

### Disclosure to Learners

The Spiritual Care Association Nursing Division is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

**Title of Activity:** Caring for the Human Spirit Virtual Conference & Westberg Virtual Symposium – April 20-22, 2026, Live Online

At the conclusion of the Caring for the Human Spirit Conference, 85% of participants will self-report on the post course assessment that they identified one new or reinforced piece of knowledge.

#### Criteria for successful completion to earn up to 9 Contact Hour(s) commensurate with participation:

- Register for and attend the entire session (1.0 Contact Hour per session)
  - Total CNEs possible if all days attended: 11
  - Total CNEs possible for April 20 attendance: 5
  - Total CNEs possible for April 21 attendance: 3.5
  - Total CNEs possible for April 22 attendance: 2.5
- Complete and submit a post activity assessment form within 10 days post symposium. Contact hour(s) completion certificate will be sent to the email address used at registration.

Certificate is valid in all states. International participants must consult licensing body for applicable approval.

There are no relevant financial relationships with ineligible companies for those involved with the ability to control the content of this activity.

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## Compensation of the Faith Community Nurse

**D. Ziebarth, PhD, MSN Ed, BC-RN**

Executive Director

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Nursing Division, Spiritual Care Association

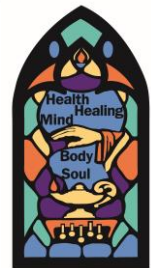
**Deb Fell-Carlson, BSN, RN, MSPH**

Executive Director, Faith Community Health Network



**Westberg Institute**  
for Faith Community Nursing

2026 Westberg Virtual Symposium  
Wednesday, April 22, 2026  
11:00am – 12:00pm EDT  
Workshop Series E



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## Objectives

- The learner will discuss the topic of faith community nurse compensation.
- The learner will identify assorted resources that support the position statement on faith community nurse compensation.
- The learner will explore current activities around faith community nurse compensation.



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## Faith Community Nurse Compensation

- Background
- Position Statement: Faith Community Nursing Compensation
- Article:  
D. Ziebarth, Y. Askew, M. Beaman, C. Moodie, D. Fell Carlson, B. Bateman, M. Knighten, P. Spach Hurley, N. Romanchek. (In Press). *Faith Community Nurse Compensation. Journal of Faith Community Nursing.*



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## Compensation in Faith Community Nursing Different from the traditional nursing roles

- Unique people served
  - 100% of the FCN participants (N=111) stated that they provide nursing interventions to seniors (Westberg Institute, 2024).
- Unique Interventions
  - They take vitals (79%),
  - teach/counsel individuals and groups about health (90%),
  - perform physical examination and assessments such as BP (60%),
  - provide medication management (48%),
  - coordinate care and referrals (80%),
  - and deliver transitional care” (62%).



## Compensation in Faith Community Nursing Different from the traditional nursing roles

- Terms that FCNs use in describing faith community
  - Ministry/ministering
  - Volunteer/volunteering
  - Charitable care
  - Serves/serving

Highlight a culture and commitment to altruism that transcends a traditional professional nurse role.



## Compensation in Faith Community Nursing Different from traditional nursing roles:

- Unique setting
  - Faith Community Nurses (FCNs) provide patient care while they work in or with a faith community.
  - Different faith community nursing models based on the needs of the setting (faith community, healthcare organization, non-for-profit organization), and of the FCN.
  - Most FCNs work in unpaid positions within a faith community with limited financial cost to a faith community (Ziebarth, 2016a).
  - The FCN nearing retirement age may be more prepared to work limited hours in an uncompensated position and view it as a positive determinant for program viability (Bokinskie & Kloster, 2008).
  - A lack of financial support has indicated a major barrier to FCN program success.



