



I can't wait to tell you about...



Anne van Loon
Chairperson AFCNA

Colleen the Teapot

I have long been a proponent of collaboration rather than competition amongst faith based ministries. Last month I went to an Asset Based Community Development (ABCD) workshop with Peter Kenyon, the founder of the Bank of Ideas (<http://www.bankofideas.com.au/>). The workshop was hosted by the Uniting Communities sponsored group 'Faith in Action'. It was refreshing to be in a group of people who were talking about ministry that works with people's assets to affirm and build their strengths, to empower them to meet their own needs. I was enthused by a great example of how ABCD works, so let me introduce you to 'Colleen'...

People at Uniting Communities in SA wanted to help older people stay safely within their own homes. Their research found older people were concerned about two key things—taking their wheelie bin out for collection each week, and having a neighbour close by who could look in on them a couple of times a week just in case something untoward happened. The team at Uniting Communities set about looking for creative ways to address these issues and connect their community and 'Colleen' was born!

People get an invite to morning tea with 'Colleen', the world's largest teapot. Many walk down their street to see the lovingly restored 1950s caravan, and so their conversations begin. After a while conversations move from Colleen to 'who's who?' and 'what's going on in our street?' Then when people are asked if anyone can help a neighbour by saying *Hi* and rolling out their wheelie bin, there are always volunteers available! Issue resolved. The bonus is that people make a commitment to catch up regularly and when Colleen moves on, she leaves behind a more connected community. It's primary health care and community engagement that builds the capacity of local communities making them healthier and safer for all.

Colleen the Teapot is a joint collaboration of Uniting Communities, Campbelltown Council and The Eastern Regions Men's Shed of Rotary. She has attracted a wide range of community supporters. You can read more about her at: <http://colleenthecampbelltowncaravan.wordpress.com>



Chronic Condition Prevention & Self-management (CCPSM)

You may be familiar with the term ‘chronic disease self-management’ (CDSM). More recently the word ‘disease’ has become ‘condition’ to include disability (CCSM). Self-management is the day to day decisions a person with a chronic condition makes about their health. Ideally the ‘patient’ is the expert in their condition, accepts responsibility for their health, problem solves and works in a collaborative partnership with health professionals to optimise their health. Self-management is supported in a social, holistic model of health not the medical model of the acute care sector. A patient can learn skills to improve their self-management, often as part of a care planning process with goals set by the patient.

The need for CCSM is growing. At the moment 60 % of the global disease burden is attributed to chronic conditions and this is expected to rise to 80 % in 2020 as the world’s population ages (WHO, 2002). This is placing pressure on health care systems that are not designed for long term care ‘pos[ing] a threat to all countries from a health and economic standpoint’ (WHO, 2002, p 6). To be economically viable health systems will need to change from an acute care model to one that supports self-management. In response to this Australia released a National Chronic Disease Strategy (NCDS) with key action areas to be implemented including self-management and condition prevention (NHPAC, 2006).

How prevention programs can help

Evidence shows that Chronic Condition Management is applicable to prevention of illness and ‘can be used as a blueprint’ in the delivery of preventative services (Glasgow et al, 2001, p 603). CCPSM support is defined as what is done to assist the person to manage their condition across a continuum covering prevention of illness, disease progression, and complications and disability from an existing chronic condition (Lawn et al, 2009, p 39).

Research in the USA to make the nation healthier has shown even small reductions in unhealthy behaviours can reduce health care costs (Woolf, Glasgow et al, 2005, S26). Research reviewing Australian projects supports this arguing the most effective management of chronic conditions is to ‘manage the antecedents to it’ and sees community based programs ‘that help people to manage their lives before the lack of life management lands then in the acute sector’ as a key solution to rising health costs (Harvey , 2003, p 106).

Does other research support CCPSM?

Glasgow et al (2001, p 602) state the ‘community resources’ component is ‘especially important’ as more preventative interventions happen ‘outside of the clinical setting’.

In the World Health Organization’s ‘Innovative Care for Chronic Conditions’ (ICCC) framework ‘community partners’ are one part of the centre triad alongside the ‘health care team’ and ‘patient and family’ (WHO, 2002, p 46). The community role includes mobilising and coordinating services and providing complementary services (WHO, 2002, p 46).

