BY DEBORAH JEAN ZIEBARTH

Why a Faith Community Nurse Program? A FIVE-FINGER RESPONSE

Deborah Jean Ziebarth, MSN, ED, PhDc, RN, is Manager of Research and Special Projects at the Church Health Center, Memphis, Tennessee, and a PhD student at the University of Wisconsin, Milwaukee. She has 30 years of experience in nursing; 8 as an FCN and 12 as a manager of FCN programs.

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ABSTRACT: *The value of a faith community nurse (FCN) program is difficult to communicate in a concise and effective manner to hospitals. It is important for FCNs and FCN Coordinators to have a well-rehearsed, value-added response to the question, "Why a Faith Community Nurse Program?" This article presents a concise, evidence-based response to this question and demonstrates the value of a hospital-supported FCN program in a five-finger response illustration. A concise "elevator speech" is an important strategy to provide a quick response in scheduled, intended, opportunistic, or spontaneous informal interactions in hospitals, and impact stakeholder perception of FCN program value.*

KEY WORDS: *benefit analysis, community benefit, faith community nursing, fund development, hospitals, informal communication, mission statement*

Faith community nurses need to be prepared to engage in scheduled, intended, opportunistic, and spontaneous interactions about the FCN program.

The value of any program is important to the stakeholders who manage the services, that is, those who cover expenses and/or receive benefits. Hospitals are stakeholders when they support faith community nurse (FCN) programs. However, because FCN programs generally are categorized as missional and nonrevenue-producing, it is especially important for FCNs and FCN Coordinators in the hospital environment to communicate effectively about program value. Having a well-rehearsed, concise, illustrative response to the question, "Why a Faith Community Nurse Program?" will lead to effective communication and boost the value of the FCN program with hospital leadership and staff.

Informal communication is a continuously-occurring attribute in hospital environments. Much of the communication that occurs in the hospital is done through informal interactions (Mejia, Favela, & Moran, 2010). Informal interactions can be classified based on the kind of communication used to establish interaction. Interactions can be: (1) *Scheduled*, that is, previously planned or arranged; (2) *Intended*, in which the initiator sets out specifically to visit another party; (3) *Opportunistic*, in which the initiator had planned to talk to another participant and took advantage of a chance encounter with him or her to have a conversation; or (4) *Spontaneous*, in which the initiator had not planned to talk to another participant but takes advantage of a chance encounter (Kraut, Fish, Root, & Chalfonte, 1990). The proximity of participants influences informal interactions.

Faith community nurses need to be prepared to engage in scheduled, intended, opportunistic, and spontaneous interactions about the FCN program. A well-rehearsed, evidence-based "elevator speech" can positively impact stakeholders' perception of value. The aim of this article is to present a concise, evidence-based response to the question, "Why a Faith Community Nurse Program?" and to demonstrate the value of a hospital-supported faith community nurse program in an illustration.

MARGIN AND MISSION

There are two distinct financial environments in a hospital: margin and mission (Zahra, 1993; Ziebarth, 2014a). Margin represents being *in the black* or making a profit. Most hospital departments are revenue-producing or add to the margin. Revenue-producing activities are considered to be the core business of hospitals. Margin means having excess money to do mission activities. Mission is what can be accomplished if margin exists. Faith community nurse programs operate in a missional environment because they are non-revenue producing and *most at-risk for elimination* when margin is threated.

Many would argue there are FCN program interventions that produce some revenue for the hospital, such as keeping healthy those who can least afford emergency or inpatient care and making referrals to physicians and hospital services. But most of the interventions FCNs perform occur in the primary, secondary, or tertiary prevention realm, making it difficult to calculate a direct hospital dividend. Additionally, it may cost more initially to deliver preventive services, where the predicted savings from resulting health benefits incur over time and are less clear.

Economic impact from an FCN program is primarily medical and/or societal in nature. *Net Benefits* analysis can provide elements needed to present a monetary case for an FCN program (Buxton et al., 1997; Ziebarth, 2014a). This includes: (1) Medical costs averted because of an illness prevented or costs that would have occurred had the medical treatment not been implemented; (2) Monetary value of the loss in production diverted because good health is restored, death is postponed, or projecting the loss of income due to illness or death; or (3) Monetary value of the loss in satisfaction or utility (usefulness) averted due to a continuation of life or better health or both.

The calculation of *Cost Benefit Analysis* can be used to decide the best prevention activities, using the concept of *discount rate* (Santerre & Neun, 2012). When certain nursing interventions

are done in the community, the timing of benefits must be considered. With vaccinations, there is an immediate drop in number of reported illnesses, but the ultimate benefit of education will take time. For hospitals supporting FCN programs, it is relevant to know whether costs for investing in prevention now will help reduce future spending. Both Net Benefits and Cost Benefit Analysis use calculations to find monetary cost savings for medical and societal cost savings. However, such savings may have little impact on a hospital's cost of operations.

