



## **The Role of Congregations in Preventive Medicine**

In 1980 a group of physicians who were teachers in medical schools spent a month in China studying its medical system. At the end of the month, in their evaluation sessions, they came to the conclusion that Chinese people are about as healthy as American people. Yet in China they were spending perhaps eighty cents of the health dollar on prevention and only twenty cents on cure. The doctors concluded that if a person is very ill, China would not be the place to go for tertiary care.

Then, as they began to think of American medicine, they agreed that in America, in 1980, we were spending probably ninety-eight cents of the health dollar on cure and only two cents on prevention. Then, with some humor, they felt this simply had to be raised to three cents.

The remarkable thing that has happened in just these few years since 1980 is that Americans are demanding that we spend more on prevention. Instead of three cents, it is already perhaps moving up toward fifteen cents. This amazing turnabout is chiefly the result of day people taking their health into their own hands. The reasons are many, and because of the numerous articles and books on the subject, they do not need to be rehearsed here in more than one sentence. People are appreciative for what high-tech medicine has done for us over the past fifty years, but there is real concern about the tremendous accent on sickness care and the absence of emphasis on wellness and health. What does all this have to do with congregations?

If a pollster were to go door to door in almost any neighborhood and ask the question "What are the health agencies in this community?" most people would answer with the name of a local hospital or two and perhaps some well-known medical clinic. According to our present thinking, they are the health agencies - except that they have been devoting almost their entire energies to sickness - taking care of people after they get sick. They do a great job, and we are grateful that doctors and hospitals provide such necessary services.

But if we are really asking, "What are the agencies in our society that devote themselves to keeping people healthy?" we must consider a different group of institutions of our culture. We easily think of five such institutions that play extremely important roles in helping create an atmosphere conducive to wellness or sickness. If they are in good shape, they keep people well. If they are in bad shape. They contribute to making people sick. These five are simply the home, the school, the church, the work place, and the public health department.

The public health department is the unsung hero of health care and probably has more to do with keeping us healthy than all the doctors and hospitals put together.

The work place has recently become aware of its role in helping its employees learn how to keep themselves well. After many years of pouring millions of dollars down the drain in what was

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called "employee health insurance," they began to see that such insurance was really "employee sickness insurance." It took care of its people after they got sick. But in the meantime the absentee rate in the company had been going up and up because of the human problems that were making employees sick. So a group of corporations experimented with putting some money into prevention by adding health educators, nutritionists, running tracks, and all the rest. Over a period of about five years they are seeing that if they put more money into prevention they will need to spend less on cure. And their absentee rates are gradually going down.

What about the church? Is it really a health agency? It certainly ought to be. If the way a person looks at life affects the way the body responds, then the church has to be taken seriously as contributing to the health or sickness of an individual. But does the church see itself as being in the health business? Let's face it! Some churches make people - sick! But we hope we can say that most churches and synagogues add a dimension to a person's life which contributes to health and wholeness.

When we asked a group of active parish pastors if they thought their congregations were health agencies, they wanted to know what we meant. We asked them if they thought their congregations were functioning in such a way that their members were actually being helped to stay well. They had not really thought of it in those terms. But then they began to describe the many activities that might be seen as contributing to health. Worship, prayer, singing, meditation, socializing with friends were mentioned. Then came a long list of programs that contribute to keeping people well, such as support groups of many types, meals-on-wheels, blood pressure check-ups, inter-generational social activities, children's and elderly day care centers, discussion groups, potluck suppers, and so the list grew and grew.

Churches are enormously involved in health care and do not know it. Every church has the potential of improving its status as a wellness center. How do we encourage churches to take on this challenge to organize better their many health-giving talents?

In order to speak specifically to this question, I will need to say something of my experiences over the past thirty years. After spending twelve years, from 1952 to 1964, on the medical and theological faculties of the University of Chicago, I became convinced that perhaps a third of the patients I was seeing should not have gotten as sick as they were. What I mean by this is that if someone had picked up their early cries for help when they were just "a little bit sick," their problems would have been dealt with when they were still reversible. People in this one-third group told me story after story of how they got sick. Almost always they told of experiences in life that triggered their early symptoms. And these experiences occurred five, ten, or fifteen years before they were admitted to this teaching and research hospital.