Evaluation of coordinated care trials in Australia has shown more action is needed for community based education and support programs particularly for addressing lifestyle issues for chronic condition prevention (Harvey, 2003, pp 106-107).) A review of Australian demonstration projects also noted that the most effective engagement with clients in self-management models occurred where there was a supportive community network (Francis, 2007).

Who can provide CCPSM support?

Self-management support can be provided in primary care by diverse providers including health professionals and well trained laypersons with clearly defined roles (Battersby et al, 2010, p 564). The steps to a healthier US cooperative agreement described ‘working with faith communities to train lay educators in health promotion’ as part of the comprehensive approach (Woolf et al, 2005, S26).

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Laugh it up

Laughter has great physical benefit for the lungs, circulation and drops blood pressure. It has mental health benefits because it lightens the mood, releases pent up emotions, produces endorphins and builds a sense of community cohesion.

Larter, March 2014, *Aged Care Insite*, pp 36-37

How does this fit with the AFCNA?

Faith community nursing 'is a model of care that uses nurses based within faith communities' (McGinnis and Zoske, 2008, p1). Their role is to provide culturally sensitive, holistic health services to individuals, families and groups across the continuum of care from disease prevention to chronic disease management to end of life care including:

- health promotion
- referrals
- advocacy
- education
- case management
- facilitating support groups
- promoting healthy lifestyles
- helping with care management (McGinnis & Zoske, 2008; Van Loon, 2009).

The Australian Faith Community Nurses Association (AFCNA) says how 'many Australian faith communities/churches have the infrastructure and demographic spread to send important health messages and provide community based services that are culturally sensitive' (Van Loon, 2009).

CCPSM fits within the role of the FCN across the continuum of care from prevention to condition management. Faith Community Nursing happens outside of the clinic setting. FCNs can provide coordination of services. Faith communities can provide the supportive community network and mobilise specifically trained volunteers. FCN and CCPSM. These acronyms have always belonged together, health research and literature are just catching on!

Vicky Legge RN, Grad Cert (CH&D),
Cert IV TAE, Cert IV Min& Theol.

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Faith and healing—what does God’s word say?

Myths and theological misguidance abound when it comes to healing. Last week I was disturbed by the story a woman told me. Her 37 year old husband had passed on after a short battle with cancer. They had three young children. She and her church were praying for his healing and expecting a complete cure from the cancer. She fully believed that he would be cured so she never even said goodbye to him before he died. As he lay dying, and needing her loving presence, she was unable to be available to him. Neither she, nor the children said farewell to their husband and father.

Even after his death this faithful woman kept praying and believing that her husband would be resurrected. When he remained dead, her grief was inconsolable and she was filled with confusion, developing a crisis of belief. Where was this promised healing from her loving God? Twenty years later they are still deeply affected by this tragedy and are still grieving and processing their loss.

But this sad story did not end there; it got worse. Instead of receiving loving support in her grieving process, she was ignored by her church. Embarrassed that the healing prayer ‘failed’, people questioned her faith, as did she herself. Needless to say, she left that church community but her children have yet to return to the Christian faith which they have steadfastly avoided after that horrible and unnecessary experience.

What an utterly tragic story this is. It highlights the need for a solid theological understanding of health and illness, to comprehend the difference between healing and curing so those of us ministering at the coal face of suffering can avoid repeating this scenario.

Healing remains a controversial topic in our Christian churches. It was an active part of Jesus’ gospel message that was forecast by the prophet Isaiah (53:5) ‘*But he was pierced for our transgressions, he was crushed for our iniquities; the punishment that brought us peace was on him, and by his wounds we are healed*’. The church is God’s body on earth today, empowered by the Holy Spirit to continue Jesus’ healing ministry. This can happen in many different ways and there is no prescribed formula in Scripture that assures us of a complete cure. Disease is in this world due to Adam and Eve’s fall into sin. God sent His son Jesus to address this. He brought healing, restoration and salvation to this broken world (1 Peter 2:24) ‘*He himself bore our sins*’ in his body on the cross, so that we might die to sins and live for righteousness; ‘*by his wounds you have been healed.*’ God enables and encourages his church to actively participate in this ongoing redemptive work.

