The Vital Role of Faith Community Nurses in Advancing Holistic and Equitable Health Care

CAPT (Ret) Deirdre Krause, NC, USN Ph.D., APRN, FNP-BC

Faith Community Nurses (FCNs), also known as Parish Nurses, are registered nurses—either active or retired—who have completed the Foundations of Faith Community Nursing program. These nurses serve a unique and impactful role within faith-based settings, where they blend professional nursing expertise with spiritual care to promote holistic health and well-being. Positioned within trusted community institutions, FCNs are well-equipped to foster wellness across all age groups by integrating spiritual, emotional, and physical health in their outreach.

Functioning at the intersection of healthcare and faith, FCNs identify community health needs through education, screenings, and referrals. They promote health stewardship, empower individuals to take ownership of their well-being, and guide congregants toward preventive care and disease management. Their work reflects a strong emphasis on public health principles and community-based interventions.

Evidence-Based Impact

A growing body of research underscores the effectiveness of FCNs in improving health outcomes, especially within underserved and rural communities. A meta-analysis by Lima et al. (2024) spanning five continents found that faith-based health interventions led to significant improvements in physical, psychological, spiritual, and social health outcomes. This global relevance speaks to the adaptability and value of FCN-led initiatives in diverse cultural settings.

In the realm of preventive care, studies by Kotzur et al. (2023) and Little et al. (2023) revealed that faith-integrated health education significantly increased cancer screening rates among marginalized groups, such as Muslim and Black women. These efforts reduced cultural stigma and misinformation by embedding healthcare outreach within trusted religious contexts.

Additionally, Mayernik et al. (2010) demonstrated the power of interdisciplinary partnerships between FCNs and pharmacy faculty through a mobile clinic model. This approach improved chronic disease management and healthcare access in low-income communities while enhancing patient navigation of fragmented healthcare systems.

Addressing Social Determinants of Health

FCNs are also instrumental in mitigating the social determinants of health (SDOH). Matlock et al. (2024) found that income, insurance status, and neighborhood characteristics are significant predictors of hypertension control. In response, FCNs advocate for community-based partnerships to address systemic barriers. These partnerships often include local health screenings, wellness education, and connections to social services, all of which contribute to more equitable health outcomes.

Cost-effectiveness is another critical advantage. Cutts and Gunderson (2020) highlighted the economic value of faith-based community health initiatives, noting their ability to provide preventive care at a fraction of the cost of traditional healthcare delivery models.

Building Trust in Underserved Communities

Trust is central to the FCN model. In Hispanic faith communities, FCNs have played a pivotal role in increasing healthcare access, as shown by Bryant et al. (2022). These relationships help reduce healthcare hesitancy, particularly concerning mental health and dementia. Similarly, in rural Appalachian regions, Strange et al. (2024) observed that older adults benefitted from culturally congruent faith-based care models that met their unique needs in areas with limited healthcare access.

The success of FCNs lies in their deep cultural competence, community integration, and ability to serve as liaisons between the healthcare system and populations that often face geographic, financial, and systemic barriers.

A Model for Expansion

In Southeast Florida, Faith Community Nurses have been active for over two decades. Their collaboration with agencies like the Area Agency on Aging exemplifies a successful, community-anchored approach to health promotion. To build on this success, the Faith Community Nurses of Southeast Florida, Inc. aims to expand the model by offering the Foundations in Faith Community Nursing curriculum to interested nurses. Graduates will be mentored as they establish health ministries in their own faith communities.

Ongoing professional networking will support these nurses in sharing best practices and tailoring interventions that are both culturally relevant and spiritually aligned. This model not only fosters greater participation but also leads to sustainable improvements in community health outcomes.

Conclusion

Faith Community Nurses are essential agents of change in healthcare, uniquely positioned to address disparities through trust, cultural insight, and holistic care. By expanding this model to more faith communities, particularly those in underserved areas, the healthcare system can benefit from a compassionate, community-driven approach that promotes health in body, mind, and spirit. ■