

- **Martin Luther King, Jr.** (January 15, 1929–April 4, 1968) was an American pastor, activist, humanitarian, and leader in the African-American civil rights movement. He is best known for his role in the advancement of civil rights using nonviolent civil disobedience based on his Christian beliefs.
- **Desmond Tutu** (born October 7, 1931) is a South African social rights activist and retired Anglican bishop who rose to worldwide fame during the 1980s as an opponent of apartheid. He was the first black Archbishop of Cape Town and bishop of the Church of the Province of Southern Africa (now the Anglican Church of Southern Africa).
- **Mahatma Gandhi** (October 2, 1869–January 30, 1948) was the preeminent leader of Indian nationalism in British-ruled India. Employing nonviolent civil disobedience, Gandhi led India to independence and inspired movements for civil rights and freedom across the world.
- **Pope John Paul II** (May 18, 1920–April 2, 2005) was the 264th pope of the Catholic church from October 16, 1978 until his death. John Paul II is recognized as helping to end communist rule in his native Poland and eventually all of Europe.

■ Case Studies

Instructions:

1. Read the cases aloud. The cases involve different types of advocacy and care coordination.
2. Assign the participants to small groups and assign one case study to each group.
3. Encourage the participants to discuss the case selected using the questions provided.
4. Reconvene the group and have the groups share their observations.

Question:

1. What are the appropriate basic steps for advocacy, care coordination, and transitional care skills in this situation?

Case 1—Individual

Sally is an 81-year-old widow who has diabetes. The FCN has been visiting for several years to provide surveillance and spiritual care. Sally has a 45-year-old adopted son who lives with her. The son, Donny, has Down syndrome and has had little education or work experience. Donny is able to read and prepare simple meals. He also goes to an adult day care two days a week. One day, the FCN stops in to visit unexpectedly and finds that Sally has been in bed for the past three days. She is in a fetal position and is barely able to respond. It is suspected that Sally has had a stroke. After coordinating the appropriate acute medical care for Sally, the FCN is faced with whether to leave Donny in the home or make other arrangements for him. Long-term arrangements also need to be made for Sally.

- What advocacy and coordination skills will be most essential for the FCN working with Sally and Donny?
- What resources may be important to use?

Sally is now ready to transition from rehab to home; she has right-sided weakness but is able to stand with assistance from a walker.

- What transitional interventions are necessary to prevent readmission?
- Who does the FCN need to collaborate with to ensure successful transition?

Case 2—Family

Connie has been the FCN at Central United Methodist Church for the past four years. She makes regular visits to homebound congregation members. One family she visits consists of Dan and Martha, an elderly couple with one daughter who lives out of state. Over the past four years, Dan has become increasingly debilitated from Parkinson's disease and is now in the early stages of Alzheimer's disease. Dan and Martha have become disillusioned with their physician and have told Connie a number of times, "We might as well take care of ourselves. The doctor does nothing, and he doesn't even listen anymore." As Connie continues to make her visits, she realizes that Martha can no longer manage her husband's care alone and does not have the emotional stamina anymore to deal with everyday issues.

- What advocacy and coordination skills will be most essential for the FCN working with Dan and Martha?
- Who might serve as a resource for Dan and Martha?
- Should the FCN notify the spiritual leader of the faith community? Why or why not?

Case 3—Faith Community

With the current economic recession, it has come to the attention of the faith community's secretary that more calls are coming in to the spiritual leader requesting assistance with food and utility bills. The faith community has a food pantry, but it has been difficult to keep it stocked due to the increasing demand. Some members of the faith community have expressed a desire to merge their pantry with that of another faith community in the area. Members also feel that it is important to keep the pantry open even if the stock is limited.

- Is there a need for the FCN to become involved?
- If so, what should the FCN's role be?
- What skills will be most essential for the FCN working with this faith community?
- Who might serve as a resource for this faith community?

■ Expanded Learning Activities

Choose one or more of these expanded learning ideas to use with your group according to your time and resources.

1. Locate one website for your denomination and find resources for advocacy. Present a written report and a short reflection on the website information to the other participants. If a laptop with Internet connection is available, demonstrate how to access denominational advocacy resources during the class period.
2. Divide the participants into small groups. Using additional case studies (based on participant experiences), have the participants discuss each situation in relation to a broader social issue. Report back to the larger group if time allows.
3. Develop a coordination care plan for one of the case studies.
4. Develop a volunteer training session for volunteers to support Dan and Martha in *Case Study 2*.
5. Select one particular topic of interest to the group and have participants check the website for their denominations to determine if there are advocacy tools available.
6. Obtain a community resource guide for your area. This may be through the local chamber of commerce, area hospital, or other community agency. This is a starting point for your care coordination activities.
7. Identify resources and collaboration opportunities to support care coordination activities in your faith community. Include actual or potential volunteers or related ministries.
8. While providing transitional care, collaboration is key. Make a list of health care providers that you collaborate with to provide transitional care.