



It's About How You LIVE
In Faith

COMMUNITY OUTREACH GUIDE


Caring Connections

In collaboration with



DUKE INSTITUTE ON
CARE AT THE END OF LIFE



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I. Overview

It's About How You LIVE – In Faith Outreach Guide is designed to help your hospice and/or coalition reach out to faith communities. This guide will provide you with:

- ◆ Key strategies for building partnerships with faith communities
- ◆ Successful model programs developed by hospices and coalitions
- ◆ Practical resources to help you develop your own faith community initiatives

Hospice and end-of-life care coalitions have the opportunity to cross traditional religious and cultural lines by reaching out to faith communities. We encourage you to adopt an interfaith approach, beginning with a fundamental respect for all persons, beliefs, and points of view. This Outreach Guide will help you in this process. The strategies, model programs and resources in this guide can be customized and applied in many religious and cultural settings.

To reflect our interfaith approach, the religious language used in this guide is intended to be as universal as possible. We acknowledge upfront that all language has its drawbacks. We ask for a generous spirit and tolerance concerning semantics. For the sake of clarity, we will use the following terms consistently:

- ◆ faith community
- ◆ congregation
- ◆ clergy
- ◆ lay leader
- ◆ faith community nurse
- ◆ interdenominational
- ◆ interfaith
- ◆ member
- ◆ spiritual
- ◆ religious

See the Glossary in Section VI for a definition of these terms.

Along with this Outreach Guide, Caring Connections has developed **It's About How You LIVE – In Faith** materials for you to use as you work with faith communities. Some of these materials are identified in the resource section of this guide. If you would like assistance with any of our **It's About How You Live – In Faith** resources, contact Caring Connections at 800-658-8898 or caringinfo@nhpco.org.

In addition, the Duke Institute on Care at the End of life has partnered with Caring Connections and Project Compassion to create **The Unbroken Circle: A Toolkit for Faith Communities around Serious Illness, Caregiving, The End of Life and Grief.** This toolkit offers significant resources specifically for faith community leaders to help them improve congregational care for persons living with serious illness, caregiving, the end of life and grief. To learn more about **The Unbroken Circle**, go to www.iceol.duke.edu.

A. *Why reach out to faith communities about end-of-life issues?*

Faith communities have the power to engage people of all ages with end-of-life issues such as advance care planning, serious illness, caregiving and grief. Here are some key reasons why reaching out to faith communities is particularly important for hospices and coalitions:

- ◆ **Faith and faith communities matter for most Americans.** According to a Gallup Poll, more than eight in ten Americans identify with a religion. In addition, eight out of ten Americans say that religion is at least fairly important in their daily lives. More than eight out of ten say they participate in a faith community at least "seldom", with six in ten Americans claiming faith community membership.¹ Although religious participation is declining, Robert Putnam, author of *Bowling Alone: America's Declining Social Capitalism*, has noted, "Religious affiliation is by far the most common associational membership among Americans."²
- ◆ **Faith communities offer significant, unrealized potential for outreach and partnerships.** Faith communities are powerful examples of "naturally occurring communities," groups of people who have a shared reason for coming together. These self-sustaining communities can communicate important messages and encourage action when their interests align with your interests. Because end-of-life issues directly affect faith communities, there is tremendous potential for developing powerful long-term partnerships.
- ◆ **Hospices, coalitions and faith communities share a deep concern for spiritual care.** Serious illness, caregiving, the end-of-life and grief raise many spiritual issues, including questions of meaning, purpose, guilt, forgiveness, suffering, healing and hope. While faith communities vary widely in their support for people living with illness and grief, most faith communities also express a desire to help during this important time. A shared concern for spiritual care creates a natural connection among hospices, coalitions and faith communities and a common ground for education, dialogue and partnership.
- ◆ **Many faith communities are not fully prepared to support people as they face serious illness, caregiving, the end of life and grief.** A recent survey of professional clergy and lay leaders by the Duke Institute on Care at the End of life indicates that many faith community leaders do not have the knowledge, resources and support they need to care for people during this important time of life. For example:
 - ◆ Though 94% of clergy report visiting with people at the end of life, only 60% describe themselves as "very comfortable" making these visits.

¹Robert Newport, Questions and Answers About Americans' Religion, Gallup, 2007.

²Robert Putnam, *Bowling Alone: The Decline of Social Capitalism in America*, 2000, p. 68.

- ❖ Fewer than 40% of the leaders surveyed feel comfortable training lay people to offer support for others living with illness.
- ❖ Fewer than 20% of responding faith community leaders offer any education related to serious illness, caregiving, the end of life or grief. However, two out of three of these leaders indicate a desire to provide education around these issues.

Hospices and coalitions are well-positioned to help faith communities with the materials, education, care and support they need to improve care for their members.

- ◆ **Effective outreach to faith communities will benefit everyone involved.** Through effective outreach with faith communities, your hospice and/or coalition will raise significant awareness about end-of-life issues throughout your community. You will help faith community leaders improve their ability to care for their members. You will increase access to your services, involve more members as volunteers and engage more clergy and lay leaders as champions for quality end-of-life care. You will leverage your time and resources to help change our culture around serious illness, caregiving, end-of-life and grief.

B. What are the options for engaging faith communities?

You have two major options for engaging faith communities:

1. **You may choose to work with individual faith communities, engaging them with materials, programs, partnerships and support:** This allows you to customize your approach for each congregation. It helps you develop strong relationships and deepen your outreach initiatives.
2. **You may choose to bring faith communities together to offer interfaith events, provide interfaith trainings or create interfaith networks:** This approach helps faith community leaders and members from different traditions cross community lines, uniting around issues that impact everyone. It creates opportunities for shared learning, dialogue and community building. It also positions your organization as a community leader on end-of-life issues for faith communities and can significantly expand your network. It has great potential for developing new partnerships as well as strengthening existing partnerships.

This guide will offer strategies and model programs for both options. Here are some considerations based on your experience in reaching out to faith communities:

- ◆ **If you are new**, you may want to begin by engaging individual faith communities first. This will allow you to fine tune your skills in creating partnerships with faith communities. It can also lay the foundation for future interfaith initiatives.
- ◆ **If you are more experienced**, you may choose to focus on expanding or strengthening your partnerships with individual faith communities or you may want to begin (or re-energize) an interfaith initiative.
- ◆ **If you are accomplished**, you are quite likely utilizing both major approaches successfully. You might consider areas for expanding your partnerships with faith communities. For example, you may be very accomplished in advance care planning but have done little to support family caregivers. You may have done much with education on adult issues and little related to children's issues. Also consider the resources available for expanding your interfaith initiatives.

Consider your most natural starting place. Think of reaching out to faith communities as something that you will develop over time, building on your successes as you grow your endeavors.

C. What resources are available to help you reach out to faith communities?

As you plan your faith community outreach, this Guide will be a valuable resource for you. Throughout the Outreach Guide we will highlight successful programs and activities. Additional resources are also included in the Resource and Appendix sections of the Guide.

As you begin to implement your outreach activities, please feel free to adapt these resources to serve your specific needs. However, we ask that you credit Caring Connections. You may contact us at caringinfo@nhpco.org and we will provide you with the text for your credits since our materials are copyrighted.

We also hope you will send us your success stories and materials that can be shared with other hospices and coalitions to encourage their outreach activities.

II. What Faith Communities Need: The Duke Institute on Care at the End of life Survey

Effective outreach to faith communities begins with a clear understanding of the strengths of faith community leaders and the challenges they face in providing care and support for people living with serious illness, caregiving, the end of life and grief.

In 2007, the Duke Institute on Care at the End of life launched a survey to faith community leaders about end-of-life care issues. This survey was designed to:

- ◆ Determine the current types of programs and support professional clergy and lay leaders offer through their congregations in the areas of serious illness, caregiving, the end of life and grief.
- ◆ Assess the comfort level of professional clergy and lay leaders in providing care and support through the trajectory of illness, the end of life and grief.
- ◆ Determine the types of materials, resources and support faith community leaders need to improve care at the end of life through their congregations.

Surveys were sent to over forty five hundred clergy, faith community nurses and lay leaders representing a wide range of faith traditions. A total of 917 faith leaders responded and clergy made up 76% of the respondents, with clergy practicing for five or more years making up 57% of respondents.

The following is a summary report of the survey results which offers an insightful snapshot of how faith leaders view and respond to issues around illness, caregiving, the end of life and grief.

A. Key Findings Related to Specific End-of-Life Issues

- ◆ **Advance care planning:** Faith community leaders are more comfortable with advance care planning for themselves than they are helping their members understand advance care planning issues.

While six in ten faith community leaders are comfortable preparing their own advance care plan, only half say they are comfortable discussing the spiritual aspects of advance care planning with others. Only four in ten faith community leaders are comfortable assisting others with the advance care planning process.

- ◆ **Serious Illness and Caregiving:** Faith community leaders are not fully prepared to support members facing illness and caregiving issues.
 - ◆ Over 75% of respondents indicate they are very comfortable providing pastoral visits to people with illness. However, less than half are comfortable knowing what to do when someone is concerned about pain.

- ❖ Fewer than 40% of the leaders surveyed feel comfortable training laypeople to offer support for others living with illness. Less than a quarter of faith community leaders take a coordinated team approach to organizing volunteer caregiving support.
- ◆ **End-of-Life Care:** Faith community leaders are not fully equipped to support their members at the end of life.
 - ❖ Although 94% of clergy report making visits to people at the end of life, only 60% are very comfortable making these visits. Leaders express the highest comfort levels while providing spiritual care and offering rituals at the end of life. Leaders express the lowest comfort levels talking about the dying process, initiating end-of-life discussions and helping people with life review.
- ◆ **Grief Support:** Faith leaders report a progressive discomfort offering support depending on type of death and age of the grieving person.
 - ❖ Almost three-fourths of community leaders are very comfortable providing grief support for members following serious illness.
 - ❖ Only half are comfortable providing grief support following accidental death.
 - ❖ Only one-quarter are comfortable providing grief support following violent death or suicide.
 - ❖ Seven in ten faith community leaders are comfortable providing support for grieving adults.
 - ❖ Three in ten are comfortable supporting grieving teens and children.
- ◆ **Interacting with Hospice and Other Professional Caregivers:** Faith leaders are more comfortable interacting with other spiritual care providers than with healthcare providers.
 - ❖ Three-fourths of leaders indicate being comfortable interacting with hospice chaplains, hospital chaplains and funeral home staff.
 - ❖ Six out of ten express being comfortable discussing hospice services and interacting with physicians.