In the Old Testament three important words describe healing (Taylor 2009). They are:

1. *Rapa- Rophe*: In Exodus 15:26 the Lord is described as *Jehovah Rophe* which means *I am the Lord who heals you to what you were meant to be—who restores you...* It is also used regarding water, land and the altar which was repaired/restored to become productive again (1 Kings 18:30, 2 Kings 2:21-22, 2 Chronicles 7:14).
2. *Sapo*: This means the cure of physical illness (2 Kings 5:3, 6, 7, 11). The restoration is not an end in itself, but for a larger purpose, e.g. Namaan was restored so he could return to his rightful place in his community. *Shalom*: This has three inter-related meanings:
 - a. *abundant wellness*; a rightness/soundness of body and mind (Jeremiah 33:6-9, Psalm 38:3, Genesis 43:27-28, Numbers 6:24-26)
 - b. *positive social relationships between nations* (1 Kings 5:12; Ezekiel 34:23-26, Isaiah 54:10) It is more than the absence of war, but good relations between nations.
 - c. *personal integrity*, speaking and living honestly and ethically (Psalm 34:11-15, 37:37)

If we put together all three meanings ‘shalom’ is how things should be for Christians—physical wellbeing, right social relationships, living a moral life, and positive spiritual relationships which contribute to good health. Shalom is being healthy in body, mind and spirit in relation to others, God, the creation and ourselves.

In the New Testament we see five main words used to describe healing that are all purposeful in their intent (Taylor 2009). They are:

1. *Sozo – soter*: to rescue, set free, release people so they can fulfil their purpose (Luke 8:48, James 5:15)
2. *Therapeou*: to cure from sickness/disease and restore to healthy function (Luke 8:43)
3. *laomai*: to restore to healthy function (Luke 8:47)
4. *Hugianio*: to be sound/complete so you can function in society. Jesus asks 'Do you want to be what I intended you to be?' (John 5:6, 11, 14-15)
5. *Eirene*: abundant wellness (Luke 8:48, I Thessalonians 5:23)

Interestingly, these five meanings are all about being restored to serve a function. Healing is not an end in itself, but it enables us to become what God intended us to be. Four of these words are used in one story in Luke 8:43-48 to describe the healing of the woman who bled for many years. It helps us understand the fullness of Christian healing because the woman was cured physically, restored to her community, repaired so she could function and serve her community and her Lord, and able to live in peaceful and just relationships with God, others and within herself.

So what is the relationship between faith and healing? Our trust needs to be in the God that heals, not in our faith, because it cannot heal. We should not hold out for healing to occur, but hold on to the God who heals—sometimes in the present—but it may also be in eternity (Keefauver 2000, p. 40). Neither the initiative of our faith, nor the quantity of our faith will effect healing, even though God wants healing for all. Jesus often spoke a word, gave a touch, or allowed a touch so healing could flow from him. We see faith plays a part in 16 of Jesus' healing miracles, and in more than half of these the faith comes from a person other than the sick person, so clearly our personal faith is not critical! In 25 healings faith is not even mentioned as a factor regarding the healing (Keefauver 2000, p. 44). The 'quantity' of faith is only mentioned twice (Matt 8:10) where the centurion's faith is compared to Israel's lack of faith (Keefauver 2000, p. 40). Note, the centurion's servant is healed not because of his master's 'great faith', but because his master 'believed' (Matt 8:13). It is important to realise that even Jesus struggled to heal people when they lacked belief ['apistos' or unbelief] (Matt 13:58; 21:32), but even then, it does not imply people were not healed! The only certain thing we know is that Jesus was the factor common to all Biblical healing and in more than half of all the recorded healings Jesus spoke a word, preached, or taught and healing occurred. After his resurrection Jesus left his Spirit to empower the apostles and his church to continue the healing ministry in His name and according to His will (Acts 3:6; 4:10; 9:40ff).

