

Our Saviors Lutheran Health Ministry Committee Work Plan



April 2019

Executive Summary

The mission of the OSL Health Ministry Committee is to share the love of Jesus Christ, the great physician, through whole person (body-mind-spirit) health promotion, disease prevention and spiritual care of individuals throughout their lifespan.

To assist in meeting that mission and wisely utilize available resources, the committee underwent a planning process during spring 2019. One input to that planning process was a survey of congregation members asking for them to identify and/or help prioritize:

- Congregational knowledge of current health ministry-related activities
- Participation in current health ministry-related activities
- Expected future participation in current health ministry-related activities
- Perceived need for various Church resourced health related services
- Other (possibly unmet) health related needs in the respondents families, the congregation or the larger Menomonie community
- Awareness of other organizations in the community that provide health and/or wellness related services
- Desired topics for health/wellness related education
- Preferences for future priorities for the committee

The results of that survey identified multiple opportunities including:

- Visitation
- Education
- Healing services/support

Focusing on those areas of opportunity and acknowledging available resources (personnel, financial, time, etc.) the committee proposes the following recommendations

1. Visitation
 - a. Identify Lay members interested in visitation ministry
 - b. Train interested Lay members to participate in visitations
 - c. Identify congregation visitation needs
 - d. Develop a prioritization scheme for Pastoral, Parish Nurse and Lay visitation
2. Education
 - a. create and define "curriculum" for proposed monthly education sessions
 - b. Plan and coordinate approximately 8-9 education sessions per program year
3. Healing Services
 - a. Consider quarterly healing services to be coordinated with pastors

Charge:

The OSL Health Ministry Committee is a standing committee of the congregation and reports to the OSL Council. Duties include:

1. Advising the Council on current health-related needs of the congregation and recommending ministry opportunities to meet those needs.
2. Interacting and coordinating with other OSL Committees to support health-related ministry opportunities that serve the congregation.
3. Serve as a point of contact and resource for other organizations, in order to coordinate OSL involvement with health related ministry opportunities in the wider community.

Mission:

The OSL Health Ministry Committee will share the love of Jesus Christ, the great physician, through whole person (body-mind-spirit) health promotion, disease prevention and spiritual care of individuals throughout their lifespan.

Composition and duties of committee members and staff:

The Health Ministry Committee may be composed of pastors, parish nurses, and members of the congregation who have the expertise and desire to serve the OSL community through advising, supporting, and assisting with programs of education, health promotion, healing, caring, and outreach.

1. Certified Parish Nurses (RNs) will perform duties specific to the job description for their position and act in an advisory role within the committee with health ministry expertise.
2. Pastoral leadership will assist the committee with spiritual direction, knowledge of OSL member needs, spiritual educational needs across the lifespan, worship and healing service participation, and be contributors and supporters of all programs by this committee.
3. Lay chairperson will set and lead committee meetings in collaboration with OSL Staff. Council representative will act as a liaison to the council to represent the activities of the committee.

Summary of Congregational Survey

Methods:

In Spring 2019, the committee created an electronic survey via Google forms to obtain congregational feedback on health and wellness related needs in the congregation and greater community. Structured multiple choice and free text questions assessed:

- Congregational knowledge of current health ministry-related activities
- Participation in current health ministry-related activities
- Expected future participation in current health ministry-related activities
- Perceived need for various Church resourced health related services
- Other (possibly unmet) health related needs in the respondents families, the congregation or the larger Menomonie community
- Awareness of other organizations in the community that provide health and/or wellness related services
- Desired topics for health/wellness related education
- Preferences for future priorities for the committee

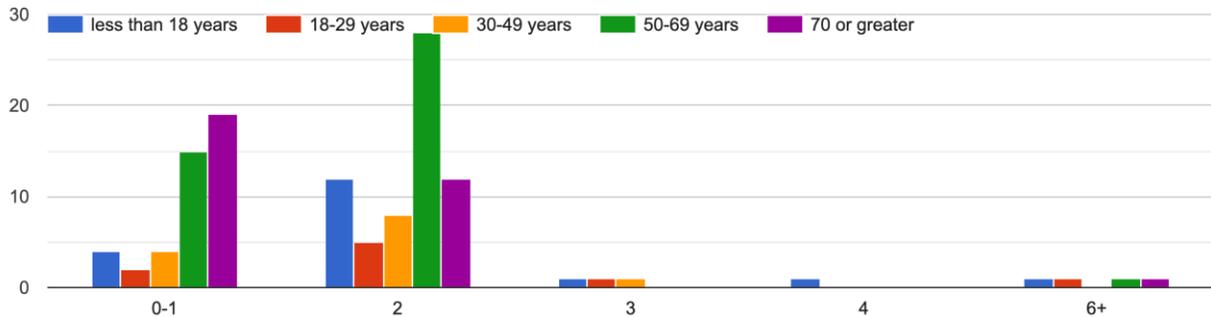
The survey was publicized via an email sent to all congregation members and verbally during regular church services. Internet connected laptop computers were made available during fellowship time between services and committee members were available to assist congregation members complete the survey if needed. Congregation members could also complete the survey on a personal device outside of the above time if they desired.

