CE 1.5 contact hours

ABSTRACT: *Promotion of successful aging is imperative for the growing population of U.S. adults 65 and older, who will outnumber those 18 and under by 2035. Faith community nurses (FCNs) provide interventions targeting health promotion and disease prevention, with a focus on faith and health. This study examined the most frequently documented interventions and attended services provided to older adults by FCNs. A secondary analysis of data from the web-based Henry Ford Macomb Hospital Faith Community Nursing/Health Ministries Documentation and Reporting System reveals how FCNs are contributing to successful aging.*

KEY WORDS: *chronic diseases, faith community nursing, health promotion, older adults, successful aging, web-based documentation*

By Lina B. Hixson and Susan J. Loeb

Promoting Successful Aging Through Faith Community Nursing

Faith community nurses provide ongoing supportive healthcare to community residents of all ages. Faith community nurses (FCNs) focus on health promotion and disease prevention by offering various health-related services (American Nurses Association [ANA] & Health Ministries Association [HMA], 2017). Using their expertise to combine spiritual and physical dimensions of care, FCNs provide education, health counseling, and screening to individuals, as well as referral and resource advocacy with community health organizations. Yeaworth and Sailors (2014) reported that "persons age 66 and older and Medicare aged individuals make up more than two-thirds of the FCN contacts" (p. 180). Faith communities are recognized as ideal sites for promoting health, especially for older adults (Emblen, 2016; Rydholm et al., 2008).

Older adults are a growing demographic. The United States Census Bureau projects that by 2030, one in five residents will be retirement age. By 2035, for the first time, older adults will outnumber children, with 78.0 million people 65 years and older, compared with 76.4 million under age 18 (U.S. Department of Commerce, 2018).

The National Council on Aging (2018) indicates that around 80% of older adults live with a chronic disease; 77% live with two or more chronic diseases. The risk of multiple comorbidities increases with age (U.S. Department of Commerce, 2018). This projected demographic shift of aging will place greater demands for chronic disease management on the healthcare system. For seniors with chronic illness not requiring inpatient or home care services, other strategies for promoting and maintaining health are needed. FCNs can address health through education, counseling, screenings, referral, and emotional support, while integrating spirituality (ANA & HMA, 2017; McGinnis & Zoske, 2008).

The faith community is an ideal setting to provide education and instructional support about chronic conditions. In faith communities, hope and assistance in coping may be offered within a supportive environment. Places of worship are convenient sites for social support and provide a trusting, supportive environment for individuals who mistrust the healthcare system (Booker, 2015; Lewis, 2011).

More research is needed documenting how FCNs specifically contribute to the health and well-being of older adults and the promotion of successful aging. This study examined FCNs' most frequently documented interventions and attended health services for older adults.

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SUCCESSFUL AGING

Successful aging was first defined by Neugarten, Havighurst, and Tobin in 1961. At that time, successful aging was an adaptable and testable experience, described as life satisfaction encompassing the positive characteristics of aging (Katz & Calasanti, 2014). In 1987, Rowe and Kahn introduced a distinction between *usual* aging and *successful* aging. Usual aging is the normal nonpathologic changes that occur with aging, involving hearing, vision, renal function, glucose tolerance, systolic blood pressure, bone density, pulmonary and immune function. Successful aging entails good health and an active life, with lower risk of disease and disability and high mental and physical functioning, In successful aging, positive extrinsic factors, such as diet, exercise, and nutrition, promote health. Conversely, negative extrinsic factors, such as tobacco use, alcohol intake, and sedentary lifestyle, can adversely affect aging. If usual aging-associated declines can be modified by identified extrinsic factors, avoidance or even reversal of functional loss can be achieved by promotion of positive extrinsic factors.

