



PARISH NURSE PERSPECTIVES

ACTING LOCALLY
INSPIRING GLOBALLY

A publication of the International Parish Nurse Resource Center Volume 8, Issue 3, Summer

The Still, Small Voice of Hope

Elijah was a prophet in Israel who was sorely discouraged with what he saw around him — people grabbing all the power and wealth that they could for themselves, and leaving the poor to fend for themselves. He spoke out against abuses, but no one seemed to care. In despair, he sat under a broom tree and asked the Lord to end his life.

God, however, gave him a response that showed the true power of love. The Lord was not in the wind, the earthquake, or the fire, but in the “still, small voice” heard on the mountain. It was a voice that offered a future and a hope, and asked Elijah to return to his people and share that good news.

In our own time, we see inequity and suffering. We see those who have lost jobs, some who have lost their health insurance, and others who have lost their way. We see some who are so discouraged that they are ready, like Elijah, to sit under a tree and die.

Parish nurses, too, are called to serve their communities, bringing words of healing and hope. We are led by the same One who led the faithful of old.

It is that “still, small voice” of gentle persuasion to which we respond as we order our days. It is why our lists of “Things to Do” seldom match what gets done in a day — we listen, and find that God has a plan that surprises, and blesses.

We also have been given a voice to make a difference in the world. While our voice may seem small, it is the quiet, gentle voice of persistence and reason that can bring words of hope and blessing.

Nancy Haughee, the Parish Nurse at Pilgrim Lutheran church in Puyallup, Washington, and an Educator with Northwest Parish Nurse Ministries, has recently used her voice to write a letter to President Obama about the need for parish nursing. (Her letter appears on page 9.) How wonderful if every leader, in every land, could hear about the work you do!

I would suggest that parish nurses are a resource that every country needs. In quiet, yet transformative ways, parish nurses can make all the difference in the world.

May you listen for the leading of God’s still, small voice as you walk through these days of summer (or winter for those in the Southern Hemisphere), and may you use your voice and *all* your gifts to bring healing and wholeness where God leads.

Blessings,
Rev. Dr. Deborah Patterson
Executive Director

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Parish Nurse Perspectives

For parish nurses, clergy, and others interested in the specialized practice and health ministry of parish nursing.

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Featured Parish Nurse Program

Linda Kuhlmeier serves as the Parish Nurse for Immaculate Conception Parish in Arnold, Missouri. Recently, she was featured on the front page of the Arnold-Imperial Leader for her leadership activity in the community. This piece is taken from that article written by Kim Robertson and is used with permission.

After years of watching family, friends, and patients battle cancer, Immaculate Conception Parish Nurse Linda Kuhlmeier decided she had to join the fight against the disease. So, she formed I.C. Angels in Action—the top fundraising team the last two years at the American Cancer Society Relay for Life of Arnold.

“People will say, ‘How can you devote so much time to this?’ I say, How can I not devote my time to it? I’ve been a nurse for 23 years, and I was a cancer nurse for a short time. And, in this parish, I see cancer all the time.”

Kuhlmeier, 44, said she sees the effects of cancer almost weekly, when she visits ill parishioners. “I call to find out what’s going on, and if they’re going through cancer treatments, I really watch it closely. I see how their chemo or other treatments are going or if they have enough family support.”

Her team usually has about 12 members, mostly Immaculate Conception parishioners. “I’m always recruiting for survivors at the parish. I try to contact them and let them know they can be part of it. We need to let them know we’re there for them.”

Kuhlmeier said she not only encourages others to help with the relay, but to care for their own health by getting regular checkups, including cancer screenings. “At age 50, get a colon exam,” she said. “Early detection is important. And, prevention is No. 1. Don’t smoke!”

Linda Kuhlmeier can be reached by e-mail at parishnurse@icarnold.org

She is part of the Deaconess Parish Nurse Ministry Network in Jefferson County, Missouri, whose director is Marilyn Price.

Marilyn, who recently returned from a mission trip to Honduras, can be reached at mprice.olp@charter.net. Rita Rieger, part of the Deaconess Parish Nurse Ministry Network, also accompanied Marilyn and the medical team.



Resources for Parish Nurses

Praying Our Goodbyes: A Spiritual Companion Through Life's Losses and Sorrows by Joyce Rupp
 Notre Dame, IN: Ave Maria Press, rev. ed. 2009 (\$15.95 US)



Twenty years ago, Sister Joyce Rupp wrote what would become a classic on the spiritual journey of walking through valleys of pain and sorrow. Since that time, she lost her beloved mother, dear friends and other relatives, as well as walking with myriad other people as they struggled with job loss, worried for their adult children, faced clinical depression, suffered trauma, or faced life-threatening illness. She reminds us that these journeys “do not conclude with good-bye but are followed by ‘hellos,’... with the pattern of growth as one of ‘life, death, resurrection,’ [providing] both solace and hope.” Sr. Joyce reminds us that “Someday you will be at peace. You will discover happiness again. Your wounded self will be healed, and you will grow strong wings to carry you forward. You will find not only that you can go on, but that you want to do so.”

The Bereavement Ministry Program: A Comprehensive Guide for Churches by Jan Nelson and David Aaker
 Notre Dame, IN: Sorin Books, 2009 (\$49.95 US)



Rev. Aaker, an ordained pastor in the Evangelical Lutheran Church in America, and Ms. Nelson, Founder and Executive Director of HeartSprings, an integrated healing center in Fargo, North Dakota, have developed this comprehensive and sensitive toolbox to help congregations support those who are grieving. This binder and searchable CD includes letters and handouts which may be reproduced. The book provides information on starting a bereavement ministry, and offers separate suggestions for working with adults, children, and teenagers. It also includes supplemental materials for holidays and special days, and resources are tailored for circumstances such as death of a spouse, death of a parent, or death after a long-term illness. Special needs are addressed, such as providing help to those who have lost a child, support for grandparents, and support for those who have lost a loved one through suicide, murder, or other traumatic events.

Minister and Doctor Meet by Granger Westberg
 New York, NY: Harper & Row Publishers, Inc., 1961



Rev. Westberg, in photo from Minister and Doctor Meet

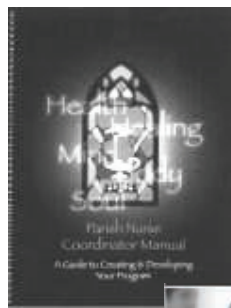
This classic brings “a new depth of understanding between the two great professions dedicated to healing the sick. Ministers and doctors are both dedicated to healing the sick and are constantly seeking new ways to bring health to their people. Yet there is one very crucial way that is often ignored - full and creative co-operative effort between these two professions.” (The above excerpt is taken from the book.)

He addresses topics such as aspects of pastoral care, faith healing, the grief process, terminal illness-whether to tell or not tell, and how Granger found himself in the field of health.

“Granger Westberg’s book is essential for every minister and invaluable for doctors,” says Walter C. Alvarez, M.D., Senior Consultant Emeritus, Division of Medicine, The Mayo Clinic, Editor-in-Chief, *Modern Medicine*.

This book is out-of-print, but the IPNRC has a few copies, which it will make available for \$20 postpaid. For more information, e-mail Susan Miller at smiller@eden.edu.