## A lack of financial support was indicated as a major barrier to FCN program success

- Pre COVID-19 epidemic, FCN survey participants (N=153)  
58.8% were not paid. Uncompensated hours per week averaged 6.8.  
Compensated hours per week averaged 21.4.  
(Dyess & Callaghan, 2017)
- Post Covid-19 epidemic, FCN survey participants (N=97 & N=111)  
88% were uncompensated (22% are compensated).  
Uncompensated FCNs work less than 10 hours per week (75.31%).  
A lack of time and financial support were reported to be barriers (97%)  
(Westberg Institute, 2024).



## A lack of financial support has indicated a major barrier to FCN program success

- Steps to examine compensation included:
  - First, explored guiding documents in nursing and faith community nursing.
    - All nursing practice is under the legal authority of each state's nurse regulatory body such as a Nurse Practice Act. In addition, all nurses are guided by the Nursing: Scope and Standards of Practice (American Nurses Association, 2021). They are also guided by individualized specialty scope and standards of practice and specialty position statements/papers.
    - The [Nursing] Bill of Rights
    - Faith Community Nursing: Scope and Standards
- Second, a literature review
- Lastly, survey



## The [Nursing] Bill of Rights

(Carnegie, 1974)

...

6) Competitive compensation consistent with nurses' clinical knowledge, experience, and professional responsibilities and that recognizes the value and rigor of nursing practice.

7) Collective and individual rights for nurses to negotiate terms, wages, and work conditions of their employment in all practice settings.

...



## Faith Community Nursing: Scope and Standards

(ANA and HMA, 2025)

- Capturing cost saving/cost avoidance interventions and outcomes may demonstrate value.
- Compensation for the faith community nurse (FCN) varies.
- Compensation for the FCN has reportedly come from...
  - Grants, a consortium, denomination, institution, or congregation
  - Federal grants, state Medicaid funds, and nonprofits funding
  - Reimbursement
- Many FCNs are “unpaid professionals.”
- The FCN is encouraged to educate themselves about the business of healthcare and funding streams.



## Review of Faith Community Nursing Literature

- There was a noticeable gap in research on the topic of faith community nursing compensation.
  - 1) what makes for sustainable programs,
  - 2) termination,
  - 3) economic and altruistic value of faith community nursing interventions, and
  - 4) key elements contributing to successful faith community nursing initiatives, as well as common challenges faced.



## Long-term sustainability of faith community nursing programs (Solari-Twadell & Ziebarth, 2020).

Descriptors such as *long term*, *sustainable*, and *successful* pertain to both compensated and uncompensated models.

The authors suggested that regardless of model, FCNs should:

1. have a clear and concise communication plan;
2. encourage the inclusion of “health of [individuals]” be part of the mission and vision of the faith community;
3. create a job description in collaboration with leadership and have annual evaluations;
4. create an organizational structure;
5. create policies and procedures;



## Long-term sustainability of faith community nursing programs (Solari-Twadell & Ziebarth, 2020).

The authors suggested that regardless of model, FCNs should - *continued*:

6. use evidenced-based resources and tools;
7. document, collect data, and communicate regularly regarding the altruistic and economic value of the program;
8. work hard to build a respectful and collegial relationship with leadership, stakeholders, and other health care providers;
9. nurture volunteers;
10. and pray.



## Application

1. Compensation needs to be addressed early in FCN program development and be consistent throughout the communication plan;
2. The job description is created in collaboration with leadership with agreed upon hours and role expectations;
3. How annual evaluations consider merit increases must be discussed;
4. The organizational structure needs to include who the FCN reports to;
5. Policies and procedures should address areas defining relationships and areas involving personnel management (Annual evaluation, compensation/merit increases, mileage, family leave, supervision, termination, ...etc.);
6. Documented, data collection, and regular reporting regarding the altruistic and economic value of the program are based on the needs of stakeholders;
7. Work hard to build relationships with leadership, stakeholders, and other health care providers.



