UCC Faith Community Nurse Network’s

Manorial Wellness

Linking and Touching Lives for Healing and Wholeness

Spiritual Health

Manual on Faith Community Nursing

Health Care Justice Program
Justice and Witness Ministries, United Church of Christ
The UCC Faith Community Nurse Network and the Health Care Justice Program, Justice and Witness Ministries are pleased to provide this Informational Manual on Faith Community Nursing.

In addition to this manual, the Minister for Health Care Justice, or any of the Leadership Team of the UCC Faith Community Nurse Network is available as a personal resource for any congregation who currently has a program or is considering starting a program. Please refer to page 29 for contact information.

It is the hope of the UCC Faith Community Nurse Network that all UCC congregations, denomination-wide, address the General Synod XXI Resolution “Reclaiming the Church’s Ministry of Health and Healing” (1997) by developing an awareness of congregational health ministry and faith community nursing in order to implement aspects of wholistic caring for body, mind, and spirit into their ministries as appropriate to the needs of their congregations and the communities they serve.

The mission of health and human services belongs to the whole church – to all who have been called by God in Christ. The partners are many. Where the church is there is mission. Where the church is there are those who have been called to live “for the sake of others.” [United Church of Christ Mission Statement on Health and Human Services]

Health and Peace,

Alyson Breisch, MSN, RN, Faith Community Nurse
Chair, UCC Faith Community Nurse Network
Commissioned Minister of Congregational Health

Rev. Michael Schuenemeyer, Executive,
Office for Health and Wholeness Advocacy + Justice and Witness Ministries + Wider Church Ministries, United Church of Christ
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Revised 2015
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Faith Community Nurse

Acknowledging with gratitude the vision, leadership, and grace with which our mentor and friend Sheryl Cross organized and supported the development of the UCC Faith Community Nursing Network we dedicate our work and this edition to her memory.
# United Church of Christ
## Faith Community Nursing Network
### Informational Manual

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SECTION I UCC

HEALTH CARE

JUSTICE
UCC Health Care Justice Program

The Health Care Justice Program is housed on the Cleveland-based team in Justice and Witness Ministries. The program provides leadership to the United Church of Christ in identifying and understanding the political landscape of health care reform as well as emerging and unresolved social and political ideologies related to this issue. This program assists the church in all its settings by encouraging an understanding of health and health care as issues of social and economic justice.

Specifically, the Health Care Justice Program provides leadership and program support to the UCC Faith Community Nurses, the UCC Disabilities Ministries, the UCC Mental Illness Network, the COREM Health Task Force and conference/association health advocates by assisting these constituency groups and individuals to respond effectively to national, statewide and local health and wellness issues. In addition, the Health Care Justice program collaborates with the United Church AIDS Network (UCAN), UCC Disabilities Ministries, and the UCC Mental Illness Network to respond to health issues that affect specific communities and to promote a greater understanding of these issues within the entire denomination.

For an in-depth overview of the programs and initiatives of the Health Care Justice Program, go to: http://www.ucc.org/justice/health
Mission Statement on Health and Human Service
United Church of Christ

The mission of the United Church of Christ arises out of faith in God who calls the worlds into being, creates humankind in the divine image, and intends for us the blessing of wholeness and harmony with God, with creation, with other persons, and within ourselves. In health and human service, that mission must serve God’s intent for humankind made fully manifest in Jesus Christ, conquered sin and death and reconciled humanity, nature, and God.

In the life of Jesus and in his ministries of teaching and healing, we learn the way of discipleship.

We rejoice in the power of God to make all things new and in the gift of the Holy Spirit through which the Church is empowered to continue Jesus’ ministries of compassion, justice, and transformation, serving the well-being and wholeness of all God’s people.

The mission of the United Church of Christ in health and human service is rooted in the ministry of Jesus Christ and empowered by God’s spirit.

The Witness of Scripture
According to scripture, the tasks of mission are the liberation of the oppressed and the reconciliation of the alienated through acts of love and justice.

In faith,
We too are called
To preach good news to the poor;
To proclaim release to the captives and recovery of sight to the blind;
To set at liberty those who are oppressed; and
To proclaim the acceptable year of the Lord. (Luke 4:18)
We too are called
To feed the hungry;
Welcome the stranger;
Shelter the homeless;
Clothe the naked; and
Comfort the sick and imprisoned. (Matt. 25:31 ff)
UCC Traditions of Ministry

The Church has always understood itself to be an extension of Jesus Christ's ministry in the world. The *diakonia* of the early church — the ministry of healing, service, care, compassion and hospitality — served the needy neighbor in Christ.

Today within the United Church of Christ social service and social action are seen as integral and complementary forms of ministry. Church-related social services and institutions serve the emotional, mental, physical and spiritual needs of children, youth and families, the aging, the sick, and the developmentally disabled. Church-related social action and policy formation cover a wide range of contemporary issues which include: urban life, poverty, housing, health care, family life, women's issues, child care, aging, hospice, racial and ethnic concerns, needs of persons with disabilities, peace, and refugees and immigration. As social services and social action ministries remain faithful to Jesus Christ's ministry in the world, they will respond to the changing needs and new possibilities among people and within society, working always toward liberation from life's bondage and reconciliation of the alienated.

Responding to the Human Situation

The Church's ministries in health and human service have been significantly aided in recent years by new insights from the social and natural sciences. We know there are dynamic, interrelated biological, emotional and spiritual realities which function within every human person. We know that each person is shaped by the social, familial and spiritual communities in which she or he lives. We know that disease or disharmony may occur in any of these interrelated realities within human lives, affecting the whole person and requiring ministries of healing, care and cure. Where the Church is involved in healing ministries in the name of Jesus Christ, it is engaged in the work of reconciliation and liberation.

In medical science, social science and health care, preventive health care is highly valued. Individual responsibility for maintaining good health is encouraged and supported. The relationship of the natural environment to human well-being is emphasized as critically important. Our responsibility as individuals and corporate bodies to maintain and improve the natural environment is an ethical consequence of our understanding of the integrity of creation.

The Church's mission in health and human service must reflect this wholistic understanding of human personhood and of life itself. New scientific knowledge can be understood theologically as an expansion in human awareness of the elements of shalom. God's Spirit is ever at work, inviting us to participate in God's creative transformation of human need.
Thus informed by scripture, tradition, and human experience, our faith compels us to seek new ways to enable the liberation of the oppressed and reconciliation of the alienated through new acts of love and justice. When we do so, we must answer the questions: What are the dimensions of that mission? Who is involved in that mission?

What are the Dimensions of that Mission?

Faithful to our tradition and to our call to listen afresh to God’s voice, the United Church of Christ is called to engage in the following ministries:

1. **Education and Nurture Within the Church for Healthy, Wholistic Ways of Living**

   Faithful stewardship of God's gifts, including our bodies, has always been taught within the Church. Increasingly, we are learning of the components of good health and of the individual's ability to influence or control many modern diseases. Incorporating this knowledge into our lifestyles becomes a part of stewardship. Since our society does not yet give high priority to prevention in health care, it is especially appropriate for the Church, in its healing ministry, to engage in preventive health education and to nurture personal search, theological reflection, and evaluation. The Church seeks to understand stewardship in the broadest sense and will include such concerns as:
   - An understanding of the moral implications of a healthy lifestyle;
   - Education and preparation for life changes from early childhood to late life;
   - The impact of the fear of death and of human extinction on human health and well-being;
   - Ethical concern for consumption by wealthier nations amid starving populations and global poverty.

2. **Direct Services**
   
   **A. Local Churches and Organizational Structures**

   The church must reclaim its ministry of healing through local churches and organizational structures. The roots of disease are diverse and may include brokenness of mind, body, spirit and relationship. The Church is called to claim and to extend to all who suffer the healing power of God, conveyed through the love, support, forgiveness, and prayer. The Church is also called to be our source for healing within the wider community. Through cooperative efforts among local churches, within ecumenical and interfaith coalitions, and the public health community, the church may be involved in vital healing ministries. Those ministries may extend to support and training for volunteers and staff as well as programming within neighborhood health and community based human service organizations.

   **B. Institutions and Service Agencies of the Church.**

   Certain specialized needs are appropriately addressed by the Church through the
development and support of institutions to provide direct care or service. Private entrepreneurs for whom competition and the marketplace are controlling forces provide much of the institutionally based health and human service in the United States. The Church provides a significantly different model of institutional care, rooted in faith-based commitment to compassion for all people, concern for the whole person, and a high ethical standard in business and health and service-related decision-making.