Raw data was presented to the full Health Ministry Committee on 4/2/2019 who then reviewed and analyzed the data. Themes and trends were identified that informed the development of this plan.

Results:

78 members completed the survey. 31 identified at least 1 person 70 years of age or older in their household and 43 identified people age 50-96 years of age with a smaller prevalence of young adults or youth.

What age ranges from your household attend OSL? (Please mark all appropriate for your household)



Overall Awareness of Health Ministry Committee Activities

Overall *awareness* of activities was moderate to high, but current *participation* and *prediction of future need* was lower and varied among general activities and services provided by Parish Nurses, Clergy and Lay Volunteers. Among the general activities, **healing/prayer services**, **prayer for members in need** and **educational presentations** stood out as both highly participated and high predicted future needs. **Health/wellness activities for youth** and **support groups** were also identified as opportunities for future need although with lower current participation.

Predicted Future Needs

Among Parish Nurse Activities, **visitation of members following hospitalization or illness** and **care of members following a loss or death** were predicted *highly needed* in the future followed closely by **care of homebound members and those living in nursing homes or assisted living facilities**. Clergy Activities followed a similar pattern although **visitation of homebound members** ranked more highly than **visitation after a loss or death**.

Future need for all services of Lay Volunteers *scored higher* than either Parish Nurse or Clergy. Among those services, **visitation following a loss or death** and **visitation following the birth of a baby** followed closely by **visitation of homebound and nursing home/assisted living residents** stood out as opportunities.

Themes

Free text responses from the remaining questions were reviewed by the Committee and responses were grouped into common themes. In the questions regarding *current family, congregational and community needs*, a strong theme emerged regarding **mental health, stress management and substance abuse**. This was consistent across all questions. In the *congregational needs* question a theme regarding **support of membership who are hospitalized, reside in nursing homes/assisted living facilities or are hospitalized** also emerged strongly. Finally, a theme around **homelessness** came from the *community needs* question.

The question “What health or wellness topics you would like to learn more about?” repeated the above themes and added requests for **education about chronic diseases** and **nutrition**.

Finally, the respondents were asked “In your opinion, what should be the top 3 priorities of the OSL Health Ministry (eg. what should we do more of)?” The most strongly recommended focus was on **visitation by clergy, parish nurses and lay volunteers of congregation members who are homebound, hospitalized or reside in nursing homes or assisted living facilities**. Other areas of focus included **mental health, healing services** and **youth wellness**.

Discussion

Despite some missed opportunities to publicize the survey, there was a strong congregational response. As expected, the most common ages of household members for survey respondents were between 50-69 years old with the second most common age being older than 70. This may limit ability to generalize the responses to the entire congregation, especially young families, and also the youngest of our church family. .

There was a **high degree of awareness about the committee’s work** and a **moderate degree of knowledge of health and wellness resources in our community** with nearly 40% of respondents noting that they are involved with or aware of other groups in our local community that focus on health or wellness topics. This indicates that the respondents may have had some degree of bias in support of the committees work and may have some pre-existing awareness of health and wellness needs in our congregation and community.

From the responses to all of the questions, a number of priorities emerged. These included:

- Visitation
- Education
- Healing services/support

The congregation identified needs and interest to develop programs that:

- Support congregation members who are unable to attend church in person due to health problems

- Equip and support those who have mental health needs
- Foster the health of our youth

With these priorities identified, the Committee discussed how the church could work to develop programs that will have a positive impact in those areas while staying within our mission and resources. A key strategy will likely be to maximize the concept of “the right person for the right job” in relation to Parish Nurses, Clergy, and Lay Members. The end result of that discussion is the work plan summarized below.

Work Plan

Areas of Focus

1. Visitation (Pastor, Parish RN, Lay)
2. Education:
3. Healing Services

Tactics:

4. Visitation
 - a. Identify Lay members interested in visitation ministry
 - b. Train interested Lay members to participate in visitations
 - c. Identify congregation visitation needs
 - d. Develop a prioritization scheme for Pastoral, Parish Nurse and Lay visitation
5. Education
 - a. create and define "curriculum" for proposed monthly education sessions
 - b. Plan and coordinate approximately 8-9 education sessions per program year
 - i. Mental Health
 - ii. Substance Use
 - iii. Nutrition
 - iv. Chronic Conditions
 - v. Youth Wellness
 - vi. Community crises such as homelessness and drug abuse
6. Healing Services
 - a. Consider quarterly healing services to be coordinated with pastors
 - b. Incorporate into existing services
 - c. Coordinated with healing themes from lectionary
 - d. Dedicated services