



Parish Nurse/ Health Minister Letter

January, 2009

Happy New Year!

2009 promises to be an interesting year on a variety of fronts. As a country, we are inaugurating a new president whose major campaign platform centered on change. One of President Obama's highest priorities is health care reform. At a minimum he wants all children to have access to health care and his dream is affordable coverage for all families. At the same time, he will be riding an economic tailspin that is headed for disaster if not corrected and stabilized. These two forces of change and correction almost seem contradictory. Yet when combined with sacrifice and concerted effort they can also point us in a new direction and help us reestablish our values and priorities.

There is no question that we are at a critical junction both as a country and as an organization. The downturn in our economy impacts our funding, while our focus on prevention and wholeness actually saves the health care system money. Now more than ever, health ministry is important. In every way possible we need to provide evidence of how we make a difference. That is why one of our top priorities this year is to fund a pilot project for data collection using a web-based system developed in Michigan. With the information gathered we will be able to point to the outcomes of health ministry and faith community nursing. The program will also make it possible for us to estimate the cost saving to the health care industry. This data will help us state our case to potential funding sources and increase our visibility within the health care system.

2009 Goals

Other goals that we have for the coming year include:

- ❖ Continue to offer Basic Community Nurse/Health Minister Training, develop a series of DVD's on supplemental modules, and offer leadership training for Powerful Tools for Caregivers;
- ❖ Participate in regional retreats around the theme of Compassion Fatigue and begin planning for Conference 2010;
- ❖ Fine tune our webpage so that it includes membership forums and access to the directory, as well as links to other resources and the capability to register and pay for classes and memberships;
- ❖ Promote walking programs, Powerful Tools for Caregiving classes, Self-Management of Chronic Disease classes, Brown Bag Pharmacy events, and expand available resources, such as "programs in a box."
- ❖ Write several grant requests that will underwrite an Outreach Coordinator, part time regional coordinators (especially in areas where we have low visibility and support), additional travel and resources, purchase donor software and a data collection system, and help us build capacity as an organization;
- ❖ Engage in research on blood pressure clinics, follow-up on Brown Bag Pharmacy events, and encourage programs that assist people transitioning from acute care to community settings;
- ❖ Increase individual and congregational memberships, while also promoting the celebration of Health Ministry Sundays;
- ❖ Expand our donor base through personal visits, a 2009 Spring fund appeal and Humor and Health Fest IV;
- ❖ Design and distribute 5 Parish Nurse/Health Minister letters, 3 Newsletters, an agency fact sheet, annual report, and other materials that promote health ministry and wellness;
- ❖ Complete the merger of Puget Sound Health Ministry into NPNM, welcome and integrate PSHM members, and celebrate the gifts that we have to share with one another;

- ❖ Host Coordinator Retreats and respond to the specific needs and requests of parish nurses/health ministers; and
- ❖ Partner with other organizations to advance the cause of health ministry and advocate for greater recognition of faith community nursing within the political and health care system.

Even though the challenge is great, we are confident that we will continue to gain momentum and raise higher the banner of health ministry in the Northwest higher.

2008 in Retrospect

A lot happened in 2008. Here are some of the highlights:

- ❖ Provided leadership training to 35 parish nurses/health ministers over a two year period in Powerful Tools for Caregivers, who in turn offered the class for 194 family caregivers with 12 more classes to come;
- ❖ Offered Supplemental Module training in Hillsboro and a Forgiveness Retreat in Bend;



- ❖ Graduated 69 parish nurses/health ministers through classes in Bend, Portland, Tacoma, Hillsboro, and Albany without counting graduates from Alaska.
- ❖ Sponsored a Conference in Gig Harbor in partnership with Franciscan Health, Providence Health and Services, Puget Sound Health Ministries, and Pacific Lutheran University with 220 in attendance;
- ❖ Published 4 Parish Nurse/Health Minister Letters, 3 Newsletters, a NPNM Fact Sheet, Annual Report, and developed materials for Health Ministry Sunday;