Rapid change in human need, forms of care, treatment options, the economics of health and human service delivery, and prevention and health maintenance practices is a contemporary reality. The Church must be a participant in change, both in shaping its direction and in responding to it. The efficient provision of effective human service, in the Spirit of Jesus Christ, will continue to challenge institutions of the United Church of Christ in our time.

3. Advocacy and Empowerment

The Church's mission is advocacy for full and just access to health and human service for all. Bringing forth God's shalom is justice work that always involves exposing and opposing inequalities and injustices. Jesus taught that God stands with the poor and the devalued by ministering among, and standing with, "the least of these." Thus, an essential part of the Church's commitment to health and human service ministry is advocacy on behalf of those who are oppressed or disadvantaged. Priorities within our concern for the health and the well-being of others include:

- Adequate health care, and related social services, including mental health
- The impact of changes in public or governmental programs which pay for health and human service;
- The impact of changes in public or governmental programs which pay for health and human service;
- Full accessibility for the disabled, including access to employment as well as the removal of physical barriers which limit freedom of movement;
- The availability of affordable and accessible housing;
- Sexual and emotional abuse, harassment and bullying, domestic and other forms of family violence.

The allocation of our nation's resources has an impact on the effective provision of health and human service. The Church must be a strong advocate for those priorities that serve life and human fulfillment. Those priorities include, but are not limited to:

- Access to the necessities of life: food, clothing, shelter and health care;
• Adequate, fact-based health education, including sexual and mental health, for people of all ages;
• Improvement and protection of the environment;
• A just standard of health care that is accessible to all;
• An emphasis upon prevention over rescue in medical care;
• A revision of insurance and reimbursement mechanisms to provide preventive as well as acute health care, whether institutional or home based;
• Access to effective birth control and safe, legal abortion;
• Access to the means to protect oneself from infectious diseases (HIV, Hepatitis C, tuberculosis, etc.);
• The humane use of medical technology;  The right to die with dignity.

What is Involved in that Mission?
The call to demonstrate and convey the compassion of Christ is implicit in the call to be the Church. Whether represented in local churches, association, conferences, or national-level bodies, the whole Church is itself the creation of God's compassionate mercy in Christ, and as such, the instrument of God's intention for all humankind. (II Cor. 5:13-21)

The mission of the United Church of Christ in health and welfare, therefore, belongs to the whole Church. At the same time, various parts within the UCC undertake portions of that mission, and roles in relation to it, on behalf of the whole.

Local churches conduct multiple ministries in health and human service ranging from education and nurture, to direct service, to advocacy and empowerment, to pastoral care, counseling and spiritual support.

Conferences and Associations of the United Church of Christ are involved both in terms of their own activities and in relation to the work of ecumenical and interfaith coalitions and of institutions and health and human service programs within their geographic area. The General Synod sets basic policy and direction for the national expression of the church and recommends policy and direction to local churches, Conferences and Associations.

Implementation of General Synod policies is the responsibility of the Covenanted Ministries the Associated Ministries and the Council for Health and Human Services Ministries of the United Church of Christ and its member institutions.

Thus, all expressions of the United Church of Christ are vital partners in the Church's mission in health and human service. Each engages its ministry in the name of the Christ and on behalf of the whole church. Our UCC mission in health and human service belongs to all who have been called by God in Christ. Where the Church is, there is the mission. Where the
Church is, there are those who have called to live "for the sake of the other." Where the Church is, there are those engaged in Diakonia - the ministry of healing, service, care, compassion and hospitality - the love and grace of God made visible in our mission in health and human service.

*Original UCC Mission Statement on Health and Welfare was Adopted by the General Synod of the United Church of Christ, June, 1985. This Statement was revised by the 700 Prospect Inter- Ministry Health and Wholeness Advocacy Table in 2003.*
Why Health Ministries?

1. Good health is a part of God’s intention for all people.

2. Health involves the whole person: body, mind, and spirit.

3. Health is a concern of the whole community.

4. Healing and health care are valid ways of proclaiming the Gospel and ministering in the name of Jesus Christ.

Because the Church’s mission in health can never be assigned simply to the few who have professional expertise, that mission belongs to all who have been called by God in Christ. Where the Church is, there is mission. Where the Church is, there are those who have been called to “live for the sake of the other.”
UCC RESOLUTION: RECLAIMING THE CHURCH'S MINISTRY OF HEALTH AND HEALING

BACKGROUND

Health is harmony with self and others, the environment, and with God — a continuum of physical, social, psychological, and spiritual well-being. Health ministry is the promotion of healing and health as wholeness as a mission of a faith community to its members and the community it serves. Health partners are many, both paid and volunteer, laity and clergy, all are committed to sharing the compassionate love and grace of Jesus Christ through the health and healing ministries of the UCC.

The health minister / parish nurse serves as a member of the ministry team of the local church. The health minister (a person having a health care background that may or may not be a parish nurse) facilitates the promotion of health and healing via health education programs, spiritual care, referrals to appropriate health care providers, and providing for support groups and personal health counseling. The parish nurse, a registered professional nurse, promotes health and wholeness through the practice of nursing as defined by thenurse practice act in the jurisdiction in which he/she practices. Parish nurses function as health counselors, resource persons, spiritual caregivers, health educators, small group facilitators, and coordinators of health ministry volunteers.

WHEREAS, recognizing many illnesses and premature deaths may be prevented by lifestyle choices and belief systems, (i.e. diet, exercise, substance abuse, violence, and risk-taking behaviors), health ministers / parish nurses integrate current medical and behavioral knowledge with the belief and practices of a faith community to prevent illness and promote wholeness and

WHEREAS, the UCC Statement of Health and Welfare (1985) states that, based on our understanding of Shalom — of God's intent for harmony and wholeness within creation — and on the examples of Jesus Christ's ministry which expressed God's intent through acts of love and justice, we must be committed as a church to a mission of Shalom and to a lifestyle Compatible with that mission;” and

WHEREAS, essential elements of a health ministry/ parish nursing program include (but not limited to);

- a philosophy of health and wholeness as a part of the faith community's mission,
- a designated person or team to be concerned about health ministry
- a commitment to continued learning regarding health and wellness issues,
• a process to develop and evaluate health and wholeness goals and objectives,
• health education and programming according to assessed health needs of the congregation,
• awareness of health and wellness celebrations designated in the UCC calendar; and

WHEREAS, General Synod Eighteen (June, 1985) adopted the "Mission Statement on Health and Welfare" which states that:

It is clear that the whole church is involved in this mission (in health and welfare). Whether represented in local churches, associations, conferences, or national level bodies the whole church is itself the creation of God's compassionate mercy in Christ, and as such, the instrument of God's intention for all humankind, (II Corinthians 5: 13-21); and

WHEREAS, good health is a part of God's intention for all people, health involves the whole person — body, mind, and spirit and healing and health care are valid ways of proclaiming the Gospel and ministering in the name of Jesus Christ; and

WHEREAS, the Gospel proclaims that health is a relationship to God set forth in Baptism and Holy Communion in which God makes wholeness as the Divine Gift. The wholeness ascribed by God as a gift recognizes that illness and disability exist, but the presence of these does not define the individual in the sight of God, or limit the ability of such individuals to be in a whole relationship with God; and

WHEREAS, the United Church of Christ recognizes that God calls certain of its members to various forms of ministry in and on behalf of the church for which ecclesiastical authorization is recognized by commissioning, licensing, and ordination; health ministers and parish nurses may feel called to one of these authorized ministries;

and THEREFORE, BE IT RESOLVED the Twenty-first General Synod encourages local congregations to develop/ include in their mission a commitment to health and wholeness, engage health and wholeness issues through an ongoing health cabinet/health ministry team, and consider the implementation of a health ministry/parish nurse program.

BE IT FURTHER RESOLVED the Twenty-first General Synod calls upon the United Church of Christ Board for Homeland Ministries and Office of Church Life and Leadership, in conjunction with conferences, United Church of Christ seminaries, the Council on Health and Human Services Ministries and local congregations, to begin and/or continue to develop resources that support the development and enrichment of health ministry programs in local churches; and
BE IT FURTHER RESOLVED, the Twenty-first General Synod calls upon conferences and associations to:

1. Establish or designate a body to address health and human service issues confronting members and their communities; and
2. Recognize health ministry and parish nursing as a specialized ministry; and

BE IT FURTHER RESOLVED, the Twenty-first General Synod calls upon the Office of Church Life and Leadership to recognize and consider including health ministry/parish nursing in the listing of specific church-related ministries qualifying for commissioned ministry, and to consider developing guidelines and educational standards to be included in the United Church of Christ Manual on Ministry.