Aging individuals, however, perceive successful aging differently than theorists and researchers (Stark-Wroblewski, Edelbaum, & Bello, 2008). Coping strategies toward successful aging identified by older adults are acceptance, attitude, adaptation, emotional well-being, and resilience (Montross et al., 2006; Romo et al., 2013; Stark-Wroblewski et al.). When older adults describe successful aging, Katz and Calasanti (2014) observed a shift from viewing aging as unsuccessful due to functional impairment as the result of disease and disability, to aging successfully within the same context, when spirituality and social engagement were involved (Romo et al.). The key is accepting and optimizing how you think about the limitations of aging. Successful aging doesn't necessarily mean being as fit and active as you were in younger years but continuing to do what you can to optimize holistic functioning.

Physical, psychological, and spiritual well-being are successful components of overall health. FCNs are optimally poised to influence successful aging through promoting activities that address all components of health.

ROLE AND INTERVENTIONS OF FCNS

Faith community nurses provide interventions targeting health promotion and disease prevention, with a focus on faith and health. Few studies have described specific services FCNs provide for persons with chronic conditions within underserved populations. The effectiveness of services that assist older adults to access needed healthcare has seldom been studied. In a mixed methods study,

By 2035, for the first time, older adults will outnumber children in the United States.

1,061 documented nurses' notes by 75 FCNs showed the impact of FCNs on the health and well-being of older adults (Rydholm et al., 2008). The researchers identified categories of interventions to include coping/support/redirection, obtaining assistive devices, finding help for daily living activities, disease self-care guidance, stay-at-home referral to care agencies, advocacy for vulnerable elders, urgent care access, and end-of-life concerns. They reported that FCNs working in the community with older adults and their informal caregivers resulted in cost savings for individuals, health insurers, and public healthcare funds. From a healthcare perspective, FCN services promote improved patient outcomes as patients receive treatment before their chronic conditions reach a higher acuity level (Rydholm et al., 2008).

In successful aging, positive extrinsic factors, such as diet, exercise, and nutrition promote health.

Compared with traditional community health nursing practice, faith community nursing is unique in the use of spiritual and religious practices. Client perceptions validate that spiritual care enhances the provision of traditional care services (King, 2011), as well as provide continuity in ongoing community outreach healthcare (Balint & George, 2015).

Few studies have examined clients' perceptions of faith community nursing. Chase-Ziolek and Gruca (2000) analyzed interviews conducted with 11 recipients of faith community nursing care. Recipients described the quality of the nurse/client interaction and of the church environment as a site of care. Chase-Ziolek and Gruca found that the personal level of care provided and the feeling of self-empowerment established resulted in clients communicating better with other healthcare professionals. An ethnographic study by Wallace, Tuck, Boland, and Witucki (2002) described client perceptions of the usefulness of care provided by FCNs. The five themes described were being available, integration of spirituality and health, self-help promotion, understanding the FCN role, and evaluation of effectiveness of the role.

An exploratory descriptive study by King (2011) surveyed a purposive sample of 17 faith community members with a seven-item demographic questionnaire, along with face-to-face interviews. Interview questions focused on the perceived functions of the FCN. The analysis of members' descriptions of the care revealed holistic care descriptors such as an interconnectedness of body, mind, spirit, and environment. More recently, Mock (2017) interviewed recipients of FCN care in one faith community and found that recipients greatly valued the tasks and services offered, nursing expertise, spirituality, familiarity they had with the FCNs, and identified the need for better community support of the FCN program.

Vital services are provided to older adults by FCNs who bridge the gap between formal healthcare settings—much like a patient navigator—and the informal community setting. Loeb, Penrod, Falkenstern, Gueldner, and Poon (2003) conducted focus groups with community-dwelling adults age 55 and older, regarding coping strategies for living with chronic illness. The seven categories of coping strategies used were exercise, changing dietary patterns, medication adjustment, relating with a healthcare provider, seeking information, relying on spirituality or religion, and engaging with life. These coping strategies used by older adults are interventions well within the scope of nursing practice. Descriptive data through web-based FCN documentation