- ❖ Presented at the Westberg Symposium in St. Louis on the topic of "Self-advocacy through Powerful Tools for Caregivers,"
- ❖ Organized 2 Coordinator Retreats including one concentrating on Blood Pressure Protocol and another focusing on Wayne Muller's perspective on the Sabbath;
- ❖ Began the process of merging Puget Sound Health Ministries into NPNM with the goal of completing the process in the beginning of 2009;
- ❖ Hosted Humor and Health Fest 3 headlined by Richard Bimler with 220 in attendance raising over \$25,000 for NPNM;
- ❖ Conducted a Pharmacy Brown Bag workshop resulting in 4 groups of congregations organizing 4 Pharmacy Brown Bag Events with a three month follow up with participants;
- ❖ Participated in a workshop on chronic illness and spirituality in Anchorage, AK and watched the first-ever "Running of the Raindeer." (Bruce)

We look forward to all that is yet to come through our partnership in promoting wellness and wholeness. Together we can.

Bruce

Debbie

Items of Interest

Basic Parish Nurse/Health Minister 2009 Class Schedule			
Date	Place	Contact	Cost
April 20-22	Pacific Lutheran University, Tacoma, WA	Terry Bennett 253-535-7683 bennettl@plu.edu	\$459 Contact Hrs \$589 Academic Credit
April 28-29 May 5-7	Providence St. Vincent Hospital Portland	Debbie Waring 503-413-2341 metropn@spiritone.com	\$380
June 8-12	Concordia University	Debbie Waring 503-413-2341 metropn@spiritone.com	\$380
Supplemental Modules			
March 4	St. Charles Medical Center Bend, OR	Lyn Bogie 541-383-6861 lbogie@scmc.org	\$45

Leadership Training in Powerful Tools for Caregivers



The Wheat Ridge Grant for leadership training in Powerful Tools for Caregivers ran out at the end of 2008. We are proud to report that we exceeded our goal, which was to train 25 parish nurses/health ministers. Instead, we trained 35, thanks to an additional grant from Providence Stewardship Mission Resource Committee. With funds left over from that grant, we are putting together an additional training this Spring. The cost of the training itself will be covered, plus some supplies; however, at the present time we are not able to pay for travel, lodging and meals or supply books for family caregivers when they take the class. The training will take place in the Portland area with time and place still to be

decided. Anyone interested in attending this leadership training, please contact Debbie Waring at 503-413-2341 or metropn@spiritone.com.

\$The Value of Time\$

When completing our final evaluation for Wheat Ridge Ministries, one of the categories we were asked to report on was in-kind contributions. Since the people trained as leaders were volunteers, their time qualified as in-kind contributions to the project. Even with conservative estimates, the time contribution of parish nurses/ health ministers easily doubled the value of the grant itself. For example, if we were to put a monetary value on the 22 classes taught by two leaders (15 hours preparation and 15 hours class time X's 2) at \$25 per hour (actually low for a professional), the total would be \$33,000. This figure does not take into consideration the time spent getting trained and the 12 classes that are still to be taught. It definitely adds up. It is important to keep that in mind as you provide professional services on a volunteer basis. Don't sell yourself short when it comes to the value of your service. In your report to the Health Ministry Committee or Church Council don't hesitate to put a \$ figure on your time. Ask yourself, "What would it cost if my congregation or parish had to pay for this service?" If on the other hand you are a paid worker, consider the true value of your work compared to what you are actually paid.

Speaking of the Budget

As we begin a new year, now might be a good time to consider what items you want to include in the next budgeting cycle. Consider encouraging your congregation to become a congregational member of NPNM. Membership at a \$300 level will include individual memberships for the trained parish nurses/health ministers in the congregation.



Eightfold Walking Program

It takes time and effort to sponsor a walking program in one congregation. Imagine what it is like to organize the program in 8 congregations. Well, Judy Hubbard, Parish Nurse of the Presbyterian Urban Network in Portland gives us a first hand account. The Walk to Jerusalem began on February 3rd and ended in mid-June, 2008. 8 churches participated with 190 signing up and 172 completing the program. The total miles walked was 4,224.