In conclusion, Jesus heals people today just as he did when he walked this earth. We do not always receive physical curing, but we may. Jesus always brings healing, in His time and in His way to meet our needs. We will find rest for our soul and wholeness for our body, our soul (mind), and our spirit in and through Jesus. What God promises, He delivers. So we don't need to be afraid to ask for healing, confident that it is God's will and that He will supply our needs. Our healing may come now, but if we maintain our faith in Him it may come in eternity when '*Death is swallowed up in victory*' (1 Cor 15:54) and we are made whole in Jesus Christ to live in shalom forever.

Anne van Loon RN PhD Feb 2014

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Is your Easter egg being made using trafficked child labour?



More than a third of the cocoa that makes the world's chocolate comes from the Cote D'Ivoire, Africa. Cocoa harvesting is mainly done by children. Thousands of boys as young as 10 years are trafficked to pick and harvest these beans according to UNICEF. You can make a stand and join the petition to ask Mondelēz, the world's largest chocolate company to make a public commitment to reduce the risk of child trafficking in their cocoa supply chains. Sign a petition at <https://www.change.org>

Courses and resources

B Care Discovery

Wed 9 April 2014 9.30-11.30 am

This is a FREE ecumenical opportunity which enables people involved in Health & Care Ministry to see how other churches are putting their faith in action. This meeting will focus on the 'Enrich Life' ministry which works in four key areas: engagement, support, restoration and justice. We will also hear about the 'COACH' program which equips volunteers to get alongside families experiencing disadvantage.

Rostrevor Baptist
288 Montacute Road
Rostrevor SA

Registration: Anne 8273 7104
mob 0409 921337
email avanloon@baptistcaresa.org.au



Stronger Together

24-27 April 2014

The annual Westberg Symposium for Parish Nurses in Tennessee, USA will provide opportunities to exchange innovative ideas, demonstrate models of faith community nursing, and explore the roles of faith communities in the evolving health care system. Keynote speakers: Dr Joanne Duffy, Rev Shane Stanford, and panel of FCN experts presenting their work in transitional care.

Whispering Woods Hotel and Conference Center
Olive Branch, MS, USA

Info: www.churchhealthcenter.org/westberg2014
Registration: \$350 (US) includes program, meals
shuttle to/from air-port, parking (hotel extra).



Lonely no longer

Sat 17 May 2014

Speakers will include Rev Robert Wiebusch [Bible study: One another people]; Angela Uhrhane (FCN) [Loneliness and the elderly]; Gayle Gerhardy (EN) Advanced Care Planning; and a Panel discussion on living with aloneness

Lutheran Parish Nurse Network
St John's Lutheran church
Unley SA

Registration: Lynette on lynette.wiebusch@lca.org
Cost \$25



Rekindling Hope

Mon 19 May 2014

Day conference open to all who want to develop an appropriate and supportive Christian response to suicide prevention and compassionate suicide aftercare. Rev Dr Mark Worthing is key note speaker who will help us understand what grieving families go through, and gain a theological and Biblical response to common misconceptions.

Baptist Care 'B Care' network
Blackwood Hills Baptist Church

Registration: Anne on 82737104 or 0409 921337 or
avanloon@baptistcaresa.org.au.
Cost \$50 (includes lunch)



Faith in Action

An exciting ecumenical work group based in SA that meets on the fourth Friday of the month to discuss asset based community development and how to enact it in your ministry.

More info
<http://faithinaction.net.au>.

Email
fia@unitingcommunities.org

Contacts
Rev Peter Mac Donald, Uniting Church minister
Rev Joanna Hubbard, Churches of Christ minister

My Aged Care

Provides Information regarding entry into all aged care facilities through
<http://www.myagedcare.gov.au>
Contact Centre 1800 200 422

Network for Catholic Parish Nurses

Professional development days

St Augustine's Church
631 Bourke Street
Melbourne

More info
Rose Hoey 0428 531 723
rosehoey@gmail.com or

Leonie Rastas 0408 217375
leonie@apnrc.org

News in brief

Social media policy



Nursing and Midwifery Board of AHPRA released a Social Media Policy with which all FCNs should become familiar. It states that FCNs should:

- comply with professional obligations
- comply with confidentiality and privacy obligations (such as by not discussing patients or posting pictures of procedures, case studies, patients, or sensitive material which may enable patients to be identified without having obtained consent in appropriate situations), presenting information in an unbiased, evidence-based context
- not make unsubstantiated claims.