TABLE 1. *Individual Interaction Categories and Descriptive Terms Used in the Henry Ford Macomb Hospital Faith Community Nursing/Health Ministries Documentation and Reporting System*

Category	Descriptive Terms Used
Spiritual/emotional/relational (SER)	Abuse, depression, emotional distress, grief/loss, parenting, relationships, spiritual distress, spiritual well-being, stress, other
Health/wellness	Children's health, diet/nutrition, general health, infants' health, knowledge deficit related to education on health issues, living alone, living arrangements, medications, men's health, altered mobility, noncompliance, physical activity, safety, sensory impairment, women's health, weight loss/gain, other
Interventions	Active listening, arrangement of meals, coordination of support, empowerment/advocacy, management of chronic disease, pain management, prayer, presence, promoting understanding, providing information, surveillance, touch/hug, transportation, other

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Table 2. Group Interaction Categories and Descriptive Terms Used in the Henry Ford Macomb Hospital Faith Community Nursing/Health Ministries Documentation and Reporting System

Category	Descriptive Terms Used	Number of Activities
Education/ information	Adolescent/teen health, advanced care planning, cancer, cardiovascular, care giver support, children's health, community partnership, cardiopulmonary resuscitation/automated external defibrillator (CPR/AED), diabetes, end of life, exercise and activity, heart health, infant's health, maternal, medications, men's health, mental health, arthritis, neurological, nutrition, older adult health, parenting support, personal risk behavior management, respiratory/pulmonary, safety, spiritual/pastoral care, spiritual development, stroke risk, volunteer ministry, women's health, other	31
Screenings	Blood sugar, blood/organ drive, bone density, blood pressure, cholesterol, colon, depression, fall/risk assessment, flu shots, foot care, glucose, health fair, hearing, HgA1c, infant/child growth & development, mammography, mental health, nutritional, prostate, safety, skin, stress/anxiety, stroke assessment, suicide prevention, vision, other	26
Support groups	Adult-men's, adult-women's, Alzheimer's, cancer survivors, care giver, diabetes, divorce support, domestic violence, exercise and activity, grief/loss, healthy lifestyle, mental health, parenting, smoking cessation, spiritual counseling, substance abuse, teen-male, teen-female, weight loss, other	20

systems can reveal how FCNs are supporting successful aging and contributing to the health and well-being of community-dwelling older adults.

WHAT FCN INTERVENTIONS ARE USED WITH OLDER ADULTS?

This study examined FCN interventions with older adults through a secondary analysis of deidentified cumulative quantitative data from the Henry Ford Macomb Hospital Faith Community Nursing/Health Ministries Documentation and Reporting System (HFMH, 2018). The HFMH Faith Community Nursing/Health Ministries Network is the proprietary owner of the documentation and reporting system. The validity of data entered in the web-based system is based on a mutually agreed upon formal partnership between the proprietary owner and the subscription member, either an FCN network or an individual FCN (HFMH, 2014). Sharing of electronic documentation formats is limited to the network/congregation membership.

The Faith Community Nursing/Health Ministries Documentation and Reporting System is community-based and institutionally supported. This sophisticated system was designed by the HFMH Faith Community Nursing Network to help regional FCN practice. Since its inception in June 2000, the system has been shared with multiple FCN networks and now includes major denominations and faiths nationwide. The system was last updated March 2018 (HFMH, 2018). The goal is to help meet professional documentation standards and to increase sharing of challenges, successes, needs, and faith community nursing practice.

Membership in the system network is via annual subscription. Seventeen networks in 11 states use the system. Each active user (church/congregation/synagogue) belongs to a network based on geographic region; each network is overseen by an FCN administrator and encompasses multiple faith communities. Active users selected for this documentation analysis were based on the length of time FCNs had used the system, as recommended by the system administrator, as well as usage compliance (providing services for clients no less than 16 hours per month).

