10 STEPS to BEGINNING A HEALTH MINISTRY

1. LEARN ALL YOU CAN – study the workshop and other printed materials, talk with other health ministries, ask local medical people for information, etc.

2. MAKE SURE YOUR PASTOR IS SUPPORTIVE – you will need the Pastor’s support to reach the congregation.

3. FORM A HEALTH TEAM - Invite interested members of your congregation, educators, medical professionals, school nurses, dieticians, representatives from local health care providers, and others who have an interest in promoting health and wellness. Look for people your congregation will trust and look up to.
   See Skills Assessment – Form #1

4. DEVELOP A PLAN – What do you hope to accomplish and how will you do it?
   See Quick Start to Developing a Plan- Form #2

5. SURVEY THE CONGREGATION - What do people in the congregation feel they need most?
   See Basic Health Survey – Form #3

6. SET UP A SYSTEM FOR ORGANIZING INFORMATION - Keep accurate, secure information about visits, contacts, etc?

7. PLAN A RECOGNITION & COMMISSIONING SERVICE – This validates the health ministry, affirms its spiritual roots and raises awareness to the new ministry.

8. BEGIN WITH THE NEEDS YOUR CONGREGATION IDENTIFIED - Start by providing information on a regular basis about the topics people say are most important to them.
   • Team members make brief presentations in Sunday School classes
   • Put a “nugget” of health information in the bulletin each week
   • Ask your Pastor to deliver a message emphasizing the need to maintain good health
   • Distribute printed information about topics of concern to people

9. REPORTS - Keep the team and your pastor informed.
   See Health Ministry Report – Form #4

10. GROW – Revise your plan, broaden your goals and strengthen your team as you grow!
    Here are some ideas for the future:
    • Partner with other churches in a weight loss contest
    • Hold a “Health Fair”
    • Start a study of the scriptures about good health
    • Involve kids and teens in the ministry (ask them what will work)
    • Develop a cookbook of healthy recipes for your congregation
    • Arrange Family Activity Nights once a month (or weekly)
    • Start an exercise program for the congregation
    • Partner with other congregations for a community wide outreach
Skills Assessment - Form #1

We would like to identify resources within our congregation to build a much needed ministry to promote health and wellness within our midst. Please complete this form which will be collected at the door as you leave church on Sunday.

Name: ____________________________________________

Address: ____________________________________________

City: ________________________ St: ____________________ Zip: ________________

Home Phone: (____) ____________________ Work Phone: (____) ____________________

Cell Phone: (____) ____________________ Email address: ____________________________

Church: ____________________________________________ City: ________________________

Job Title: ____________________________________________ Retired? YES____ NO____

EDUCATION: ____________________________________________ Highest level of education: ____________________________

SKILLS - Please check all that apply:

Acting ______
Artwork ______
Carpentry ______
Computer ______
Counseling ______ (specific area) ____________________________
Educator ______ (specific area) ____________________________
General Accounting ______
Health Field: (Specify MD, RN, LPN, CA, Dietician, etc.) ____________________________
Public Speaking ______
Social Work ______
Tutoring ______
Webmaster_______
Writer ___________ (specify area) ____________________________
Hobbies ____________________________________________

Have you ever worked in a Health Ministry? YES_____ NO____

Are you aware of specific health needs and issues among our congregation? YES_____ NO____

Would you like more information about the Health Ministry in our congregation? YES__ NO __

THANK YOU FOR COMPLETING THIS SURVEY!

III John 1:2

“Beloved, I wish above all things that you may prosper and be in health, even as your soul prospers.”
1. **WHAT DO YOU WANT THE HEALTH MINISTRY TO DO?**
   List components you might include in the health ministry.
   **EXAMPLE:**
   - EDUCATE PEOPLE ABOUT HEALTH ISSUES
   - ...
   - ...
   - ...
   - ...
   - ...
   - ...

2. **HOW WILL YOU DO THESE THINGS?**
   Plan activities to accomplish each component you plan to do from the list in #1.
   **EXAMPLE:**
   - EDUCATE PEOPLE ABOUT HEALTH ISSUES
     1. Put information in the bulletin weekly
     2. Make brief presentation in Sunday School classes
     3. Make posters for the hallways
     4. Put on a skit
     5. Hand out printed information

USE ADDITIONAL PAPER TO COMPLETE THE LIST OF ACTIVITIES FOR EACH COMPONENT
3. **WHAT RESOURCES WILL YOU NEED & WHERE CAN YOU GET THESE RESOURCES?**

List everything you may need including speakers, supplies, etc. for each activity.

Identify resources in your congregation and your community at large.

