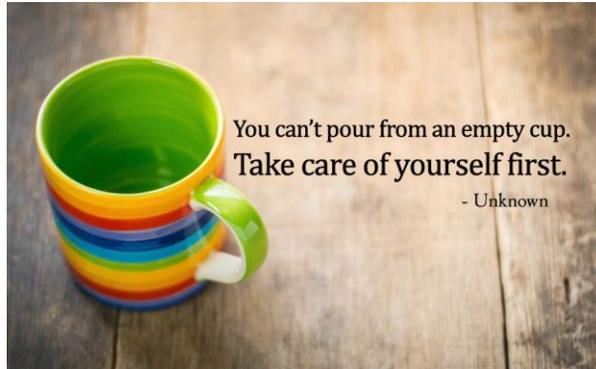
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Sandy is an FCN hired for 15 hours a week by a faith community. She is semi-retired and feels lucky to have this job. She loves the people she serves and makes herself available to congregation members by giving out her cell phone number and being willing to take calls or make visits to the hospital or home when members are in need. Her activity records indicate an average of 100 phone calls and 130 patient visits per year. Her work hours per week average 20-30 hours but she sometimes takes “comp time” and goes on longer vacations. She has sat with dying members and their loved ones; listened to persons who are going through family crises; helped an elderly couple move out of their home; taken members to appointments; and responded to 15 medical emergencies during worship. Her supervisor gives her glowing reviews but continues to ask Sandy to do more educational forums and help with church-wide programming. Over the past six months, Sandy has not been sleeping well and wakes up in the morning with a sense of “dread” about what her day might bring. She has to “talk herself into” going to visit members and while she maintains a loving demeanor with her coworkers and clients, she has been irritable with her loved ones. Discuss why Sandy might be experiencing compassion fatigue and identify strategies that could be helpful.

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Self-care is the deliberate expenditure of energy and time to perform those activities required for well-being and good health, including play, rest and relaxation.

As people of God, we are called to practice self-care, including being in relationship with God.



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Professional boundaries: The spaces between the nurse's power and the patient's vulnerability.

Warning signs of crossing boundaries:

- Discussing intimate or personal issues
- Flirting
- Believing you are the only one who truly understands or can help
- Spending more time/energy than is necessary with a particular patient.
- Speaking poorly about faith community members or spiritual leaders
- Showing favoritism
- Blurring the lines of "friendship" and professional nursing.

Because of our unique role as FCNs, being acutely aware of professional boundaries is imperative.

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Nurses, in general, have a tendency to take better care of others than of themselves.

This can get us into dangerous territory in terms of self-care.

Part of boundary setting is your willingness to recognize when you've crossed the boundaries of giving better care to others than yourself.

When do you know you're moving towards burnout?

Physical	Emotional	Work Related
- Headaches	- Mood swings	- Frequent use of sick days
- Digestive problems: diarrhea, constipation, upset stomach	- Excessive use of substances: nicotine, alcohol, illicit drugs	- Avoidance or dread of working with certain people
- Muscle tension	- Depression, anxiety	- Reduced ability to feel empathy
- Sleep disturbances	- Irritability	- Lack of joyfulness
- Fatigue	- Oversensitivity	
- Cardiac symptoms: chest pain/pressure, palpitations, tachycardia	- Memory issues, poor concentration, focus and judgment	
	- Anger and resentment	

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Self-care is vital to retain and sustain our practice. When we integrate self-care into our practices we serve as role-models and encourage others to maintain their own health.

What types of self-care practices do you use?

Do not resist seeing a therapist if you need professional help for compassion fatigue or burnout. Workaholism is an addiction and, sometimes, professional therapy is critical for self-care.



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How to Create a Self-Care Plan:

Step 1: Rate yourself in the five areas of life balance on a scale of 1 to 10 (10=Satisfied with my level of life balance; 1=not at all satisfied with my level of balance.) Place your rating in the rectangle in each area.

