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.
- 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
- 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	? YESNO	
EDUCATION:	Highest level of education:			
SKILLS - Please che	eck all that apply:			
Acting				
Artwork				
Carpentry				
Computer				
	(specific area)			
	(specific area)			
General Accountir		-		
	cify MD, RN, LPN, CA, Dietician, etc.)			
Public Speaking				
Social Work				
Tutoring				
Webmaster				
	(specify area)			
Hobbies (specify area)				
Have you ever wo	rked in a Health Ministry? YES NO			
Are you aware of	specific health needs and issues among our co	ongregatior	1? YES NO	
Would you like mo	ore information about the Health Ministry in	our congre	gation? YESNO	
	THANK YOU FOR COMPLETING THIS	SURVEY!		
	III John 1:2			
	"Beloved, I wish above all things that you r and be in health, even as your soul pr		er 🛛	

QUICK START FOR DEVELOPING A PLAN – Form #2

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
- •

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.

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

GOAL	ΑCTIVITY	RESOURCES NEEDED	WHERE TO FIND

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!

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 <u>only</u> for planning health programs for your benefit. Thank you for you cooperation.

Age:	Se	<i>x</i> : F	M					
Marita	l Status: Sir	ngle	Married	Widowed		Divorced	Separated	
Age of	Children:							
I could	attend Hea	alth Progr	rams held on:					
Sun	Mon	Tues	Wed		_ Fri _	Sat		
Best tir	ne for Heal	th Progra	ams: Morning	After	noon	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

HEALTH ISSUES

- Blood Pressure Screening
- ____Cholesterol Education
- ____Nutrition
- ____Exercise Classes
- ____Stop Smoking Clinic
- ____Stress Management
- ____Health Insurance
- ____Weight Control

TEEN HEALTH

- ____Conflict/Communication
- ____Peer Pressure
- Eating Disorders
- Depression/Suicide

CHILDREN'S HEALTH

- ____Good Nutrition
- Obesity
- ____Physical Activity
- ____Diabetes

ADULT ISSUES

Women's Health Issues Men's Health Issues Your Medicine Cabinet

SPECIFIC ILLNESS

- ____Alzheimer's Disease
- ____Arthritis
- ____ Cancer
- ____Diabetes
- Chronic Illness
- ____ Chronic Pain
- ___Osteoporosis
- ____Stroke
- ____Heart Disease
- ___Low Back Pain
- ____Dealing with Grief
- ____Hospice

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

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:

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: _____