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## Job termination survey: faith community nursing

(Ziebarth, 2018)

Results of an FCN termination survey revealed that out of **264** faith community nurses who responded to the survey,

- 23.69% (59) of them lost a position as a faith community nurse
- 12.73% (28) lost a position as a faith community nurse coordinator
- One may surmise that a faith community nurse in a non-paid position would be insulated from termination, but that may not be the case.
- We can reason that both paid and unpaid models can be sustainable and successful, or not.
- When paid FCNs are terminated, they often return to unpaid positions as a FCN, educator, researcher, or member of a health committee.



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## Economic and Altruistic Value of Faith Community Nursing Programs

- FCN documents cost savings/cost avoidance
  - (Brown et al. 2009). In 2008, the Henry Ford Macomb network reported savings of \$280,050
  - (Yeaworth & Sailors, 2014) It was estimated that FCN services saved \$1,910,630 in cost savings from 2005 to 2012. In addition to cost savings, Alegent Creighton Health counts a conservative \$25 per hour of community service delivered by FCNs. At 105,189 volunteer hours documented from 2006-2012, FCNs contributed \$2,629,725 of in-kind service to the community.



## Economic and Altruistic Value of Faith Community Nursing Programs

FCN program value: A five-finger model for hospitals (Ziebarth, 2015).

- Revenue-producing activities are the core business of hospitals.
  - “Termination may occur in hospital-funded [FCN] programs because they operate in a missional environment, are non-revenue producing, and are “most at-risk for elimination when margin is threatened” (p.89).*
- The author suggests a five-finger response when asked, why should a hospital support a faith community nurse program?
  1. Make a connection to the hospital’s mission and vision statement
  2. Continuity of care in the community
  3. New community partnerships and grant opportunities
  4. Achieving organizational and national health goals
  5. The federal mandate of community benefit



## Economic and Altruistic Value of Faith Community Nursing Programs

(Ziebarth, 2016),

A review of both altruistic and economic measurements methods of documentation can show the value of nursing interventions, such as prevention and screening activities.

- Altruistic and economic measurements methods
  - Storytelling
  - Documentation - activity reports
  - Equations:
    - Net benefits, Cost benefit, Fixed and Variable Cost Percentage



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## Economic and Altruistic Value of Faith Community Nursing Programs

FCN transitional care interventions decrease readmissions and shorten length of stay saving hospital unnecessary cost (Ahn et al. 2025)

- Effectiveness of transitional care interventions provided by faith community nurses was measured compared to a non-faith community nursing group.
  - After matching, FCN patients were less likely to readmit to hospital relative to non-FCN counterparts in 30, 90, and 180 days by 8.1%, 7.8%, and 8.3%, respectively.
  - FCN patients also tended to have shorter length of stay (LOS) relative to non-FCN patients in 30, 90, and 180 days by 0.37, 0.55, and 0.85 days, respectively.
- Using FCNs to provide transitional care interventions can save hospitals unnecessary readmission and extended LOS associate cost.



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## Common Challenges (Bokinskie & Kloster, 2008).

- Surveying attendees of a parish nurse training program yielded a large study (3 surveys) conducted over 3 years.
- The questions examined factors that either supported or did not support a successful parish nurse ministry.
- A lack of financial support ranked high as a barrier to establishing and sustaining a successful parish nurse ministry



## Economic and Altruistic Value of Faith Community Nursing Programs - Nursing Economic Model (Yakusheva et al. 2024)

- The foundational ingredient ...the delivery of high-quality nursing care provided to patients, families, communities, and populations delivered by a nurse with specific education, experience, expertise.
- Nursing should not continue to be viewed as an undifferentiated, uniform input; rather, nursing is a value-added capital asset and measurable.
- The FCN should be seen as a value-added asset that provides measurable care based on the characteristics of the nurse (experience and specialty) and allocation (population, types of interventions, and hours).
- Outcomes of the healthcare consumer, program, organization, and nurse are demonstrated and should be a part of data collected.
- Revenues come from 1) patients giving to faith communities (FC), 2) the use of FC or healthcare organizational resources, 3) outside organization (grants), and 4) potential government reimbursements. Uncompensated hours may also be viewed as revenue.



