



After reviewing the chart of a 92-year-old woman admitted for weakness and dehydration, Mary Cooper, a nurse at Gwinnett Medical Center in Georgia, did two unexpected things. First, she prayed. Then she asked the patient's daughter, "Does Pastor Bob know that your mother is in the hospital?"

As a nurse navigator for Gwinnett's Faith Community Network, Cooper builds bonds with patients who have registered with the network, linking the physical care they receive in the hospital with the social and spiritual care provided by their faith community.

For decades, the Department of Health and Human Services has recognized the role of faith communities in health and well-being – and that without them, public health services are challenged to reach the people that need their services the most.

Now hospitals and health systems have begun to partner with faith communities. With a wealth of support structures already in place – from food security and emergency housing to substance abuse counseling – churches, temples, mosques, and other religious organizations are helping healthcare leaders meet population health goals, particularly in

delivering transitional care to reduce readmissions and lower the cost of care.

"Since many of us live so spread out nowadays," says Cheryl Wunsch, nursing manager for Gwinnett's Faith Community Network, "people often end up hospitalized without family nearby to help them, and that's where churches have stepped in."

How it works

Gwinnett launched its faith-based nurse navigator program in 2014 to extend the hospital's ability to address health disparities in its local community, where the majority of residents are active members of their churches. More than 1,600 church members have enrolled in the program, and 23 volunteer liaisons work with Cooper to support their fellow congregants.

When a registered member of one of 14 local churches in the Faith Community Network is admitted, Cooper receives an alert. Then, with the patient's permission, she joins the medical team to bridge their care with that of the patient's faith community, working with a church-based liaison.

Together, they assess patients' post-acute care needs and strategize how their faith communities can best support them during their hospital stay and while recovering at home, with Cooper connecting the dots. She checks in with the dietitian, for example, forwarding any dietary restrictions to the church liaison to ensure volunteers prepare meals that meet the patient's needs after discharge.

The time Cooper spends with patients and their families reveals critical details about the help they need. "She sits with the them and prays with them and really listens," says Wunsch. "They'll share things with her they won't with others – and those things might help get them get well." When patients confide that they don't have food in their refrigerator, or that they are homeless, Cooper connects them to social services and loops in church liaisons to organize help caring for pets, doing housework, preparing meals, picking up medication, providing rides to appointments, and calling the care team on the patient's behalf.

The power of the parish

In launching its faith-based navigator program, Gwinnett drew on nearly 20 years of experience connecting with local faith communities. The hospital was among the first to form another kind of partnership with churches, the Faith Community Nursing Program, to improve the health of vulnerable communities by leveraging the influence of pastors and congregations.

Across the country, more than 15,000 certified faith community nurses, or parish nurses, are now trained and credentialed by the American Nurse Association to help churches to improve the health of their congregations through health education, onsite screenings, referrals to services, and supporting ministers in situations requiring expertise in the health system.

According to Sharon Hinton of the Westberg Institute for Faith Community Nursing, a resource and research institute for health ministry programs worldwide, "Over the last few years, interest and research in this area has really escalated."

Models of faith-based care

With 70 percent of its patients belonging to congregations, Methodist Le Bonheur Healthcare of Tennessee formed the Congregational Health Network to deliver culturally competent, wraparound care through faith-based nursing programs. Known as the "Memphis Model," the program has become a poster child for population health success, having grown from 12 churches in 2006 to more than 500 congregations today with a proven track record of improving health outcomes in areas plagued by health disparities.

Methodist Le Bonheur's program has reduced mortality, inpatient utilization and healthcare costs and charges while improving satisfaction with hospital care. A study of 473 participants revealed that their mortality rate was almost half that of congregants of a similar age, gender and ethnicity who did not participate, and they had lower healthcare costs. Another study found that inpatient utilization and charges declined among participants.

In New Jersey, the Trenton Health Team, a collaboration of two hospitals – Capital Health Medical Center and St. Francis Hospital – with the Henry J. Austin Health Center, a federally qualified health center (FQHC), and the city of Trenton is working to improve the overall health of residents. Among the project's many initiatives is Faith in Prevention, a six-week curriculum in healthy eating and exercise delivered in over 60 local churches.

Three years into the program, says Greg Paulson, executive director of the Trenton Health Team, "we are seeing in drops in obesity rates and better self-management behaviors." And now the collaborative is following the lead of Gwinnett and Methodist Le Bonheur: "We're also starting to examine using these social networks within these faith communities to be able to provide support for transitions of care."

Combining spiritual and medical care

Faith-based health programs are successful in part because they accept that conventional medical care cannot meet all of a patient's needs: medical, psychosocial, environmental, cultural, and spiritual.

"The bedside nurses, social workers and case managers are so busy they don't have time to sit and listen and then to tend to all of a patient's needs that impact their health. It's about not compartmentalizing aspects of someone's health," says Wunsch. "We look at the mind, body and spirit; they're not really separate."

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Artwork by Anat Even Or.



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