## DEVELOPING A PARTNERSHIP BETWEEN FAITH COMMUNITIES AND HEALTHCARE SYSTEMS

By Rev. Melanie Childers

Once inseparable and inextricably interwoven, medicine and religion took widely divergent paths during the Enlightenment period of the 1700's. Medical interventions were based more and more on evidence-based science, and religion was relegated to a back burner when it came to matters of health.

However, a number of contemporary partnerships are beginning to emerge to rebuild bridges between these two disparate fields. Healthcare institutions are being pushed by greater and greater expectations to keep healthcare costs down and keep people out of hospitals as much as possible. Hospitals are faced with financial penalties if a patient returns to the hospital within thirty days of discharge with the same diagnosis. Healthcare leaders are left to figure out how to effect change in their patients' behavior when they are at home in their communities.

Meanwhile, faith communities are continuing to do many things they do well developing communities of people who are bound by similar beliefs and who respond to each other based on webs of trust and respect. Faith communities are still the group that can be counted on to bring food to bereaved families or to recovering patients; to offer rides without fear of being held liable if something should go wrong in the vehicle; to provide respite to family caregivers; to run errands. This is especially true of our most vulnerable congregation members, many of whom are also our seniors. All of these acts are considered expressions of our spiritual commitment to be the hands and feet of God in the world when someone is experiencing a crisis or a life challenge.

Recently, progressive thinkers in a number of healthcare institutions have realized that in certain sectors of the country, faith communities are the natural partners to healthcare for providing the ongoing support that individuals need in order to keep them on the path to recovery once they leave the hospital. Several organizations highlight the benefits of such a partnership.

At Methodist Lebonheur Hospital in Memphis, TN, the Congregational Health Network began in 2006 when the healthcare system reached out to congregations traditionally underserved by healthcare. It now includes nearly 500 congregations who have agreed to partner with the hospital. The hospital allows congregation members to "pre-consent" to having their clergy called if they are ever admitted to the hospital. The hospital also offers training to lay leaders of each partner congregation so that congregations are equipped to provide basic care and service to one another in times of need. These educational seminars include Mental Health First Aid, Congregational Care and Visitation, Aftercare Training, and Caring for the Dying. For their part, the congregations designate lay leaders who help lead the charge for the multi-layered health needs of their congregation, and who will receive training. The Congregational Health Network also includes health navigators who work in the hospital planning for patients' discharge, and they include the congregations as a resource for the patients' discharge needs. Since 2006, the Congregational Health Network has shown remarkable evidence that people tend to stay healthier and stay out of the hospital even with simple interventions that faith communities offer - because it helps people feel connected and cared for after they are discharged from the hospital.<sup>1</sup>

"FaithHealthNC" was developed at Wake Forest Baptist University Medical Center in Winston-Salem, NC, in 2013. Wake Forest has used the concept of partnering with local congregations, but with a focus on the ways congregations can reach out to those in their community who do not have support and who are not members of their congregation.<sup>2</sup>

Borrowing from and adapting these two models. a small healthcare system in the Appalachian Mountains has developed its own unique version of this partnership. AppFaithHealth is a service offered through Watauga Medical Center in Boone, NC. So far, fourteen congregations have joined the partnership. Congregational leaders are receiving training, clergy have greater ease of access to the healthcare system, congregations are hosting blood pressure screenings provided by healthcare staff, congregation members are being more quickly connected with their clergy when they arrive at the hospital, and discharge planners are working with the congregations as one resource for potential discharge needs. In addition, high-needs / low-support patients are being paired with congregations who want to extend their hand of hospitality beyond their own congregation to

AppFaithHealth is a dynamic partnership between faith communities, Appalachian Regional Healthcare System, and other community providers focused on improving health. The partnerships are built on webs of trust, combining the caring strengths of congregations, the clinical expertise of the healthcare system and a network of community resources.

## **Three Tiers of Partnership:**

- **Tier One:** A clergy person receives hospital orientation, badge, and parking access
- **Tier Two:** A congregation becomes a partner with the hospital by signing a shared commitment form and encouraging members to register
- **Tier Three:** A congregation agrees to reach beyond its own building by offering tangible care to others in their community identified by the healthcare system who desire assistance (*within parameters set by AppFaithHealth*)

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those in their community who are unaffiliated with a faith community.

This program is still in its infancy, and it is too early yet to determine statistics of how individuals in these partnering congregations will thrive in comparison to patients / congregations who are not involved in the partnership. But one of the most exciting features of this partnership is that it has offered a clear statement to the faith communities: Western scientific medicine is not the exclusive domain of modern-day healthcare institutions. Health includes physical, social, mental, spiritual, and other dimensions. Healthcare recognizes that faith communities are the experts in compassionate care to community members, and in this way is beginning to bridge the gap between faith and medicine carved out centuries ago. If your congregation is interested in participating in an innovative partnership to generate health and wholeness in your communities, consider initiating conversations with your local healthcare community to find areas of common ground and develop vibrant partnerships that might just make a substantial difference in your members' ability to navigate the healthcare system and optimize their health outcomes.

- 1. "Church-health systems partnership facilitates transitions from hospital to home:" <u>https://ptochotrophia.files.wordpress.com/2014/10/cutts.pdf</u>
- 2. https://faithhealthnc.org/

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