Another consideration that is not widely understood is an organization's *Fixed and Variable Cost Percentage* (Santura & Neun, 2012). Fixed costs are those services that occur in a hospital that are unchanged. An example is a computer tomographic (CT) scan that is thought to be very expensive and a source of cost savings if avoided. However, the cost for the equipment, space, and radiology technician must be paid whether anyone has a CT scan or not. If the radiologist is salaried, then the cost of a CT scan is less (Roberts et al., 1999). On the other hand, variable costs are those that can easily increase or decrease. Reductions in certain services can result in more cost savings when variable costs comprise a greater percentage of overall costs. Being aware of what will save the hospital money in terms of avoided medical services is important to know and report in an FCN program.

WHY AN FCN PROGRAM? A FIVE-FINGER RESPONSE

The *Five-Finger Illustration* (Figure 1) originated in an FCN program with two partners: a hospital and a faith community. In a shared-visioning demonstration, the hospital provided 50% of financial support for the salary of an FCN and the faith community the other 50%. Over time, the program expanded from two community settings to more than 50. The hospital funded its portion through community benefit expenditures required for nonprofit hospital status (Somerville, Nelson, Mueller, & Boddie-Willis, 2013), and grant funding. The FCN program was considered to be part of the hospital's mission and in a missional financial environment. The FCN Coordinator had the title of Community Benefit Manager and spent time in the hospital environment responding to questions about the FCN program. In addition to the reflections of the author's experiences, literature was sought and integrated to substantiate the responses. Many times, responses were expanded to include new facts collected in literature review. A comprehensive reference list used for developing the five-finger response is available as supplemental digital content at http://links.lww.com/NCF-JCN/A41.

The five-finger response and illustration looks at why a hospital may value and support an FCN program. The response makes the FCN program's connection to the hospital's mission and vision statement, continuity of care in the community, new community partnerships and grant opportunities, organizational and national health goals, and the mandate of community benefit. Each of these is discussed here with supporting key points.

FIRST FINGER: MISSION AND VISION

A faith community nursing program is part of the mission of a hospital and is captured in the mission and vision statements. *Faith community nurses need to make the connection that the FCN Program helps meet the mission of the hospital.* The following specific points can be made about mission.

Point One: Extraordinary Care An example of a hospital mission statement is "To promote health and deliver extraordinary healthcare in the communities we serve" (Ziebarth, 2011, p. 3). Extraordinary care incorporates wholistic healthcare. Wholistic healthcare is described as a dynamic process, which embodies the physical, psychological, social, and spiritual dimensions of the person (American Nurses Association & Health Ministries Association, 2012). Faith community nurses are trained, experienced registered nurses with additional education to do care-coordination and to incorporate spiritual-related interventions in the community setting. Faith integration is a continuously-occurring attribute of faith community nursing. Community patients who are cared for by nurses without this specialty training may experience a restrictive range of assessment and interventions that prohibit a person with the adaptive process of attaining or maintaining health (Cavan Frisch, 2001). The Joint Commission (2010) states that patients have specific characteristics and nonclinical needs that can affect the way they view, receive, and participate in healthcare. Supporting patients' spiritual needs may help them to cope with their illness and create a healthier environment for healing.

Point Two: Extraordinary Care Starts in the Community Providing extraordinary care to patients doesn't always begin at the hospital entrance. With an FCN program, care may begin in a faith community. Healthcare needs are identified early in faith communities, thus increasing appropriate use of healthcare resources and better client outcomes.

For hospitals supporting FCN programs, it is relevant to know whether costs for investing in prevention now will help reduce future spending.