## Last step in the Position Statement Development - FCN Compensation Survey Summary

- 77% (N=94) of participants were uncompensated as an FCN.
- They reported working 1-10 hours per week.
- Hourly rates for compensated FCNs averaged \$31-\$50/hr with 50% working 40 hrs. per week.
- Most participants (N=96) indicated agreement that paying FCNs would help attract and retain qualified nurses.
- Most survey participants (N=88) suggested hourly rates of \$31-\$40 for FCNs.

***It may be assumed from these results that when FCNs are compensated, they work significantly more hours.***

*FCNs are a predominantly uncompensated workforce with significant challenges related to compensation and recognition of their role. There is a strong belief that paid positions could enhance the effectiveness and sustainability of programs. Suggestions for improving compensation models and alleviating funding barriers were emphasized, indicating greater awareness and support from both faith communities and healthcare organizations.*



## Position Statement: Faith Community Nurse Compensation

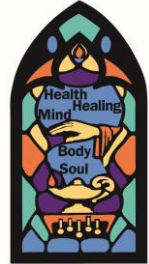
- Faith community nursing is a professional nursing specialty with its own scope of practice (American Nurses Association and Health Ministries Association, 2025). The Faith Community Nurse (FCN) receives specialty education and delivers nursing care interventions within or with a faith community to individuals, groups, and populations. There are measurable outcomes and demonstrated value for the healthcare consumer, program, faith community, healthcare organization, and nurse. The FCN documents interventions and outcomes and regularly reports to stakeholders. The FCN has the right to fair compensation and to negotiate the terms, wages, and work conditions of their employment with employers. The FCN explores external funding sources for compensation based on specific needs of populations. Additionally, FCNs should be aware of reimbursement pathways efforts for community-based nurses through professional nursing organizations. The FCN as a compensated or uncompensated professional is a value-added asset that provides measurable quality nursing care based on the experience and specialty characteristics of the nurse and allocation of types of interventions, hours, and population.





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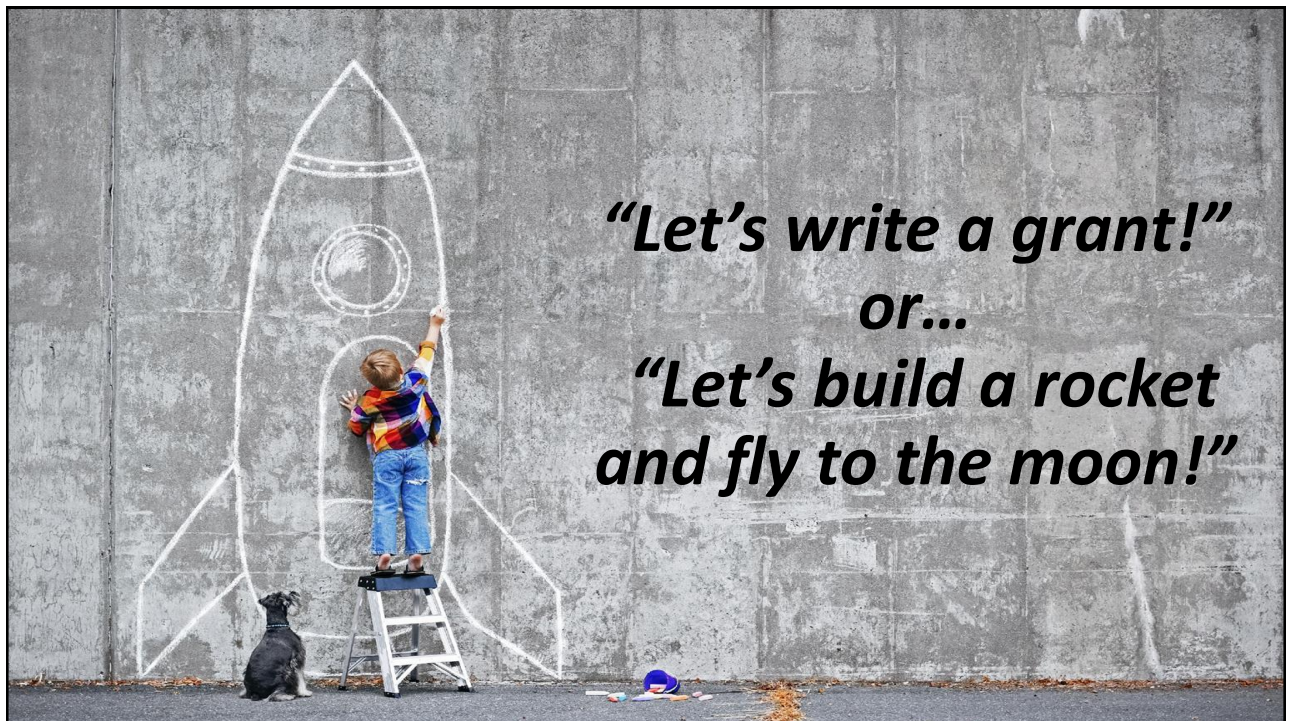
# Faith Community Health Network: Our FCN Compensation Journey in Oregon



