



Community of Christ
 1001 West Walnut
 Independence, MO 64050
 1-800-825-2806 ext 2262
 HMA@CofChrist.org
 Web: hmaCofChrist.org

Fall 2002 Newsletter

MINISTRY OF CONGREGATIONAL NURSES AND HEALTH COMMITTEES

The Community of Christ has always been involved in health ministries. Congregations provide opportunities for many healthful activities, Worship experiences inspire people with faith and hope, Socializing enhances an individual's feeling of being a pan of a greater community. There are educational opportunities and service projects to bring us together as extended families who care about one another, And as a passionate choir director and campfire leader. I am convinced that one of the healthiest activities is our singing together.

As we initiate a more structured intentional health ministry, assessing needs of congregations becomes important in directing our efforts. Here are some general guidelines and suggestions. There are three basic phases of needs assessment: (1) data collection; (2) description of need; and (3) prioritizing / evaluating. Even if you are a long-time member in that congregation, do a needs assessment. I guarantee you will make new discoveries!

Lets begin with when and why. We need information at the beginning, annually and ongoing. There are specific times when we need formal data collection and informal information is needed as we proceed. Data collection is important for many reasons, but there are two main ones. Data gives the health ministers reasons for programming services and it keeps health ministry focused on real needs of the congregation. It also supplies important data in the event that the congregation wants to apply for grants or collaborate with outside agencies.

What information do we collect? Consider assessing these congregational aspects: Location (rural, inner city, urban): physical description of the building (architectural barriers); member demographics (for example; single parents, new members, retired persons); existing programs: and history and traditions. One of the glaring mistakes I made as a first time pastor was to try to change a congregational tradition. Obviously, I did not succeed!

If you are using your health programs as outreach ministry you will need to also assess the community around the church. What are the ages of most people in the neighborhood? Look at the ethnic and racial data and socio-economic issues. Are there environmental issues or crime problems that affect the community? What community services are available? Are other churches offering programs in your area?

There are a number of assessment tools. One that we use in our educational classes for congregational nurses asks the nurse to reflect on the attitude present in the overall climate of the congregation. The tool is made up of lines with a positive characteristic at one end and the less positive at the opposite end. This can also be a good discussion item for your health committee to do as a group.

Mark an " X" on the line indicating where you think the congregation is positioned cm these issues:

Sense of Community ----- Superficial Relationships

Welcomes Change ----- Resists Change



Congregational nurse
Nancy Krahl reviews medications
With member Marie Hannaman

it is most important to ask the members what they think the health needs are. One of the most common ways to do this is with a survey. Surveys can be done at little cost and the responses can be anonymous. Limit the number of items to at most one page on two sides with check boxes and enough white space so people can write extra notes about their concerns. I don't recommend sending the surveys in the mail as the return rate is usually quite low. Some health ministers have administered the survey in the regular church service, I have used them in classes that I thought were pretty representative of the whole confutation. In both cases you get them back immediately. But keep in mind that some members may not be able to fill out surveys; handicapped individuals, infants, illiterate people or those who speak other languages. In some cases you may need to do a confidential interview.

One of the churches in our network got a very high response on the items about safety-related concerns such as break-ins in the neighborhood, unfenced pools, children home alone, falls in the home, and other concerns. That congregation planned its next year's program around those concerns inviting in policemen, firemen, and representatives from city agencies to give information to the people in the neighborhood, hazards in their homes. In that experience the Community of Christ became a viable part of their neighborhood.

Although we do not ask for names, we do include some demographic data such as age category and if they live alone. We ask if they are or year-round residents since we have so

many talented and valued "snowbirds" in Arizona. That way we can go back later and have discussions with that segment of our group about specific responses.

We use our health committees to prioritize and plan events. Evaluating the activities seems to be the one item usually left out. But ongoing evaluation is important to improving your activities. Some health ministers use the second year survey to give members a chance to evaluate the programs they have used during the year.

