



Response to “Fostering Early Breast Cancer Detection: Faith Community Nurses Reaching At-Risk Populations”

I would like to thank authors Judy Shackelford, Diana Weyhenmeyer, and Linda Mabus (2014) for bringing attention to the important role faith community nurses (FCNs) play in preventive and screening services in communities that may be underserved or lack strong medical connections. As the authors discuss, individuals who live in rural communities may not readily access preventive care. Because FCNs often have a personal and long-term relationship with congregants by working directly within these communities, they are in a unique position to encourage medical screenings, promote wellness, and facilitate early treatment and management of disease. The authors correctly note that using faith communities to reach underserved populations is a well-established and successful methodology in improving a population’s well-being through screening and close follow-up (Chase-Zioleck & Iris, 2002).

Although programs for FCN are available at some universities, the American Nurses Credentialing Center (ANCC) only recently instituted a new certification portfolio program for FCN in 2014 (ANCC, 2014). This certification is important because it indicates that these RNs have achieved the recommended professional development and knowledge base, and demonstrated professional and ethical practice, teamwork, collaboration, quality, and safety in the discipline of FCN (ANCC, 2014). The portfolio certification program offered through the ANCC differs from certificate programs that have been available in the past through various institutions. The ANCC certification program sets high standards and indicates the culmination of a movement to establish FCN as a specialty nursing practice. In contrast, the early certificate programs were beneficial in allowing nurses to become involved in FCN.

Some of the most common and integral responsibilities of FCNs include health teaching and health promotion according to *Faith Community Nursing: Scope and Standards of Practice* (American Nurses

Association, 2012). A certified FCN is in a position to recognize early signs and symptoms of disease processes and has built the personal relationship with members of the faith community to actively recommend that individuals obtain health screenings and manage their personal health. If FCNs are working within faith communities on a regular basis, they have the opportunity to encourage individual members of the congregation to follow up with preventive care and improve screening rates when deemed necessary. In addition, FCNs who practice within the congregation can provide support and ensure individuals receive follow-up treatment for any abnormalities on screening examinations.

I would like to thank the authors for focusing on the role FCNs can achieve in organizing and promoting mammography and other health screenings among at-risk populations. Screening rates can be increased when congregation leadership, church organizations, and FCNs practice together in specific communities to encourage congregant members to participate in recommended screening and health promotion measures (Boland, 1998; Whisenant, Cortes, & Hill, 2014). Shackelford et al. (2014) have provided an outstanding example of how FCNs can be used to promote health promotion and preventive care in at-risk populations.

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The Author Responds

Thank you for taking time to respond to the article “Fostering Early Breast Cancer Detection: Faith Community Nurses Reaching At-Risk Populations.” We share your support of faith community nursing (FCN) and American Nurses Credentialing Center certification of FCN as a specialty. The scope of education and expertise among the FCNs in the grant project led to high-quality programming and outcomes for the at-risk populations served. The important role of FCNs in health promotion for populations can only be strengthened through certification.

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Key words: faith community nursing; education; prevention; early detection

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