B. Key Findings Related to Faith Community Education, Worship and Congregational Care

When surveyed about congregational strengths and weaknesses in providing support for members living with serious illness, the end of life and grief, faith community leaders stress the importance of resources, programs and support for education and worship as well as congregational care.

- ◆ **Faith Community Education:** Faith community leaders see the need for increased information and education on illness, the end of life and grief for their members.

- ❖ Only 25% of faith communities offer information on serious illness and the end of life and 41% on grief. However, nearly 80% indicate the need for educational materials on these topics for members.
- ❖ Fewer than 20% of faith community leaders offer any education related to serious illness, caregiving, the end of life or grief. However, two out of three leaders indicate a desire to provide education around these issues. Only 42% of leaders indicate they are very comfortable teaching others about end-of-life issues.

- ◆ **Resources for Worship:** In addition to congregational care and education, faith community leaders are open to integrating end-of-life issues into worship.
 - ❖ Two-thirds of leaders indicate the need for curriculum to help with spiritual and theological reflection related to serious illness, caregiving, the end of life and grief.
 - ❖ Half of these faith community leaders are interested in effective strategies for using stories, music and the arts to help people engage with these important issues.
 - ❖ Almost half of leaders are interested in having new worship and liturgical resources relating to illness, caregiving, the end of life and grief.

- ◆ **Congregational Care:** Faith community leaders are seeking more effective models and programs to provide congregational support for members living with illness.
 - ❖ Although four out of five faith community leaders report that laypersons visit people with serious illness and two-thirds visit at the end of life and during grief, over 80% indicate the need for more effective lay leader training.

C. Survey Conclusions

All of the information from the survey detailed above can be instructive for hospices and coalitions reaching out to faith communities. Also, there are several overarching conclusions that emerged from the survey that may be helpful:

- ◆ **Faith community leaders view serious illness, caregiving, the end of life and grief as a continuum.** They do not segment these issues the same way hospice and healthcare service providers often do. They live through the whole span with their members and seek resources and support that will carry them through the entire journey.

- ◆ **Experience matters.** Faith community leaders with fewer than five years of service are less comfortable overall than leaders with five or more years of experience. This is not surprising, since even the most educated clergy have little to no formal training on these issues. Most clergy and lay leaders have learned through experience. Interestingly, all leaders, regardless of experience, feel equally unprepared

in areas such as initiating end-of-life discussions with members, training lay leaders and members to provide practical, emotional and spiritual support, and providing grief support for teens and children.

- ◆ **Clergy are more comfortable providing support themselves than teaching others how to provide support.** Consistently within the survey, clergy comfort levels go down when asked about their comfort level in training and organizing members to offer support. Clergy lack the educational models and resources they need for equipping their congregations to provide care and support.
- ◆ Faith communities are not currently equipped to offer a comprehensive approach to congregational care. Congregational care is the primary strategy that faith communities use to address end-of-life issues. However, many faith community leaders express feeling overwhelmed in this area. They lack effective strategies for effectively involving members in congregational care.
- ◆ Outreach with faith communities is about more than congregational care. Faith community leaders clearly agree that integrating serious illness and caregiving, advance care planning, the end of life and grief into education for adults, teens and children, worship, communications and other areas of congregational life is an important priority.

While these findings are not definitive for any individual faith community, they do point to key issues that matter for many faith community leaders. We suggest that you use these findings as appropriate to guide you in planning your faith community outreach.

If you would like to use the online faith community survey developed by the Duke Institute for Care at the End to survey your community, visit Duke Institute on Care at the End of life's Web site at www.iceol.duke.edu for more information. There is no cost for hospices and/or coalitions to use the survey tool.

III. Strategies for Faith Community Outreach

This chapter will help you learn how to initiate and develop effective outreach with faith communities. You will discover specific strategies and tools for the following:

- A. Understanding how faith communities function
- B. Preparing for faith community outreach planning
- C. Assessing your strengths for engaging faith communities
- D. Mapping your faith community environment
- E. Assessing faith community strengths/needs
- F. Planning for action
- G. Getting in the door with keys for success
- H. Building partnerships over time
- I. Evaluating your outcomes

A. Understanding How Faith Communities Function

As you plan your faith community outreach, it is critical for you to understand how faith communities work. Here are some key insights:

- ◆ **Spiritual matters take precedence.** Hospices and end-of-life care coalitions often lead with medical issues and physical care. Congregations tend to lead with spiritual issues and spiritual care. While each faith community has a different set of beliefs and traditions, spiritual matters and religious development are their first priorities. As you approach congregations, they will be interested in all aspects of end-of-life issues. However, they will want the opportunity to discuss the spiritual implications of illness, caregiving, the end of life and grief. Faith community leaders will not expect you to take the lead in discussing spiritual and theological issues; this is their area of expertise. However, they will expect you to respect the primacy of spiritual issues for them.
- ◆ **Organization matters.** No matter their belief or affiliation, faith communities in the U.S. usually structure themselves around common functions. The functions that fit most closely with hospice and coalition outreach are:
 - ◇ Worship and music (unless their tradition excludes music)
 - ◇ Education for adults, teens and children
 - ◇ Congregational care
 - ◇ Communications
 - ◇ Leadership development

The more you can customize your outreach to fit with the functions of faith community life, the more you will grow your faith community partnerships.

Section IV of this Outreach Guide will help you learn about “Faith Community Programs and Initiatives” that can be organized around these functions.

- ◆ **Faith community leaders shoulder significant responsibilities.** Faith community leaders are busy people with a wide range of responsibilities. Clergy are asked to lead worship, design educational programs, provide congregational care for members, manage staff and volunteers, supervise buildings, raise funds, sometimes direct schools, and respond to community and social justice concerns. Many deal with competing priorities that demand their time and attention. The more you honor their time and offer them resources and support that are customized and “ready to go,” the more you will be appreciated.
- ◆ **Congregations are coping with large-scale challenges.** Some clergy and lay leaders are coping with diminishing numbers, decreasing budgets and denominational conflict over theological and policy issues. Some congregations are in tension with regional or national structures that are considered more conservative or more progressive than their particular congregation. All of these issues may contribute to the stress experienced by clergy and congregations. The more ready-to-go programs and resources you can offer faith communities, the better. This will decrease their stress and give you a better chance of making an impact.
- ◆ **Many faith communities are highly courted by outside organizations with an agenda.** More and more organizations have recognized the power faith communities have for advancing causes. As a result, faith communities may be fielding requests from many groups asking them to “help with their issue.” The more you are able to build a relationship with each faith community and be seen as a resource, a support and a full partner rather than simply another outside group trying to advance its own agenda, the further you will go in with your outreach endeavors.

B. Preparing Your Faith Community Outreach Plan

As you initiate or expand your faith community outreach, take time to strategically plan your initiatives. The following are suggestions to help you think through the steps needed to develop your plans:

- ◆ **Establish a planning team.** Identify key staff, volunteers and community leaders connected with your hospice and/or coalition who will make a significant contribution to the planning process and be able to help you engage faith leaders. Consider who will be effective “engagers” with the mindset and skill sets described in this Outreach Guide. Establish a planning team to assess your status and plan for your outreach initiatives.

- ◆ **Set Realistic Goals for the planning team.** Ask team members for a specific, defined commitment. For example: “The Faith Community Outreach Team will meet twice a month on Thursdays from 4-5 pm to assess our strengths, map our faith community environment, and create an initial action plan for establishing faith community partnerships.” Use **Section III: Strategies for Faith Community Outreach of the Outreach Guide** to help set your team meeting agenda and create a work plan.
- ◆ **Familiarize yourself with model programs and resources.** Use the model programs and resources outlined in the Outreach Guide as a starting place for learning about options in faith community outreach. Select the resources and program ideas that fit with your strengths and the strategic opportunities.
- ◆ **Cultivate partnerships with faith communities as your primary goal.** As you begin planning your outreach, start with something doable such as providing resources, or offering a one-time program or series. However, think ahead to follow up and next steps. Remember that the most effective outreach grows out of relationships that you cultivate over time. *Take the time to build the relationships.*

C. Assessing Your Strengths for Engaging Faith Communities

Once you have assembled your planning team, work with them to identify their hopes and existing relationships for your faith community outreach.

Identify your hopes.

Have the team members work in pairs or small groups. Ask them to think back through any experiences they have had interacting with faith communities around illness, caregiving, the end of life or grief. The experiences could be personal or professional. Prompt them to remember a high moment. Ask them to describe the situation and respond to the following:

- ◆ Why is that moment significant for you?
- ◆ What did you feel? What do you still value about that interaction?
- ◆ What are three wishes you have for faith community outreach?

Then work with your team to identify three or four hopes or wishes your planning team has for engaging faith communities. This will help your team come to a consensus on a key question: “What do you hope for?”

Conclude your meeting by discussing the importance of relationship building as a strategy for working with faith communities and develop your plan for identifying existing relationships you can build upon.

Identify existing faith community relationships. Begin by identifying established relationships your hospice or coalition has with area faith communities. This may include congregations where you have offered programs in the past or where the clergy serve as volunteer chaplains for your hospice.

Identify the relationships your planning team members have with faith communities in your area. Invite members on the planning team to describe any connections they have with specific faith communities and with clergy or lay leaders in each congregation. Remember that planning team members *may be* clergy or lay leaders themselves.

Survey hospice and/or coalition employees, board and advisory members and volunteers to learn how they are connected with faith communities in your area. Be sure to communicate that the purpose of the survey is to help your hospice and/or coalition partner more effectively with area faith communities and that participation is voluntary. Ask about their relationships with clergy or lay leaders. Remember that any staff person or volunteer may be a clergy person or lay leader.