Subject to the availability of funds.
SECTION II

UCC FAITH COMMUNITY NURSE NETWORK
The UCC Faith Community Nurse Network (FCNN) had its earliest beginnings with two retreats for UCC Parish Nurses. These retreats were held in St. Louis in 1994 and 1995, hosted jointly by the United Church Board Homeland Ministries Association/ American Missionary Association (UCBHM/AMA) and the Deaconess Foundation. With revisions in the scope and standards of practice (2005), the official title given to a registered nurse responsible for a health ministry program within a congregation became "Faith Community Nurse". Though both titles are used in this manual and by individual nurses, change of the network's name to the "UCC Faith Community Nurse Network" reflects this updated and more inclusive understanding.

Members of the Faith Community Nurse Network worked with the former UCBHM to draft and submit the resolution Reclaiming the Church’s Ministry of Health and Healing which was adopted by General Synod XXI (1997, Columbus, OH). UCC Faith Community Nurses continue to gather and network whenever possible at national, regional and local conferences and meetings.

Currently the UCC Faith Community Nurse Network is under the auspices of the Health Care Justice Program, of Justice and Witness Ministries to expand the scope and visibility of parish nursing as one model of health and healing ministry. The Faith Community Nurse Network Leadership Team has collaborated with the Minister for Health Care Justice to develop the network, to integrate health justice and advocacy resources for faith community nurses and to create and/or collect materials to enhance the development of health ministries within congregations using the faith community nurse model. In addition the Faith Community Nurse Network, the COREM Health Table, and the co-chair UCC Let’s Move Task Force. They were instrumental in providing leadership and guidance on a new cancer curriculum titled “Congregational Care and Cancer”.

At General Synod 23 in 2001, the Faith Community Nurse Network was granted Voice without Vote status for the first time, enabling Network members to serve more effectively as resource persons to General Synod and its committees when addressing items of business concerning health and wellness. In addition, during several General Synod meetings and on other occasions, members of the Network co-sponsored health screenings with the UCC Physician’s network at General Synod. This increased visibility in the denomination. They have met and consulted with other special interest groups in the UCC such as the Physician’s Network, Mental Illness Network and the Network of Persons with Disabilities.
Members of the Leadership Team have also assumed active roles within our national professional organization, the Health Ministries Association (HMA), as well as with the International Parish Nurse Resource Center (IPNRC). The IPNRC was first located in Chicago with Advocate Health System, relocated to Deaconess Parish Nurse Ministries (DPNM) of St. Louis in 2001, and in 2011 moved to the Church Health Center in Memphis. Both Deaconess Parish Nurse Ministries and Advocate Health System have deep historical roots in the Evangelical Church and the Evangelical Deaconess Sisters, and are affiliated with the United Church of Christ as members of the Council for Health and Human Service Ministries (CHHSM). Leadership Team Members have collaborated in the development of educational materials for both the HMA and the IPNRC and have participated in the joint Working Group of the American Nurses Association and the Health Ministries Association to revise the *Faith Community Nursing: Scope and Standards of Practice*. 
Network Membership

Full members: Professional registered nurses, actively licensed, that serve (or are interested in serving) as a Faith Community Nurse (paid or non-paid) who are members of UCC congregations and/or who serve congregations of the UCC.

Associate members of the Network include other UCC members interested in congregational health ministry and faith community nursing, may include clergy, Christian educators, and other health care professionals.

Our Vision

Full implementation of the resolution "Reclaiming the Church's Ministry of Health and Healing" adopted by the General Synod XXI (1997-Columbus).

Mission Statement

To inform and engage UCC congregations in ministries of health and healing for the benefit of each congregation and the community it serves.

Goals of the UCC Faith Community Nurse Network

1. Serve as a spiritual care resource to the leadership of the UCC by promoting and supporting activities of health, healing, and wholeness within our congregations and the communities served.

2. Make available to all UCC FCNs information and opportunities for programming so that congregants learn how to become active health care consumers.

3. Inform and engage congregations, associations, and conferences in facilitating individualized and distinct responses to the Resolution.

4. Collaborate with the other health focused groups of the UCC National Office to create a synergic effort of information sharing for the benefit of all.
The UCC Faith Community Nurse Network Leadership Team and members are subject to change. A directory of Faith Community nurses may be found online at [www.ucc.org](http://www.ucc.org/).
SECTION III
UNDERSTANDING FAITH COMMUNITY NURSING
Why Health Ministry in a Congregation?

Before the advent of modern medical technology, churches were actively involved in tending to the needs of the sick and vulnerable ones as part of their ministry. A congregational health ministry led by a Faith Community Nurse revitalizes that function reclaiming for the church its role of wholistic care, care of the body, mind, and spirit.

In 1979, Rev. Dr. Granger Westberg received a grant to create Wholistic Health Centers within Christian congregations staffed by a treatment/healing team of a doctor, nurse, social worker, and pastoral counselor. The nurses in these centers were called "Parish Nurses". Today Faith Community Nurses build on those beginnings by providing wholistic care within congregations and a link between churches, neighborhoods, and health resources in a community.

Many diseases are preventable and individuals can and must assume more responsibility for their own health and well-being. Faith Community Nurses focus on intentional care of the spirit while teaching and assisting in activities that improve health and assist in preventing illness.

The historical role of the church in promoting health and healing, emerging economic and social trends, and changing health care models have resulted in health ministries being intrinsically relevant for faith communities. In 1997, a resolution adopted by the 21st General Synod of the UCC, noted that the whole church is involved in the mission of health and welfare. All members of local congregations were called to commit and share in the compassionate work of ongoing healing ministries. These ministries are enhanced by the leadership of a faith community nurse."

WHAT DOES A FAITH COMMUNITY NURSE DO?

The role of the Faith Community Nurse (FCN) varies from congregation to congregation and evolves in response to the needs of the parishioners and staff. As a member of the staff the FCN must meet the expectations of the congregation. The FCN must also practice in accordance with the laws, rules and regulations governing professional registered nursing practice within the jurisdiction where the congregation is located and meet the minimal professional standards as presented in *Faith Community Nursing: Scope and Standards of Practice* (ANA/HMA 2012).

The FCN provides leadership in the promotion of wholistic health within the congregation. Drawing on the knowledge, skills, and resources both within and beyond the congregation, the FCN does not personally provide all the interventions to parishioners, but coordinates the activities of the congregation so that all are served. In all activities, the FCN assists the faith community in re-discovering and re-claiming its historic role in health care and healing.

*A Faith Community Nurse...*

♦ Promotes the health of members of the congregation and the community by enhancing physical, social, emotional, and spiritual wholeness in their lives.

♦ Serves as a member of the church ministerial team.

♦ Combines professional nursing expertise and knowledge with theological concepts to facilitate the mission of the church for healing and wholeness.

♦ Collaborates with other church ministers in situations that require knowledge of health and wholeness, illness and disease, as well as healthcare systems.

♦ Leads and mentors volunteers to serve as members of the Health Ministry team.

♦ Integrates the spiritual dimension and the faith belief system of the parishioners in all interactions.

♦ Affirms the faith belief that a Higher Power desires that we care for mind, body, and spirit in order to live healthy lives.
WHAT IS THE PROFESSIONAL PRACTICE OF A FAITH COMMUNITY NURSE?

1. Faith Community Nursing is the specialized practice of professional nursing that focuses on the intentional care of the spirit as part of the process of promoting holistic health and preventing or minimizing illness within a faith community (ANA & HMA, 2012, p. 3).

2. Faith Community Nurses practice from the basis that:
   - Health and illness are human experiences.
   - A condition of health occurs when the spiritual, physical, psychological, and social aspects of a person are integrated, and the person moves towards a sense of harmony with self, others, the environment, and God.
   - A person may still experience health in the presence or absence of disease or injury.
   - The presence of illness does not prevent a simultaneous sense of health and well-being, neither does optimal health prevent a simultaneous experience of illness.
   - Healing is the process of integrating the body, mind, and spirit to create a sense of wholeness, health, and a sense of well being, even when curing may not occur.

3. A Faith Community Nurse (FCN) must:
   - Be an actively licensed, registered nurse in the jurisdiction of this practice.
   - Be knowledgeable in two areas - professional nursing practice and spiritual care.
   - Function as a member of the staff providing spiritual care within the congregation.

4. The FCN focuses on the protection, promotion, and optimization of health and abilities, prevention of illness and injury, and responds to suffering within the context of the values, beliefs, and practices of the congregation in which they serve.

5. The nursing process is used by the FCN to address the spiritual, physical, mental, and social health of the people of the congregation.