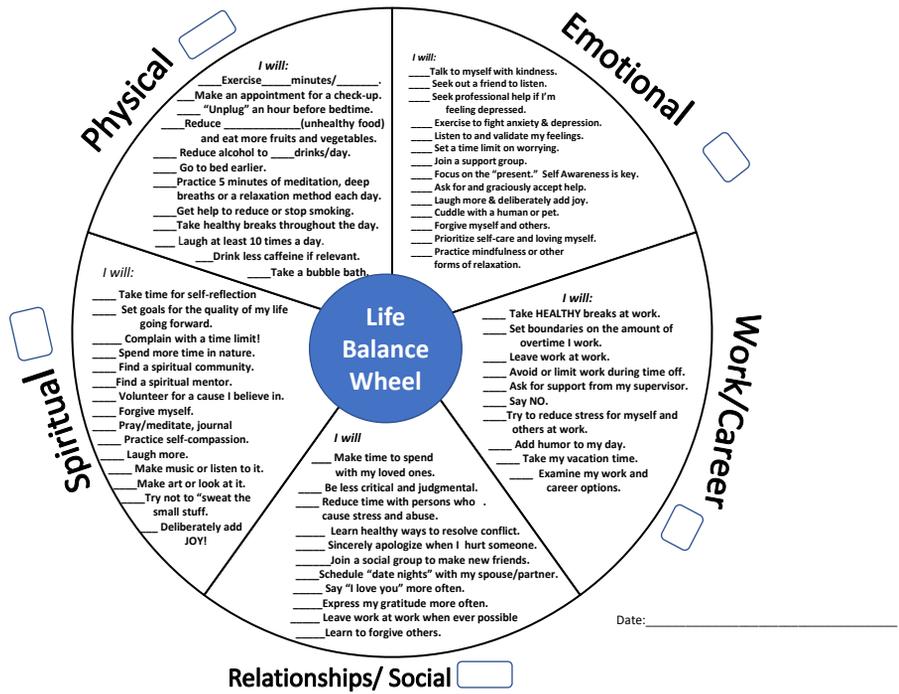
Step 2: Take your 2 lowest ratings and look at the strategies for improving life balance in those areas.

Step 3: Choose one of the strategies or write your own idea for how you can improve this area of your life
Step 4: Tell someone you trust about your goals. Ask them to encourage you and ask how you're doing.

Step 5: Keep your life balance wheel visible so you can remind yourself everyday of your desire to improve your life.

Step 6: Don't get discouraged if you fall back into your "old habits" of not taking care of yourself. Just get "back on the horse" and try again!

Step 7: Review your self-care plan every six months or so to see how you're progressing or to set new goals.



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Spiritual

I will:

- ___ Take time for self-reflection
- ___ Set goals for the quality of my life going forward.
- ___ Complain with a time limit!
- Spend more time in nature.
- ___ Find a spiritual community.
- ___ Find a spiritual mentor.
- ___ Volunteer for a cause I believe in.
- ___ Forgive myself or others.
- ___ Pray/meditate, journal
- ___ Practice self-compassion.
- ___ Laugh more.
- ___ Make music or listen to it.
- ___ Make art or look at it.
- ___ Try not to "sweat the small stuff."
- ___ Deliberately add JOY!!
- ___ "3 things I'm grateful for."

Identify only 1-2 steps to keep change realistic.

Be specific about how you're going to implement the steps.

Ex: You want to "spend more time in nature."
When will you do this each week?
What might you have to "give up" to be able to get this nature time?

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For the next few minutes, you will have time to reflect upon and develop your own self-care plan.

You may use this time in any way you wish as long as you spend the time only with yourself and your God.

Here are some ideas for how you might spend this time.

- Reflect on your own vulnerability to burnout or compassion fatigue. What is your "history" with these?**
- Listen to music that calms you.**
- Pray or meditate.**
- Go outside in nature.**
- Read scripture or a devotion.**
- Use the life-balance wheel to choose strategies.**
- Write goals for self-care.**

