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ABSTRACT: *The rapidly changing healthcare environment and burgeoning healthcare costs offer a unique opportunity for the church to reclaim her biblical and historic foundations for ministries of health, healing, and wholeness. This article proposes a framework for those foundations significant to church culture, considered in light of the challenges and opportunities created by the 2010 Affordable Care Act. Practical applications for health ministry based on the framework are provided.*

KEY WORDS: *Affordable Care Act, faith community nursing, health disparities, health ministry, primary prevention, secondary prevention*

BY MARY CHASE-ZIOLEK

(Re)Claiming

THE CHURCH'S ROLE IN PROMOTING HEALTH:

— A PRACTICAL FRAMEWORK —



Mary Chase-Ziolek, PhD, RN, is Professor of Health Ministries and Nursing at North Park University and Seminary in Chicago, Illinois, and has published and presented widely on health ministry. She is a member of North Park Covenant Church.

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We stand at a critical point in time that creates a unique opportunity for the church to claim her role in promoting health in a rapidly changing healthcare environment. Burgeoning national health expenditures demand creative approaches to controlling costs that either limit reimbursement and control access to healthcare services or promote health and prevent disease to limit the need for expensive healthcare interventions. The church is well-positioned to speak to the latter through naming and reclaiming the biblical foundations for the church's ministries of health, healing, and wholeness. The purpose of this article is to provide a framework for those foundations significant to church culture, considered in light of the challenges and opportunities created by the 2010 Affordable Care Act (ACA) (Department of Health & Human Services [DHHS], 2014a).

GROWING TRENDS

Several trends in health and ministry inform this discussion. The growing field of *theosomatic* medicine has studied the impact of religion and spirituality on health, with medicine providing the dominant voice (Koenig, King, & Carson, 2012). Yet, for a complete understanding of how faith and health interact, a more robust faith perspective is needed (Levin & Meador, 2012). Although the church is being widely used for health promotion and disease prevention efforts, particularly in communities affected by health disparities (DHHS, 2014b), the full benefit of congregationally-based interventions beyond the ability to access specific groups is yet to be fully understood (Timmons, 2010). Because religious practices that may influence health are learned in local faith communities, the voice of congregations needs to be fully engaged to ensure that health promotion efforts are culturally relevant.

A growing number of churches offer ministries of health, usually initiated by healthcare professionals and organized around a variety of models, including faith community nursing, health ministry teams, lay health promoters, and faith-based

clinics. Fitness experts and nutritionists are joining nurses and physicians in connecting faith to their profession, contributing to faith-based health education resources. Government, academic, and nonprofit organizations have recognized the faith community as important partners in improving the health of communities, due to their wide influence and ability to access hard-to-reach groups (DHHS, 2014b).

Businesses and work places are initiating creative wellness programs, recognizing that healthy employees are critical to controlling insurance costs, with an additional benefit of increasing productivity. The church has addressed employee wellness with clergy initiatives in several denominations, the most robust and well-documented being in the United Methodist Church (Proeschold-Bell et al., 2012). On the ministry side, faith is being integrated into 12-step groups for addictions, weight loss, and recovery programs, and well-known pastors such as Rick Warren are writing about healthy living (Warren, Amen, & Hyman, 2013). Nursing education has a history of integrating spirituality and

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health (O'Brien, 2013), followed in recent years by medical (Lucchetti, Lucchetti, & Puchalski, 2012) and seminary education (Chase-Ziolek, 2010). These factors converge to create a climate that values connecting faith and health, and where ministries of health can make a contribution to the well-being of communities, as well as congregations.

Several assumptions regarding health ministry inform this article. First, health is multidimensional, weaving together body, mind, and soul. Health ministry is a process, not a program. It is a means

to an end, not an end in itself. At its best, health ministry integrates health into congregational life involving the whole fellowship rather than creating isolated programs. Collaboration is essential to health ministry, which uses healthcare professionals but recognizes that health is not their sole domain. Finally, health ministry is rooted in Scripture, a primary text for congregational life (Chase-Ziolek, 2005a).

A framework for health ministry with three central themes is proposed: Looking Inward: Honoring the Body through Self-Care; Reaching Out: The

Church's Health Ministries of Compassion and Mercy; and Standing Together: The Church's Ministries of Health Justice (Table 1). For churches with a strong value of Scripture, building on these themes can help build culturally responsive health ministries.