Parish Nurse Coordinator's Manual
 \$65 for manual, or \$85 with CD



Don't forget these resources from the IPNRC!



Jacob's Journey, an 8-week wellness program for men includes lesson plans & program suggestions. \$35 postpaid for CD



“A Look at Parish Nursing”
 A 10-minute DVD is for nurses, clergy, and churches.

“Called to Care through Faith Community Nursing”
 A 10-minute DVD is for nurses in healthcare settings.

Each is \$23 postpaid

Parish Nursing Introduced in South America

*By Mary Slutz, RN, BS, MHCA
Symposium and Resource Coordinator, IPNRC*

Last winter, the IPNRC received an invitation from the Adventist College of Bahia State in Brazil to speak about the specialty practice of parish nursing, the role it plays in health care, and the impact of parish nurse actions on their clients. On May 11, 2009, I had the pleasure of addressing 140 of their nursing students along with a number of theology students at a special three day presentation titled, "Parish Nursing – Holistic Health." This educational event was scheduled around National Nursing Day and was designed to explore and create interest in parish nursing. The planning team also hoped it would initiate discussion about adaptations necessary for Brazil and its health care delivery system.

Over the next three days, students and professors were presented with information regarding the philosophy, history and benefits of parish nursing. During discussion of the roles and functions of parish nurses, stories from practicing parish nurses were used to paint pictures of the benefits of wholistic care. I did not need the interpreter to tell me the students were connecting with the topic. Throughout the three days, heads were bobbing, emotion was displayed, and questions were asked that indicated wholistic health is truly global.

The driving force behind parish nursing in Brazil is Gina Andrade Abdala, RN, Coordinator of the Nursing Program and Professor of Epidemiology, Biostatistics, and Religion and Health at Adventist College of Bahia State. She completed the Parish Nurse Basic Prep course in 2005 and believes in the importance of combining faith and health. Through her efforts, the students were exposed to a way of nursing that combines their medical expertise and faith. By the program's close, more than twenty-five students expressed an interest in developing Brazil's version of parish nursing.



Some of the students in the class on Parish Nursing in Brazil

Gina and the students didn't waste time. Within a couple of weeks, Gina began the "Scientific Initiation of Parish Nursing" with seven students and two nursing instructors to oversee the research and supervise the students. She is also developing a proposal for the Ethical Committee on Research that will allow the group to talk to clients in the school's clinics and to interview them about their spiritual health. As spiritual needs are discovered, the group will direct the clients to the appropriate spiritual caregiver and chart results of the care.

To see others this excited and committed to parish nursing is inspiring. Ms. Abdala and the students of Adventist College have embraced wholistic health and are initiating work that will be exciting and important to the work of parish nursing. We are excited to watch them implement this practice and design research that will further our specialty.



Mary Slutz
(center) with Gina
Abdala (right), and
Marcia Azevedo,
Interpreter (left)

Thank you to the Westberg Family for their generous contribution which made this class possible. We are grateful for the vision and on-going support which the Westberg Family continues to provide for the growth and development of parish nursing.

Report from The Commonwealth of The Bahamas

By Mrs. Cecilia Askew
Education & Spiritual Formation
Ecumenical Health Care Ministry

Our ministry began the New Year with a retreat for Parish Nurses, Health & Wellness Carers and others. The retreat was held at St. Margaret's Parish, the home parish of our Co-Chairperson. The theme was taken from 1st Thess. 5:11: *"Therefore encourage one another and build each other up, just as in fact you are doing."*

Our plenary sessions included the following topics: Sharing your faith with those you care for by Nurse Kathleen Johnson, PN; Nurturing your soul with God's Word, Rev. Fr. Joseph Mycklewhyte; and How to take Health & Wellness to the Community using God's Word by Pastor Carolee Wright, PN.

The retreat set the stage for our next event, which was facilitated by Sister Clare of St. Martin's Convent and the Educator for the Samaritan Ministry. This ministry caters especially to those afflicted with HIV/AIDS and is the outreach ministry of the Roman Catholic Archdiocese of The Ba-

hamas. We were blessed to have a few more persons from other churches take part in this course and start the building up of health care ministry in their respective churches.

Due to the economic climate globally, it was felt that each church would host its own seminar and workshops. To this end, several churches have hosted health and wellness seminars and/or retreats: St. Agnes Parish, St. Barnabas Parish and Voice of the Watchman Ministries, to name a few. Also during January to March 2009 several of our Parish Nurses and Health & Wellness Carers also took part in the Christian Parenting and Family Life Skills Course, which was hosted by the Anglican Diocese of The Bahamas and the Turks & Caicos Islands.

At the administrative level we have begun the process of designing our Pins/Badges, which persons engaged in the health care ministry will receive once they have completed the 18 CEU's required. We are also discussing the possibility of having an international speaker in 2010 or 2011.

We hope to have more details on this later on this year.

CPR and First Aid
training session



We expect to host our second end of year retreat in September and the theme will be Praying and Caring using the scripture **Matthew 21:21-22** – **"If you believe, you will receive whatever you ask for in prayer."** This retreat promises to be informative and electric as we look at the topics of [a] Prayer life of a caregiver, [b] Effective Prayer Counselling, [c] Praying for Inner Healing and the Healing of Memories, and finally [d] How prayer can help you care for the victims of violence.

Below: Rev. Angela Palacios, Member, Spiritual Formation Division of EHCM



NEW URL:

<http://www.scribd.com/doc/15124129/20052008-Ecumenical-Health-Care-Ministry-eBook>

Our Amazing Health Team

Judy Johnson is the parish nurse at Forest Grove Community Church in Saskatoon, Saskatchewan, Canada, and recently presented this story about her work at the CAPNM Conference and AGM, held May 21-24, 2009 in Saskatoon. Judy can be reached by e-mail at tajohn@shaw.ca.

I have been a Parish Nurse for five years at Forest Grove Community Church in Saskatoon, Saskatchewan. When I began this ministry I was working 8 hours per week seeing the occasional parishioner and creating awareness of Parish Nursing as best I could. As we all know, one of the very first things we do when starting a parish nurse ministry, is to form a working group of parishioners with an interest in health and healing. So, I set out to do this by putting information in the bulletin, talking with people one on one on Sunday mornings and I held two information meetings. Most of all I prayed!!! I prayed that God would send the people He wanted in this ministry. In our church of 1000, I had six people express an interest and actually attend the first information meeting. I have to admit I was slightly discouraged but I knew that this was a very new idea in the church and this only confirmed the work ahead of me. To my joy, four of these six quickly became the very first Health Team at FGCC.

Several of this team have taken courses offered by ICHM - SK and have truly had a vision to see this ministry take hold in our church. Over the past five years this team has completed a church body survey to help assess the health needs of the parishioners, and offered Sunday health classes covering topics such as Alzheimers, Depression, Schizophrenia, Advanced Care Directives, Caregiving and Diabetes. They have also facilitated a thirteen week Beta Course in partnership with our Alpha Course, as well as created an opportunity for the men of our church to share their hobbies and interests over breakfast, which they prepared and served themselves.