Judy describes the following procedure for organizing and facilitating the event:

1. Received all needed info from AARP and on-line resources.
2. Two assistants from each church helped with publicity, distribution of records, and keeping mileage charts updated.
3. Received 80 pedometers (AARP) to give out to the first 10 in each church requesting them.
4. I made folders for each participant that included their own daily mileage record, brochures of exercising, and the rules for the walk. (Got folders with pockets donated from Providence)
5. Each church had a large poster with a world map showing the trek path and the names of each participant and their weekly totals.
6. Many different choices were given to the participants; all action sports, chair exercises for people with mobility problems, activities for kids such as one mile for cleaning their room, setting the table for 5 nights in a row, washing dishes, etc.
7. As we trekked along, little history notes were posted on the maps about the missionaries that were in that area, or significant religious events that took place in that location.
8. I used land miles-not air miles for the hike and made us go over mountains and through difficult terrain. A prevailing joke throughout the 8 churches was that the pastors were going to have to rent a yacht to get us across the Atlantic and into Morocco.
9. Meditations and prayers about nature and being quiet were provided for walkers to use while being outside.

Summary: This was a very successful event but very challenging for me to keep up with so many churches involved and to stay in touch with the assistants to get weekly totals. There was an underlying competition among a few of the churches which made it fun. This would be a pretty easy event to do for one church and to incorporate group walks, celebration party at the end, etc.

Finding a Friend in Your Feet

In walking programs, your most important asset is your feet. The majority of foot problems are the result of ill-fitting shoes. According to a flyer from Legacy Health System Foot Service, to become "Shoe-Smart"

- ❖ Protect your feet by wearing well fitting shoes; never go barefoot.
- ❖ Wear shoes that provide good support—firm sole, soft upper sole, soft inner lining, and large toe box.
- ❖ Wear shoes of materials that allow your feet to "breathe"—leather or canvas.
- ❖ Purchase shoes at the end of the day when your feet are a little swollen, and break them in gradually to avoid blisters.
- ❖ Wear clean cotton, wool, or polypropylene socks; they absorb moisture and allow your feet to breathe. If you have sweaty feet change your socks more often.
- ❖ Avoid tight socks, pantyhose, elastic garters, or girdles; they may cause swelling of the feet and decrease circulation.
- ❖ Check the inside of shoes before putting them on for small objects, torn linings, or anything that may irritate the foot.

To determine if your shoes fit properly:

- Stand on a piece of paper barefoot and pencil around your foot.
- Put the shoe you're wearing on top of the pencil outline of your foot



Facts and Finds

New Grandmothers Lax on Prevention



The 2008 Journal of Gerontology reports on research conducted at the University of Southern California which suggests that new custodial grandmothers are less inclined than more experienced grandmothers to schedule regular influenza vaccinations, pap tests, and cholesterol screenings. This happens at a point in time when they are especially at risk for poor health outcomes, if not screened early, due to the stress of caregiving at an advanced age. The study also suggests that this is only a temporary issue, since experienced custodial grandparents become more health conscious, on average, two years after the birth of their grandchild.

The researchers recommend that more attention be paid to this transition period in an effort to provide new grandparents with the tools they need to cope with the stressors of their new role.

Source: Baker and Silverstein, M. 2008. Journal of Gerontology

A Positive Take on Women's Life Cycles

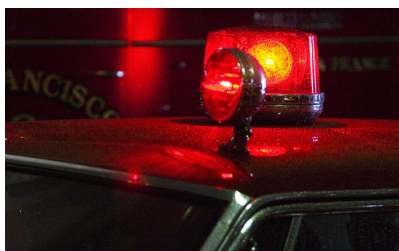
Recognizing that the aging process is frequently seen in terms of loss and tends to stigmatize menopausal and postmenopausal women, a research study in Australia set out to construct a more positive model of the aging woman. Rather than classify the experience of menopause as a negative condition or burden, the researchers propose a model that sees aging as a process that brings both positive and negative expectations. The results of a comparative analysis of the biomedical literature alongside the personal narratives of postmenopausal women, according to the researchers, justified creating a more holistic model of the female life cycle within health care practice. Their model sees menopause as a process involving the whole body and takes a multidimensional view of the person (the interconnections between the physical, mental, emotional, and spiritual components). Their findings suggest that this multidimensional view introduces a rich complexity that is lacking in the negative model of aging and can result in a more positive experience with menopause.