6. In addition to responding to spiritual needs, the nursing interventions most often provided by a FCN are: education, counseling, advocacy, referral, utilization of the resources available within and beyond the congregation, and preparing and supervising volunteers who serve as part of the Health Ministry team.
7. The FCN collaborates with other professionals in the specialties of community health, public health, mental health, hospice, rehabilitation, home health, acute health, and critical care as needed to facilitate a wholistic response to the needs of the congregation and the community it serves.

8. The statues, rules, and regulations of professional nursing practice for the jurisdiction in which the congregation and its parishioners are located regulate the practice of the licensed registered nurse working as a FCN.

9. The knowledge and skills that must be implemented by a FCN are delineated in the publications Faith Community Nursing: Scope and Standards of Practice 2nd ed. (ANA & HMA, 2012), Code of Ethics for Nurses with Interpretive Statements (ANA, 2001), Nursing’s Social Policy Statement, 2nd ed. (ANA, 2010), Nursing: Scope and Standards of Practice (ANA, 2010).

10. The congregation may provide additional conditions of the practice of their FCN.

11. The minimal levels of preparation for a professional nurse entering the specialty practice of faith community nursing in a UCC church are:
   • A baccalaureate or higher degree in nursing is preferred and that includes academic preparation in community nursing.
   • Experience in using the nursing process.
   • Knowledge of the healthcare assets of the community in which the congregation is located.
   • Knowledge of the theological basis, spiritual beliefs and practices of the United Church of Christ.
SECTION IV

CONGREGATIONAL HEALTH MINISTRIES LED BY FAITH COMMUNITY NURSES
Starting A Health Ministry Led by A Faith Community Nurse

What follows is a brief, general outline of possible steps to investigate the possibility of creating a health ministry program within your congregation led by a Faith Community Nurse. Since each congregation is unique, each process of formation and implementation is varied. Some steps may be addressed simultaneously or in a different order. The pastor and church leaders will provide the information as how to proceed. See the resource list at the end of this manual for more information.

The steps repeated over and over are: **Organize**, **Educate** and **Celebrate**

### Step 1 - Learn all you can about the concept
1. Obtain and read the foundation documents and Faith Community Nursing: Scope and Standards of Practice
3. Review the information provided on other websites such as:
   - Health Ministries Association, Inc. (HMA), the professional membership organization representing – Faith Community Nursing [www.HMAssoc.org](http://www.HMAssoc.org)
   - the International Parish Nurse Resource Center (IPNRC) – [www.parishnurses.org](http://www.parishnurses.org)
5. Attend local, regional or national gatherings and talk with faith community nurses
6. Review your church philosophy, mission and purpose statements
7. Speak with your pastor
8. Identify several interested people within the congregation that are interested in working on a task force to investigate and develop this concept.
Step 2 - Visualize a health ministry within your congregation
1. Identify what activities are already underway that support health and well-being
2. Identify what else could be done
3. Brainstorm with the pastor and members of the task force about how they might view such a program

Step 3 – Get Ready
1. Based on the gathered information and input from the pastor, work with the members of the task force to develop a formal proposal with a budget.
2. Write a draft mission statement with goals and objectives
3. Present the concept with a tentative proposal for developing a health ministry led by a Faith Community Nurse to the appropriate governing board within the church.
4. Respond to feedback in a manner that keeps the proposal alive.
5. Determine if a new staff position can be created
   a. Investigate faith community nursing as a paid or non-paid position.
   b. Seek a line item in the church budget to cover supplies and salary if possible.
6. Develop a job description for the faith community nurse.

Step 4 – Select Staff
1. Recruit and select the person or persons who will be responsible for the ministry.
2. Investigate how the registered nurse may be prepared for this specialty work. There are educational programs of various depths available in many places locally and nationally as well as online.
3. Provide the opportunity to participate in an educational program that will adequately prepare them to fulfill the professional requirements set forth in Faith Community Nursing: Scope and Standards of Practice (ANA & HMA, 2012).

Step 5 – Implement
1. Plan an event to introduce the concept of health ministry and the Faith Community Nurse to the congregation during a Sunday worship service.
2. Plan a reception for the Faith Community Nurse and invite the community.
3. Involve a wider group of interested parishioners.
   a. Present the program at an adult Bible study, women’s/men’s fellowship, Christian Education meeting, etc.
   b. Write an article for the church newsletter
   c. Enlist others in health and wellness discussions
4. Invite volunteers to form a Health and Wellness Task Force/Team/Committee, etc.
   a. Determine how this will fit into your congregation’s organizational structure
   b. Recruit both health care providers and consumers
5. Survey the congregation for personal gifts and health needs
   a. Plan a program based on the results of the health needs survey
6. Facilitate teaching the congregation about the connection between wellness and wholeness of body, mind, and spirit through bulletin boards, poster displays, conversations, newsletters, social functions, classes, etc.

**Step 6 – Continue the Process**

1. Make information available to help members of the congregation understand the health connection between the care of the body, mind, and spirit.
2. Keep accurate reports and documentation
3. Network with community agencies
4. Gather more resources
5. Meet with the Health Committee regularly
6. Meet with the volunteers regularly
7. Meet with the pastor regularly
8. Develop and maintain a system of cross-referral within the staff of the congregation
9. Do reports, monthly or annually to keep the congregation informed.
10. Make health ministry a priority in your prayer life

**Step Seven – Maturity Stage**

1. Health awareness is integrated into the life of the church
2. Prayer and healing is offered with a worship experience
3. Volunteers are trained and supported in their work in an ongoing basis
4. Health fairs and other health events are planned so that they always include and/or related to holistic health with consideration of spiritual health
5. Community agencies continue to refer and accept referrals
6. A variety of services continue to be developed and offered based on the gifts, desires, and needs of the members of the congregation
7. Joint ventures with other congregations are offered
8. Evidence is collected concerning lifestyle changes and a greater understanding by members of the connection between spiritual health and physical health
9. Plans are developed for long-term financial funding of health ministries

References:
Carol M. Story, RN, MN. Puget Sound Nurse Ministries. Seattle, WA
Alvyne Rethemeyer, RN MSN. Deaconess Parish Nurse Ministries. St. Louis, MO.
Position Description and Terms of Call for a Faith Community Nurse

Consult the *UCC Manual on Ministry* and the guidelines for support of ministry in your particular conference will be helpful; also, obtain sample position descriptions for FCNs from congregations similar to your own setting. Generally it is important to include:

**Title**
Determine what is the most appropriate or acceptable title to use in your congregation. Examples: Faith Community Nurse, Parish Nurse, Congregational Nurse, Health Minister.

**Description of the position**
Use one or two sentences. Do not include duties. Include rationale for the position, i.e. scripture, congregation's mission statement, denominational statements or recommendations.

**Accountability within the congregation organization**
Who will the FCN report to or be supervised by? What is the relationship with other staff or governing bodies? Who will evaluate the faith community nurse? When and how will this occur?

**Functions and responsibilities**
It is better to list general areas of responsibilities rather than specific tasks. You may wish to subdivide this section under headings based on the roles of the Faith Community Nurse (educator, counselor, advocate, referral agent). Consider that this is a position description for future Faith Community Nurses so that the role will have continuity beyond the initial person.

**Time commitment**
How many hours a week or month are expected? You may want to make this a minimum amount, rather than a specific amount of time especially if it is a volunteer position (Example: Will work a minimum of ten hours a week.) Or you may wish to describe it as units as the time commitments of staff such as clergy as designated.

**Benefits**
Will the position be paid? What expenses will be reimbursed, such as mileage? Will insurance be included? Will paid holidays and/or vacation be included?

(Refer to page 42 for Compensation Guidelines.)
**Length of Service**
This provides an opportunity to renegotiate the position and terms.

**Number of positions**
Will there be more than one Faith Community Nurse? If more than one, are roles clarified?

**Qualifications**
Not generally included in position descriptions, but listed separately. When describing qualifications, consider how they will be demonstrated and evaluated. e.g. How will you determine if the person has "good written communication skills?"
Compensation Guidelines for a Faith Community Nurse

The compensation for a Faith Community Nurse (FCN) should be appropriate to the registered nurse’s preparation, experience, skills, and staff role within the church. The faith community nurse bridges two practice domains and thus must be prepared in and responsible for both nursing and spiritual care.

I. Professional requirements

A. The minimal levels of preparation for a professional nurse entering the specialty practice of faith community nursing in a UCC church are:
   • A baccalaureate or higher degree in nursing that includes academic preparation in community/public health nursing.
   • Active, unencumbered license to practice as a registered nurse in the state in which the church and the members of the congregation are located.
   • Experience in using the nursing process and maintaining appropriate documentation.
   • Knowledge of the healthcare assets of the community in which the congregation is located.
   • Knowledge of the theological basis, spiritual beliefs and practices of the United Church of Christ.