LOOKING INWARD: HONORING THE BODY

To deeply know that you are made in God's image (Genesis 1:27) is to treat your whole being with respect. In the New Testament, the apostle Paul challenges the Romans to present their

Table 1: CLAIMING THE CHURCH'S ROLE IN PROMOTING HEALTH

Theme	Scriptural Foundation	Challenge to the Church	Health Ministry Opportunities	Affordable Care Act Opportunities
Looking Inward				
Honoring the Body through Self-Care	Genesis 1:27 Made in God's Image Exodus 20:8 Sabbath Keeping Romans 12:1 A Living Sacrifice 1 Corinthians 6:19-20 Body as Temple of Holy Spirit 1 Corinthians 10:31 Eating and drinking for the glory of God.	Articulate scriptural support for self-care Modeling self-care Make healthy individual choices possible in church life	Walk to Jerusalem Sneakers Sunday Faith-based health education for all ages Connecting faith and food; healthy food options at church events, in food pantries, and the like Church food gardens	Connecting to prevention initiatives in the ACA* Claiming church's role as partner for community health promotion Providing medically and theologically sound health promotion activities
Reaching Out				
The Church's Health Ministries of Compassion and Mercy	Luke 10:25-37 Good Samaritan Matthew 25:31-40 Least of These Jesus' Healing Miracles	Making healing resources available Caring for, and being with, those who are ill Distinguishing between healing and curing illness	Listening, letting people identify their needs Support groups Caregiver relief Healing services Support for those with mental illness Talking about healthcare decisions Advance Directives education	Helping hospital staff understand and use the role of faith community nurses and health ministry teams to help guide appropriate use of services Healthcare Navigators
Standing Together				
The Church's Ministries of Health Justice	Isaiah 58 The health of each of us is related to the health of all of us Matthew 22:36-39 Love your neighbor as yourself Deuteronomy 5:1-21 Ten Commandments	Understand health as a communal responsibility, not only an individual achievement Work in partnership with others to address root causes of illness Work for God's justice to address health disparities	Advocacy for individuals and communities Help individuals gain access to resources that enable health Faith-based partnerships to improve community health	Forming partnerships to create healthy communities Helping people access resources available through the ACA Collaborating with hospitals on community needs assessments, confirming vulnerable groups receive care

*Affordable Care Act

bodies as a living sacrifice as an act of spiritual worship, followed by the admonition to not conform to the world “but be transformed by the renewing of your mind” (Romans 12:1–2). Is it possible that a renewing of the mind is needed today that does not conform to the world’s view of health but recognizes that health is a communal responsibility, as well as an individual achievement? In perhaps one of the most referenced Scriptures regarding health, the body is described as the temple of the Holy Spirit (1 Corinthians 6:19–20). Although in the Greek, the word *your* in this passage is plural and the word *body* is singular, its common use to encourage honoring one’s body is consistent when taken with the entirety of Scripture, including Paul’s later admonition in 1 Corinthians 10:31 that “whether you eat or drink, or whatever you do, do everything for the glory of God.” If these Scriptures are claimed in one’s life, it means treating your body with respect as God’s image bearer. The church needs to reclaim the body and its care, not only in illness but also in self-care, honoring the gift of life. Thus, the church can play an important role in primary prevention through encouraging life-affirming behaviors.

The capacity of health programs in the church to make a difference in health behaviors has been demonstrated (Wang et al., 2013). The challenge for the church in honoring the body is to articulate scriptural support for self-care and to address where church tradition has separated body, mind, and soul. If the church is serious about honoring the body, how self-care is modeled and discussed by leadership must be considered, as well as how the congregation facilitates the well-being of staff and develops rhythms of church life, making the healthy choice the easy choice. A collective consideration of what it means to keep the Sabbath is one biblical resource for this task, for it is in the rhythm of rest and delight found in the fourth commandment (Exodus 20:8) that both individuals and communities are renewed and stress is reduced.

Having addressed these challenges, abundant health ministry resources are



Think what could happen IF THE church collectively AND seriously ADDRESSED A faith-informed perspective ON HEALTH.

available to assist in honoring the body through integrating faith and fitness. Congregational activities connecting physical activity to biblical journeys engage body, mind, and soul, while creating social support. For example, a *Walk to Jerusalem* collectively engages a congregation in “walking” the distance from their community to Jerusalem, getting people active, involving cooperation to achieve the end goal, and providing an opportunity to reflect on the journey (St. John Providence Health System, 2014). Other fitness programs include gospel or praise aerobics where inspiring music accompanies physical activity, or 5K races/walks raise funds for a cause, while getting people moving. Biking and hiking groups can combine fitness with small group experience and connection to God’s creation.