Deb Fell-Carlson, BSN, RN, MSPH  
Executive Director, Faith Community Health Network  
Lebanon, OR

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***“Let’s write a grant!”  
or...  
“Let’s build a rocket  
and fly to the moon!”***

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## FCNs receive external funding to equip FCNs to coordinate care for the neediest\*

- The Faith Community Health Network (FCHN) received a public sector “Supporting Health for All through Reinvestment” (SHARE) grant.
  - Funded recruitment and training of FCNs
  - Goal: Equip and sustain a network of coordinated care for IHN-CCO members using trained FCNs in local faith communities, thus bringing FCNs back into the continuum of care.
    - Recruit/train FCNs and equip with laptops
    - By improving healthcare access, engage Medicaid members in respective faith communities in identifying housing supports through health education, coordination, spiritual care & advocacy



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\* Ziebarth, Deborah J.; Fell-Carlson, Deborah; and Shanks, Marcy (2024) "Faith Community Nursing Case Study: SHARE Grant Procurement during the Covid-19 Epidemic," International Journal of Faith Community Nursing: Vol. 9: Iss. 1, Article 5. Available at: <https://digitalcommons.wku.edu/iifcn/vol9/iss1/5>

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## Experience identified barriers and questions... *Long term sustainability is critical – outreach alone does not build teams*

- Recruiting RNs to be FCNs is challenging in Oregon where only **19%** of the population attends a faith community at least 1-2x month:\* Intentional strategies needed to reach faith leaders, nurses, community
  - Presence at events where nurse leaders gather
  - Getting involved locally and nationally in advocacy to shape nursing practice and policy for FCNs AND those served
  - Partnerships with nurses and prospective nurses seeking ongoing education and leadership experiences



\* Pew Research Religious Landscape Study – Oregon: [www.pewresearch.org/religious-landscape-study/state/oregon/](http://www.pewresearch.org/religious-landscape-study/state/oregon/)

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Identified and bridged a learning gap in local community college nursing program ... and created a way to reach new nurses!