B. Experienced in functioning as a member of the church staff when addressing the spiritual, physical, mental, and social health of the people of a congregation.

C. Skilled in the protection, promotion, and optimization of health and abilities, prevention of illness and injury, and responding to suffering within the context of the values, beliefs, and practices of the congregation in which she/he serves.

D. Able to provide education, counseling, patient advocacy, referrals, access to resources available within and beyond the congregation, and preparing, collaborating with, and supervising the volunteers who serve as part of the Health Ministry Team.

II. The staff role of a Faith Community Nurse in local church may be:

A. Faith Community Nurse and coordinator of the Health Ministry Team /Committee
   • This is a part or full-time staff person who provides overall leadership in the health ministries, including guidance and resources for all age groups within the congregation. Specific tasks will be prioritized based on the number units the FCN is hired for and the evolving needs of the congregation.

B. Commissioned Faith Community Nurse
   • This is a part-time or full-time staff member who provides overall leadership in health ministry and has received authorized ministerial standing through the local Association of a Conference of the United Church of Christ
III. Cash salary
Cash salary guidelines are based upon size of congregation and skills, education and experience. Please note that:

- Steps are minimums, with range extending up to next step.
- Truly outstanding performance in ministry may merit a salary in the next larger category or step.
- An adjustment should be considered for faith community nurses who have received less than adequate increases for the past year(s).

Step A = Registered nurse, with a B.S. in nursing with field experience in community/public health nursing, hired as a member of the staff serving the congregation.

Step B = As in Step A plus two to three years experience, and continuing education in FCN specialty or ANCC certification as a FCN.

Step C = As in Step B plus three to seven years experience, and ANCC certification as a FCN.

Step D = As in Step C, seven to fifteen years of experience or a graduate degree in relevant areas such as clinical spiritual care, theology, wholistic care, complementary care, palliative care, and other clinical nursing specialties; gifts in dealing with special needs of a congregation and a demonstrated high level of proficiency in a wide range of skills needed by a faith community nurse.

Step E = Fulfills the requirements for Authorized ministry as outlined in the UCC Manual on Ministry and identified as a Commissioned Minister of Congregational Health by the Association/Conference as such; or has fulfilled the requirements of Step D and has more than 15 years of experience. The salary range for ordained Associate Ministers may be used when contemplating compensation for a full-time commissioned Minister of Congregational Health.

<table>
<thead>
<tr>
<th>MEMBERSHIP</th>
<th>STEP A</th>
<th>STEP B</th>
<th>STEP C</th>
<th>STEP D</th>
<th>STEP E</th>
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<tbody>
<tr>
<td>LESS THAN 150</td>
<td>$ 87.5/unit</td>
<td>$105/unit</td>
<td>$122.5/unit</td>
<td>$140/unit</td>
<td>$157.5/unit</td>
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<tr>
<td>151 - 300</td>
<td>$105/unit</td>
<td>$122.5/unit</td>
<td>$140/unit</td>
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<td>$175/unit</td>
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<tr>
<td>301 - 450</td>
<td>$122.5/unit</td>
<td>$140/unit</td>
<td>$157.5/unit</td>
<td>$175/unit</td>
<td>$192.5/unit</td>
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<tr>
<td>450 - 600</td>
<td>$140/unit</td>
<td>$157.5/unit</td>
<td>$175/unit</td>
<td>$192.5/unit</td>
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<tr>
<td>MORE THAN 600</td>
<td>$157.5/unit</td>
<td>$175/unit</td>
<td>$192.5/unit</td>
<td>$210/unit</td>
<td>$227.5/unit</td>
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A morning, afternoon, or evening would constitute one unit of work (e.g., 3-4 hours)
- A full-time position should average 12 units a week over the course of a year.
- A three-quarter position would average 9 units.
- A half-time position would average 6 units.
IV. Benefits
For an FCN employed half-time or more, it is recommended that a fringe benefits package be considered, to include:

- Annuity: 14% of cash salary
- Life and Disability Plan: 1 1/2% of cash salary
- FICA (church pays employer's share)
- Health and Dental Insurance Plan (100% of individual plan)
- Paid vacation: pro-rated based on number of units work
- Sick Leave (church may require employee to pay for Temporary Disability Insurance). During period of temporary illness, salary and benefits normally continue.
- Maternity/Paternity leave (no less than six weeks)
- Sabbatical for Commissioned Health Ministers after every five-year period of service.
- Days off: two per week

V. Reimbursements

Expenses

- Auto reimbursement at the current rate allowed by the IRS
- Professional telephone expenses
- Professional expenses incurred in ministry, to include books, resources, membership in national specialty organization (Health Ministries Asso.), professional literature and supplies.
- Faith Community Nurses should be encouraged and supported to participate in the ministry of the wider church in areas such as programs for children and youth, Conference events, the UCC Network of Faith Community Nurses, and the Health Ministry Association, the professional organization for Faith Community Nurses.

Reviewed by UCC Ministerial Excellence, Support and Authorization team (MESA) 2014.
STANDARDS OF PROFESSIONAL PERFORMANCE

INTRODUCTION

Faith Community Nurses are accountable for their professional actions to themselves, their health care consumers, their peers, and ultimately to society through their licensing agency.

A. Faith Community Nurses are required to acquire and maintain current knowledge in nursing practice, health promotion, and spiritual care by:
   1. Participating in continuing education programs and other educational activities authorized by the congregation
   2. Updating professional knowledge and skills through reading and study.

B. Faith Community Nurses should systematically participate in evaluation of quality and effectiveness of practice by:
   1. Evaluating the program on a continuing basis with appropriate priorities.
   2. Providing the congregation with appropriate statistical data.
   3. Documenting services provided according to the requirements of professional nursing and the congregation.

Reference: HMA/ANA Scope and Standards (2012)
CREDENTIALING, AUTHORIZATION, AND COMMISSIONING

PROFESSIONAL AUTHORIZATION

LICENSING
The process of examination by the board of nursing of each state for the purpose of assuring an individual is capable of performing at minimal levels of competence in order to practice legally as a registered professional nurse. To practice as a Faith Community Nurse in any faith group, an individual must have an active RN license in the state/jurisdiction in which the church is located.

CERTIFICATION
A professional nursing, peer-review process of evaluation to verify that an individual meets criteria for skill performance and knowledge base required for practice at an expert level within a particular professional specialty area of nursing.

The FCN Credentialing Task Force of the Health Ministries Association collaborated with the American Nurses Credentialing Center (ANCC) in developing a process for professional nursing Board Certification specific to Faith Community Nursing. Upon meeting the requirements for certification as a Faith Community Nurse, the FCN credentials are: RN-BC, Faith Community Nurse

RECIOUS MINISTRY
The UCC recognizes the blessing of many gifted and talented individuals that serve the church in a variety of settings, who are living out a call to ministry, as a unique and highly personal call from God. Such a call may not be one requiring ministry of Word and Sacrament as for ordained or licensed ministry, but is valid and no less ministry and no less important to the ministry of the church.

Commissioned Ministry then is an authorized ministry of the UCC that recognizes and affirms the call of an individual seeking to be authorized in a specialized and focused area of church-related ministry that does not require the broader preparation of ordained ministry.
Commissioning is the appropriate process for Faith Community Nurses within the UCC to seek "standing" as a recognized and authorized minister of Church of Christ. The steps of the commissioning process are described in the UCC Manual on Ministry, a process very similar to that required for seeking ordination with the primary difference in educational requirements.

Consult the UCC Manual on Ministry (MOM) Section on Commissioned Ministry for specific information about this process. This document is available on the UCC.org website and from your Association and Conference.

Reasons to seek Commissioned Minister standing may include: personal and professional growth, increased credibility and visibility as a professional person in ministry. [(See also the General Synod Resolution "Affirming the Essential Role of Commissioned Ministry as an Authorized Ministry of the UCC" (2003)].

Each Faith Community Nurse practices within their congregation in a unique ministerial setting and their discernment process will reflect that uniqueness.

Minimal Professional Nursing Requirement for Commissioning

- Current RN licensure in the state that the church is located
- Practices within the laws, statuettes, and regulations related to nursing practice for their state
- Practices within the Scope and Standards for Faith Community Nursing developed by the American Nurses Association and the Health Ministries Association

Minimal Educational Requirements for Commissioning

- Foundational Course specific to Faith Community Nursing
- Course work in the History, Polity, and Theology of the UCC

Work with your Committee on Ministry

They will determine additional course work, field work and/or other requirements during the Discernment and preparation process

Some examples are:

- One or more units of Clinical Pastoral Education
- Seminary Courses
- Graduate courses in Health and Nursing Ministries
- CHHSM Transformational Leadership
- Lay Institute for Faith Exploration
- UCC Identity Seminars
- Spiritual Direction
Commissioning Service
After completing the requirements set forth by the local church, the Association’s Committee on Ministry and the UCC Manual on Ministry a Commissioning Service is held. Sample Commissioning services are available in the UCC Book of Worship and from members of the UCC Faith Community Nurse Leadership Network who have gone through this process.