Food is another important component of honoring the body, with many ways to integrate faith and food in church life. Having healthy options at church events, as well as any required traditional foods can help make the healthy choice an easier choice. Food

pantries are a common church ministry, so the nutritional value of food provided should be considered. Church gardening is a recent trend, providing the opportunity to grow healthy foods for those in need while building social relationships through growing together. Gardening can be educational by providing opportunities to learn about food and creation care. Working collaboratively in the community, gardens and farmers’ markets can help increase access to healthy food.

How can faith inform our relationship to food, both individually and communally? For churches interested in study there are excellent resources, such as *Just Eating? Practicing Our Faith at the Table* (Schrock, 2005), exploring the relationship between the way we eat and live from both an individual and communal perspective. The well-researched *Body & Soul* program for the African American church focuses on healthy eating (Prevention Research Centers, 2013). There also are weight loss programs incorporating a faith perspective. *Fit Body and Soul* (Williams et al., 2013) found integrating a faith perspective in church-based weight loss to be an effective weight loss approach in the African American community. Another study of a faith-based intervention for Catholic women found that weight loss was similar to a standard behavioral approach, yet the Catholic-tailored program experienced smaller weight regain and greater participation (Krukowski, Lueders, Prewitt, Williams, & West, 2010). Through using the strength of social relationships integral to congregational life, mental and spiritual health, as well as physical health, can be improved.

Both food and fitness are addressed together in resources such as the *Eat Smart, Move More* (ESMM) state program in North Carolina, whose Faithful Families initiative works with congregations (ESMM, n.d.). There also are government and secular resources for health education, such as *Let’s Move!* that can be used in a church setting, in which case a faith perspective consistent with the congregation’s tradition can be integrated (LetsMove.



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gov, n.d.). When using faith-based health education materials, whether a book, program, or research project, it is important to evaluate the materials to ensure reliable health information is being presented, and any theological perspectives presented are consistent with congregational beliefs and values.

As the national approach to prevention is being reconsidered, it is time for the church to claim her role in promoting health and wholeness. Dr. Scott Morris (2012) from the Memphis Church Health Center offers this challenge:

Imagine what might happen if churches began to ask, 'Is this program—this tradition, this snack, this meal—helping people live healthy lives as God intends, or is it a stumbling block to their efforts?' We must reclaim the health of the body as a priority of life as God intends, rather than the life our culture delivers.

The ACA presents unique opportunities for churches to promote health. Although access to health insurance has garnered the most publicity, there are provisions in the ACA for public health and disease prevention that faith-based organizations might access (DHHS, 2014a). In addition, nonprofit hospitals are required to complete a community

needs assessment every three years, identifying community health needs and planning interventions in order to maintain their non-profit status. Hospitals need partners to do community support well. The church's role can be claimed as a partner for community health promotion, which requires articulating to hospitals and health departments what faith community nursing and health ministries can do for the health of individuals and communities. Healthcare professionals involved in health ministry in the church need to have some familiarity with the 10 sections ("Titles") of the ACA and what the provisions mean for individuals and the community. The government has provided resources for faith leaders to interpret the ACA to their communities (DHHS, 2014b, 2014c).

REACHING OUT: COMPASSION AND MERCY

The second scriptural theme is Reaching Out: The Church's Health Ministries of Compassion and Mercy. Caring for the ill and injured is the health ministry area most consistently engaged by the church. The history of our hospitals, noting that the majority of hospitals were established by religious groups, reflects this tradition. Supported by the scriptural challenge found in Matthew 25, one would be hard pressed to find a church today without some pattern of prayer, visitation, and care for people who are sick.

We care for people who are sick because it is the right thing to do, because God cares for them, and in so doing we care for God. We care for the sick that are both known to us as well as for the ill stranger. The well-known passage of the Good Samaritan in Luke 10:25-37 highlights the need for compassion for those who are in need and "other" than us. One less discussed implication of this passage is providing

access to care as demonstrated by the Samaritan bringing the injured man to a place where he could receive care to recuperate from his injuries. Christian care participates in secondary prevention through direct service and through bringing the ill to the source of healing, both spiritual and practical.

The Gospels (Matthew, Mark, Luke, John) cannot be read without one being confronted with Jesus' care for human well-being through healing the lame, deaf, blind, crippled, and demon possessed. Depending on how you count, about one third of the Gospel accounts involve Jesus' healing. The purpose of Jesus' healing was not only removing disease, as all eventually die, but also restoring to the community and reflecting the kingdom of God (Wilkinson, 1998). Obviously, restoring health was important in biblical times and thus should be important to the church today.