Use the results of your internal surveys to create an initial map of your faith community connections.

Why is this step important? Hospices and coalitions often have relationship strengths that go unidentified and untapped. As an example, for some time one hospice wanted to partner with a certain powerful congregation in their area. Calls and letters directed to the clergy were not returned. When the hospice later asked their employees to describe any relationships they had with area faith communities, they discovered that their janitor was a highly respected elder in that congregation. As a key leader in that faith community, the janitor helped initiate a great partnership that had eluded all attempts made by senior management. Always remember to start with your strengths and natural networks.

D. Mapping Your Faith Community Environment

Identify potential partners.

Once you have identified your existing relationships with area faith communities, begin identifying potential faith community partners as follows:

- ◆ Add faith communities known for their leadership in the larger community. Include any known contact persons.
- ◆ Add congregations known to have an interest in health-related issues, often referred to as “health ministries.” Record any known contact persons.
- ◆ Check with other health-related organizations to find out about congregations or faith community leaders they know that are interested in health issues.
- ◆ Contact regional or state denominational offices as they may be helpful in identifying congregations or faith community leaders in your area with an interest in end-of-life issues.
- ◆ Consult with local colleges, universities or seminaries with faith community affiliations. Many will have an “Office of Faith Community Relations” or a similar liaison that may be helpful.
- ◆ Seek out faith communities of denominations or religions represented in your area but not represented on your map. Strive for diversity across faiths and cultures in your mapping process. You may get a broader picture of the diversity in your area by checking the yellow pages of a phone book or by doing a web search.

- ◆ Map out ministerial associations in your area. These associations of clergy may be interdenominational, ecumenical or interfaith. Some may be culture-specific. For example, in some areas of the country there are ministerial associations composed of African American congregations. Ministerial associations often meet regularly to share ideas and focus on common concerns. Some have histories of creating joint events or shared worship services. Ministerial associations may be an excellent place to take your plans for an interfaith program launch once you complete your plan and identify key members who will serve as your champions.

Create a spreadsheet or database.

As you collect information on faith communities, record it on a spreadsheet or in a database. Include faith community name, contact information, Web site, names of clergy, administrative staff, your inside contacts (staff, volunteers, community champions) and their role in the faith community. Begin to compile a history of your connections and interactions. Maintaining an organized, detailed spreadsheet or database will help you plan your outreach activities. Once you have gathered data about faith community relationships and assembled your database, use the **Faith Community Relationship Worksheet** (located in the Appendix) to create a snapshot of your network. This worksheet will help you identify congregations with the highest probability for initial success.

- ◆ **If you are new to faith community outreach or are renewing your efforts**, your next step at this point will be to identify ten congregations that you will contact through your relationship network or referral network. The goal will be to set up a series of informational interviews that will result in a strengths/needs assessment. See below for more details.
- ◆ **If you have a faith community network already in place**, you also may choose to do a series of relationship-building strengths and needs assessment interviews. However, you may also consider conducting faith community focus groups or a community-wide survey. See Section V, Resources, for more details.

E. Assessing Faith Community Strengths and Needs

The information provided in Section II regarding the survey of faith community leaders of the Outreach Guide will give you insight into the strengths and needs of faith communities. However, you may choose to complement these findings by assessing the strengths and needs of faith communities in your area.

There are three primary options for doing this assessment: individual interviews, focus groups and a community survey. Choose one based on your situation and goals.

Option 1: Individual Interviews

If you are just beginning faith community outreach or expanding your effort, individual interviews are the best way to get to know a congregation. If you have a key contact connected with that faith community, ask them to help you initiate contact or to join you for the interview. This transfer of trust will help you connect more effectively. When you schedule interviews with clergy or lay leaders, meet with them at their location. This will demonstrate your commitment to reach out and will give you valuable on-site information you will not learn in your own office.

Questions might include:

1. What are the key issues you see as your members go through illness, the end of life and grief?
2. Who are the key people in your congregation involved in providing care and support for your members facing illness, caregiving, the end of life and grief?
3. Do you provide training for lay leaders in this area? If so, what kinds of training? Do you believe additional training would be helpful?
4. What kinds of support do your members offer other members of your congregation? Do you think your members would benefit from learning more about how to support other members?
5. What types of educational programs and materials do you offer members in helping them with issues related to illness, caregiving, the end of life and grief? Do you see gaps in your educational offerings? What are those gaps?
6. How do you raise these issues in worship? Would you benefit from additional resources to increase support for people living with illness, the end of life and grief through worship?
7. Compared with other activities, how important is end-of-life care as an issue for the faith community?
8. How can we as a hospice or coalition be a resource for you?
9. Would you be interested in learning more to begin offering new programs, training and resources for faith communities? Are there other ways you would like to be involved?

The interview approach will allow you to customize your conversation to the individual setting. Even if you have worked with a clergyperson or faith community before, an individual interview will help you better understand the faith community and build your relationship.

Option 2: Focus Groups

Rather than doing individual interviews, if you have a number of congregations interested in your faith community outreach planning, you may choose to conduct a series of focus groups. The questions above could easily be adapted to a focus group setting. If you decide to do focus groups, it's best to have a recorder on hand to make sure you gather all information. Consider the location of your focus group carefully. If you are doing a focus group in one congregation, schedule it at the congregation. If you are

bringing together representatives of various faith communities, you may choose to have the focus group at your office if you have good meeting space and the location is convenient. If not, consider meeting on neutral ground or ask to use space in a faith community known for hosting community events.

Option 3: Community Survey

The most extensive community strengths/needs assessment entails conducting a survey of faith communities. With a well-developed database of area faith communities in hand, you have the option to conduct a traditional mail survey or an online survey using a tool like Survey Monkey or Zoomerang. If you would like to use the online faith community survey developed by the Duke Institute for Care at the End to survey your community, visit the Duke Institute on Care at the End of life's Web site at www.iceol.duke.edu. There is no cost for hospices and/or coalitions to use this survey tool.

F. Planning for Action

Your planning team may have many great ideas about where to start. Also, by listening to your faith community constituents, you will become aware of the real needs and opportunities you're your outreach plans. Perhaps you will focus on advance care planning or on end-of-life education; maybe you will choose caregiving or grief. You may vary what you offer depending on the faith community. See section IV. Faith Community Model Outreach Programs and Initiatives, which will help you identify many options and models for initiatives and program development as you plan for action.

G. Getting in the Door with Keys for Success

When hospice and coalition leaders discuss unsuccessful attempts to engage faith community leaders, the stories are often the same:

- ◆ "We sent a letter to the clergy but they never responded."
- ◆ "I sent an email and made a call but didn't get anywhere."
- ◆ "We planned a beautiful luncheon and sent invitations on nice paper but the only responses we got were from a few clergy we already knew."

The following strategies will help prevent this from happening to you!

Initiating Partnerships with Individual Faith Communities

No two faith communities are alike. Each has its own beliefs, organizational structure and culture. Accept each faith community as its own unique entity. The approaches to faith community outreach outlined below have been gleaned from some of the most successful hospice and coalition leaders in the country. Applied consistently, these key strategies will get you in the door and help you stay there.

- ◆ **Respect the role of clergy as leaders.** Clergy seldom respond to blind letters, cold calls and unsolicited invitations because they are extraordinarily busy leaders. While they may care deeply about end-of-life issues, they are severely limited by the time and energy they have available for outside efforts. Demonstrating that you understand and respect their roles as both leader and gatekeeper in a congregation is vital to your success.
- ◆ **Understand what motivates clergy to engage with you.**
The most compelling reason for a clergy person to connect with you is a personal experience with illness or end of life. If a clergyperson comes to you for hospice services or grief support, your focus will be on providing support for them as patient or family member, separate from their professional role. However, at some point following the illness, caregiving or death, the clergyperson may want to get involved with you as a volunteer. Clergy motivated by personal experience have great capacity to become volunteer chaplains or community champions: getting involved in hospice and coalitions, taking on leadership roles and/or becoming community connectors. They may provide you with access to ministerial associations and other networks. Keep a close eye out for these clergy and nurture the relationship. Never underestimate the power of personal experience.

The second most compelling reason for a clergyperson to connect with you is the influence of an effective insider. An effective insider is a member of a congregation who has energy or passion for end-of-life issues and the ability to connect with the clergy. Just because an individual has a title or leadership position, he or she may not be the best person to make the connection. This person could be a hospice staff person or volunteer, as described above. He or she may be someone you know with powerful personal or professional experience. Above all, he or she needs to be an insider who is trusted in the faith community. Work with this effective insider to discuss the congregation in advance if possible and put together a plan for meeting with the clergy. Then work with the effective insider to set up an appointment, letting the insider take the lead.

- ◆ **Learn how one-clergy congregations work.** Many small to medium congregations have only one full-time clergyperson. Their only additional paid staff may include some administrative support and musicians. They may possibly have a part-time person focused on children and/or youth. Everyone else will be a volunteer. Much like a small business owner or the director of a small non-profit, this person is expected to “do it all.” As you and your effective insider meet with this person, keep listening for who in the congregation volunteers to help with congregational care and/or education.

Think about what you can offer to make this person’s life easier or simpler. Think about ways to offer resources, programs, or approaches to organizing congregational caregiving that will relieve burden rather than increase it. Smaller congregations can be very open to engaging around end-of-life issues. Do not overlook them based solely on size. This is especially true if you are trying to connect in rural areas or across ethnic and cultural lines. Some smaller faith communities can be major community powerhouses.

- ◆ **Discover how multi-staff congregations function.** Medium to large congregations will have a senior clergy person and one or more associates. The larger the congregation, the larger the staff. When you and your effective insider meet with clergy, be clear about your primary goal.

If you are meeting with a senior clergyperson in a faith community, this person is equivalent to the CEO. Your goal may be to gain the endorsement of this person to move ahead with your mission. You want them to know and trust you and then connect you with others who will move the work forward. The most important information you learn might be which individual or committee the clergyperson thinks you need to connect with next. This meeting is best conducted with the effective insider beside you, paving the way.