LICENSED MINISTRY
In the United Church of Christ, a licensed minister is a lay person who performs specified duties in a designated local church or within an Association, mainly preaching and conducting services of worship. Licensed ministry has been created by the church for those special situations when ordained ministers are not available to provide these services to a local church. A licensed minister may be authorized to administer the sacraments and rites of the church “in special cases and at the request of the local church which the person serves.”

Persons are licensed by an Association of the United Church of Christ where the local church is located. The Association determines the specific duties for which the license is granted in consultation with the local church served. The license is granted for a period of one year and must be renewed. The Faith Community Nurse may also be considered for licensed Ministry in the local congregation as needed or fits the situation.

ORDINATION
Ordination is the rite by which people whom God and the church have called to ordained ministry are set apart by prayer and the laying on of hands. It is recognition of a particular calling from God and its acceptance by an individual. Ordination gives initial authorization to perform duties and exercise the prerogatives of ordained ministry. In the United Church of Christ ordination is carried out by an association in cooperation with a local church. The Faith Community Nurse may respond to a call from God to ministry and prepare for ordination.
AFFIRMING THE ESSENTIAL ROLE OF COMMISSIONED MINISTRY AS AN AUTHORIZED MINISTRY OF THE UNITED CHURCH OF CHRIST

General Synod Resolution

WHEREAS, in the letter to the Church at Ephesus we are told "The gifts he gave were that some would be apostles, some prophets, some evangelists, some pastors and teachers, to equip the saints for the work of ministry for building up the Body of Christ" (Ephesians 4:11-12); and

WHEREAS, in Paul's first letter to the Church at Corinth he says, "Now there are varieties of gifts, but the same Spirit; and there are varieties of services, but the same Lord; and there are varieties of activities, but it is the same God who activates all of them in everyone. To each is given the manifestation of the Spirit for the common good" (1 Corinthians 12:4-7); and

WHEREAS, the Constitution of the United Church of Christ "recognizes that God calls the whole Church and every member to participate in and extend the ministry of Jesus Christ by witnessing to the Gospel in church and society" (Article VI, paragraph 20); and

WHEREAS, "The United Church of Christ recognizes that God calls certain of its members to various forms of ministry in and on behalf of the church for which ecclesiastical authorization is required by the church (Constitution and Bylaws, Article VI, section 21); and

WHEREAS, "Commissioning is the act whereby the United Church of Christ, through an Association, in cooperation with a person and a local church of the United Church of Christ, recognizes and authorizes that member whom God has called to a specific church-related ministry which is recognized by that Association, but not requiring ordination or licensing" (Constitution and Bylaws, Article VI, paragraph 27); and

WHEREAS, professionals in the areas of Christian education, parish nursing, church music, church administration, worship and the arts, parish visitation, spiritual direction, and other church ministries serve in positions in our congregations or in other settings of the church that do not require ordination or licensing; and

WHEREAS, these ministries are vital for the faith formation, continued spiritual growth and empowerment of the children, youth, and adults of our local churches to live as a people of faith in an ever-more-volatile society and are undertaken on behalf of the entire United Church of Christ.
THEREFORE LET IT BE RESOLVED, that the Twenty-fourth General Synod reaffirms, emphasizes, and celebrates the essential role of commissioned ministry as an authorized ministry in the United Church of Christ, as one that seeks to empower lay persons through the granting of ecclesiastical authority and standing to those individuals who have demonstrated a call from God to specific ministries for which they have gained the credentials required by the authorizing Association or Conference and in which they will serve a calling body that will enter into covenant with the authorizing Association or Conference; and

LET IT BE FURTHER RESOLVED, that in so recognizing and affirming the essential role of commissioned ministry as an authorized ministry in the United Church of Christ, the Twenty-fourth General Synod requests that the Parish Life and Leadership Ministry Team of Local Church Ministries works intentionally and as needed to increase knowledge and awareness about commissioned ministry with committees on the ministry in the various Conferences and Associations so that they are able to provide adequate assistance and support of candidates for commissioned ministry, including a period of mentorship and preparation that is patterned after the "In Care" process used with candidates for ordination, for the length of time deemed appropriate for the discernment and commissioning process to evolve effectively; and

LET IT BE FURTHER RESOLVED, that the Twenty-fourth General Synod requests that the Parish Life and Leadership Ministry Team of Local Church Ministries undertakes a diligent effort to determine how best to provide support and assistance on commissioned ministry to all interested parties and to undertake a study of commissioned ministry as it is currently being lived out in order to ascertain how best to provide that support and assistance; and

LET IT BE FURTHER RESOLVED, that the Twenty-fourth General Synod recommends that all professionals living out a call from God through their service in the various settings of the church in positions that do not require ordination or licensing should seek the recognition and authorization of their calls through the process for commissioned ministry, providing they possess the credentials deemed necessary for said authorization; and

LET IT BE FURTHER RESOLVED, that the Twenty-fourth General Synod recommends that all candidates for commissioned ministry be mentored effectively through the commissioning process by the local church and the Conference or Association and that once the process is completed and the authorization granted, the standing of all commissioned ministers be recognized through such official channels as listings in Conference and Association directories, inclusion as appropriate in United Church of Christ Ministers' Associations, and the recognition of anniversaries of commissioning for those with long periods of service; and
LET IT BE FURTHER RESOLVED, that the Twenty-fourth General Synod urges local congregations, Conferences, Associations, and other settings of the church to consider commissioned ministers as viable candidates for those professional positions not requiring ordination or licensing and that the compensation for those positions be comparable for the level of credentialing and responsibility required, including such additional items as sabbatical time, access to pension and health plans, continuing education funds, and housing allowance as appropriate.

Funding for this action will be made in accordance with the overall mandates of the affected agencies and the funds available.

Voted by the Twenty-first General Synod
Columbus, Ohio
July 3 to 8, 1997
PROFESSIONAL AND LEGAL EXPECTATIONS OF FAITH COMMUNITY NURSES

Professional Expectations
Faith Community Nurses are provided definition of the scope and competent standards of professional practice by the most recent editions of the following documents provided by the American Nurses Association:

- **Code of Ethics for Nurses with Interpretive Statements.**
- **Nursing's Social Policy Statement: The Essence of the Profession**
- **Nursing: Scope and Standards of Practice**
- **Faith Community Nursing: Scope and Standards of Practice**

Legal Expectations
The Nurse Practice Act for your state/jurisdictions defines the independent practice of nursing within its boundaries. The Nurse Practice Act is available online at the State website or from the bookstore.

In addition, to the legal rules and regulations, State Boards of Nursing may also use the standards of the professional organization to define illegal, incompetent, and/or unethical practices.
ACCOUNTABILITY AND DOCUMENTATION IN FAITH COMMUNITY NURSING

What is a Faith Community Nurse accountable for in practice?
Accountability in FCN practice includes documentation of the nursing process, confidentiality, and regular statistical reports to the congregation’s Health Ministry Committee and/or employing agency.

Documentation is defined as:
"The recording of the assessment, plan of care, interventions, and evaluation of outcomes in a retrievable format for the client in order to facilitate continuity in meeting desired health outcomes." HMA & ANA, 2010.

Whether paid or an unpaid volunteer, document is required because:
• We are responsible to the client. There must be a record of past contact and care. This assists our memory and allows others to step in as necessary and provide for continuity of care. A client always has the right to request review of their records.
• We are held accountable by our profession. Documentation is the best evidence that the expected standard of care has been met. If there is no documentation, the assumption is that no care was given.
• We are held accountable by our employer, whether this is Health Cabinet or Committee of the congregation or an external employer. Weekly or monthly statistical reports are required to provide an overview of the interactions of this practice.
• We must collect data that demonstrates that this specialty of nursing practice makes a measurable difference in our clients' lives.