This team meets once a month to discuss health concerns relating to the needs that I see in my practice as a parish nurse. Together we brainstorm to see how we can best meet the needs that are unmet either in the church or the community. Then they put in the time that is needed to see the need met, be it in the form of one day seminars, support groups or health fairs. This team has been my best support. Through prayer and encouragement, they have been a supportive voice to our church council and been instrumental in moving my position from an 8 hours per week as a volunteer to a 20-hour per week paid position.

They love to laugh and they love to care. They sometimes feel ill equipped to know how to move forward or in what direction they should speak louder. But they are willing to serve and they love God dearly. The next projects they are tackling at FGCC include helping our church become a fragrance free building to help those who are suffering silently with allergies or asthma. It is important for these parishioners to be able to enjoy worshipping together comfortably with their body of believers.

I think they would agree that the biggest project they have tackled so far is the one that has just been launched and will take several phases to complete. They have begun developing a crisis preparedness plan for our church. It was launched last month in an area of our foyer where they have placed a city map of Saskatoon. This map has a pin marking the location of each of the members and associates of FGCC. It is colorful and bright and has a banner over the top that reads 'Who are the people in your neighborhood?' Already this has been a conversation starter and attraction that gathers all ages. The challenge comes in trying to communicate effectively what a crisis plan means at FGCC and the team felt this was the easiest way to start that conversation. They are looking ahead to the next phase which includes a fan out phone list and the appointment of church team leaders in each subdivision. The task seemed daunting to them initially (and I know it still does) but they are taking baby steps. I see this team coming together like never before, united in the vision to see their church members caring for each other, not only in times of crisis, but in more concrete ways in the future. They have become a catalyst for linking health and spirituality in very tangible ways.

I know the trepidation, and the feeling of fear that comes with the seemingly formidable task of starting a Parish Nursing ministry. But – it is not about the nurse, it is not about the health team, it is about the strength that comes from team. God and His power can and does work through team work, and the willingness of God's people to step out of their comfortable pews and pursue that which God has placed as a passion in each one's heart. We need each other and I am so thankful for the commitment of my health team.

On behalf of Parish Nursing ministry I want to say THANK YOU to health teams everywhere for their commitment to linking Spirituality and Health and their willingness to be the hands and feet of Jesus.

Granger Westberg on Nursing and Prayer

The following passage has been taken from an early work by Rev. Dr. Granger Westberg, entitled Nurse, Pastor, and Patient: A Hospital Chaplain Talks with Nurses, penned while a chaplain at the University of Chicago Clinics, and Associate Professor of Pastoral Care on the Federated Theological Faculty at the University of Chicago. (Rock Island, IL: Augustana Press, 1959). Written before he conceived of parish nursing, or even the wholistic health centers which preceded the new specialty practice, this work contains much wisdom of value to parish nurses today.

“When is it appropriate to pray with a patient? The answer is not a simple one and yet a partial answer might be something like this. A nurse should offer a brief prayer whenever a patient asks specifically for prayer or shows by his actions that he would very much appreciate it. The interesting thing is that almost no patient will make such a request of a nurse whose manner indicates that prayer is not a part of her make-up.... In times of illness a patient seems to develop a sixth sense of special sensitivity. The depths within him are constantly searching for someone else in whom he may find understanding and companionship.

The patient who asks for prayer is usually one who is going through an experience which is of crisis proportions to him. When the pain or the fear is more than he can handle, he cries out with emotion, ‘Nurse, say a prayer for me, will you?’ For the most part such a request is handled by saying, ‘I surely will.’ And it ends there. We realize that this is a common expression often uttered in the same breath with ‘Don’t forget me.’ Yet the ‘pray for me’ often has an intensity of ‘and I wish you would say it out loud right here so that it would give me a lift right now. I just can’t seem to pray.’

Chaplains hear this expression a dozen times a day and each time they have to decide instantly whether hiding within the expression is a genuine desire for audible prayer. The nurse must recognize that any expression regarding prayer, or God, or the Bible, however flippantly said, may be this person’s way of trying to convey to someone his sense of estrangement from God and his



Rev. Dr. Granger E. Westberg
1911-1999

desire to be helped back to faith. And suppose the patient really does not mean that he wants an audible prayer and yet the nurse misjudges the patient’s statement and begins to pray a simple prayer at his side. You may be sure that this patient will always remember that the nurse was serious enough in her concern for his total welfare so that she voices this concern in a meaningful sentence of prayer. It seems that it is better to err on the side of praying than to walk out on a person who might be helped by such a simple act.

The kind of prayer we are talking about is a brief prayer of one to five sentences which grows naturally out of a particular situation. It is spoken in a quiet conversational tone with content that brings a feeling of calm and assurance to the patient. The prayer should not excite or stir up the patient by arousing feelings of apprehension or fear. It should be spoken with a ring of honest awareness of the loneliness and confusion which often casts our souls down, yet with a type of confidence in God that is unshaken.

It should not be necessary to say that certainly no nurse ought to force prayer upon a patient who would be disturbed by it or who has shown antagonism to religion in general. The nurse’s prayer for the patient ought to fit into the mood of the moment as naturally as straightening the pillow beneath the patient’s head.” (p. 49-51)

This book by Rev. Dr. Granger Westberg is out of print, but the IPNRC has a few copies available (used), which can be purchased for \$20 postpaid. To order, please e-mail smiller@eden.edu.

CAPNM Holds AGM in Saskatoon, Saskatchewan May 21-25, 2009

By Frances Hudson, RN, Parish Nurse Coordinator
Canadian Association for Parish Nursing Ministry



95 Parish Nurses, interested individuals and clergy met at the Park Town Hotel in Saskatoon, Saskatchewan for the CAPNM Conference and Annual General Meeting. This year's theme was *Bridging Spirituality and Health*. The music was inspiring and featured a worship group led by Dave Bauche and friends. Bob Williston wrote a song called "We'll Build a Bridge." Worship leaders were Rev. Harold Hesje, Rev. David Hunter, Rev. Dave Tyler, Bob Williston, and Margaret Hundebly. Parish Nurse stories were presented by Mary Tyler, Sr. Carol Borreson, Carol Kostiuk, Judy Johnson, Judy Hertlein, Deb Bauche and Ethna Martin, members of the Saskatoon Parish Nurse Group. Joyce Beckett and Judy Johnson were co-chairs for the conference planning group. Other activities included poster presentations, a Tea for Two and identifying graduation pictures of the nurses – not an easy task!

During Friday morning worship, Bob Williston shared another composition, "Called to be Healers," while Rev. Dave Tyler, Chaplain for the Conference, led worship on the theme, "Take the Narrow Pathway." Special visitors were introduced by Rev. Hesje, including the Mayor of Saskatoon, Don Atchison, Bishop Albert Legatt of the Roman Catholic Diocese of Saskatoon, Pastor Ralph Gleve from the Mennonite Brethren Churches, and Bishop Cindy Halmerson, Evangelical Lutheran Diocese of Saskatoon. Deb Walker, chairperson of the Riverbend Presbytery of The United Church of Canada, brought greetings, and Darlene Dawson expressed our gratitude for the sponsorship of The United Church of Canada

The Annual General Meeting was called to order by Ms. Dawson, chair of the CAPNM Board of Directors, and took place Friday and Saturday. Financial Statements were reviewed and the budget for 2009 was approved. Claudia McCloskey was acclaimed as organizational member (representing New Brunswick Parish Nursing Ministries) on the CAPNM Board of Directors.