Faith communities with several staff associates may provide “congregational care,” “health ministries,” “educational ministries” or some other similar functions. Depending on the faith community, you may start with one and get referred to another until you find the right connection. These individuals are more accessible than the most senior clergy and may be more willing to work with you because of their direct job responsibilities. They often do not have more time than one-clergy congregations but they do have a more defined focus. You may decide to start with them with the help of your effective insider. In this case, you may never directly meet with the senior clergy. This staff person may become the liaison with that senior person. This staff person often has one or more committees that may become your allies.

Some congregations have faith community nurses (commonly called “parish nurses”) who are both nurses and faith community leaders. If this individual has any inclination toward end-of-life issues, she or he can become a powerful ally in faith community outreach. Often they have the ear of the clergy and can move health-related education and care forward. Seek them out as key potential partners. Congregations with faith community nurses are typically supported by a “health ministries” committee. Congregations without faith community nurses may also have such a committee. This committee may be helpful in planning and carrying out end-of-life outreach activities.

Retired clergy can make strong allies in end-of-life outreach. Often they have strong experience and more time to devote. Retired clergy usually have a deep desire to offer meaningful service and many have what’s described in some circles as “a pastor’s heart.” They can usually talk peer-to-peer with the senior clergy and raise important issues with them. More congregations now have retired clergy serving as leadership volunteers or part-time staff.

- ◆ **Understand the roles lay leaders can take.** While lay leader roles vary significantly among faith communities, sometimes your most effective partners are members who have a passion for people coping with illness or the end of life. These people could be members who visit the sick, make hospital

visits, do social ministry or serve as “deacons”, “deaconesses”, Stephen Ministers³ and other similar roles. However, in working with lay leaders, remember that it is essential to have the endorsement of a clergy person. Often the point person will be the clergy in charge of congregational care; think of that person as your key contact.

- ◆ **A note about store-front congregations.** Successful faith community engagers report little success with “storefront” congregations. These faith communities are often small, unaffiliated with other congregations, without staff and office space. It can be very challenging to connect with these congregations unless you have a well-connected effective insider.

Crossing Faith Traditions and Cultures

Faith community outreach will give you the opportunity to work with people whose faith tradition or cultural background differs from your own. Here are some tips for crossing faiths and cultures:

- ◆ **Respect all persons.** Cultivate a healthy respect for the beliefs and cultures of all people. Use your time as an opportunity to grow in your appreciation for different ways of seeing the world. Your respect will convey a powerful message of care and support.
- ◆ **Work through key leaders.** In working in diverse faith communities such as African American congregations, Chinese congregations, Latino congregations and others, it is especially important to form relationships with key clergy. Lack of trust can be a barrier to partnership, so take the time to demonstrate your commitment to relationship and understanding.
- ◆ **Take on the role of a learner.** Acknowledge your desire to learn about the faith and/or culture of the other. Sandy Chen Stokes, founder of the Chinese American Coalition for Compassionate Care, acknowledges how challenging it can be for non-Chinese people to understand the complexity of Chinese culture and faith in America. She stresses the importance of learning from each another, demonstrating sensitivity to language, cultural and spiritual issues. Stokes says: “We need two wings, compassion and knowledge, to be able to fly!”

One excellent way to learn about beliefs in diverse cultures is through the Caring Connections Guides for African American Outreach, Chinese Outreach, and Latino Outreach. These Outreach Guides are available to download for no charge at www.caringinfo.org, in the Community section of the site.

³Stephen Ministry is a congregational care program where trained lay leaders provide one-on-one confidential spiritual support for other congregational members.

- ◆ **Walk at the same pace as your faith community partners.** In working with people of a different faith or culture, ask your engaged insider where you should start. Gloria Ramsey, JD, RN of the Uniformed Services University of the Health Sciences, MD, has done research with African American Baptists in New York on end-of-life issues. She began by talking with a faith community nurse about how to discuss selecting healthcare decision-makers with the members. The nurse said: “Don’t start by talking with our members about death and dying! Let’s talk about who they would want to have there if they fainted.” Using this approach, Dr. Ramsey asked questions that progressed from discussing fainting to an auto accident to being gravely ill. She reports that the person selected in each situation turned out to be the same. This progressive strategy was “just enough to bridge the gap.”
- ◆ **Understand the power of showing up.** Successful hospice and coalition leaders stress the power of showing up. For example, if you are invited to offer an educational program for a congregation immediately before worship or right after, plan to attend worship if possible. Do not be surprised if your presence is “strongly expected.” Mix and mingle during the hospitality time if they have one. This is a great opportunity for engagement.
- ◆ **Know in advance that you cannot connect with everyone.** As you consider ways to get in the door, remember that you will not connect with everyone. Sometimes the faith community’s beliefs may run so counter to your organization’s philosophy that you find it difficult to work together. Other times your attempts to partner may be met with resistance by clergy or other leaders for any number of reasons. That could change in the future.

The best rule of thumb is to approach outreach with an open mind and connect with those faith communities that are willing and interested in connecting with you. Seek to develop common ground wherever possible.

Initiating Community-wide, Regional or State-wide Interfaith Partnerships:

If you are more experienced partnering with individual faith communities, you may decide to develop an interfaith network or initiative. Unlike your partnerships with individual congregations where you can tailor your outreach specifically to that community, here you will seek to bring people of differing beliefs and traditions together around end-of-life issues. Here are some keys to success:

- ◆ **Focus on issues that will bring diverse faith communities together.** Look for common themes, such as the need to increase caregiver support, a desire to understand advance care planning or the opportunity to learn how to support others through grief. Also consider ideas that help people deepen their appreciation of each other across traditional religious and ethnic lines. Creating interfaith dialogues around the ways different traditions understand end-of-life issues can be a powerful tool for engagement.
- ◆ **Connect with ministerial associations or existing interfaith organizations.** Your most promising strategy for connecting with Ministerial Associations, groups of clergy that meet regularly, is to develop

a relationship with a clergy person who will serve as your effective insider. Just as you need an effective insider layperson to help you connect with individual congregations, a clergy effective insider will take on that role with Ministerial Associations.

Some areas of the country have Interfaith Organizations or “Community Ministries” that may address a wide range of social issues such as poverty, juvenile justice, aging, social justice, health-related issues and so on. Many have offices, staff and well-developed interfaith networks and contacts. You may find it helpful to initiate conversations or partnerships with these organizations to create programs and initiatives.

- ◆ **Work with well-respected denominational offices or state-wide organizations.** These are local and state-level organizations for clergy in various faiths and denominations. They have offices, staff, and on-going communication with members. They are a good source of credibility for organizations seeking to partner with faith communities. Again, an effective insider such as a staff person or a well-respected clergy will be the best key for connecting here.

When the Foundation for Healthy Communities began engaging New Hampshire faith communities around end-of-life issues, Executive Director Shawn LaFrance worked through personal connections with the director of the New Hampshire Council of Churches and an influential layperson at the New Hampshire Catholic Archdiocese. These relationships helped create momentum and interest in end-of-life issues that led to formation of a key planning committee made up of clergy and leaders from across the state.

If you are conducting a regional or state-wide survey, working with respected denominational offices can make a difference. When the Maine Hospice Council and Center for End-of-Life Care conducted a faith community survey in Maine, the survey was sent directly from the state-wide offices of the Catholic Archdiocese and the United Church of Christ (Congregational) on denominational letterhead. Four other denominations printed the survey letter on their own letterhead and the survey itself was mailed by the Council. The use of denominational letterhead and mailing lists contributed to higher response rates.

- ◆ **Be patient! Many faith communities have committee structures to navigate.** Use meeting opportunities with committees to build relationships and partnerships. In the process you will educate community leaders about your hospice or coalition and learn what you need to know for an effective partnership. Be aware that this takes time; however, it can be well worth the investment.
- ◆ **Denominational and state-wide organizations almost always have committee structures.** While you may have the support of an influential clergy person, it is critical that the denominational process be allowed to take its course. As you filter through the leadership and committee structure, you will build relationships and support for your initiatives that become embedded in the denomination or state-wide network.

As the Foundation for Healthy Communities in New Hampshire developed its initiatives, it worked with one denomination that had a long process involving many committees. However, following this process, the end-of-life initiatives proposed were endorsed wholeheartedly. As a result, when the Foundation subsequently needed clergy support for public meetings or on legislative issues, they had the relationships in place and could easily marshal support.

Whether you are working with an individual congregation or at the regional or state level, remember that it takes time for people to become invested, to wrestle with the questions and to work together on solutions.

H. Building Partnerships Over Time

As you build partnerships with faith communities or networks, there are several additional key strategies to keep in mind:

- ◆ **Make a communication plan.** Make sure your database information stays current and keeps growing. While personal contact is certainly best, once you have established relationships, be sure to add your contacts to your organizational mailing list and e-list. You may consider sending out a brief e-letter just for faith communities once a quarter or twice a year highlighting a brochure you have available, such as “If You or Someone You Love is Seriously Ill...Ask Tough Questions” or “There is no Wong or Right Way to Grieve After a Loss) from Caring Connections (www.caringinfo.org). Think about information you have on hand that can be adapted for faith communities. If your list is small enough, customize the emails. This type of communication is not meant to replace personal contact but to supplement it.

Strike a healthy balance of communicating by email, by phone and in person.

- ◆ **Invite faith representatives to join your boards and councils.** Be sure to invite clergy and laypersons who are champions of your initiatives to join your board, advisory committee, task force or coalition. Do not limit them to faith-related activities. When key faith leaders join with physicians, nurses, lawyers and others at broader meetings, spiritual issues can be more naturally integrated into the discussion. Consider ways to bring representatives with diverse spiritual backgrounds to the table.
- ◆ **Respond to unanticipated needs.** As you work with faith communities, you will discover opportunities to respond to emerging needs you did not anticipate. Evaluate your capacity to respond to the need or request. For example, one hospice had been partnering with a congregation for some time, offering programs and resources. In a follow-up meeting with the hospice partner, the clergyperson said: “What I really need right now is information on long-term care insurance. So many members keep asking me about it and I’m at a loss.” Rather than just saying: “That’s not what we do,” the hospice partner said: “Let me connect you with someone we know who works with people to put long-term care policies into effect when they are needed. He does a great job of interpreting

how long-term care insurance really works. He can help you with all kinds of questions.” The hospice representative did a great job of remembering that everything is not about hospice for faith communities and she strengthened the relationship.