Recommendations for practice
1. Documenting client care
   • Adopt or develop client contact forms that provide for necessary documentation of this specialty nursing practice
   • Use single form or multiple forms that address(es) different types of assessment and intervention
2. **Documenting for tracking of the health ministry program**  
   - Adopt or develop summary sheets that reflect your position description.  
   - Use regular logs (daily, weekly, monthly) to keep track of FCN activities  
   - Be sensitive to maintaining confidentiality by reporting numbers rather than using names  

3. **Storage of client records**  
   - Know that the records belong to the institution with which you have contracted to provide care to this congregation. (i.e. the congregation itself, a health system or other agency).  
   - Secure all client records confidentially in a locked file cabinet or in a secure computer file.  
   - Store all client records, including inactive records, securely for as long as required by your state law. Records on children must be kept until the child reaches the age of 21, and any records involved in litigation should be kept for 21 years.  
   - All clients have access to their records. The FCN should ask for a dated, signed statement showing that a copy of the record was shared with the client, and it is advisable to initial each page as it is copied, so that copies cannot be easily altered. Client record access may be denied in the following situations:  
     - If records are being maintained for potential litigation  
     - If the person’s physician has determined that the information could endanger life or safety of the individual or another person.  
     - If the Personal Representative requests the information and the patient’s doctor determines that such access is reasonably likely to cause substantial harm.  
   - If a Health Ministry/FCN program dissolves with no plans for a future FCN, the following options may be considered:  
     - If there is a support agency with a FCN Coordinator the church may allow the coordinator to store the clients records securely.  
     - The client records may be given to the recipient of care to maintain.
The client records may be transferred to a secure medical record storage facility, for which there are fees.

Client records may be shredded only after they have met the state regulations and if the recipient of care does not respond to a registered letter.

- It is not recommended to allow the client records to be stored at the church without the oversight of a health professional.

4. **Medical/Nursing supervisory responsibilities documenting for tracking of the health ministry program**

When working with outside resources to provide Health Fairs, Immunizations Clinics, and other such services:

- The responsible agency or preceptor shall provide written standing orders which define the parameters or boundaries of health services permitted for the event. For example activities may be limited to: record vital signs; make referrals to health care facilities; administer flu vaccines; provide information on health risks, etc.
- The agency is responsible for supervision of its staff providing these services while on-site at the faith community.

5. **School of Nursing assignments for clinical placement of a student nurse with a faith community nurse as preceptor:**

- A preceptor means an individual at or above the level of licensure that an assigned student is seeking who serves as a teacher, mentor, role model, and/or supervisor in a clinical setting under the supervision of an assigned faculty member of the school of nursing.
- Formal agreements between the school of nursing and the faith community are to be in place prior to these clinical learning assignments.

6. **School Provision of Medical Treatment**

- In cases where a licensed medical provider or institution was directly performing services (e.g. a dentist performing exams and treatment), there could be more latitude in the scope. The bright line is that medical treatment should be rendered only by a person employed and under the supervision of a “responsible agency” other than the church.

*Note: Thank you to Carl J. Kotheimer, CPU, ARM, Director of Loss Control & Claims, Insurance Board, United Church of Christ for contributing language to Sections 4 and 6. The Insurance Board (IB) program covers RN’s, LPN’s, Paramedics and EMT’s, but it excludes employed doctors, interns or dentists*
The Faith Community Nurse is to maintain client confidentiality as described in professional nursing guidelines while also being aware of legal guidelines that may pertain specifically to the practice settings and activities of the faith community nurse.

**Professional Perspectives**

*Standard - 7. Ethics The registered nurse:*  

**Provision 3.2 Confidentiality**

*Associated with the right to privacy, the nurse has a duty to maintain confidentiality of all patient information. The patient's wellbeing could be jeopardized and the fundamental trust between patient and nurse destroyed by unnecessary access to data or by the inappropriate disclosure of identifiable patient information. The rights, wellbeing, and safety of the individual patient should be the primary factors in arriving at any professional judgment concerning the disposition of confidential information received from or about the patient, whether oral, written or electronic. The standard of nursing practice and the nurse's responsibility to provide quality care require that relevant data be shared with those members of the health care team who have a need to know. Only information pertinent to a patient's treatment and welfare is disclosed, and only to those directly involved with the patient's care. Duties of confidentiality, however, are not absolute and may need to be modified in order to protect the patient, other innocent parties, and in circumstances of mandatory disclosure for public health reasons.*

*Information used for purposes of peer review, third-party payments, and other quality improvement or risk management mechanisms may be disclosed only under defined policies, mandates, or protocols. These written guidelines must assure that the rights, well-being, and safety of the patient are protected. In general, only that information directly relevant to a task or specific responsibility should be disclosed. When using electronic communications, special effort should be made to maintain data security.* American Nurses Association. (2011). *Code of Ethics for Nurses with Interpretive Statements.*
Legal Perspectives: Health Insurance Portability and Accountability Act (HIPAA)

This legislation relates to the professional relationship between clients and a healthcare system. When the Faith Community Nurse is not directly associated with or sponsored by a health care system, HIPAA is applicable only in certain situations. These include seeking healthcare information about a church member's status after discharge.

This requires a release from the client to seek such information. In that FCN’s act as consultants or advisors to the client and do not actually render treatment, they are not actually considered "providers" within the HIPAA definition that defines a Covered Entity. When referring persons to other professionals, though not required by law it is always good professional practice to request permission before seeking additional resources on their behalf which could impact their confidentiality.

Other situations relating to client health information in the church setting concern use of permission and registration forms for children's and youth ministries. It is appropriate to ask general questions in order to obtain the minimal information needed in case of an emergency, but not so specific or detailed that one can be considered on a higher threshold for liability or risk sharing of confidential information unnecessarily.

See sample forms on the following pages:

- Confidentiality Statement for Faith Community Nurses
- Authorization for Release of Medical Information

Reference: HIPAA website: www.HIPAA.com
SECTION V
FAITH COMMUNITY NURSE PRACTICE

Sample Documents

The two included forms are examples of forms which may be copied and used or may be adapted for use by Faith Community Nurses.
Confidentiality Statement for Faith Community Nurses

Confidentiality, or the right to privacy, is the right of every patient, particularly in the arena of personal health information. As a registered nurse, the Faith Community Nurse is aware of that right and acknowledges that right. The Faith Community Nurse also respects that right in the context of working with individuals and groups in a particular faith community. As a faith community nurse, I agree with and will act according to the points listed below:

1. Medical information shared by a parishioner will be kept in strict confidence, and will be shared only with that person's prior approval.

2. Health information will only be discussed with the parishioner, unless permission is given by that individual (or their legal proxy) to discuss that information with others.

3. Confidential health information may not be discussed with other congregational members, or the family or friends of the faith community nurse.

4. Breach of confidentiality may result in disciplinary action by the Faith Community Nurse Program, which could include termination of position.

I have been given a copy of this statement. After reading it carefully, I understand its contents and expectations.

Signature: ____________________________ Date: _________

Church: ________________________________

City/State: ____________________________

Witness: ________________________________ Date: _________
Authorization for Release of Medical Information to the Faith Community Nurse

Confidentiality, or the right to privacy, is the right of every patient, particularly in the arena of personal health information. It is also the right of every patient to have assistance from any health provider of their choice, including a faith community nurse.

In order to facilitate this, it is sometimes necessary for physicians and other health providers to share a patient's/parishioner's private health information with the faith community nurse. This form is an authorization for release of needed medical information to a faith community nurse, based upon the expressed permission of the patient/parishioner named below.

I, _______________________________________________ (Patient/Parishioner), authorize ________________________________________________ (Physician), to allow _____________________________________ (Faith Community Nurse), a Faith Community Nurse within my congregation, ________________________ __________________________(Parish/Congregation), to have access to my private health information in the following situation(s):

(Check all that apply)

☐ I grant to the Faith Community Nurse access to my medical record(s).

☐ I grant to the Faith Community Nurse permission to speak with the physician, or other health provider named above, about my health condition(s).

☐ I request to the Faith Community Nurse to accompany me to an appointment with the physician or other health provider named above regarding my health condition(s).

Patient/Parishioner: ________________________________ Date:__________

Person given Permission: ______________________________ Date:__________

Witness: ____________________________________________ Date: _________
LIABILITY AND OTHER INSURANCE COVERAGE

The Conferences of the United Church of Christ
Insurance Board

This insurance company provides an integrated risk management and insurance program for the benefit of the local churches, Conferences, Regions, and organizations related to the United Church of Christ and the Christian Church (Disciples of Christ). It provides liability coverage for churches that have health ministry programs and the services offered to a church by a nurse under these guidelines. Questions should be directed to uccib@insuranceboard.org or 1-800-437-8830.