PLENARY SESSIONS: Fr. Michael Brehl, C.Ss.R, the provincial leader of Edmonton Toronto Redemptorists Community, spoke on "Bridges to Healing Ministry." Jeff Christianson, B. Psych & Rel.St., M.Th, Executive Director of Regina Palliative Care Inc., spoke on "Bridges to the Community," while Don and Pat Peake, B.Th. & R.N., spoke on "Bridges to Parish Nursing."

A panel discussion was held, including Fr. Michael Brehl and Jeff Christiansen. In addition, concurrent sessions were offered on "Parish Nurse/Clergy Team Ministry," by Don and Pat Peake, on "Ethical Issues" by Father Mark Miller of Toronto, on "Stories that Heal" by Megan McKenna, on "Building Global Bridges for Sharing: Promising Practices in Health Ministries," by Rev. Dr. Deborah Patterson, IPNRC, St. Louis, on the "ABCs of Parish Nursing" by Dr. Gail Brimbecom, "Complementary Care for Survivors" by Carol Kostiuk, and "Bridging Across Generations" by Candace Laing, Director of People Strategies, SIAST.

Our first "Parish Nurse Walk" was by the Saskatchewan River on lovely landscaped trails and raised more than \$6000 to support Parish Nursing in Saskatchewan and The Canadian Association for Parish Nursing Ministry.



On Sunday May 24, 2009 morning worship was led by Pastor Dave Hunter, on the theme, "Planted in God, Growing in Christ. and Bearing the Fruit of the Spirit." The Parish Nursing Prayer was shared and the Meditation was given by Rev. Dr. Deborah Patterson. Gathered prayers of the community, written on sheets of paper over the conference worship times by members of the community, were offered up. This was followed by Blessing of the Hands for all present. Worship closed with the hymn, "Go My children with my Blessing."



A Letter to President Obama on Parish Nursing

This letter to President Obama was recently written on June 8, 2009 by Nancy Haughee, Parish Nurse at Pilgrim Lutheran Church, Puyallup, Washington. She is also an Educator with Northwest Parish Nurse Ministries, where Rev. Bruce Strade is the Executive Director. This letter is shared with the permission of both Nancy and Bruce. For more information, visit the website of Northwest Parish Nurse Ministries at www.parishnurseministry.org.

President Barack Obama
1600 Pennsylvania Avenue
Washington D.C.

Dear President Obama:

As a nurse for the last 40 years and a Parish Nurse for the last 15 years I have seen health care costs skyrocket and drug companies charge increasingly exorbitant prices for the drugs they hustle on television and in the print media. Health care in the United States is not so much "health care" as it is "sickness care." And it costs us more than other industrialized nations. For what we spend it should be the best in the world however, if one looks at results to judge quality, that is far from the reality of the situation. Life expectancy in the USA is lower and our infant mortality rate is higher than in other industrialized nations. If you are wealthy, health care is excellent and readily available. If you are poor and uninsured, health care is mediocre to nonexistent with the Emergency Room serving as the point of delivery for care. We cannot continue in this insanity.

Like you, I believe in universal health care--it is one of the reasons I voted for you. Everyone should have access to a general practitioner, routine screenings, immunizations and education on healthy life practices. We must focus on prevention rather than on the expensive fixing of problems after they have caused damage. It only makes sense and in the end, it is less costly.

I believe that another part of the solution to our healthcare dilemma is having a Parish Nurse or Faith Community Nurse in the new nomenclature, in every congregation in the nation. Faith Community Nursing began in 1983 as the brainchild of Reverend Granger Westberg who saw the value of having a nurse serve in a congregation. His book [The Parish Nurse: Providing a Minister of Health for Your Congregation](#) outlines this ministry and is an excellent introduction to what Faith Community Nursing is all about.

What exactly is a Faith Community Nurse (FCN)? A Faith Community Nurse is a registered nurse who has completed specialized training with the curriculum developed by the International Parish Nurse Resource Center in St Louis, Missouri. This curriculum prepares and supports nurses for work in their faith communities. The actual work of a FCN encompasses eight major roles: Integrator of Faith and Health, Health Advocate, Health Educator, Personal Health Counselor, Recruiter and Trainer of Volunteers, Referral Agent/Liaison between the Congregation and Community Resources, and Developer of Support Groups.

How does a FCN help to further the goal of improved health for his/her faith community and ultimately, the nation? The primary objective of the Faith Community Nurses is to help parishioners take responsibility for their own health and help them understand the many causes of illness. Beyond the more personal enjoyment of life, being "healthy" also provides the energy and vitality to love and serve others and our Creator--a worthy goal to work toward. In Reverend Westberg's words: "The primary thrust of the nurses' work is to identify early cries for help and to intervene before the problems require hospitalization"then help individuals understand that health care is part of the responsible stewardship of one's life. With this in mind, it is the role of the nurse to involve people in their own health care and in the care of their neighbors."* Faith Community Nurses see health not as an end in itself but as an ongoing process.

What does it cost? Although many FCNs in the Midwest are full time, paid employees of their faith community, most are part time volunteers giving their time and expertise while working full time in hospitals and/or clinics. Many are retired nurses. Harnessing professional nursing knowledge in faith communities, I believe, would make a tremendous difference in the health of this nation. I encourage you to do all you can to promote and encourage churches, synagogues and mosques to include on their staff either a paid or volunteer Faith Community Nurse. It will benefit the individual religious institution, the immediate community and the nation at large by helping to promote and encourage preventative care and healthy lifestyle as well as serving one another to honor our Creator.

Sincerely,

Nancy Haughee, Parish Nurse
Pilgrim Lutheran Church, Puyallup, Washington
Educator, Northwest Parish Nurse Ministries

* Granger Westberg, [The Parish Nurse](#), Augsburg Fortress, 1990, p.17

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K. Myer, RN, Titusville, FL
S. Connors, RN, Blairstown, NJ

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John Doe Revised: 3/27/2009 at 4:02 PM

Take These Medications	At These Times					
	7am	8am	12N	6pm	8pm	11pm
Prilosec® (Omeprazole) 20mg Capsule(s)	1 Capsule(s)		1 Capsule(s)		1 Capsule(s)	
Cymbalta® (Duloxetine HCl) 60mg Delayed release capsule(s)		1 Delayed release capsule(s)	1 Delayed release capsule(s)			1
Altace® (Ramipril) 2.5mg Capsule(s)		1 Capsule(s)				
Coumadin® (Warfarin) 1mg Tablet(s)						
Januvia® (Sitagliptin Phosphate) 50mg Tablet(s)		1 tablet(s)				
Actos® (Pioglitazone) 15mg Tablet(s)			1 Tablet(s)	1 Tablet(s)		

John Doe Revised: 3/27/2009 at 4:02 PM

Medication	7 am	8 am	12 pm	6 pm	8 pm	11 pm
Prilosec® (Omeprazole) 20mg Capsule(s)	1		1		1	
Cymbalta® (Duloxetine HCl) 60mg Delayed release capsule(s)			1	1		1
Altace® (Ramipril) 2.5mg Capsule(s)		1				

Help Others Take Charge of Their Lives

“Serving as a health minister, I support and promote health, healing and wholeness in our Church and community. I recently discovered MyMedSchedule as an easy way to help my clients understand their often confusing medication regimens. The clear and easy format includes pictures and helpful information needed to ensure understanding and compliance in properly taking meds. My clients and their families love this tool!”