<table>
<thead>
<tr>
<th>GOAL</th>
<th>ACTIVITY</th>
<th>RESOURCES NEEDED</th>
<th>WHERE TO FIND</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUCATE PEOPLE</td>
<td>Bulletin Inserts</td>
<td>Accurate information</td>
<td>Medical professionals, Internet, health organizations like the American Heart Assoc.</td>
</tr>
<tr>
<td>ABOUT HEALTH</td>
<td>Presentations</td>
<td>Speakers with accurate</td>
<td>Nurses, Doctors, Extension service agents and educators</td>
</tr>
<tr>
<td>ISSUES</td>
<td></td>
<td>information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Posters</td>
<td>Colorful Artwork, Statistics/Graphs</td>
<td>Magazines, artistic kids, Internet</td>
</tr>
<tr>
<td></td>
<td>Skits</td>
<td>Good material and people for the skit</td>
<td>Outgoing adults and kids with basic (and humorous?) content</td>
</tr>
<tr>
<td></td>
<td>Handouts</td>
<td>Attractive printed information on health issues</td>
<td>Create handouts, use printed information from major health organizations</td>
</tr>
<tr>
<td>GOAL</td>
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</tbody>
</table>

USE ADDITIONAL PAPER TO COMPLETE THE LIST OF RESOURCES YOU WILL NEED
4. **TIMELINE** - Planning may take up to six months with regularly team meetings.

**YEAR ONE**
- Month 1 – Talk to your pastor and learn all you can about health issues
- Month 2 – Talk to others and recruit the team (Form #1)
- Months 3 and 4 - Develop your Plan (Form #2)
- Month 5 – Survey the Congregation (Form #3)
- Month 6 – Kick Off (should not begin until your team and your plan are in place)
- Months 6 – 12 Implement Your Plan and maintain good records
- Year End Report - Keep your Pastor and your team well informed and let your congregation know what the Health Ministry has accomplished. (Form #4)

**YEAR TWO**
- Continue to grow your health ministry by evaluating and adjusting your plans to meet the needs of the congregation
- Meet with other Health Ministry teams in your community and consider a big special event (Health Fair) to raise more awareness and impact your community.

**YEAR THREE**
- Your team could be ready to train other congregations!

*An initiative of the Community Foundation of Northwest Mississippi*

315 Losher Street, Suite 100  |  Hernando MS  38632  |  662-449.5002
BASIC HEALTH SURVEY – Form #3

To effectively plan for the Health Ministry at our church, your input is so very important. Please take a few moments to complete this health survey. All information is confidential and will be used only for planning health programs for your benefit. Thank you for your cooperation.

Age: _____  Sex: F____ M_____  
Marital Status: Single____ Married ____ Widowed ____ Divorced ____ Separated____  
Age of Children: ____ ____ ____  
I could attend Health Programs held on:  
Sun ____  Mon ____  Tues ____  Wed ____  Thur ____  Fri ____  Sat ____  
Best time for Health Programs: Morning ____  Afternoon ____  Evening ____

Please mark an (X) to indicate the health interest for you and your family (check all that apply)

HEALTH INFORMATION
___Standard First Aid  
___Vision/Hearing  
___Early Disease Detection  
___Drug/Alcohol Abuse  
___AIDS Awareness

ADULT ISSUES
___Women’s Health Issues  
___Men’s Health Issues  
___Your Medicine Cabinet

HEALTH ISSUES
___Blood Pressure Screening  
___Cholesterol Education  
___Nutrition  
___Exercise Classes  
___Stop Smoking Clinic  
___Stress Management  
___Health Insurance  
___Weight Control

SPECIFIC ILLNESS
___Alzheimer’s Disease  
___Arthritis  
___Cancer  
___Diabetes  
___Chronic Illness  
___Chronic Pain  
___Osteoporosis  
___Stroke  
___Heart Disease  
___Low Back Pain  
___Dealing with Grief  
___Hospice

TEEN HEALTH
___Conflict/Communication  
___Peer Pressure  
___Eating Disorders  
___Depression/Suicide

CHILDREN’S HEALTH
___Good Nutrition  
___Obesity  
___Physical Activity  
___Diabetes

In addition to the items already checked above, I would like more information about:
________________________________________________________________________

Thank you for your cooperation.  God Bless You.  Return Form to Health Ministry Team
HEALTH MINISTRY REPORT – Form #4

Reporting Period: __________________________________________

Church or Congregation: _______________________________________

Health Ministry Activities
1. Describe all health activities that occurred during this report period:
   a. Activities: list classes, phone calls, presentations, seminars, sermons, screenings, etc.)

   ___________________________________________ # of participants
   ___________________________________________ # of participants
   ___________________________________________ # of participants
   ___________________________________________ # of participants
   ___________________________________________ # of participants

   b. Health Information Distributed:
   Subject covered: __________________ # of people who received info
   Subject covered: __________________ # of people who received info
   Subject covered: __________________ # of people who received info
   Subject covered: __________________ # of people who received info
   Subject covered: __________________ # of people who received info
   Subject covered: __________________ # of people who received info

   c. Referrals:
   # of referrals made to a health service or medical provider(s): ______________

   d. Community Outreach
   List activities or interactions you had outside the congregation:
   __________________________________________
   __________________________________________
   __________________________________________

   e. Partnerships
   What organizations have you partnered with to promote health and wellness?
   __________________________________________
   __________________________________________
   __________________________________________

Name of Health Ministry Team Member making this report: ____________________________

Signature: ___________________________ Date: ___________________________