Prepopulated categories in the system contain four forms: Patient Profile form, Individual Interaction form, Monthly Group form, and Cumulative Activity Reports. The individual user or FCN inputs information into each form, using check marks. Sample forms can be viewed at https://www.faithnursingonline.com/MenuOption/Details.aspx?ID=6. The Patient Profile form is populated with demographic data and then deidentified for use in data aggregation. The Individual Interaction form documents each patient/client interaction. The Group Activity form documents interactions with groups of people. A list of the prepopulated categories in the Individual Interaction form and the Monthly Group form used for this study is contained in Tables 1 and 2. The Cumulative Activity report can be sorted by a variety of filtered areas. For this study, the filtered areas included age, member type, and gender. Other filtered areas such as cost savings and paid versus unpaid FCNs could be analyzed in future studies. A date range of 01/01/2014 to 12/31/2014 was selected for data retrieval.

Two user types, the FCN and the network administrator, can mine reports from the system. Multiple categories can be selected to filter data such as the number of clients/patients in an age range grouped with one or more interactions within a selected time frame. Group activity can be retrieved to estimate community benefit and set goals regarding a target population. Cost savings/avoidance computations can be retrieved on individual interactions and group activities. Cumulative reports can be prepared for the congregation filtered by criteria, including, but not limited to, visit type, spiritual/emotional/relational (SER) issue type, disease type, and age category. The comprehensiveness of the data set, inclusive of both individual and group interventions, provided a point-in-time opportunity to analyze the variety of FCN interventions related to the health needs of older adults.

Table 3. Ages of Care Recipients

Age Range	Number of Recipients	% of Total
0–4	57	0.42
5–13	35	0.26
14–18	59	0.43
19–30	255	1.86
31–50	1,591	11.60
51–65	3,253	23.72
66–80	4,208	30.68
81–90	3,168	23.09
91+	1,089	7.94
Total	13,715	100.00

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Variables pertinent to successful aging that have not been analyzed previously were explored in this study. Group interactions provided by the FCNs (education/information, screenings, and support groups) and individual interactions including the categories of SER, health/wellness, and interventions for individuals age 66 years and older were examined. The Penn State University Office of Research Protection determined that this research focused on existing data and was therefore exempt from Institutional Review Board approval.

INTERVENTIONS BY FCNS

Data from 5 networks comprised of 169 faith communities in Illinois, Michigan, Nebraska, and Indiana were used for this study. Once cumulative summary reports were extracted, data were transposed to IBM SPSS Statistics Version 22 for analysis. Descriptive statistics were utilized to analyze the retrieved data. A frequency distribution was computed to assess overall sample characteristics. To measure the distribution of individual and group interventions for the cumulative age range of 66 and over, mean cumulative totals were used. Although some missing data points may have existed, the written formal agreement between the system network and the subscription member states that the FCN must document monthly, using the web-based system.

The age distribution for care recipients in the HFMH system ranges from newborn to older adult. Age ranges are automatically filled in when the recipient's date of birth is entered. Analysis of clients receiving care from FCNs revealed that greater than 60% were age 66 and older, with the 66 to 80 age range identified as the largest group (Table 3). Approximately 83% of the care recipients were members of the faith community where the interaction occurred, and 66% were female.

Coping strategies toward successful aging identified by older adults are acceptance, attitude, adaptation, emotional well-being, and resilience.

In the 1-year period, group education/information activities were the most frequently provided group activity by FCNs, with 226,470 contacts with older adult participants. Nutrition education was the most frequently attended activity (49,854 participants), out of a list of 31 activities (Table 4).

Exercise/activity support groups had 25,406 older adult occurrences, and healthy lifestyle support groups were attended by older adults 20,565 times. Blood pressure screening was the single highest screening activity by FCNs with 13,029 older adults (Table 4).

Individual interactions also were examined, including assessment of a problem-issue-nursing diagnosis or steps taken during the interaction. Individual conversations regarding SER issues and health/wellness issues often occurred as part of the interaction and were reported in the documentation. For adults age 66 years and older, 1,203 conversations related to spiritual well-being were the most frequently reported SER intervention. Health/wellness conversations also were part of the individual interactions between FCNs and older adults; conversations related to general health were the most frequently occurring with 1,916 interactions (Table 5).