These points are expanded in the full document from <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#socialmedia>

Palliative care resources



The World Health Organization's World Health Assembly adopted a resolution to ensure adequate access and funding for palliative care services. The latest initiative from Palliative Care Australia is a 24/7 advice line for GPs and aged care workers due for release this year. This is a service FCNs will also be able to access. More resources for your use from <http://www.palliativecare.org.au/Resources.aspx>

International FCN News

Parish Nursing Ministries UK



... celebrated its 10th anniversary in November 2013. Dr Ann Solari-Twadell (USA pictured), who also came to help us commence the FCN role in Australia in 1996, was joined by parish nurses from Germany and Finland for a symposium focusing on spirituality in Parish Nursing For details see:

<http://parishnursing.org.uk/news/symposium-2013/>

European Resource Centre for Parish Nursing



...was launched in UK in late 2013 by Maureen Daniels (pictured), the coordinator of the World Forum for Parish Nurses based at the Church Health Centre (USA). Leadership will commence with Dr Helen Wordsworth (UK), Dr Kari Ruotsalainen (Finland), Angela Glaeser (Germany).

Pakistan Parish Nurses



... have held their first faculty training in Islamabad in Pakistan. In the last year they have trained over 1000 FCNs and, with the help of Joveta Wescott from USA, the first Foundation Course for Faculty training FCNs was conducted in February. Congratulations and God's richest blessing on their endeavours. Mr Shazdad Gill is providing a certificate to one of the graduands. The first faculty will train others in the FCN role.

... International FCN News

Pastoral Care Nursing in PNG



In August 2013 Lutheran Parish Nurse leader Lynette Wiebusch and her husband Pastor Robert Wiebusch, led a course in pastoral care nursing. A second course is being planned for 2014 which is being co-facilitated with local pastoral care nurse Paula Pohonu, the chairperson of Lutheran Nurses Out-Reach Ministry (the five nurses in this group are pictured below) at St John's Lutheran church in Goroka. Congratulations and God's blessing on your new ministry. Please continue to pray for this endeavour.

Special Thanks



AFCNA would like to sincerely thank Rev Robert Wiebusch for his unstinting support as *WholeHealth* editor over the last six years. Robert has done this work voluntarily and faithfully and we are very grateful for his wonderful assistance to AFCNA. He continues to be a great support for his wife Lynette who leads the Lutheran pastoral nurses in Australia. Together they minister and promote pastoral/parish nursing within the Lutheran Churches of Australia.

Bob has been busy in several key global and national ministry roles in retirement and continues to serve with dedication as a relieving pastor for churches across Australia—a recent milestone being the first pastoral nursing course they conducted in Papua New Guinea in 2013. AFCNA prays that their work will continue to be a blessing and that we can keep working together effectively to further the amazing opportunities afforded by the FCN role in Australia and abroad.

Welcome to our new editor



We welcome Gill Preston who has agreed to be our next editor. Gill will bring her own fresh touch to the newsletter as she comes with a degree in 'Professional Writing and Communication' and experience lecturing university students in this topic. We are extremely grateful for her willingness to help us with this role and feel sure we will all enjoy her talents.

Please submit your photos and stories for *WholeHealth* to afcna@afcna.org.au or send to chairperson annevanloon@internode.on.net.

Your snippets and stories are essential for the content of the newsletter to be both informative and share the joys and opportunities of the FCN role.

Disclaimer: In no event will AFCNA be liable to anyone for any decision made or action taken by anyone in reliance on information in this newsletter.

OUR AIMS

- Provide education, resources and networking for nurses working in faith communities
- Provide resources, education and consultancy to faith communities to enable viable health & care ministry
- Liaise with government and other organisations to further the FCN ministry
- Enable FCNs to meet their professional practice requirements

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