(The UCCIB Loss Control Manual is a great resource for our ministry. It is available both in hard copy and on-line at www.insuranceboard.org)

Personal Liability Coverage for the Faith Community Nurse

Faith community nurses are strongly encouraged to have their own professional insurance. The church's liability coverage provides protection while performing activities on behalf of the church; it is not intended to be a replacement for the nurse's own personal professional liability insurance which covers nursing activities unrelated to the church. The following companies are some, but not all that offer liability insurance for faith community nurses and health ministry:

- National Service Organization [www.nso.com] 800-247-1500
- Professional Liability Department
  - C.N.A. HealthPro [www.cnahealthpro.com] 800-255-7203
  - CM&F Group, Inc. [www.cmfgroup.com] 800-221-4904
  - Seabury & Smith [www.seaburychicago.com] 800-621-3008
The United Church of Christ Pension Board

Churches may elect to provide health, dental, and pension coverage for nurses who are employed by the congregation. A nurse must work at least 20 hours per week in order to be eligible for coverage.

Questions may be directed to the:
UCC Pension Board office in New York
(212) 870-2777, toll-free at (800) 642-6543 or visiting the website: www.pbucc.org
The United Church of Christ Insurance Board

The Insurance Board (IB) program covers RN’s, LPN’s, Paramedics and EMT’s, but it excludes employed doctors, interns or dentists.

Questions may be directed to the Insurance Board at (216) 736-2278, toll free at (800) 437.8830 or visiting the website: www.InsuranceBoard.org
SECTION VI

FREQUENTLY ASKED QUESTIONS
FAITH COMMUNITY NURSING FAQ’s

Question: Do I have to document if I volunteer as a Faith Community Nurse?
Answer: Yes. Whether an unpaid volunteer or paid, when functioning as licensed professional registered nurses, we are required to document care given. (See Section V)

Question: Do I have to follow the FCN: Scope and Standards of Practice if I volunteer as a Faith Community Nurse?
Answer: Yes. The professional expectations of the independent practice of Faith Community Nursing apply to all working in this capacity whether paid or as unpaid volunteers. (See Section V)

Question: What is the normal salary for Faith Community Nurses?
Answer: For those who are paid, the salaries are very similar to RNs in the local community that work as school nurses, entry-level hospital or skilled nursing nurses, and other community health nurses.

The Faith Community Nurse Network has established Recommended Compensation Guidelines that parallel the Compensation Guidelines for others in ministry.

Question: What is the minimal number of hours required for an effective Faith Community Nurse program?
Answer: This of course depends on the size and needs of the membership served. Usually working a minimum of 10 –20 hours per week is needed to be effective; some Faith Community Nurses work full-time (40 hours) per week.

Question: Is there credentialing required for Faith Community Nursing?
Answer: At this time, there is no professional specialty certification examination required. However, there is a credentialing process so that a faith community nurse may become Board Certified in this specialty by the American Nurses Credentialing Center.

Along with the professional nursing expectations, the FCN is accountable to the church and the UCC as a person in ministry. Within the United Church of Christ, FCN is understood to be a specialized area of ministry for which it is appropriate to seek standing and authorization as a Commissioned Minister. (See Section IV)

Question: What can a Faith Community Nurse do?
Answer: The FCN can perform independent functions of nursing (actions that do not require a physician’s order) as outlined by your state’s Nurse Practice Act. (See Section III)
Question: Do Faith Community Nurses work with only older adults?
Answer: FCNs are concerned with the health and well-being of individuals of all ages and their families. Programs and the activities of the FCN however reflect the greatest needs and interests of the particular faith community served.

Question: Is a Faith Community Nurse covered for liability under the UCC Insurance Board's program?
Answer: Yes. Although coverage is not automatic, Nurses Professional Liability coverage is now available for Registered Nurses who offer their services to churches under the guidelines of the FCN program of the church. (See Section V)

Question: Can a Licensed Practical Nurse participate in health ministry activities?
Answer: Yes, if the Licensed Practical Nurse is under the direct supervision of a Registered Nurse, as is stipulated in the licensure regulations of the state in which the congregation is located.

Question: What does the church need to provide for a Faith Community Nurse program?
Answer: Minimally - office space and a telephone (with some privacy for confidentiality), a lockable filing cabinet for record storage, access to secretarial support, mileage reimbursement, continuing education, and basic office supplies.

Question: Where can we obtain a copy of FCN: Scope and Standards of Practice?
Answer: This is available from HMA at www.hmassoc.org and ANA Publishing – www.nursingworld.org

Question: How do we learn about the Nurse Practice Act?
Answer: Contact the State Board of Nursing or governmental body that issues you your license to practice in your state by calling or going to their website.
SECTION VII
FAITH COMMUNITY
NURSE RESOURCES
The development of programs of health ministry and the role of the faith community nurse continues to evolve. To provide only a list of specific resources would be limiting since it can very quickly go out of date. For that reason we have provide a combination of both general resources as well as some specifics. It is by no means meant to be an all inclusive list.

Since each of our UCC churches is an independent entity and is populated by individuals with different gifts and needs, each health ministry program has commonality, but it also is by necessity unique to that congregation. As you investigate and then develop a health ministry you may find the following sources of information and resources helpful.

PROFESSIONAL ORGANIZATIONS
Health Ministries Association www.HMAssoc.org 800-723-4291

American Nurse Association www.nursingworld.org 800-274-4262

This is the professional organization for faith community nurses and other people of faith who serve to create healthier communities. Members share information regarding resources, programs and funding opportunities through the website, newsletters, and regional and national conferences. The website also provides educational content, contact information and resources available from all faith groups providing health programs within faith communities.

EDUCATIONAL OPPORTUNITIES
The faith community nurse bridges two disciplines and as such must be prepared in and responsible to both. Educational offerings in nursing have expanded along a continuum to now range from continuing education programs with extensive contact hours to baccalaureate and graduate level nursing courses.

1. Academic Institutions
   a. Some theological schools and universities offer courses or programs of study for nurses that provide education on spiritual and pastoral care. Some educational programs are offered within facilities and others are offered on-line
2. UCC and Other Educational Programs
   a. At the Conference and Area levels of the UCC there are educational opportunities. Call your Conference office to learn what is going on and what support they might have for your efforts.
   b. Contact a FCN from the FCN Leadership Network or someone in your area on Membership List to learn of opportunities.
   c. Contact the office of your State Council of Churches to learn of any opportunities.

3. Professional Nursing Conferences
   a. The Health Ministries Association Annual Conference, The Westberg Symposium, and increasingly nursing research and specialty practice conferences provide opportunities to learn from colleagues in the field.

4. Educational Resource Centers
   a. Educational resource centers have developed all over the country. One of the first was the International Parish Nurse Resource Center. This center developed a curriculum that is taught in various sites. To learn where these continuing education offerings are available go to the website www.ipnrc.parishnurses.org.

*Please note that participating in a program that then provides you with a certificate does not grant you the status of certification/ being certified. The certificate you receive is only a certificate of attendance. The way to become Certified as a Faith Community Nurse is through the American Nurse Credentialing Center.

PUBLISHERS AND OTHER SUPPLIERS OF MATERIALS
Keeping up to date with the release of new books, videos, and manuals that support our work is an ongoing task. The following list of publishers and their current books gives you a sampling of what kind of supports are available both from diverse groups.

Abingdon Press  [www.abingdonpress.com](http://www.abingdonpress.com)
American Nurses Association  [www.nursingworld.org](http://www.nursingworld.org) or [www.nursebooks.org](http://www.nursebooks.org)
Augsburg/Fortress  Press  [www.augsburgfortress.org](http://www.augsburgfortress.org)
Elsevier/Mosby  [www elsevier.com](http://www.elsevier.com)
Haworth Press  [www.haworthpressinc.com](http://www.haworthpressinc.com)
Health Ministries Association  [www.HMAassoc.org](http://www.HMAassoc.org)
International Parish Nurse Resource Center  [www.ipnrc.parishnurses.org](http://www.ipnrc.parishnurses.org)
Jones and Bartlett  [www.jbpub.com](http://www.jbpub.com)
Judson Press  [www.judsonpress.com](http://www.judsonpress.com)
Lippincott, Williams and Wilkins  [www.lww.com](http://www.lww.com)
Morehouse Publishing  [www.morehousegroup.com](http://www.morehousegroup.com)
Pilgrim Press  [www.thepilgrimpress.com](http://www.thepilgrimpress.com)
Prentice Hall  [www.prenhall.com/nursing](http://www.prenhall.com/nursing)
United Church Resources  [www.UCC.org](http://www.UCC.org)
Willowgreen  [www.willowgreen.com](http://www.willowgreen.com)

In addition, you may go to the national websites of religious denominations. Materials developed by one faith community are often useful with others; just check the theological perspective with your pastor.
God is still speaking,

UNITED CHURCH
OF CHRIST