A study of Jesus' healing miracles would create a strong case for why the church should be engaged in providing what people need to be well. Depending on the unique experiences and culture of a congregation, some miracles might be more compelling than others. There is the story of the woman with the flow of blood in Mark 5:25-34, when a desperate woman took the initiative for healing. There are several stories of a parent pleading for the healing of a child, a scenario any parent could imagine. The most assertive parent was the Canaanite woman in Matthew 5:22-28: the only healing story where Jesus *first* refused. There are stories of healing from demons, such as the demoniac in Mark 5:1-17, which raise the question, What does demon possession look like in our communities today? There are stories of healing from physical handicaps, as described in Luke 13:10-17, when the woman with a bent back was healed. It is interesting to note how the spiritual dimension interfaces with the physical.

The woman with the bent back was weighed down by a spirit (v. 11), not osteoporosis. Jesus' healings are never just about restoring physical and mental capacity. Taken together these stories of healing provide a rich tapestry of what it means to have health restored.

The challenge for today's church is how to accompany those who are ill, and their families, in ways both helpful and hopeful. One way the church can do this is through listening to people's stories, letting people identify their own needs. Also, offering healing services consistent with congregational tradition can be an important ministry of health, reflecting the communal dimension of healing from James 5 that one should not be alone in sickness but call for the elders. Finally, the distinction between *healing* and *curing* is an important conversation for the church, recognizing that healing may or may not involve the elimination of illness.

Mental illness is a particular challenge impacting our congregations. With one in four persons experiencing mental illness, along with diminishing community mental health resources, the church is the first place where people turn in many communities (Brinkley & Kaul, 2014). Whether mental or physical, when illness becomes chronic, support groups can aid those affected by illness, combining faith and fellowship with the opportunity to share one's experience. Families, as well as individuals, are affected by illness and disability, so providing caregiver relief is another valuable ministry. Finally, just as the church needs to reclaim the health of the body, death also needs to be reclaimed (Moll, 2010). Talking about healthcare decisions, living wills, and power of attorney in the context of faith would be a tremendous gift to a congregation. At its best, these conversations should happen before being faced with critical decisions. In a healthcare system that does its best to fight death, the church claims that death is not the final word.

Using services appropriately, along with access to healthcare, is a concern of the ACA. A new role of healthcare *navigator* has developed, helping people understand and access services. This is a

function that faith community nurses and health ministers have been serving and need to continue. In addition, by having important conversations about healthcare decision-making, the church can not only fulfill its mission in health but also impact healthcare utilization and costs. To that end, it is important to help hospitals understand and use faith community nurses and health ministry teams to help guide appropriate use of services.

STANDING TOGETHER: HEALTH JUSTICE

The church has been involved in the compassionate care for the sick throughout history. Honoring the body through faith-informed health promotion is gaining attention, with national initiatives to decrease obesity and increase physical activity, addressing the need for promoting health and preventing disease. Churches have been recognized as potential partners for community health, and congregations are increasingly mindful of how faith speaks to care of one's body. Compassionate care and stewardship of personal health are good and important parts of a faithful life. What is often missed, both nationally and within the church, is responsibility for the health of others, found in the third scriptural theme of Standing Together: The Church's Ministries of Health Justice. If each person is created in the image of God, then the well-being of others and not only of self is a concern, recognizing that although compassion cares for those who are ill, justice seeks to change that which causes people to be ill.

The challenge in faithfully standing together begins with the complexity of identifying and addressing the root causes preventing health for all, most dramatically reflected in the health disparities experienced among groups in the United States. With root causes of illness such as racism, discrimination, and marginalization identified, the challenge is addressing the systemic issues they represent. Responding from a perspective of justice, nurses in their role as advocate must be concerned about the social structures that limit the opportunities for

health of marginalized groups (McDonald & Brown-Collins, 2009). Addressing injustice in healthcare requires a systemic response. In our politically polarized environment, it can be difficult to agree on both the nature of root issues and of appropriate responses, as those in any congregation will hold a range of political perspectives. In addition, standing together to achieve health justice is challenging due to the complexity of what is required, even of those who experience the privilege of easy access to health resources. And yet, if the greatest commandment is obeyed to love God with heart, soul, mind, and strength and our neighbor as ourselves (Matthew 22:36-39), we are challenged to work to make health for all a reality, even at personal cost.

The scriptural mandate for addressing health as an issue of justice is stated strongly in Isaiah 58. This provocative passage challenges contemporary Christians to be mindful of a shared responsibility to ensure the well-being of both neighbors and communities. In this passage, the people of Israel are being challenged to put the interests of the other above the interests of self, and in so doing, to reap God's full blessings, leading to complete well-being for both individuals and the community. Being a neighborly, life-affirming community, enabling health for all, is at the heart of this passage and at the heart of the church's challenge in promoting the health of communities. The sentiment of Isaiah 58 resounds today when we acknowledge that the oppressed include our neighbors with poor health and recognize that ultimately health is a communal responsibility rather than an individual achievement. Simply put, this passage speaks to a reality that the health of each of us is related to the health of all of us (Chase-Ziolek, 2005b).