Jane Finley, RN, Health Minister
Garfield Memorial United Methodist Church, Pepper Pike, Ohio



Congregational Exercise Program: Church Walkers

By Paula Bartels, Parish Nurse
First Lutheran Church
Sioux Falls, South Dakota

Choose one main focus for your parish nurse ministry. That was the advice I received during my parish nurse course under the direction of Mary Auterman held at Augustana College in Sioux Falls, South Dakota. My choice was "to be the healthiest congregation in town!"

While on orientation with the Director of Sanford Parish Nurse Institute, Joyce Kaatz, I was toured through the church where she is also parish nurse. Different colored laminated footprints were on the walls. She explained, "If you followed the blue footprint completely around, it would be ½ mile, green footprint may do stairs so a bit more of a challenge, purple footprint would be a mile."

My imagination was sparked! Walking is an activity most people can do, and has so many benefits for body, mind and spirit. Looking from my parish nurse office, I saw a new gymnasium. What if we measured it to find how many times around would make a mile? It would be warm in the winter, cool in the summer, and dry when it was raining.

Working with the holistic health cabinet, made up of our pastor of pastoral care, an enthusiastic mom and grandmother, physician assistant, a nurse who went on to get her law degree, a nurse who had been head nurse of ER, a retired High school teacher and coach who also is an active triathlon participate and pro-

motor, and a director of an Oncology clinic, and the church's recreational ministry coordinator, a new recreational activity committee was formed. A retired college coach measured a walking path throughout the entire main level of the church including the sanctuary. Five laps equaled 1 mile. A student that was working for her degree in graphic design then made a map of the path, and designed the church walker logo, along with the church staff communications coordinator. We had a group fitness instructor and an exercise physiologist who is a college assistant professor of exercise science who gave input on the walking program and manual. A member of a health cabinet from West Nidaros Lutheran church and I shared our walking programs with each other.

The main goal for our first Church Walkers event was to encourage those that didn't already have a regular exercise program to begin walking at the church or wherever they chose. T-shirts with the Church Walkers logo were given to participants who walked a minimum of 1 hour a week in at least 3-4 sessions for the 10 weeks. One point for every 15 minutes of continuous walking with a maximum of 1 hour credit daily per individual was logged in the Church Walkers Log book for teams or individuals. A retired office manager maintained the log book weekly. Teams were from choir, chair exercise, families, and staff. The top three teams and individuals



Health Cabinet at the First Lutheran Church, Sioux Falls, South Dakota

were recognized in our monthly church paper.

Weekly devotionals with Bible readings were made available, as we wanted to promote spiritual as well as physical wellness. Walkers told me walking through the sanctuary was very calming and a good time to pray or focus on Jesus.

When Gayle Mason gave parish nurses the opportunity to be part of a study to see how walking programs helped parishioners' health, we did a four-week program recording beginning and ending B/P and weights. Nearly 33% of the participants lowered their B/P or lost weight. We found those people that had an accountability partner were more likely to make their goals.

I was fortunate to work together with a great group of people of many different talents that were excited about the church walkers program. Seeing staff and parishioners walking at church "taking care of their temples" encourages me that we are working toward being "the healthiest congregation in town!"

For more information, contact Paula Bartels at nurse@flcsf.org or call (605) 339-1983.



For information on health promotion programs, contact Gayle Mason, IPNRC Manager of Coordinators' Support, at gmason@eden.edu or (314) 918-2649.

Church Walkers

Alzheimer's and You

Strategies for Reducing Your Risk



A Message Brought to you by your Parish Nurse

Alzheimer's Disease

Quick Facts

5.3 million older Americans have Alzheimer's

Every 70 seconds, a patient is diagnosed with Alzheimer's

Alzheimer's can not be cured but treatment may slow the disease process.

You have more options for treatment with an early diagnosis



About Alzheimer's Disease

Early Signs and Symptoms

- ◇ Forgetting newly learned information
- ◇ Difficulty with problem-solving
- ◇ Unable to find the right word
- ◇ Disoriented to time & place
- ◇ Loss of judgment
- ◇ Difficulty with familiar tasks
- ◇ Changes in mood / personality

Risk Factors

- **Age:** After age 65, risks double every 5 years until age 85 when risk is 50%
- **Family History:** Risk rises if diagnosed in parents or siblings
- **History of serious head injury**
- **Vascular Damage:** Heart disease & diabetes damage blood vessels which can impair blood flow to the brain

For More Information

Alzheimer's Association
1-800-272-3900 (toll-free)
Website: www.alz.org

Alzheimer's Disease Education and Referral (ADEAR) Center
(National Institutes of Health)
1-800-438-4380 (toll-free)
Website:
www.nia.nih.gov/Alzheimers



What You Can Do....

1. Exercise at least 30 minutes, 5 days a week
2. Eat 5-9 servings of vegetables & fruits daily
3. Use your mind: take a class, read a book, do a puzzle
4. Stay socially active with family and friends
5. Wear seat belts, helmets, & fall-proof your home
6. Keep active in your faith community
7. Take time every day to pray

News You Can Use

A Team Approach May Help

A recent study of more than 400 people with chronic musculoskeletal pain found that those who participated in a collaborative care program (with regular counseling, visits to their primary care physician and weekly meetings with an intervention care manager), reported less pain and depression than those who mainly saw their primary care physician for the same treatment.

"Remedies," Health After 50, The Johns Hopkins Medical Letter Vol. 21 No. 5, July 2009, p. 8

Lose It to Hold It

The *New England Journal of Medicine* recently reported on a study which found that overweight women with incontinence who exercised and lost weight (an average of 17 pounds) reduced their incontinence by half. Even those who lost only 3 pounds reduced episodes by 28%, on average.

UC Berkeley Wellness Letter, Vol 25, No. 7, April 2009, p. 8.

More Americans Obese than Overweight

"About 34% of us are now obese, up from 23% two decades ago, while the percentage for overweight has stayed at 33%. And 6% are severely obese, double the earlier number."

UC Berkeley Wellness Letter, Vol 25, No. 7, April 2009, p. 1.

What's Your BMI?

Calculate your Body Mass Index in seconds on-line at www.nhlbisupport.com/bmi.



Websites of Interest

Clinical Trials Around the World

The U.S. National Institutes of Health offer a registry of more than 70,000 federally and privately supported clinical trials in the US and in 167 countries around the world. The website has details about each trial's purpose, who may participate, where the trial is located, and includes phone numbers for more information.

www.ClinicalTrials.gov

No, ADEAR, Not a Female Deer

The National Institute on Aging, part of the US Institutes of Health, has created an Alzheimer's Disease Education and Referral (ADEAR) website, to help locate current, comprehensive information and resources from the NIA, such as a free caregivers guide, research summaries, and other materials.

www.nia.nih.gov/Alzheimers



The End of Overeating

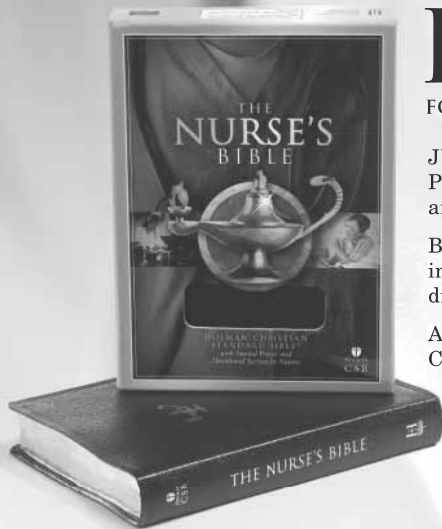
David A. Kessler, M.D., who is commissioner of the U.S. Food and Drug Administration, has recently written a book entitled, The End of Overeating: Taking Control of the Insatiable American Appetite (Rodale, \$25.95).