Source: Harris, M.T.C. 2008. Aging Women's Journey Toward Wholeness: New Visions and Directions. Health Care for Women International 29:962-979

Women's Emergency *77

There is an email circulating that advises women to dial *77 on their cell phones while proceeding to a safe place to stop, such as a gas station, in the event they are followed by an unmarked car with a flashing red light. Supposedly police dispatch. Debbie Waring dispatcher informed her that Oregon but rather suggested that they are being followed by light along with the location. know if it actually is a state officer know you are proceeding him/her. If it is not a trooper, stop the car tailing you. The dispatcher assured Debbie that sexual predators do use this technique and that the law supports women driving on to a well-lighted and populated area before stopping.



*77 is a direct line to the state checked it out for Oregon. The this number does not exist in that women call 911 and report an unmarked car with a flashing They will then check and let you trooper. If it is they will let the to a safe location and not ignoring they will then call in the police to

Fresh vs Dried



Dried fruits are good sources of iron, potassium, beta carotene, and fiber – but beware: they may also contain loads of extra sugar. For example, a 1/3 cup of fresh blueberries contains 28 calories and 7 grams of carbohydrates. Compare that to a 1/3 cup of dried blueberries which contains 152 calories and 38 grams of carbohydrates. Besides the added calories, dried fruits often lose nutrients (like vitamin C) due to the drying process.

Source: UC Berkeley Wellness Letter

Overweight Pediatrician Oversight

A study published in the January issue of the journal *Pediatrics* suggests that pediatricians accurately identify and diagnose only about one-third of overweight or obese children, according to the *Los Angeles Times*. Researchers from the MetroHealth System and Case Western Reserve University School of Medicine in Cleveland reviewed medical records for over 60,000 children between ages 2 and 18 who had at least one well-child visit between 1999 and 2007. Based on a review of body mass index measurements, the researchers determined that 19 percent of the children were overweight, 23 percent were obese and 8 percent were severely obese. Yet only 34 percent of all overweight and obese children were correctly diagnosed by a pediatrician. They correctly diagnosed 10 percent of overweight children, 54 percent of obese children and 76 percent of severely obese children. In addition, girls were more likely to be diagnosed than boys and Latino and African American more likely to be diagnosed than Caucasian children.

Source: *Health Affairs*, January 2009

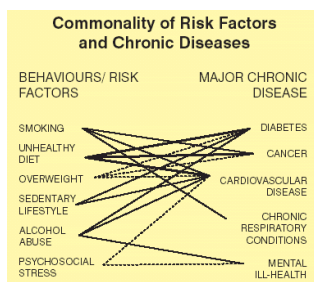
Proximity to Fast Food Linked to Obesity

According to study in the December 2008 *American Journal of Public Health*, adolescents who attend schools located within one half-mile of a fast-food restaurant are more likely to be overweight than their peers attending schools located further from such food outlets. In addition, adolescents who attended schools near a fast-food restaurant were less likely to eat fruits and vegetables and more likely to consume sugar-laden beverages. They recommend that schools implement policies, such as limiting student access to fast-food outlets during lunchtime or enacting zoning limitations for such establishments, to help reduce obesity.



Source: Davis/Carpenter, *American Journal of Public Health* December 2008.

More American Reporting Multiple Chronic Diseases



The number of Americans suffering from one or more chronic conditions has increased during recent years suggests a study published in *Health Affairs*. Researchers from the Center for Health Policy and Research at Maryland-based Social Scientific Systems compared data from the 2005 Medical Expenditure Panel Survey with previously published MEPS data. They found that the percentage of Americans with three or more chronic conditions increased sharply, rising from 13 percent of Americans between age 45 and 65 in 1996 to 22 percent in 2005 and from 13 percent of individuals between age 65 and 79 to 45 percent in 2005. Among adults, hypertension, hyperlipidemia and diabetes were the most prevalent conditions. The study concluded that “more dramatic and systematic efforts are needed to include a societal shift where primary and secondary prevention is considered a basic benefit and health lifestyles are the cultural norm.”