The final individual interaction examined in this study was categorized in the documentation system as Interventions. Active listening was the most frequently occurring intervention between FCNs and 2,808 older adults. Not only active listening interventions but individual interventions of presence (2,431), prayer (1,779), and touch/hug (1,888) frequently occurred with older adults (Table 5).

DISCUSSION

This study examined FCNs' documented interventions and services used by older adults. Most clients served in this analysis were 66 years

and older. This is congruent with other reports of FCN practice (i.e., McCabe & Somers, 2009). It should be noted, however, that FCNs are promoting health across all age-groups.

Aligning FCN interventions to components of successful aging captures the potential of FCNs to tailor interventions that improve older adults' well-being. For example, nutrition education was the most frequently attended activity and is a positive extrinsic factor in successful aging (Katz & Calasanti, 2014; Rowe & Kahn, 1987). Spiritual development was in the top five group activities, and spiritual well-being was the top SER intervention, identified by Romo et al. (2013) as important to older adults' concept of successful aging.

Caring for people's health concerns and promoting health are natural outreaches of faith communities, an assertion supported through the many and varied programs delivered by FCNs in this study. Within the 169 faith communities studied, 17% of clients were nonmembers of the faith community. This suggests that faith communities are responding to local community needs; however, greater effort could be made to extend outreach to nonmembers.

Group education/instruction activities were the most frequently provided group activity (226,470 contacts). Providing group education and instruction about disease management through lifestyle support groups, such as weight management programs and exercise and structured activity support groups provides a trusting, supportive environment at convenient faith community sites, where social support typically is fostered (Lewis, 2011; White, Drechsel, & Johnson, 2006). Regular physical activity is one of the most important factors older adults can address to reduce the risk of falls (Centers for Disease Control and Prevention [CDC], 2013). Exercise/activity for older adults is usually done with others, providing social support and engagement, a vital component to successful aging in older adults (Loeb et al., 2003). Healthy lifestyle and exercise activity were the predominant support groups attended in this study (Table 4). Because a significant proportion of older adults identify with a religious organization, support group topics such as caregiver support, grief/loss, and cancer survivorship could be provided by FCNs to meet older adults' needs for social interaction and engagement with others in a trusting environment.

The frequency of blood pressure screening is an encouraging finding, as

Table 4. Top Five Group Education, Support Groups, and Screenings for Age 66+

Group Education	# of Contacts with Recipients	Support Groups	# of Contacts with Recipients	Screenings	# of Recipients
Cancer	17,321	Exercise/ activity	**25,406**[a]	Blood/ organ drive	2,302
Exercise/ activity	15,876	Grief/loss	2,616	Blood pressure	**13,029**[a]
Nutrition	**49,854**[a]	Healthy lifestyle	20,565	Colon	2,115
Safety	13,332	Spiritual/ counseling	11,621	Flu shots	1,433
Spiritual development	9,658	Substance abuse	1,253	Safety	3,599
Total contacts across 31 group educational activities	**226,470**	**Total contacts across 20 support group activities**	**53,947**	**Total across 26 screening activities**	**36,792**

[a]Top participant contacts in each category

Table 5. Top Five Individual SER Interactions, Health/Wellness Interactions, and Interventions for Age 66+

SER Interactions:	# of Conversations	Health/Wellness Interactions:	# of Conversations	Interventions:	# of Interventions
Depression	205	General health	**1,916**[a]	Active listening	**2,808**[a]
Grief/loss	265	Live alone	757	Prayer	1,779
Relationship	433	Living arrangements	630	Presence	2,431
Spiritual well-being	**1,203**[a]	Mobility altered	1,433	Promote understanding	1,484
Stress	399	Safety	988	Touch/hug	1,888
Total across 10 possible interactions	**2,996**	**Total across 17 possible interactions**	**8,534**	**Total across 14 possible interventions**	**15,797**

[a]Top interactions/interventions per category

the CDC's National Report Card on Healthy Aging (2013) revealed that 94% of older adults are diagnosed with high blood pressure and taking medication. It also is important to note that FCNs are providing flu vaccines and colorectal cancer self-screening kits (Table 4) as preventive care and screening indicators for older adult health, as recommended by the CDC.