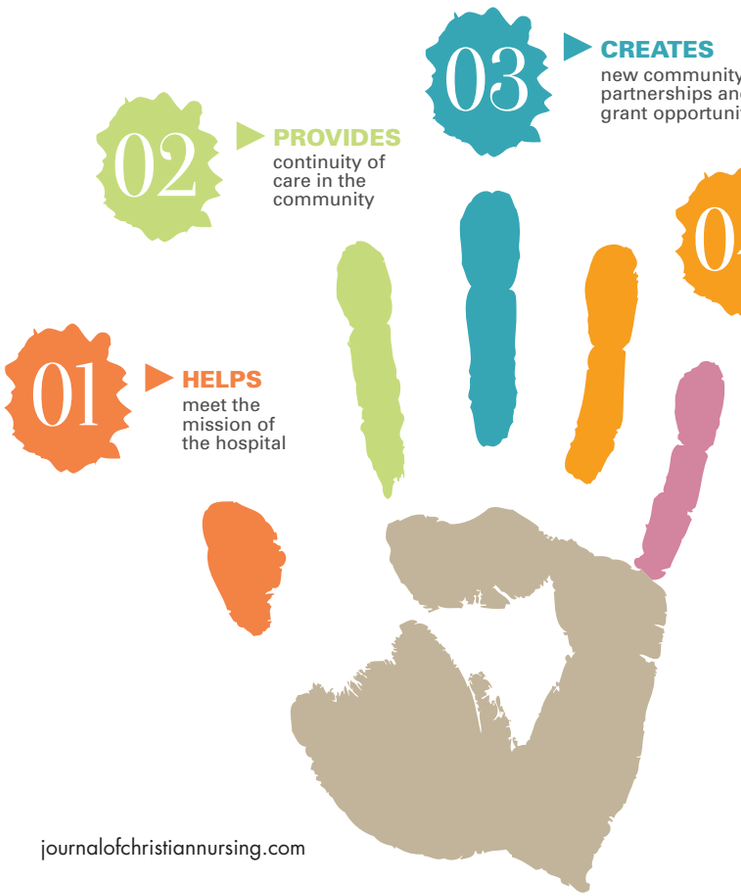
SECOND FINGER: CARE CONTINUITY

An *FCN Program provides continuity of care and transitional care, delivered in the community.*

Point One: Continuity of Extraordinary Care Improved health outcomes are mentioned by participants in several FCN studies. Study participants have reported physical, psychosocial, and educational benefits after interactions with an FCN (i.e., Bokinskie & Evanson, 2009; Dyess, Chase, & Newlin, 2010; King & Pappas-Rogich, 2011; McCabe & Somers, 2009). Patients are empowered with skills to make decisions, cope, follow through and to access healthcare resources (i.e., Austin et al., 2013; Connor & Donohue, 2010; Nyamathi et al., 2013; Solari-Twadell & Hackbarth, 2010). Patients understand disease and treatment options, the relationship between health and faith, and become aware of community health resources (i.e., Monay, Mangione, Sorrell-Thompson, & Baig, 2010; Routson & Hinton, 2010; Smucker & Weinberg, 2009). Other positive outcomes related to the health aspect were: increased health knowledge; enhanced sense of direction for health decision-making; greater personal responsibility for health behaviors; and increased quality of life and healthier lifestyles (i.e., Mendelson, McNeese-Smith, Koniak-Griffin, Nyamathi, & Lu, 2008; Ziebarth, 2014b).

Point Two: Transitional Care Collaborative hospital and faith community partnerships improve patients' discharge experience, ensures postdischarge support, and reduces rehospitalization of patients (i.e., Brown, Coppola, Giacona, Petriches, & Stockwell, 2009; Hennessey, Suter, & Harrison, 2010; Rydholm & Thornquist, 2005; Ziebarth & Campbell, 2014). An FCN program can help to lower avoidable emergency department visits and unnecessary hospital readmissions.

Figure 1. Five-Finger Illustration: Faith Community Nurse Program Value (Ziebarth, 2015)



THIRD FINGER: NEW PARTNERSHIPS AND OPPORTUNITIES

An FCN Program creates new community partnerships, offers marketing opportunities, and can attract new grant dollars.

Point One: Community Partnerships There have been numerous references in literature for many years commenting on the need for hospitals to create new strategies to address community health issues (i.e., Ginn & Moseley, 2004; Hancock, 1999; Olden & Clement 2000; Raden & Cohn, 2014). Hancock states that hospitals "...must develop a community conscience rather than an institutional loyalty" (p. 222). The Institute of Medicine has declared the need for healthcare organizations to develop community-based partnerships to better address health issues (2013). Community partnerships create a win-win for both the hospital and the faith community. Many FCN programs are developed by shared visioning and have shared funding. Financial support for an FCN salary can come from the faith community, the hospital, and/or a third party.

Point Two: New Funding Sources Any healthcare organization can benefit from new funding sources, and FCN programs offer opportunity to seek new funding. Funding opportunities can have a substantial financial impact and create new development.

Private and public partnerships are increasingly seen as an important mechanism for improving community health. Foundations, private businesses, state, and federal government programs can all be seen as funding sources. Faith communities provide access to targeted populations and are great grant partners. Hospital foundations can be instrumental in finding grant opportunities, especially in the area of health prevention efforts.

Point Three: Marketing Although marketing is not the focus of an FCN program, the hospital's good name is in the community. The FCN becomes

Table 1. Five-Finger Response for Why a Hospital May Support a Faith Community Nurse Program

1. The FCN program is part of mission and is captured in the hospital's mission and vision statement.
2. The FCN program provides continuity of care in the community and may decrease hospital readmission of Medicare patients.
3. The FCN program creates new community partnerships and grant opportunities.
4. The FCN program helps the hospital meet organizational and national health goals.
5. The FCN program meets federal and state mandates, such as community benefit requirements.

an ambassador, listening and communicating on the hospital's behalf. These nurses can be used to hear and resolve patient complaints, communicate about the organization's healthcare services, and refer to the system's physicians—all of which can be collected in monthly reports about the FCN program.