One of the most dramatic biblical healing stories reflecting communal responsibility for restoring health is the lowering of the paralyzed man through the roof to reach Jesus (Mark 2:3-12). This truly was a cooperative healing effort, and it was the faith of these men that Jesus recognized. An image persists from my childhood that these men were

friends, and who other than friends would go to such extremes to help another access healing? Yet, the text just says men. Perhaps they had just met him and recognized his need, or perhaps one was a friend and got others to help. We cannot know. But what we do know is that this was a very public and collaborative healing that challenges the church today to consider those in our communities who need access to what can restore their health, whether or not they are friends. Who controls those resources? What can we do to help people get access to the resources that enable health, such as education and employment, as well as healthcare?

Jim Bruckner, in *Healthy Human Life: A Biblical Witness* (2012), argues that the biblical witness speaks to relational wholeness that involves the whole community. Wholeness requires both

contributes to health, those decisions are made within a particular context. Not all communities provide equal access to the resources that enable health, such as good education, safe places to be physically active, affordable healthy foods, and employment opportunities. A balance is needed between individual and community responsibility for health, both addressed in Scripture. Too much emphasis on individual responsibility has the potential to blame the victim when illness occurs; overemphasizing community responsibility can create complacent individuals who do not take charge of areas of health within their control.

The church is challenged to work in partnership with other groups to address root causes of illness. Although access to healthcare is important, it is not a root cause of illness. Racism is a root cause contributing to health

working alongside health partners who understand systems and what enables health. Such partnerships can build on the church's tradition of education and advocacy for those in need (Levin, 2013). To do this requires bilingual, bicultural perspectives, connecting faith and health with partners who understand the language and culture of both the church and healthcare. At its best, this is where faith community nurses or health ministry teams can play a critical role, building on the strength of the church and the strength of healthcare to do something together to transform the health of communities that neither could do alone. Might this not speak to a vision of *shalom* that embraces both health and justice?

UNIQUE OPPORTUNITY

The ACA provides some unique opportunities to stand together working toward health justice. The church can serve as advocates to help people understand and gain access to resources available through the ACA. Congregations can collaborate with hospitals on required community needs assessments to ensure vulnerable groups receive care. The social capital of the church can be used to educate, care, and advocate through ministries of health. Partnerships with public health departments can address community health issues.

A vision for the future that lives into the church's challenge in health involves using the strengths of our faith traditions. It means making the healthy choice the easy choice in congregations and communities, recognizing that the health of each of us is related to the health of all of us. Taken together, think what could happen if the church collectively and seriously addressed a faith-informed perspective on health. What if we lived out what it means: to honor the body in individual choices and make the healthy choice the easy choice in congregational life; to care with compassion and mercy for those experiencing illness; to work for God's justice to address health disparities so that all might have equal opportunity to experience health?

ALTHOUGH compassion cares FOR THOSE who are ill, justice seeks TO CHANGE that which causes PEOPLE TO BE ILL.

individual and collective choices between life-affirming living and life-denying behaviors. These choices are demonstrated most dramatically in the Ten Commandments (Exodus 20) that Bruckner describes as a charter of freedom. Rather than considering "Thou shalt not" as restricting freedom, it actually enables freedom by creating a community that loves God and respects others. For example, the first commandment to have no other gods can be understood as protection against bondage to abusive people and relationships. And so it is that in ancient times, as well as today, that the Ten Commandments faithfully lived in community can lead to human flourishing.

Both health and justice involve right relationships to God, oneself, others, and the environment. If the church is to take biblical justice enabling health for all seriously, the first challenge is to understand health as a communal responsibility and not only an individual achievement. Although personal choice

disparities that churches can address. The Sankofa journey is one denominational initiative to do just that, involving "an intentional, cross-racial prayer journey that seeks to assist disciples of Christ on their move toward a righteous response to the social ills related to racism" (Evangelical Covenant Church, n.d.). Through hearing stories and visiting sites significant to the Civil Rights Movement and the history of racism in the United States, the opportunity is created to recognize the impact of discrimination on the bodies of people of color that continue to be reflected in national health disparities. Hopefully in so doing, a future can be claimed that is different from the past, where we move to a new reality that overcomes injustice in healthcare.

The issues that impact health justice are too complex for the church or any group to address alone. Faith and health partnerships are needed, incorporating the moral voice and theological conviction of the faith community,

Might that not be a vision, in part, of God's kingdom here on earth?

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