Study findings suggest spiritual needs are being addressed (Table 5), congruent with Loeb et al.'s (2003) finding that participants rely on spirituality and religion as an important coping strategy for managing day-to-day experiences of living with multiple conditions. Here, the unique specialty of faith community nursing becomes evident.

Regarding health/wellness conversations (Table 5), the Documentation and Reporting System Guide defines the topic of general health as assessment, education, and action plans related to improving health status (i.e., use of vitamins, exercise, herbal supplements, recommended immunizations, and standards of care) (HFMH, 2018). Although this is a broad explanation of the term *general health*, the CDC recognizes health education for older adults as an important indicator of healthy aging. Greater effort could be made to engage this population in promoting the concept of successful aging.

Active listening was revealed as the most frequently occurring individual intervention (2,808 contacts). One core process of FCN practice (Dyess & Chase, 2012) is the opportunity to enter the private world of another with no time constraints for the interaction, leading to a deeper, more personal encounter. The interventions reflect the multiple layers of caring provided by FCNs for social and spiritual support (Table 5).

Limitations of this study are that only interventions in the HFMH documentation system could be analyzed. Other possible interventions by FCNs were not explored. The data were limited to FCNs practicing in four U.S. Midwest states; FCNs in other regions and internationally may offer different interventions. In addition, outcomes of the interventions with recipients were not captured. Further research is needed on the link between FCN interventions and outcomes for older adults.

IMPLICATIONS FOR FCN PRACTICE

Faith communities touch the lives of people from all socioeconomic levels and are a setting where holistic health services can be provided for older adults living with chronic illness.

This study supports that FCNs are providing vital services to older adults to promote health and educate about disease prevention. They enhance healthcare services provided by other providers by educating and empowering clients and their families regarding chronic disease management and prevention. Caring for people's health concerns and promoting health is a natural outreach of faith communities, but collaborating with formal social service agencies to improve accessibility to community services for older adults is needed.

The variety of services provided by the FCNs in this study testifies to the needs among clients to gain health information. Increased collaboration between healthcare institutions, government, and faith communities could provide the needed financial, educational, and other supports for a greater number of FCNs to support older adults. Interventions by FCNs, as captured by the HFMH system, can help lessen the burden on traditional healthcare settings.

Collaboration across healthcare institutions and the community settings where health management can be supported is imperative to enhance quality of life for older adults. Due to the ever-increasing pressure to reduce healthcare costs and increase quality of care (Bensink et al., 2013), an economic evaluation of the cost-effectiveness of implementing faith community nursing in local communities would provide important information for health insurance and other financial decision makers. Incorporating cost-effectiveness analysis alongside the frequency distribution of FCN interventions would be helpful.

Most clients receiving care from FCNs in this study were older adults; however, group and individual interventions occurred across all ages. As the population continues to age, so does the risk of developing chronic disease and aging unsuccessfully. Strategies to promote and manage health are needed to support this growing population. Faith community nursing is one viable strategy to help meet this need.

Web Resources

- Aging Population Issues—https://www.nlm.nih.gov/hsrinfo/aging_population_issues.html
- Aging Today—http://www.asaging.org/
- American Society on Aging—http://www.asaging.org/
- Catholic Health Association of the United States—https://www.chausa.org/nursing/nursing-overview/faith-community-nursing
- Center for Faith and Community Health Transformation—https://www.faithhealthtransformation.org/
- Gerontological Society of America—https://www.geron.org
- National Council on Aging—https://www.ncoa.org

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