In it, he writes, "When I said [to food industry executives] that people tend to eat excessively if food is readily avail-

able, I could see the executives' facial expressions begin to change. They understood that I was going to the heart of their business model. I described the stimulating qualities of sugar, fat, and salt, especially in combination, and told them that the brain is wired to focus on the most salient stimuli. 'The more potent and multisensory you

make your products, the greater the reward and the greater the consumption.'... Then one executive spoke up. 'Everything that has made us successful as a company is the problem,' he said.... And then, to their credit, they began to rethink their strategies about labeling and portion size."





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“The Westberg Parish Nurse Symposium: A Profound Experience”

By Liz O'Connor, RN
From “Partners in Health”
Holy Cross Hospital, Faith
Community Nurse Program
Silver Spring, Maryland
Used with permission

The 22nd annual Westberg Parish Nurse Symposium was held from Sept. 12 to 14, 2008 at the Hyatt Regency St. Louis Riverfront in St. Louis, MO. It was presented by the IPNRC and we thank them for their hard work and hospitality. The title was *Lift Every Voice and Speak*. The theme was advocacy for the poor and the uninsured. Five hundred nurses from across the United States and Canada shared in this wonderful experience.

It would have been worth the trip just to hear the opening keynote speaker, Gloria Wilder-Braithwaite, MD, MPH, of Washington, DC. “Dr. Gloria,” as she likes to be called, is a pediatrician and a nationally recognized speaker on social justice issues. In 2005, she founded CORE HEALTH, a community-driven social justice solutions company dedicated to assisting underserved communities by providing quality health care, education, and housing, food

and economic opportunities for its residents. In 2004, she was named “Physician of the Year” by George Washington University.

In 2005, she received the National Caring Award, which had previously been awarded to Jimmy Carter and to Mother Teresa. Dr. Gloria gave an account of how her mother worked three jobs in New York to raise her and her two siblings. They all grew up and become very successful professionals despite meager circumstances. Their mother never wanted them to feel they were poor. Indeed, she gave them a rich legacy.

Faith United Against Tobacco: Mobilizing the Faith Community to Reduce Smoking, Particularly Among Children was also a powerful presentation by Vincent DeMarco, JC, MA, of Baltimore, MD. He is the coordinator of Faith United Against Tobacco, a coalition of national, state, and local faith leaders, and a consultant with the Campaign for Tobacco-Free Kids. DeMarco also is president of the Maryland Citizen’s Health Initiative, an organization with a plan to provide health insurance for all of Maryland’s uninsured. He is

on the faculty of Johns Hopkins School of Public Health.

In addition, there were multiple small group sessions on topics that dealt with the main theme. Our own Ruth Manchester offered a wonderful presentation titled, *More Than a Loaf of Bread*. It described a caring project at Saint Luke Lutheran Church.

The exhibit hall was an opportunity for learning. There were multiple displays of resources and books related to parish nursing/faith community nursing. Also, there were a variety of handcrafted items that benefited worthwhile causes.

Gatherings for worship sessions offered great opportunities for divine inspirations and spiritual reflections. The large conference room was well filled for a Saturday evening Mass. All of these spiritual events tied in with the theme of advocacy for those who are underserved.

It was a privilege to have a wonderful final keynote speaker, Diana J. Mason, PhD, RN, FAAN, the editor-in-chief of the *American Journal of*

Nursing. Under Dr. Mason’s leadership, the journal has received numerous awards. Her presentation was titled, *Using Your Voice to Make a Difference*. It was a compilation on the theme of advocacy for the poor, the uninsured and the underserved. She stressed the importance of parish nurses/faith community nurses in speaking up for the people we are privileged to serve. She envisions this as the best in community nursing.

Everyone departed on Sunday after renewing old friendships and making new ones. It was a wonderful opportunity to network with nurses from all across the country and from neighboring Canada. The symposium was a profound experience that inspired attendees to go out and live what was learned with the goal of trying to make the world a better place.

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WESTBERG SYMPOSIUM!
SEPTEMBER 25-27, 2009

See back page for
more information,
or visit our website at
www.parishnurses.org
and click on “Events.”



2009 Westberg Symposium Keynote Speakers (left to right):

Tierarona Low Dog, M.D., Director of Education in the Integrative Medicine Program at the University of Arizona in Tucson
Rev. Phillip Gulley, Quaker pastor and best-selling author on church and community culture as humorist and theologian
Julie Russell, M.A., Nurse ethicist and dramatist

Opening Doors to Wholeness

Evidence-Based Best Practice in Community Care

By Anne van Loon, RN, MN
(Research), PhD
Former Chair, AFCNA

In July 2002, the Australian Institute for Primary Care at La Trobe University released an interim report titled *Evidence-based Best Practice in Community Care*. The authors were Wells, Nay, Hill, and Maher. The findings are of significance to Faith Community Nurses because they discuss best-practice initiatives that have an evidence base that FCNs can use in their health promotion. The summary of best practice re falls prevention, safe medication management and wound care are useful tools for FCNs.

The recommendations endorse the information AFCNA has been providing to members for some years, as a brief précis on the area of case management demonstrates.

The Commonwealth Department of Human Services (2008) requested health services to incorporate the following best-practice principles in their programs:

1. *Emphasis on capacity building or restorative care to maintain or promote a client's capacity to live as independently as possible, the overall aim being to improve functional independence, quality of life and social participation.*
2. *An emphasis on a holistic, "person-centered" approach to care that promotes clients' wellness and active participation in the decisions about care.*
3. *An attempt to provide more timely, flexible, and targeted services that are capable of maximizing the client's independence.*

These are congruent with the aims of health ministry promoted by AFCNA, again emphasizing the fact that Faith

Community Nursing is a relevant and timely ministry in this country.

The report underscores national standards of practice in case management relevant to community care. While FNCs' case management is informal, AFCNA has been promoting these principles via their introductory modules at courses and conferences for some time. They include:

- *Case Identification and Assessment:* Eligible clients are identified and assessments are completed.
- *Needs Identification:* In conjunction with the client, the case manager documents identified client needs.
- *Planning:* Client goals are documented, reflecting the priorities and plan for action agreed upon by the client and case manager.
- *Monitoring:* Planned services, supports and resources are monitored against the goals documents in the client's individualized care plan.
- *Evaluating:* Periodic re-assessment and evaluation of the client's outcomes are to be conducted against the expected outcomes and available evidence.
- *Outcome:* Case management actions are outcome oriented.