- Win-Win partnership
- Associate degree nursing programs are common in rural areas and often lack strong community health faculty expertise
- Community health clinical experiences are a growing need in nursing education - especially in these rural ADN programs (extends nursing faculty)
- Guest lecture helps to bridge the BSN “divide” in rural areas without BSN programs
- Brings awareness of faith community nursing practice early in career



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Explored what works ... and what doesn't ... in our community

- Unpaid professional vs. paid
  - Some nurses are called to this work and do not want to be paid in money
  - Some nurses need to be paid to serve
  - Small congregations in rural areas often cannot pay a nurse
- Dedicated vs. shared vs. Network
  - Nurses may share a ministry across similar faith traditions – has challenges
  - Network-sponsored activities bring awareness, build confidence, and create a sense of team
- Liability is a perceived concern among local clergy. Risk management strategies:
  - Well-defined FCN-Network affiliate relationship
  - Position descriptions to clarify autonomous nature of practice
  - Policies to define roles and scope at all levels



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## Identified a specific need for funding to reach and engage Oregon nurses

- Non-profit status opened doors for FCHN
- Funding success critically linked to awareness, community confidence, consistent outcomes and vice versa
- Funding required for FFCN course to continue
- Grants, donations?

***How do we recruit when nurses are in such short supply, have compassion fatigue, ... and do not know about faith community nursing?***



## To that end... three subsequent public sector grants were funded over the next three years

- The proposals shared these overall goals:
  - Increase awareness of the benefits of FCNs in faith communities and related ministries to bring access to where people live and worship
  - Improve FCN recruitment and engagement
  - Explore FCN delivery models
  - Explore compensation and reimbursement mechanisms that might make it possible to pay faith community nurses – what is the reimbursement landscape in Oregon? Nationally?



## Compensation-Related Discoveries

### *Nurse entrepreneurship is a possible option for FCNs in some settings*

- Nurse Entrepreneurs are emerging to serve those who have financial resources to pay out of pocket – a potential compensation resource for FCNs in affluent areas
- Could be an interesting approach for faith community “sponsorship”



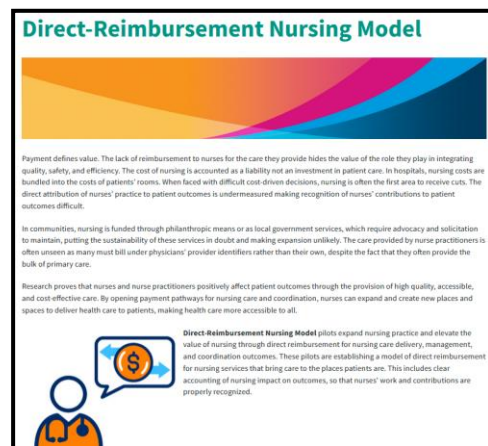
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## Compensation-Related Discoveries

### *American Nurses Foundation Reimbursement Research at OHSU*

- Oregon Health Sciences University research project with the American Nurses Foundation to explore direct reimbursement for nurses
- Encourages all RNs to get National Provider Identifier (NPI)
- Community health workers have NPIs and can direct-bill Medicaid in Oregon ... but RNs cannot



<https://www.nursingworld.org/foundation/nurse-led-research-and-innovation/direct-reimbursement-nursing-model/>

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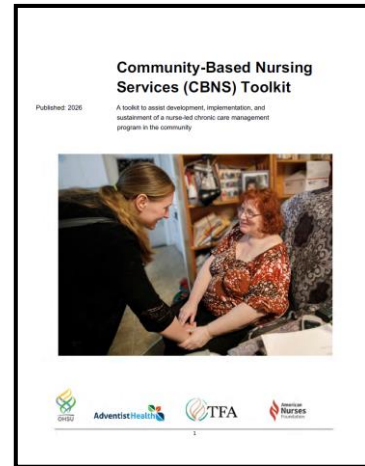
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## American Nurses Foundation Study has since been published and we are reviewing...