- ◆ **Remember that attrition is natural.** Just as there is a time for beginnings, there is a time for endings. When clergy or lay leaders need to move or step down or shift gears, honor the relationship and their service. Keep in mind that all relationships experience change, so continue to develop new relationships within faith communities while deepening existing relationships.

I. Evaluating Your Outcomes

To ensure your outreach strategies enable you to attain your established goals, it is important to evaluate your results, using the following steps.

- ◆ **Build assessment into your faith community outreach thoughtfully.** When you are providing educational programs for faith communities, be thoughtful about how you incorporate evaluation of the programs. While evaluating internal and community educational programs is part of the culture for hospices and healthcare organizations, most faith communities do not formally evaluate every educational program they offer internally. One way to evaluate outcomes is to use or adapt the Participant Feedback Form in the Appendix of this Guide.
- ◆ **Evaluate your faith community Outreach efforts regularly.** Set regular times to evaluate your faith community relationships, activities and outcomes. If you have formed a “faith community outreach team,” following more frequent start-up meetings, you may then choose to meet quarterly to evaluate your progress and continue building your plan. By inviting key faith community partners to join, you will expand your team, gain more first-hand expertise at the table and increase collaborative partnerships.
- ◆ **Prepare for transition.** As with any healthy team or initiative, planning members may rotate on and off while the team itself continues to function and grow. Establish an organized and growing body of information related to your faith community outreach. This will include your database, surveys, partnerships, initiative report and future planning. Make sure this valuable information is not lost when members or leaders rotate off the team.

The Bottom Line on Partnership Development

Perhaps the most important thing to remember is that faith community outreach is about building relationships that deepen and grow over time. Just as your hospice or coalition might have a consistent plan for growing relationships with physician’s offices in order to grow referrals, a consistent plan for faith communities offers powerful potential to increase the community’s understanding of end-of-life issues.

No matter the size and scope of your effort, thoughtful faith community outreach will help your hospice or coalition grow as a community leader in end-of-life care. By reaching out to faith communities, you have the potential to significantly improve people's access to end-of-life information, support and care. It also provides your hospice or coalition with opportunities to increase referrals, volunteer programs, individual and faith community donations, and grow your reputation as an excellent provider for end-of-life care.

Successful faith community outreach has helped hospices and coalitions develop powerful communities, including regional and statewide networks of influence and change. As you explore the program ideas and models that follow, consider your organization's potential for making such an impact in your service area.

IV. Faith Community Model Outreach Programs and Initiatives

In this section, you will find successful faith community program ideas and initiatives implemented by hospices and end-of-life care coalitions around the US. The information is organized around the common functions of faith communities:

- A. Education for Adults, Teens and Children
- B. Congregational Care
- C. Worship
- D. Music and the Arts
- E. Social Justice Issues
- F. Leadership Development

This organizational approach will help you develop a faith community mindset and be better prepared to offer information, expertise and support to fit with faith community life. Remember that effective faith community outreach happens through partnerships, so be sure to apply the strategies for building partnerships outlined in Section III as you develop programs and initiatives.

A. Education for Adults, Teens and Children

“Fewer than 20% of faith community leaders offer any education related to serious illness, caregiving, the end of life or grief. However, according to survey findings from the Duke Institute on Care at the End of life, two out of three of these leaders indicate a desire to provide education around these issues.”

Perhaps the easiest place to start is by providing education on end-of-life issues for faith communities. Educating adults, teens and children is a core function of faith communities of all beliefs. While spiritual and religious matters take the lead, many faith communities understand that illness, caregiving, the end of life and grief impact every aspect of people’s lives. They may see the value in helping their members better understand important issues during this season of life. You can offer important information about end-of-life issues to an attentive audience.

Potential Program Formats for Individual Faith Communities

The following are different options for potential program formats for individual faith communities:

- ◆ **Presentation to existing groups:** Based on your conversations with your effective insider, key clergy or related committee, you may be invited to “offer a program” for an adult educational group. Often this opportunity will fit within the faith community’s existing educational structure. You may be invited to speak to a “Sunday School class,” to a large adult education forum, to an existing study group during the week, to a “prayer meeting” following a weekday supper or some other gathering.

Ask who your audience is, how established a group they are and how you fit into their meeting. Do not be surprised if the group expects to have announcements, prayer or a “devotional” before you speak. Be sure to stick to the time you are given to present.

- ◆ **Freestanding presentation:** You may be asked to create an educational program for a faith community outside of their regular education schedule. While this may give you more time, the challenge is that your audience will have to go the extra mile to attend, so be sure to make the title and description interesting, give plenty of advance notice and seek the endorsement of the clergy to urge members to attend.
- ◆ **Multi-part series:** Creating a multi-part series gives you the opportunity to explore a topic more fully, develop deep relationships and build community with participants around end-of-life issues. You may be asked to plan a “Lenten Series” for a Christian congregation during Lent between Ash Wednesday and Easter or during High Holy Days for a Jewish congregation.

Program Planning Considerations

Whether you are putting together a one-time program or a series, consider the following:

- ◆ **Offer a choice of topics if possible.** In working with faith community leadership, be sure to listen for topics you have to offer that will fit their needs. You can certainly develop a list of topics in advance but stay open to customizing your program based on their interests and needs.
- ◆ **Use interactive approaches to adult learning when you design your program.** Studies of adult learning show that interactive activities are much more effective than lectures. Consider how you can best combine:
 - ◇ Offering helpful information
 - ◇ Engaging in experiential activity
 - ◇ Providing time for reflection, debriefing and discussion

No matter how long or short your time, devote time to engaging in experiential activities. One simple way to engage participants is to organize them into pairs or small groups and give them a few questions to discuss related to your topic. You can also have participants react to case examples, do role plays, brainstorm “every possible way” to respond to a situation, have them draw “pain” or “grief,” and so on. You will find many examples of experiential activities and stimulating questions in the resources below and in Section V.

- ◆ **Address spiritual issues carefully.** Talk with your effective insider or clergy in advance about the spiritual aspects of your topic and seek their guidance on how to handle them. Even if you are an outside clergyperson, do not skip this step. It is best to continue this practice until you develop a trusting relationship. Ask if they would like to take the lead on the discussion of the spiritual aspects when you get to that point. If not, structure the spiritual outreach around questions and discussion. This demonstrates your respect for their spiritual point of view and helps you learn about them in the process.

- ◆ **Try not to overwhelm participants with lots of information.** Focus on your topic at hand. Bring helpful materials to leave behind for additional information. Make a conscious shift as you walk in the door to meet them where they are rather than to sell them on a service.

Educational Program Models

There are well-developed models for facilitating interactive faith community educational programs that have been developed by state-wide end-of-life care coalitions. All three models described below are available on the Web at no cost.

 **Kokua Mau, Hawaii's statewide end-of-life care coalition developed a robust interactive curriculum called "The Complete Life."** This course book, originally designed for faith communities, includes seventeen one-hour sessions. Eight sessions are dedicated to caring for the dying and nine are dedicated to bereavement. Each session has information and experiential exercises that relate to spiritual, cultural, physical and practical aspects of care. Topic areas include:

- ◆ The Problem of Pain and Suffering
- ◆ Planning Ahead
- ◆ Spiritual Foundations of Compassionate Care
- ◆ Cultural Beliefs in Death and Dying
- ◆ Saying Good-Bye
- ◆ The Journey of Grief
- ◆ Putting Affairs in Order
- ◆ Cultural and Religious Issues in Mourning
- ◆ The Compassionate Conversation

Kokua Mau has made the course book and PowerPoint slides available at no cost on their Web site at www.kokuamau.org.

 **The Maine Hospice Council and Center for End-of-Life Care partnered with the Maine Council of Churches to develop a manual for creating "Interfaith Dialogues for End-of-life Ministry."** Published in 2003, the manual is for "building successful, faith-based ministries to address death, dying and life at the end of life." It offers suggested topics for faith community outreach such as:

- ◆ Caring for a Loved One with Life-Threatening Illness
- ◆ The Effects of Life-Threatening Illness on the Family System
- ◆ Courage to Change the Things We Can: Decision Making at the End of Life
- ◆ To Accept the Things We Cannot Change: Spirituality of Death and Dying
- ◆ How We Die
- ◆ The Details of Dying
- ◆ Grief and Bereavement
- ◆ Talking about Death with Your Child

The manual provides instructions for facilitators, outlines for one and a half to two hour facilitated sessions and resources for developing faith community outreach. The manual is available at no cost on the Maine Hospice Council and Center for End-of-Life Care Web site at www.maineospicecouncil.org.



Sacramento Healthcare Decisions, affiliated with the “California Coalition for Compassionate Care” offers “Talking It Over: A Guide for Group Discussions on End-of-Life Decisions.”

Designed for lay discussion leaders, the discussion guide provides the format and exercises for three one-hour sessions:

- ◆ Exploring Your Personal Views
- ◆ Talking with Loved Ones
- ◆ Making Tough Decisions

It offers a helpful model for facilitating difficult conversations. The leader guide is available at no cost at: www.sachealthdecisions.org. It is also available in Spanish and Tagalog.

Each model reflects the state-wide culture and may need to be adapted. By learning from the interactive approaches in each one, you will have excellent resources for developing and customizing your own interactive educational programs for faith community outreach.

Potential Program Formats for Interfaith Educational Events

If you are organizing an interfaith educational event, there are additional factors to consider.