It is important for FCNs to remember that documenting and reporting outcomes of all programs and care plans is very important. It demonstrates to government policy makers and funders the impact of FCN services and provides a future evidence base for practice. It is useful to use *WholeHealth* [the newsletter of the AFCNA] to share these outcomes, whether they are single case studies or evaluations of programs you deliver. In documenting and publishing your outcomes

and inputs, you are providing your FCN and health ministry colleagues with documented references they can use for future grant applications.

The report notes that case management is associated with improved client outcomes, including mental state, social function, and user satisfaction. Clients appreciate the emotional engagement and personal support they receive from their case managers. This is deemed more important than how qualified that person is (Rapp 1998), again emphasizing the fact that "who we are" with our clients is just as important as "what we know." Clients are more satisfied with services when their strengths and interests have been recognized and their independence promoted (Simpson et al, 2003), endorsing the personal empowerment strategies FCNs use in their practice.

Clients prefer contact in their own home whenever possible rather than in an office, or by phone, again reinforcing the rationale for the personal visits that FCNs and health ministry volunteers provide. It is important that the contact is responsive to the client needs. The frequency of that contact is a strong predictor of how engaged a client will be with their program. FCNs are in a position to ensure the frequency of their visits and the support provided to individuals and families. The report says mobilizing informal support that occurs naturally within the community is to be encouraged. Consequently, using the support of your faith community to supplement the FCNs activities is likely to be appreciated by the client.

(Continued on next page)

Evidence-based practice (continued)

Good case management includes ongoing monitoring with devolution of responsibility for services via referrals. In the case of health ministry volunteers and FCNs, the provision of continuity in support is likely to assist in building rapport and trust on which to base future interactions. It is important that the client maintain authority over their care plan choices. However, this needs to be assessed if a client's competency regarding decision-making is at risk. It is important to know how to access experienced professional staff for support and specialist information as needed. This is particularly important for families who may need to access support services out of normal work hours if they have a time of crisis.

When setting up your health ministry, structure your team to promote creative care planning, problem solving and sharing of knowledge. The model that AFCNA promotes facilitates the establishment of trusting and understanding relationships between clients and case manager/care coordinator and other health ministry volunteers.

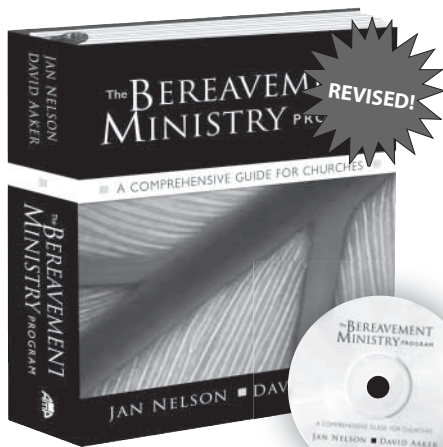
Reprinted from the June 2009 issue (Vol. 14, No. 2) of *WholeHealth*, the newsletter of the Australian Faith Community Nursing Association. Used with permission.

More info on AFCNA at www.afcna.org.au.



Dr. Anne Van Loon
Australian Faith Community
Nursing Association

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Mobile (On-line), Spring Hill College of Nursing, Aug. 24-Nov. 13, 2009
Cathy Whelton, 251-633-1578

Alaska

Anchorage Providence Alaska Medical Center
Linda Shepard, 907-261-5053

Arizona

Scottsdale Beatitudes Center DOAR Nurse and Health Ministries Network
Feb. 7-9 and March 7-9, 2010
Barbara Sage, 602-274-5022

Arkansas

Fayetteville Mt. Sequoyah Conference Center,
Sept. 30-, Oct. 1-3, 2009
Sharon Hinton, 806-983-8096

California

Burlingame Samuel Merritt University
Joan Bard, 510-869-6511

Delaware

Newark Christiana Care Health System-
LaVaida Owens-White, 302-765-4557

Florida

Boca Raton (On-line) Florida Atlantic University, Susan Dyess, 561-297-3236

Fort Myers Lee Memorial Health System
Rita Horvath, 239-432-3182

Orlando Florida Hospital, Center for Community Health Ministry/Parish Nurse Institute, Oct. 16-23, 2009 Candace Huber, 407-303-7153

Tampa BayCare Health Systems, St. Joseph's Hospital, Oct. 12-16, 2009
Susie Prescott, 813-757-8006

Georgia

Atlanta Gwinnett Hospital System
Linda Hughes, 678-312-2423

Hawaii

Kailua Castle Medical Center
Sue Pignataro, 808-263-0136

Idaho

Boise St. Alphonsus Regional Medical Center,
Sr. Mary Alice Quintana, 208-367-6494

Illinois

Oak Brook Lewis University
Janice Smith, 630-752-0776

Quincy Blessing-Rieman College of Nursing
Sheila Capp, 217-228-5520

Rock Island Trinity Medical Center
Pamela Griffith, 309-779-5120

Springfield St. John's Hospital, Tracey Kreipe/
Mary Jo Wasser, 217-544-6464, ext. 45184

Indiana

Evansville (On-line) USI School of Nursing,
Victoria Pigott, 877-874-4584

Ferdinand USI School of Nursing
Sept. 16-20, 2009
Peggy Graul, 800-467-8600

Indianapolis Clarian Health Partners
Cyndi Alte, 317-962-9330

Lafayette Greater Lafayette PN Development
Susan Buchanan, 765-477-6150

Morgantown National Episcopal Health Ministries, Inc., Diane Beyer, 317-253-1277

Valparaiso Valparaiso University
Janelle Fleck, 219-464-5289

Kansas

Wichita Spiritual Life Center, Kansas Parish Nurse Ministry, July 18-25, 2009
JoVeta Wescott, 316-686-0111

Kentucky

Crab Orchard Ephraim McDowell Health
August 20-22, Sept. 17-19, 2009
Rosie Albright or Terry Casey, 859-239-1603

Louisville (On-line) Bellarmine University
Margaret Miller, 502-452-8413

Paducah Lourdes & Western Baptist Hospitals
Carol Bradford, 270-217-9949

Louisiana

Monroe (On-line) University of Louisiana at Monroe School of Nursing
Linda E. Sabin, 318-342-1517

New Orleans McFarland Institute
Congregational Wellness Program
Rebecca Harris-Smith, 504-593-2320

Maine

Biddeford St. Joseph's Hospital
Pamela Deres, 603-225-4888

Massachusetts

Fall River Saint Anne's Hospital,
Congregational Health Ministry PN Program
14 classes from Oct. 2009 through April 2010
Kathleen Emerson, 508-674-5600, ext. 2064

Maryland

Baltimore Lutheran Intercity Network Coalition
Diane Kretzschmar, 443-777-7931

Takoma Park Washington Adventist Hospital
July 25-30, 2009, Katia Reinert, 301-891-6102

Michigan

Clinton Township Henry Ford Macomb Hospital, Mary Ann Stockwell, 586-263-2117

Grand Rapids Calvin College Dept. of Nursing,
Sept. 18-27, Oct. 16-17, Nov. 20-21, 2009 OR
Feb. 5-6, Mar. 5-6, Apr. 9-10, 2010
Bethany Gordon, 616-526-7076