- Toolkit created based on the materials developed and lessons learned from the project.
- They are hoping the toolkit will assist organizations to accelerate their process to develop financially sustainable RN-led programs.
- Article published to outline key points of the toolkit – Citation:

Izumi et al. BMC Health Services Research (2025) 25:1542 <https://doi.org/10.1186/s12913-025-13788-1>

Toolkit publicly available at: [https://www.ohsu.edu/sites/default/files/2026-01/cbns-toolkit\\_accessible.pdf](https://www.ohsu.edu/sites/default/files/2026-01/cbns-toolkit_accessible.pdf)




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## Upstream actions in response to discoveries

- Familiarized ourselves with the American Nurses Association [NPI Position Statement](#)
- Learned that FCNs and/or community health nurses did not have a definition in the Taxonomy and collaborated with FCN leaders nationally
  - Cari Moodie, Vice President of Health Ministries Association convened a collaborative workgroup with broad FCN representation and submitted a proposed definition to include FCNs

**POSITION STATEMENT**  AMERICAN NURSES ASSOCIATION

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**National Provider Identifier (NPI) as the Unique Nurse Identifier**

**Effective Date:** June 30, 2022  
**Status:** Position Statement  
**Adopted by:** ANA Board of Directors

**Summary**

NPIs remain the gold standard for identifying and reimbursing the health care clinicians who provide care for the patient. As we move toward full recognition of the value of nursing, obtaining NPIs is a good first step to strive towards direct reimbursement for critical nursing services that are key to the provision of quality care.

**Purpose**

Health system transformation outcomes and correlating NPIs allow providers, including community health nurses, to be reimbursed for services provided.

1. Affirm the role that...
2. Establish that an NPI system...

**Community Health Registered Nurse**

Code	HEMCR100K
Name	Community Health
Definition	Definition to come...
Effective Date	6/1/2022

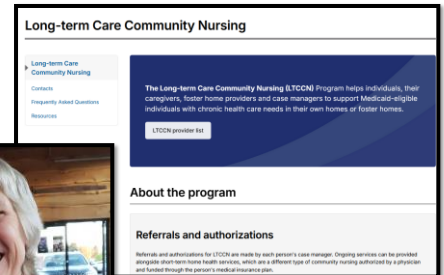
<https://taxonomy.nucc.org/><sup>36</sup>

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## Long-Term Care Community Nursing Model

*We love how the Holy One orchestrates!*

- We did not know that Oregon has long-term care community nursing already in place .. A model which could support faith community nurses – but requires a “billing pass-through” and has narrow eligibility
- Faith Community Nurse previously unknown to us showed up at an FCHN educational offering – she is currently employed in this program
- Considered legislative approach



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## What is the reimbursement landscape?

- Reached out to Deborah Patterson, Oregon District #10 Senator
  - Chair of the Senate Healthcare Committee
  - Long-time FCN advocate
- Eager to sponsor!
- Encouraged submission of “legislative concept”



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## Several upstream actions in response to discoveries – Legislative approach

- Partnered with a consultant and others to draft a broad legislative concept that proposed direct billing for community RNs ... including FCNs... introduced but did not pass
- Collaborated with Oregon Nurses Association colleagues who submitted a similar but more narrow legislative concept through Representative Travis Nelson (an RN), also sponsored by Deb Patterson – **Passed as House Bill 2789**



**Above:** Ron Steele, faith community member who was assisted into housing under the FCHN's SHARE grant waits to testify with Deb Fell-Carlson and Melissa Isavoran. <sup>39</sup>

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## HB2789 Rulemaking in Progress!

*410-130-0800 - Care management services*

- Establishes registered nurses as an enrolled provider type for care management services.
- Oregon Health Authority (OHA) hosted a Rules Advisory Committee Meeting on 4/20/2026 to discuss recently issued draft proposed rules.
  - Much testimony shared by many stakeholders – billing process hit some snags - they are still gathering comments.
  - OHA anticipates a July 1, 2026 implementation.
  - OHA analyst: *“Oregon is the first in the nation to do this... maybe with a regional pilot... in the interest of “policy and budgetary prudence”*
  - Much work yet to do... Stay tuned!



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Thank you!  
Questions?