- ◆ **Strive for the broadest representation possible.** You may need to work intentionally to create spiritual and cultural diversity for your interfaith event. Go the extra mile to make sure you are representing the whole community you serve.
- ◆ **Cultivate a culture of respect and equal regard.** In your program planning, make sure people of all faiths have leadership roles. Communicate clearly with all leaders who are offering prayers, meditations and other spiritual reflection that the event is meant for people of all faiths. Ask them to lead with interfaith words and spirit.
- ◆ **Be aware that not every faith community in your network will value interfaith interaction.** Some faith communities will question why you are engaging in interfaith outreach. This offers you an opportunity to remind them that as a hospice or coalition you serve all people and want to make sure everyone has access to important end-of-life education. Reiterate your desire to work with them individually if they are not interested in joining your interfaith activities.

Model Program: An Interfaith Dialogue Event

The Maine Hospice Council and Center for End-of-Life Care Interfaith Guide outlines an interfaith dialogue titled: “To Accept the Things We Cannot Change: The Spirituality of Death and Dying.” The purpose of this

event is for clergy from diverse congregations to address perspectives and teachings on death and dying from their own faith traditions.

Questions for dialogue could include: “Do you have specific questions about our religious tradition and end-of-life issues?” Following a break, questions shift to personal experience, asking participants to discuss questions such as “How has a serious illness or death affected you spiritually?” and “During an experience with a death or the dying process, what role did your faith play, what role did your congregation and clergy play?”

An interfaith dialogue such as this one has the potential to help individuals explore their own beliefs about the end of life and spirituality while learning from the faith experiences of others.

Model Program: An Interfaith Breakfast

Nathan Adelson Hospice in Las Vegas, NV has developed numerous relationships with area faith communities and a reputation for providing excellent programs that integrate spiritual care, such as their annual Multi-Cultural Luncheon. Tapping into this history of relationship-building and interfaith program development, they decided to host an Interfaith Breakfast for clergy from across the community. They arranged for a hospice chaplain to speak on care at the end of life and asked interfaith clergy to help lead the event. Beyond printed invitations, they focused on the power of personal and peer invitations to bring people into the room. According to Cassandra Cotton, Community Relations and Outreach Representative, this event helped them better assess faith community needs, springboard new program initiatives and deepen relationships.

A promising interfaith program can be undermined by inattention to practical matters:

- ◆ Consult first with all religious leaders in your community and their calendars. Take note of faith and secular holidays. Make sure you are holding your event at a convenient time and a “neutral” location. Breakfast is often a good time but be aware that it should be scheduled to end for Islamic leaders to get to their masjids (an appropriate space for prayer, including mosques) for midday prayers.
- ◆ Serve food that agrees with the dietary restrictions of all faith practices. For example, the meal itself should be prepared in accordance with the rules of kashrut (Jewish dietary laws) and hallal (Muslim dietary laws). No meat product or by-product (lard) of any form should be served. It is best to omit meat selections entirely and serve only dairy. A sample menu for an interfaith breakfast might include:
 - ◆ Assorted breads – Select baked goods from a kosher bakery or brand
 - ◆ Cheeses, butter, jellies, jams
 - ◆ Various fruits
 - ◆ Caffeinated and decaffeinated coffee and tea – serve kosher coffee and tea
 - ◆ Fruit juices and water

It is helpful to all participants, including those following the rules of kashrut and hallal, to label foods appropriately. Place a placard near the foods indicating “Kosher” or “Made with 100% all-vegetable shortening.” Be sure to have disposable utensils and paper goods available for participants to help honor dietary laws.

B. Congregational Care

“Although four out of five faith community leaders report that laypersons visit people with serious illness and two-thirds visit at the end of life and during grief, over 80% of faith community leaders indicate the need for effective models and programs for lay leader training and support” according to the survey findings from the Duke Institute on Care at the End of life.

Congregational care is another area for hospices and coalitions to engage faith communities. Recently the Senior Pastor of a one thousand member Protestant congregation said: “Our congregation’s challenge for the next twenty years will be to figure out how to go from being a ‘come to’ congregation into a ‘go to’ congregation.” When members live for months or years dealing with illness, caregiving, and end-of-life issues, it often becomes difficult for faith communities to sustain consistent support. As the Baby Boomer generation ages, this challenge will only increase. Many faith communities see the challenge and are seeking education and support on how to improve their congregational care now.

The following are model programs to assist your outreach efforts with congregational care:

Model Program: Offering Spiritual Support for Others

A starting place can be to offer an interactive educational program or series on how to provide emotional and spiritual support for people living with illness. The Caring Connection’s brochure “Offering Spiritual Support for Others” provides an excellent blueprint for creating an interactive education session. Using the material in the brochure as a foundation, your spiritual support session will:

- ◆ Help lay leaders or members explore their own spiritual beliefs about illness
- ◆ Discuss spiritual questions people with illness may ask
- ◆ Explore the difference between pain and suffering
- ◆ Provide suggestions for offering spiritual support

To increase the interaction, you may have participants pair off for the opening exercise. Later you may ask them to role play how to provide support or how not to provide support. Be creative in your design. Then provide copies of the brochure with your contact information added on a label on the back for participants to keep. You may wish to work with a hospice chaplain and/or faith community clergy in the congregation to develop this session or series.

Model Program: Caregiving Support Teams

One effective model that hospice and coalitions can offer faith communities is the Support Team approach for volunteer caregiving. Support Teams are intentional groups of volunteers organized to provide support for people living with illness. Volunteers pool their talents, creativity, time, and leadership abilities to offer much more support than one volunteer can provide alone. Teams average six to twelve volunteer members, two volunteer co-leaders and a coach. Their activities often include a carefully coordinated combination of:

- ◆ **Practical Support:** such as help with transportation, respite, meals, errands, household tasks, yard work, etc.
- ◆ **Emotional and Social Support:** such as visits, calls, check-ins, shared time together, etc.
- ◆ **Quality of Life Support:** such as social outings, gardening, help with hobbies, computer access, art projects, cookbook projects, pet care, etc.
- ◆ **Advocacy and Resource Support:** such as tapping community resources, help with problem solving, accompanying friends on doctor visits, organizing records and bills, etc.

Teams can be created for individuals and families living with any illness and can last for months or sometimes years, helping to create a continuum of care. They can provide support long before hospice is an option and can help transition people into palliative care or hospice services.

Project Compassion, a coalition in Chapel Hill, NC has partnered with faith communities as well as retirement communities, civic organizations, neighborhood groups, friendship circles, businesses, schools and others to create a community-wide network of caregiving Support Teams. Over forty of the seventy partner organizations are faith communities. Since 2002, Project Compassion has created over one hundred and fifty caregiving Support Teams with more than one thousand community volunteers. Through the partnership, Project Compassion helps faith communities and other organizations have the education and support they need to create, orient and sustain volunteer Support Teams for months or years. As the Leadership Training Center for the National Support Team Network, Project Compassion provides resources and training for hospices, coalitions and other networks around the country on how to take a Support Team approach to community caregiving. Additional information is available at www.project-compassion.org.

Model Program: Caring Touch Ministry

Hospices and coalitions have also partnered with faith communities to increase their own volunteer programs and to expand hospice services. Nathan Adelson Hospice in Las Vegas, NV, discovered that taking their volunteer training program out to congregations increased participation. At one congregation, thirty three people attended the congregational hospice volunteer training and became “Caring Touch” hospice volunteers. These volunteers had t-shirts designed with the hospice’s name and a scripture. They periodically coordinated wearing the shirts and sitting together at worship to raise awareness about hospice and their volunteer commitment.

Model Program: Creating Jewish Hospice Services

Midwest Palliative & Hospice CareCenter in northeast Illinois had been serving Jewish patients and families since its inception. The organization was very aware of the specific needs within the Jewish community related to end-of-life care and partnered with the Jewish community to create Jewish Care Services.

Planning began with an Advisory Council made up of employees, volunteers, community leaders, patient family members, clinical professionals, and clergy that advised the hospice leadership. The model created includes a Jewish Care Services Coordinator, four rabbis, and a liaison to the organization's marketing and philanthropy departments and the Chicago Jewish community-at-large. This team was layered in addition to the hospice services already in place.

The program also included Jewish volunteers; Yiddish, Hebrew and Russian speakers; assistance with Jewish ritual observance (e.g. Shabbat and holidays); access to Kosher meals; information on funerals and burial rituals; availability of rabbis to perform funerals; advice on end-of-life ethical issues from a Jewish perspective; assistance with advance directives; and more.

In 2003, Jewish Care Services was credentialed by the National Institute for Jewish Hospice, fully staffed and in operation. Important principles were flexibility in responding to the wide spectrum of Jewish practice and no mandatory imposition of the program on any patient identifying as Jewish. To better facilitate explanation of the Jewish Care Services option, eventually all referrals were routed to the rabbis.

The hospice worked actively with the Jewish community to raise awareness about the service and to provide community outreach as part of synagogue programming, at nursing homes and in senior facilities. They offered topics such as Jewish Hospice 101; Dispelling Myths of Death and Dying; Fostering a Climate of Cultural Sensitivity towards Jewish Lesbian and Gay Older Adults; Advance Directives from a Jewish Perspective; Jewish Medical Ethics at End of life; and Jewish Death and Burial Customs.

The Jewish Care Services program has increased awareness in the Jewish community, not only about hospice services, but of the many other programs provided by Midwest Palliative & Hospice CareCenter. It has helped the Jewish community understand that hospice is, in fact, consistent with basic tenets of Judaism: to visit the sick, to diminish pain and suffering and to promote quality of life. In three years, the program tripled the number of Jewish patients and families served. For more information, go to www.midwestpalliativeandhospicecarecenter.org

C. Worship

“Almost half of leaders are actively interested in having new worship and liturgical resources that relate to illness, caregiving, the end of life and grief” according to survey findings from the Duke Institute on Care at the End of life.

While faith communities often discuss death as a part of funerals and memorial services and many discuss beliefs about death during some holy days, few faith communities integrate reflection on illness, caregiving, the end of life and grief issues into their regular cycles of worship.

Hospices and coalitions can help faith communities incorporate this important season of life more fully into worship. However, worship planning tends to be tightly held by clergy, so your relationship with clergy is critical in this area.