In 1972 I joined the faculty of the University of Illinois, College of Medicine, in the Department of Preventive Medicine. I finally realized that my talents as a minister were more suited to the early stages of illness than to the later stages. This appointment resulted in a large grant to the medical school from the W.K. Kellogg Foundation to put into action a number of medical doctors' offices in churches. These religiously-oriented family physicians were asked to see if then medical care could be improved by the addition of a spiritually mature nurse and pastoral counselor who would work in close relationship with the doctor both in the diagnosis and treatment of patients. This had never even tried before. It worked!

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The research group brought in by the University of Illinois declared this project well worth continuing. A dozen or more of these Holistic Health Centers are continuing to see thousands of patients in settings that include lower, middle, and upper income people and in churches representing all the major denominations. They are serving people with a unique kind of medical, nursing, and counseling care which is integrated with a sensitive interest in the human and spiritual dimensions of illness and health. They are located in the Middle West and in the Washington D.C./Philadelphia area.

The latest development of this whole-person care project is an attempt to expand the basic idea to many more congregations, including those who might not have the space or the financial wherewithal to establish a fully furnished family doctor's office in the church.

We are now testing the idea of putting just a nurse on the staff of a church which might, at a later date, add a pastoral counselor and a physician. A large teaching and research hospital in the Chicago area affiliated with the University of Illinois-Lutheran General Hospital has agreed to act as the continuing education center for six nurses. Each nurse is a "Minister of Health" in a large suburban church, and each week these nurses meet at the hospital for a half-day seminar. The curriculum that is being developed is based upon the weekly description by these nurses of the types of problems they are being asked to deal with.

The action research project, in which we are assisted by an interested group of physicians, nurses, psychologists, social workers, and hospital chaplains, has determined that there are four primary areas in which these parish nurses found themselves doing most of their work.

The people of the congregation are responding to the parish nurse's services primarily in the following areas:

- She is a health educator. Her chief goal is to raise the consciousness level of the people to understand that the body tends to respond to what is going on within the heart and mind of the person. "As a person thinketh in his or her heart, so does the body tend to respond," to try to paraphrase what the Scriptures say. For some reason, people of this high-tech medicine era have never felt that their religious faith concepts had anything to do with the functioning of their body. It takes a heap of educating to get this idea across to them.
- She is a personal health counselor. The people have been encouraged to stop by and talk with her informally about "small problems" - the kind they are not sure they want to bother the doctor with. Smaller problems are often reversible and the nurse either deals with them herself or gets people to the doctor sooner than they would otherwise have gone. The line forms to the right as people of all age groups look in on her. She is also available between services on Sundays doing blood pressure testing, making it very easy for people to "just want to get my blood pressure checked" and ending up making an appointment to talk further about a variety of problems. Already we are seeing that the church is in an awfully good position to meet the people on a regular basis in informal settings where preventive medicine has its greatest opportunity.

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- She is a teacher of volunteers. Every congregation has a number of women and some men who are just natural health givers. They are warm outgoing people to whom others turn for advice and many forms of help. By carefully selecting these natural care-givers and organizing an ongoing training program, these people can learn to do even better what they already are doing so well. They become additional hands and ears and eyes for the parish nurse, so that her ministry reaches many more people than she could possibly minister to by herself.
- She helps organize support groups. Every community seems to have support groups of one kind or another. We have counted close to forty groups in the Chicago area which deal with fifty separate kinds of problems. The parish nurses are encouraging certain parishioners to attend particular groups she can recommend. But other people need the more intimate groups which can be organized within the local congregation and for special problems that really require that the spiritual dimension be taken seriously.

The six nurses who were selected for the Lutheran General Hospital parish nurse project were chosen from over thirty applicants, all of whom were superior in qualifications related to teaching and counseling ability, community nursing skills, and a kind of spiritual maturity that would lend itself to growth in that dimension. These nurses spend half a day each week at the hospital in what might be called a postgraduate seminar in the interrelationships of religion and health. The "curriculum" for this three-year project is expected to grow out of case studies that the nurses bring to class each week. We are taping both the cases and the discussions with the hope that these will serve as the basis for a future textbook for parish nurses as this concept takes hold in what we hope will be a growing number of churches and synagogues. To the best of our knowledge, no nursing specialty of this type has ever been developed; so it will be necessary to be creative in putting the many pieces of this new puzzle together.

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