FOURTH FINGER: MEETING HEALTH GOALS

FCN Programs help the hospital obtain organizational and national health-related goals.

Point One: Reaching Organizational Goals FCN program value can be perceived as helping to obtain specific organizational goals, such as emergency department avoidance or improved patient outcomes (Rydholm, 2006). One Midwest FCN program collected community client outcomes identified as valuable to the hospital, including elements of safety and quality. For example, the FCN program documented Hospital/Emergency Room avoidance through management of unstable chronic illness. The FCNs conducted follow-up for ongoing assessment and use of medications, offered education, monitored for medication compliance, and detected problems early and made physician referrals. The FCNs documented Enhanced Independent Living for seniors, the mentally ill, and disabled persons through consistent surveillance of safety issues and fall risk management; providing resource networking for things such as meals, transportation, lifeline, senior living options, home health, and financial advocacy; and offered education related to safety and risk management. FCNs can impact other things such as Injury Prevention (bike helmets, car seat safety education/seat checks, risk management, and assessments/intervention related to safety); Enhanced Quality of Life through assisting with symptom management/decreased pain, spiritual support, successful resource networking, and successful financial advocacy/referrals; and assisting individuals to obtain medications and/or needed medical devices (glasses, walkers, canes, hearing aids, glucometers, or wheelchairs).

Point Two: Reaching National Goals An example of national health goals are Healthy People 2020 goals, a 10-year plan to improve the health of the nation that is based on four previous national health initiatives (HealthyPeople.gov, 2014). There are over 1,200 objectives for Healthy People 2020, and many are a perfect fit for implementation through FCN programs. For example, improving health literacy, increasing the proportion of patients who report that their healthcare provider always involves them in decisions about their healthcare, or who self-report good or better physical health and mental health. FCNs work to improve access to healthcare through education, referral, and networking; many FCNs help increase the number of community-based organizations providing population-based primary prevention services. Through patient and family teaching, FCNs help increase the proportion of older adults with one or more chronic health conditions who report confidence in managing their conditions. An overview of the Healthy People 2020 objectives reveals multiple areas where an FCN program can make a difference.

Other health-related national goals are the National Safety Goals or National Goals for Cardiovascular Health. In addition, each state has specifically developed health goals that provide direction for health-related activities. In Wisconsin, Healthiest Wisconsin 2020 has specific goals that are developed to meet certain health objectives. FCN programs are mentioned in the implementation plan as a method to meet prevention goals (Ziebarth et al., 2012).

FIFTH FINGER: COMMUNITY BENEFIT

Hospitals with tax-exempt, nonprofit status are expected by the federal government to give back to the community. *An FCN Program fulfills the hospital's community-benefit expectation.*

Point One: Nonprofit Obligation Community benefit reporting is an obligation of nonprofit hospitals as a condition of their federal tax-exempt status, and most states impose similar expectations (Raden & Cohn, 2014). All nonprofit hospitals must justify their continuing tax exemption as charitable institutions by demonstrating that they are providing a community benefit through free charity care to indigent patients, and activities that are intended to address community needs and priorities, primarily through disease prevention and improvement of health status. With pressure from Congress regarding the absence or lack of well-defined community health-focused initiatives of tax-exempt hospitals, many healthcare organizations are looking for effective methods to operationalize the mandate (Pear, 2006). FCN programs also help meet community benefit requirements related to the Affordable

Care Act (Somerville, Nelson, Mueller, & Boddie-Willis, 2013). FCN programs offer a well-defined community focus initiative that can be included in annual reports. In addition to numbers, soft data, such as patient stories, can be included in community benefit reports.

CONCLUSION

The five-finger response/illustration addresses why a hospital may value and support an FCN program. The five reasons are summarized in Table 1 and illustrated in Figure 1. A concise and effective five-finger "elevator speech" is an important strategy for FCNs and FCN Coordinators. If rehearsed, the speech provides a quick response in scheduled, intended, opportunistic, or spontaneous informal interactions in hospitals and includes a helpful visual element. In addition, there are components of this response/illustration that can be used in explaining the FCN program to faith communities. Ziebarth and Miller (2010) found that some nurses expressed frustration in transitioning into their new FCN role when the faith community expressed a lack of knowledge and understanding about the program. With that in mind, an FCN may benefit from having a well-rehearsed "elevator speech" about the value of an FCN program within a faith community as well.

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