As you build relationships with clergy, offer resources they can use in worship planning. Ask if they have integrated illness, advance care planning, the end of life, or grief into sermons in the past. Sometimes asking the question will trigger clergy to think about it and become a prompt for future action. Share stories they might be able to use. (As in all situations, share your stories in a way that protects the confidentiality of all persons involved.) Also, suggest books or readings you have that could be a good fit for sermons or worship services. Do not underestimate the “power of the pulpit” in spreading this message of hospice.

Model Program: Hospice Sabbath

A more formal way to influence worship is to ask faith communities to observe Hospice Sabbath.

Hospice Sabbath, often observed during National Hospice Month in November, is an opportunity for hospices to “honor the spirituality integral to care at the end of life.” A resource guide for creating a Hospice Sabbath service can be found on the National Hospice and Palliative Care Organization’s Web site in the “Communications Resources and Publications” section at www.nhpco.org.

Some hospices and coalitions host one interfaith service to bring the community together in one place. Other hospices and coalitions do not host one central service but rather ask partnering faith communities to recognize hospice patients and families in their services during a selected “worshipping weekend.” During Hospice Sabbath, faith communities may pray for hospice patients and families and all people facing life-limiting illness. Some hospices and coalitions provide sample prayers and poems and offer staff and volunteer speakers.

The Community Partnership for End-of-Life Care at the Hospice and Palliative CareCenter, a coalition in Winston-Salem, NC, has developed extensive faith community initiatives since their beginning in 1999. This coalition has been particularly successful hosting Hospice Sabbath. Using their broad faith community database, they publicize their annual Hospice Sabbath to hundreds of community champions who take the information back to their faith communities, achieving a “snowball effect” for their publicity.

When the Community Partnership publicizes Hospice Sabbath, they use partnership language: “Hospice Sabbath is a time when Hospice & Palliative CareCenter reaches out to the faith community to thank them for their support in our shared mission of compassionate care for people facing a serious illness and their families.” They provide participating faith communities with a single white rose in a vase to display in memory of those who died during the past year. The partnership language and “shared mission” approach reinforces the role that both hospice and the faith community have in caring for people facing illness and the end of life. This shifts Hospice Sabbath from a promotional opportunity into a partnership opportunity.

Model Program: Compassion Sabbath

Compassion Sabbath is an interfaith initiative designed to provide clergy and religious educators with tools to address the spiritual needs of seriously ill, dying persons and their families. The Compassion Sabbath initiative was developed by the Center for Practical Bioethics in 1999. Compassion Sabbath has been observed in approximately twenty four states.

Hospices, coalitions and state-wide organizations have used the Compassion Sabbath materials to provide educational, liturgical and community resources to congregations. The Compassion Sabbath initiative often includes workshops for clergy, educational programs in congregations and culminates in a worshipping weekend with as many congregations as possible utilizing Compassion Sabbath resources in worship.

The Compassion Sabbath resource kit includes resources developed for diverse traditions: Christian, Jewish, Native American, Islamic, Hindu and Buddhist. For more information about Compassion Sabbath and to purchase the resource kit, visit the Center for Practical Bioethics’ Web site at www.practicalbioethics.org. Also, a sampling of Compassion Sabbath resources is available to view on the Massachusetts Compassionate Care Coalition’s Web site at <http://www.massccc.com>.

D. Music and the Arts

“Half of these faith community leaders are interested in effective strategies for using stories, music and the arts to help people engage with these important issues” according to survey results from the Duke Institute on Care at the End of life.

Hospices and coalitions can use music and the arts effectively to engage faith communities in end-of-life issues. The following are model programs to encourage your efforts:

Model Program: Musical Performances

Some congregations have powerful music programs; some communities have interfaith choirs and orchestras. Be creative in considering how you might work with them. In one community, a hospice partnered with a large choir and orchestra for a performance of Mozart’s Requiem. The hospice representative spoke briefly

about requiem as a memorial form of music before the performance started. He invited people attending to listen to the performance as a memorial for people they knew who had died. The performers dedicated the performance in memory of their loved ones. The hospice provided grief support information for participants following the performance. The feedback from people who performed and attended was universally positive.

Model Program: Vesta

Vesta is a one-act play that follows a family matriarch named Vesta and her family members on a journey from wellness through aging, disability, dependence and loss. This intimate glimpse of a family's journey through the end of life and humorously explores many of the challenging dynamics families face. Written by Bryan Harnetiaux, the play can be performed as a stage production or a ninety minute dramatic reading. Audience talk-back sessions after the performance provide opportunities to discuss advance care planning, caregiving and hospice.

Hospices and coalitions have used Vesta successfully with faith communities to approach end-of-life issues in a fresh, creative way. Vesta is distributed by the Duke Institute on Care at the End of Life, which offers a complete production package including the script, design templates for posters and playbills, sample media releases and a guide for audience "talk back" sessions. For more information about Vesta, go to www.iceol.duke.edu.

E. Communications

Communication plays a significant role in the life of many faith communities. Almost all faith communities have some form of printed weekly bulletin, newsletter, and Web site. Many have a library or resource room, bulletin boards, material distribution tables, etc. While you are developing your relationship with a faith community, meet the administrative staff if they have them. Learn their names and email addresses. They can help you distribute information, schedule rooms for meetings and get the attention of clergy. In addition, consider the following:

- ◆ **For many congregations, the newsletter and bulletin are at the heart of their communications.** As you plan programs and initiatives, develop memorable titles and descriptions that can go in these publications. Find out the length and the deadlines. Look at their publications so you will know what will fit. If you are sponsoring an interfaith program or event, design publicity to fit many settings. Distribute it well in advance to meet publication deadlines. When it doubt, keep it short.
- ◆ **Also consider designing bulletin or newsletter inserts as freestanding educational pieces on important end-of-life topics.** Sacramento Healthcare Decisions developed a six part series for faith communities called "Decisions." These articles about making decisions at the end of life were designed specifically for use in faith community bulletins or newsletters. To see the "Decisions" series online, go to www.sachealthdecisions.org.

- ◆ **Many faith communities distribute a wide range of information to members through bulletin boards, tables, information racks and other means of distribution.** Find out if the health committee or congregational care committee has their own bulletin board for events or information. Look for opportunities to place your materials. Brief, well-designed information, such as the one-pagers from Caring Connections, tend to get the most attention. Be sure to add a label with your contact information so that individuals can contact you. See the resource list in Section V for selected materials you may find helpful. Follow up periodically to see if the faith community needs more information.
- ◆ **If the congregation has a library or resource room, consider presenting them with a book you would like to see in their library.** Put a nameplate in the front saying “This book is a gift from...” and offer to provide a brief description of the book. See if they will print the description or book review in their newsletter or on their Web site. It may spur a study group or book circle or a request to talk with your hospice or coalition about educational programs or study circles.

F. Clergy Education and Leadership Development

“Faith community leaders with fewer than five years of service are less comfortable overall than leaders with five or more years of experience in significant areas. Many faith community leaders were not prepared for end-of-life work in their professional studies” according to the survey by the Duke Institute on Care at the End of Life.

Based on surveys of faith community leaders and anecdotal experience, the need for effective clergy education is clear. However, providing education for clergy can be challenging. Similar to physician education, clergy education must be time sensitive and respectful of the participants’ role as experts in their field. When providing education for clergy on spiritual matters, it is advisable to have another clergy expert facilitate. Also, consider the following:

- ◆ **One way to educate clergy is to partner with them to co-facilitate programs and events.** They are leaders who are accustomed to learning by doing. By working with them to prepare for teaching others, you have an opportunity to educate them “through the back door.”
- ◆ **Invite clergy to participate in leadership training events you offer in the community.** Trainings such as Respecting Choices Facilitator Training from the Gunderson Lutheran Medical Foundation ([http://www.gundluth.org/web/ptcare/eolprograms.nsf/\\$Images/Image1/\\$file/QIToolkit.pdf](http://www.gundluth.org/web/ptcare/eolprograms.nsf/$Images/Image1/$file/QIToolkit.pdf)), the Support Team Development Conference from Support Team Network (www.project-compassion.org/events.htm#conference), and others enhance clergy education and will bring them together with other community leaders.
- ◆ **Some hospices, coalitions and statewide organizations have provided successful clergy educational programs.** Compassion Sabbath has already been discussed above as a model that incorporates clergy education.

If you are considering designing clergy education for an interfaith network or a denominational gathering, here are several helpful models to consider.

Model Program: *Partners in Caring*: Seminar for Faith Leaders on End-of-life Care

Sacramento Healthcare Decisions offers a one-day seminar to help faith leaders support seriously ill and dying individuals and their families. Developed to bridge medical and ethical concepts with the spiritual aspects of end-of-life care, the program includes:

- ◆ Concepts in setting goals for care near the end of life
- ◆ Legal issues around life-sustaining treatment and advance directives
- ◆ Information about pain management, including myths and misconceptions
- ◆ How to partner with the medical team to address suffering
- ◆ Ways to address spiritual needs of patients and families
- ◆ How to facilitate communication and be present with the dying

Modeled after the Education on Palliative and End-of-life-Care (EPEC) curriculum, a national program for educating physicians, the seminar was designed to bridge medical and ethical concepts with the spiritual aspects of end-of-life care. Faculty includes physicians, other health professionals and faith leaders.

In five years, SHD has trained about one hundred and seventy five lay ministers, clergy, and parish nurses in this curriculum. It was originally intended to reach clergy serving in faith communities because chaplains have other opportunities for training. The audience has expanded from community clergy to include lay ministers and chaplains in training. For more information about *Partners in Caring*, visit Sacramento Healthcare Decisions at www.sachealthdecisions.org

Model Program: National Black Church Institute for Health and Spirituality

The Black-Belt End-of-Life Coalition in Tuscaloosa, AL works through the National Black Church Institute for Health and Spirituality to train and certify lay leaders in congregations in a model that supports a range of healthcare situations—addiction, chronic illness, death and dying. The training is a twenty-six week course, ninety minutes each week. Lay leaders must first receive the support of their clergy and plan to work with their clergy following the training to establish programs within their congregation.

The vision of the National Black Church Institute for Health and Spirituality is for many faith communities in their area to have a lay person trained and certified in these issues. By connecting these lay leaders together through the Institute, they support one another and promote a common model for support. Participants have included lay leaders in Protestant, Catholic, and Jewish faiths. For more information, contact coalition leader Joseph W. Davis, D. Min. at nbcfc@comcast.net.