Source: *Health Affairs*, January 2009

2009 National Health Observances	
<u>February</u>	<u>April</u>
American Heart Month National Cancer Prevention Month National Children’s Dental Health Month 6 National Wear Red Day 7-14 Congenital Heart Defect Awareness Week 14 National Donor Day 22-28 National Eating Disorders Awareness Wk	Alcohol Awareness Month Foot Health Awareness Month Irritable Bowel Syndrome Awareness Month National Child Abuse Prevention Month National Minority Health Awareness Month 7 World Health Day 25 to May 2 National Infant Immunization Wk
<u>March</u>	<u>May</u>
National Brain Injury Awareness Month National Colorectal Cancer Awareness Month National Endometriosis Awareness Month National Nutrition Month National Kidney Month 24 American Diabetes Alert Day 29 – April 4 Root Canal Awareness Week	American Stroke Month Mental Health Month National Arthritis Awareness Month National High Blood Pressure Education Month National Physical Education and Sports Month 10-16 Food Allergy Awareness Week 11 National Women’s Check-up Day

Links and Literature



NPNM has joined the Alliance for the Healthiest Nation which wants the USA to be the healthiest nation in the world by 2018, not a country where 1 out of every 2 children may develop type 2 diabetes and half the country may have a chronic illness by 2025. They propose local, state-wide, and national efforts which prioritize prevention, protects the public from emerging health threats, and provides healthcare for all. Visit the website to find out more about the Alliance and to watch the very creative video that they have put together.

www.healthiestnation.org

HopeandHealing.org

Your faith. Your health. Your community.

The Church Health Center in Memphis, Tennessee, recently launched a new website with the mission of illuminating the connection between faith and health. The website contains a host of articles and resources

under the following areas:

Health Ministry: provides resources and discussion that enables your congregation to minister to the health needs of your church and community.

Living with Disease: offers encouragement and support to patients, caregivers and congregations as they tend to spiritual needs while dealing with illness.

Wellness: allows you and your congregation to practice faith and prevention – together.

Visit their website at: www.hopeandhealing.org

MyPyramid for Preschoolers is for children 2 to 5 years of age. It allows parents to develop a customized plan and to explore ways to help their preschooler:



- **Grow up healthy.** Complete a growth chart especially for your child to find out more about normal development.
- **Develop healthy eating habits.** Raise a healthy eater by setting a good example and practicing positive habits.
- **Try new foods.** Help for picky eaters.
- **Play actively every day.** Add physical activity into your preschooler's day.
- **Follow food safety rules.**

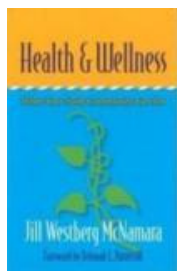
Visit at: www.mypyramid.gov/preschoolers

Inspiring the Inspirational : Words of Hope from Nurses to Nurses The beauty of nursing is that you don't have to be a nurse to be inspired by one. This book is for nurses and all other human beings. Most readers will fit into one of these two categories! The story of Portland Parish Nurse, Sharon Christenson, and David is included in the book. The author's website is:

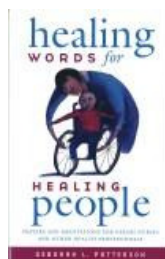
www.inspiringtheinspirational.com



IPNRC is extending an offer on the following two books thru January 30, 2009 at a special rate of \$12 each (includes shipping and handling) . To order either resource call Susan Miller at (314) 918-2684



Health and Wellness: What Your Faith Community Can Do, theological and theoretical background to health ministry, written by the daughter of Rev. Dr. Granger Westberg, the founder of parish nursing.



Healing Words for Healing People: Prayers and Meditations for Parish Nurses and Other Health Professionals, by Deborah Patterson (IPNRC).



Northwest Parish Nurse Ministries
2801 NW Gantenbein, Rm 1072
Portland, OR 97227

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The following appeared in the January 13, 2009, eNotes from IPNRC

We wanted to share with you a "60 Second Thought Paper" on Parish Nursing that was written by Alisa Stull, who was a practicum student in parish nursing with Carol Bradford, the director of parish nursing ministry at Lourdes & Western Baptist Hospitals, Mayfield, Kentucky.

People supporting each other
Always encouraging
Referrals given to healthcare and social services
Inspiring to others
Satisfies medical needs of congregation
Healing of mind, body and soul

Nurses who want to serve their faith community
Understanding the connection between health and spirituality
Receiving education on health
Spiritual needs met
Integrator of faith and health
Nursing to help achieve wholeness
God at the center of care

Alisa graduated from Murray State University in May 2008 with her BSN. She passed her boards and is working in the Pediatric Intensive Care Unit at Deaconess Hospital in Evansville, IN. She lives in Henderson, KY and generously gave her permission to share this with you.