Kalamazoo Borgess Health, Feb. 5-6, Mar. 19-20, and April 16-17, 2010 OR June 18-19, July 16-17, Aug. 13-14, 2010
Paula White, 269-343-1396

St. Joseph Kettering Health Network, Aug. 9-15, 2009, Chris VanDenburgh, 937-395-8021

Warren Henry Ford Macomb Hospitals, FCN Network, Mary Ann Stockwell, 586-263-2117

Minnesota

Minneapolis United Theological Seminary, Vicki Gustafson, 612-872-7400

Moorhead Concordia College
Jean Bokinskie, 218-299-3893

St. Paul Luther Seminary
Jean Bokinskie, 218-299-3893

Missouri

Lebanon IPNRC at Trinity Episcopal Church,
October 12-16, Krystal Jacobs, 573-635-1187

Liberty Liberty Hospital
Joyce Bouyear, 816-792-7085

St. Louis International Parish Nurse Resource Center, Nov. 9-13, 2009
Maureen Daniels, 314-918-2632

St. Louis (On-line) St. Louis University School of Nursing, Sally Lehnert, 314-977-8919

Springfield St. John's Hospital
Vickie Donnell, 417-820-2770

Montana

Helena Carroll College, Parish Nurse Center,
Cynthia Gustafson, 406-447-4367

Nebraska

Omaha Alegent Health
Ronnelle Sailors, 402-898-8350

Omaha (On-line) Nebraska Methodist College,
Susan Ward, 402-354-7063

New York

Buffalo Trocaire College, Parish Nurse Ministries of NY, Ann Marie MacIsaac 716-566-1163

Greenwich Seton Health System, October 4-8, 2009, Micki Thomas, 518-692-2753

Lake Placid Mercy Care for the Adirondacks,
Sr. Catherine Cummings, 518-523-5582

Troy Seton Health - St. Mary's Hospital
Angela Sheehan, 518-268-6062

Vestal Lourdes Hospice
Kathy Medovich, 607-321-2633

North Carolina

Asheville (On-line) Hospice Care Corp.
Robin Shepherd, 304-376-0546

Boiling Springs Gardner-Webb University
Shirley Toney, 704-406-4366 ext. 4360

Concord CMC Northeast, Parish Nursing & Health Ministry, Pam Hurley, 704-403-4009

North Dakota

Fargo Concordia College, Parish Nurse Center, Jean Bokinskie, 218-299-3893

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Judi Shrubsole, 937-766-7725

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Norwalk Congregational Nurse Project of NW
Ohio, Mary Jane Fulcher, 419-262-1462

Rocky River Fairview Hospital Wellness
Center, Oct. 1, 2, 15, 16, 29, 30, 2009
Gayle Donahue, 216-476-7324

Toledo Congregational Nurse Project of NW
Ohio, Oct. 6, 13, 20, 27, and Nov. 3, 2009
Mary Jane Fulcher, 419-262-1462

Oklahoma

Oklahoma City Catholic Charities
Marilyn Seiler, 405-523-3006

Oregon

Albany Northwest Parish Nurse Ministries
Linn-Benton Community College
Rachel Hagfeldt, 541-812-4701

Portland Northwest Parish Nurse Ministries
Concordia University
Debbie Waring, 503-413-2341

Pennsylvania

Immaculata Immaculata University
Sr. Paula Jameson, IHM, 610-647-4400

Lewisburg Diakon Lutheran Social Ministries
Debbie Best, 570-320-0520

Pittsburgh Mercy Parish Nurse and Health
Ministry Program
Joyce Schumm, 412-232-5815

South Dakota

Mitchell (On-line) Dakota Wesleyan
University, Gloria Thompson, 605-995-2889

Sioux Falls Augustana College
Mary Auterman, 605-274-4929

Tennessee

Algood Cookeville Regional Medical Center
Anne Barker, 931-537-3190

Newport Tennessee Wesleyan College
August 6-9, 2009
Lisa Kirkland or Gail Lambert, 865-777-5100

Texas

Abilene Rural Nurse Resource, Inc.,
St. Paul United Methodist Church
Sharon Hinton, 806-983-8096

Beaumont Memorial Hermann Baptist Hospital,
Rebekah Seymour, 409-212-5648

Dallas/Fort Worth Dallas/Fort Worth Faith and
Health Collaborative
Debbie Seider, 214-947-2476

Floydada Rural Nurse Resource Center, July
2009, Sharon Hinton, 806-983-8096

Lubbock, TX Lubbock Christian University
July 1, 9, 22, and 29, 2009.
Sharon Hinton, 806-983-8096

San Antonio Evangelical Free Church of
America, Sept. 11-12, 17-19, 2009
Paula Lilja, 281-532-3060

San Antonio University of the Incarnate Word
Jean Deliganis, 210-224-7122

Slaton MHW Nursing Consultation and Health
Ministry of NW Texas, Mercy Center
Margaret Hiatt Williams, 432-270-2144

Virginia

Harrisonburg (On-line) Eastern Mennonite
University, Tammy Kiser, 540-879-2638

Lovesville Women's Missionary Union of
Virginia, Rachel Cobb, 804-915-5000

Roanoke Jefferson College of Health Sciences
Linda Rickabaugh, 540-985-8297

Winchester Shenandoah University
Vickie Morley, 540-535-3565

Washington

Bellingham, Donna Gustin, 360-305-1795

West Virginia

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Virginia Univ., Robin Shepherd, 304-376-0546

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Wisconsin

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Parish Nurse Ministry Center
Silvana Richardson, 608-796-3670

Madison, Edgewood College
Karen Stremihis, 608-663-2270

Milwaukee, Marquette University & Covenant
Healthcare, Patrice Olin, 414-550-8519

Wyoming

Cheyenne Wyoming Health Council with the
Parish Nurse Center, Carroll College, Helena,
MT, Carol Peterson, 307-632-3640

Canada

Toronto, Ontario (and other sites)
InterChurch Health Ministries, at Emmanuel
College, Oct. 17, 24, 31, Nov. 7, 14, 21, 2009.
Karen Marks, 416-225-7231

Coordinator's Preparation

Fort Myers, FL

Lee Memorial Health System, Parish Nurse
Program, Rita Horvath, 239-336-6721

St. Louis, MO

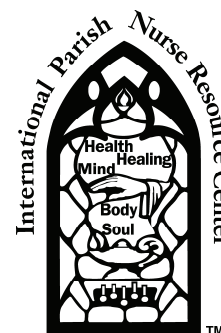
International Parish Nurse Resource Center,
October 20-23, 2009
Maureen Daniels, 314-918-2632

Portland, OR

Northwest PN Ministries, University of Portland
Debbie Waring, 503-413-2341

Winchester, VA

Shenandoah University, October 21-24, 2009
Vickie Morley, 540-535-3565



You are invited to the
World Forum for Parish Nursing
Annual Gathering
at the 2009 Westberg
Parish Nurse Symposium.

This year's gathering will be held on
Thursday evening
September 24, 2009 at the
Hyatt Regency St. Louis Riverfront.

For more information about the
World Forum, contact Maureen
Daniels at mdaniels@eden.edu.

23rd Annual Westberg Parish Nurse Symposium

Opening Doors to Wholeness



September 25-27, 2009

Hyatt Regency Saint Louis Riverfront

Saint Louis, Missouri



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