Model Program: Clergy End-of-Life Education Project

The Clergy End-of-Life Education Project successfully educated six hundred and thirteen participants in Florida on end-of-life issues in 2003. Fifty-four percent of participants were clergy or pastoral care providers. Created with funding from the Florida Department of Elder Affairs and developed by the Hospice Foundation of America, the curriculum developed included modules on:

- ◆ Cultural Considerations at the End of Life
- ◆ The Dying Process: Medical Perspectives and Psychological Issues
- ◆ End-of-Life Options: Advance Care Planning and Service Options
- ◆ The Grief Process: Typical Grief Reactions, Complicated Grief, Anticipatory Grief
- ◆ Assisting Families
- ◆ The Role of Spiritual Care
- ◆ Self Care for Clergy

The full curriculum for clergy education with learning objectives, significant content information and promotional information is available for review at www.hospicefoundation.org.

V. Resources for Faith Outreach Guide

Educational Tools

Assisting Faith Communities in Caring for the Dying. Texas Partnership for End of Life Care, www.txpec.org/pro_edu/clergy.asp. This seminar is for Spiritual Leaders, Community Directors, and Lay Leaders involved in spiritual care. The program offers tools that will assist the faith community in caring effectively for those with life-limiting illness and includes specific education about Spiritual Care of the Dying, Advance Directives and Ethical Issues, Bereavement, and How to Involve the Faith Community.

Crossing Over Jordan. Duke Institute on Care at the End of Life, www.iceol.duke.edu/events/index.html. Designed to enhance the knowledge and research of professionals who work across the range of care giving at the end of life, this event brings together faith communities and health care providers to serve as a networking and starting point for better faith and medical relationships.

Health Resources Online: End-of-Life Care Today!, www.healthresourcesonline.com/hospice/wp4.htm, contains strategies to improve End-of-Life Care. It also details how you can educate patients and the public about hospice and appropriate End-of-Life Care, and covers trends in the state of end-of-life care today.

Life's End Institute Faith Community Surveys. Duke Institute on Care at the End of Life, www.lifes-end.org/research/research_projects.php. This survey tool explores attitudes, expectations, and experiences with the dying process. It gathers basic demographic information as well as data related to advance care planning, knowledge of hospice services, attitudes about pain and symptom management, spiritual beliefs and customs related to death and dying, preferred medical practices, financial concerns, and social support systems.

Offering Spiritual Support for Family or Friends. Caring Connections, www.caringinfo.org, a program of the National Hospice and Palliative Care Organization. This four-page brochure offers practical tips on ways family members and loved ones can offer spiritual support to those with a serious illness. It is available to view at www.caringinfo.org (under 'Resources') and for purchase at NHPCO's Marketplace at www.nhpco.org/marketplace. Also, check out additional educational brochures from Caring Connections that address end-of-life issues such as advance care planning, serious illness, caregiving, grief and more.

Partners in Caring: Strengthening Clergy and Clinician Collaboration at the End of Life. Duke Institute on Care at the End of Life, www.iceol.duke.edu. This DVD offers a case study that explores the perspectives of a patient with a terminal diagnosis, his family, pastor and physician. This unique approach powerfully comes to life as actors take on the characters portrayed in the narrative. This excellent teaching tool can provide a centerpiece for hospices or churches wishing to hold a forum to discuss clergy-clinician communication.

Educational Tools (cont.)

State-wide Hospice Clergy End-of-Life Education Enhancement Project. Hospice Foundation of America, www.hospicefoundation.org/professionalEducation/clergyEducation/. This project, launched during the summer of 2002, was managed by the Hospice Foundation of America on behalf of the Florida Department of Elder Affairs as part of a statewide effort to enhance care for the dying by improving the knowledge base of clergy and faith communities in end-of-life care.

The Unbroken Circle: A Toolkit for Congregations around Illness, End of Life and Grief. Duke Institute on Care at the End of Life (ICEOL), www.iceol.duke.edu. An easy-to-use “toolkit” for clergy, faith community nurses and congregational lay leaders interested in addressing end-of-life care issues in their congregations. Each section offers practical guidance and specific ways congregations can develop innovative ministries for members facing illness, dying and grieving. From tips for worship to model programs for education and leadership development, the toolkit provides a comprehensive vision for weaving end-of-life care into the fabric of congregational life. Material throughout the toolkit draws from a variety of faith traditions, making it a resource for leaders across denominational families. ICEOL collaborated with Project Compassion, an organization that supports people living with serious illness, and with NHPCO’s Caring Connections to produce this valuable resource.

For more information about the toolkit, visit www.iceol.duke.edu, email iceol@div.duke.edu or call 919.660.3553. The toolkit is available for purchase at NHPCO’s Marketplace (www.nhpc.comarketplace).

University of West Virginia Continuing Education Program. www.elearn.wvu.edu/Continuing/ParishNursePrep. A recognized program that teaches the specialty practice of combining professional nursing and health ministry. Parish nursing emphasizes health and healing within a faith community. The parish nurse serves the faith community, creates safe and sacred places for healing, and advocates with compassion, mercy, and dignity.

Professional Organizations

Caring Connections, www.caringinfo.org, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer and community engagement initiative to improve care at the end of life, supported by a grant from The Robert Wood Johnson Foundation. Caring Connections provides free resources and information that address end-of-life issues such as advance care planning, serious illness, caregiving, grief and more.

Center for Spirituality & Aging, www.spiritualityandaging.org/, provides education and advocacy about spirituality and ethics as they are experienced in the aging process, within both faith and long-term care communities. CSA is a program of California Lutheran Homes and Community Services, headquartered in Anaheim, California.

Compassion Sabbath, www.practicalbioethics.org/cpb.aspx?pgID=1049, is a national pilot program designed to provide tools and resources to help clergy meet the spiritual needs of seriously ill and dying people. The Compassion Sabbath concept grew out of a discussion between two pastors, Reverend Kelvin Calloway and Reverend Robert Lee Hill, who wanted to identify ways to help faith leaders ministering to the terminally ill in the Kansas City area.

Duke University's Institute for Care at the End of Life, www.iceol.duke.edu/index.html, is a catalyst for growth and transformation, a global resource to improve care for those at life's end. The mission of the Institute is to create and promote the growth of knowledge and to encourage the application of that knowledge in caring for the whole person at life's end.

Health Ministries Association, www.hmassoc.org/continuing_education.php, is an organization of professional nurses, educators, clergy, and lay people. HMA encourages and supports others in the development of programs that integrate care of the body, mind and spirit. HMA believes that by sharing information, guidelines, and resources they assist and encourage individuals and faith communities as they develop whole person health programs, utilize community resources, and educate others on the interdependent aspect of health of body, mind, and spirit.

Hospice Foundation of America, www.hospicefoundation.org/, provides leadership in the development and application of hospice and its philosophy of care with the goal of enhancing the U.S. health care system and the role of hospice within it.

International Parish Nurse Resource Center, www.ipnrc.parishnurses.org/, fosters physical, emotional, spiritual, and social harmony leading to healthy and healing relationships with God, family, faith communities, culture, and creation.

National Hospice and Palliative Care Organization, www.nhpco.org, is the world's largest and most innovative national membership organization devoted exclusively to promoting access to hospice and palliative care and to maintaining quality care for persons facing the end of life and their families.

Professional Organizations (cont.)

Project Compassion, www.project-compassion.org, provides support for people living with serious illness, care giving, end of life and grief. As people live with a diagnosis, go through treatment, move into survivorship or journey through end of life, Project Compassion helps people have the resources, support, and hope they need to live life to the fullest every day.

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VI. Glossary of Faith Community Terms (as utilized in the Outreach Guide)

Clergy: religious officials or functionaries prepared and authorized to conduct religious services or tend to other religious duties, such as ministers, pastors, priests, or rabbis.

Congregation: an assembly of persons; a gathering; especially an assembly of persons that meet for worship and for religious instruction; a body of people who habitually meet. While this term is not a perfect synonym for faith community, it may be used similarly with interfaith intention.

Faith Community: a group of individuals joined together by beliefs and forms of worship, often gathering in churches, mosques, synagogues, temples, and other places of worship.

Faith Community Nurse: A professional nurse who serves on the staff of a congregation to promote health issues for the members of that congregation and the community through the independent practice of nursing as defined by the nursing practice act in the jurisdiction in which she or he practices. Also known as parish nurse, congregational nurse, crescent nurse, or health ministry nurse.

Interdenominational: occurring between or among different churches or denominations, within the same religious tradition, such as a partnership between Presbyterians and Methodists.

Interfaith: occurring between or among people or organizations of different faiths or traditions, such as a Christian-Jewish-Moslem dialogue or partnership.

Lay leaders: members of a faith community who do not function as clergy but rather take on leadership roles within a congregation.

Members: individuals who belong to a faith community. These may be called congregants, parishioners, members, and other names.

Religious: of or pertaining to a set of beliefs and practices often organized, defined and/or codified through prayer, ritual, and religious law or teaching.

Spiritual: of or pertaining to the spirit; relating to sacred or religious matters. While many definitions are possible, a common thread is the concept of “connection” to God or a Higher Power, to others, to self, to the earth.

VII. Acknowledgements

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VIII. Appendix

Click on links below to view and download the documents. All documents may be accessed at www.caringinfo.org,

by clicking on “Community”, then “Faith Outreach”.

[Understand Hospice, Palliative Care and End-of-Life Issues \[PPT\]](#)

[Advance Directives and End-of-Life Decisions \[PPT\]](#)

[Faith Community Inventory Worksheet \[Excel\]](#)

[Faith Event Flyer Template \[DOC\]](#)

[Participant Feedback Form for Events \[DOC\]](#)

[Bookmark Template \[PDF\]](#)

[Faith Resources Promotional Flyer \[PDF\]](#)

Check out Caring Connections’ It’s About How You LIVE – In Faith brochure:

[Offering Spiritual Support for Family or Friends](#)