I believe that health ministers {professionals in a variety of disciplines} are called and especially equipped to exercise a ministry of health. Without this ministry the church is poorer and God's people are less well served. I appreciate the nurses and other health ministers in my home congregation who are my colleagues in the work of the gospel, and more than once, have been the representatives of the gospel in my life.

Sharon Davids. Ed.D.,R.N.
Northwest Valley Congreg, Nurse Ministries
Phoenix, Ari/ Arizona
kkdavids@aol.com

THANKS FROM RUSSIA

Dour Friends.

Apostle Len Young gave me CPR mannequin "Little Anne" that was donated by somebody from our church. I want to express my deep gratitude and appreciation. We already started Community CPR Training Program, Thanks a lot!

Yours cordially,
Sergei Bogolepov, MD

CONGREGATIONAL NURSING MODELS

Models for congregational nursing incorporate a wholistic, spiritual component to enhance what nurses do. Nurses who serve as a congregational nurse add to nursing a "ministry" which can be expressed in a variety of ways. First, a congregational nurse does not have to wait for a church member to come to see the nurse, as is traditional for commercial services in the community. Second, a congregational nurse is free to pray with a church member, which is less likely to happen in commercial community services. Third, a congregational nurse is free to teach scriptures that apply to health and wellness issues, which is less likely to happen in commercial community services.

The basic model for nursing in a church is the commonly accepted nursing process. Components for the nursing process are assessment of problems and resources, prioritizing problems, intervention plan, implementation of the plan, and evaluation of the plan effectiveness. This process begins with assessment or evaluation of problems and resources or strengths. Problems are prioritized. Resources are matched to the problems. From this matching of resources to problems will evolve a treatment or intervention plan. A treatment plan concludes the goal, chosen treatment(s), and time-line to meet the goal. With implementation of the plan follows an on-going evaluation of the progress or reduction of the problem. The components are not necessarily linear in the flow between components after a plan is initiated, for there is a perpetual assessment of problems and strengths. The nursing process is the foundation for nursing interventions with an individual, family, church congregation, and community.

Specific interventions used by nurses may come from other models or processes. Client education is another process commonly used by nurses. During the nursing assessment the knowledge base is evaluated to determine what the client needs to know about their priority problem what does the client actually know or not know, what is the client willing to team, and what is the best avenue (reading, hearing, speaking, by return demonstration) to teach the client. The client may be an individual, a family, a church congregation, or a community.

Another model used by nurses for successful implementation of a plan is the change process. Helpful for success is knowing where there is support for change, barriers to change, and how to motivate for change. Times of crisis are considered opportunities for change because barriers to change are altered. This model applies to individuals, family, church, and community.

Franda@ctcis.net

Fran Atkins. PhD.RN. CNS
917 Walnut, Higginsville, Mo 64037-1137

660.584.2021

CONTRIBUTION AND / OR MEMBERSHIP FORM

Information may be taken over the phone by calling 1-800-825-2806 ext 1262 Mon., Thurs., or Friday

Name.....Phone.....Occupation.....

Address.....

E-Mail.....Signature.....

Level of Membership: \$.....Member (\$25-\$99) \$.....Sponsor (\$100-\$249) \$.....Patron (\$250 & up)

Additional Contributions: \$.....Onil Stoves/ Ruth Humbert support in Guatemala @ \$100 each

\$.....General Fund, \$.....Missions Fund, \$.....Chaplain Ministries, \$.....Cong. Health Ministries

Payment Method:Check

Please mail to: Health Ministries Assoc. 1001 W. Walnut Independence, Mo 64050

.....VISA.....MasterCard #.....Exp. Date.....Amt.....

Pledge amount: \$.....monthly, \$.....quarterly. Will make by check....., Make by credit card.....

Ministry and Committee interests:

LETTER FROM MEMBER DIANE PULFORD

I have been in the health field for over 30 years I have worked at camps, health fairs, home care, and in hospitals including Children's Mercy and the John Knox Retirement Village Care Center. I have worked with the young and healthy and have worked with the older and dying sometimes teaching but always learning.

For many years the church had an association for doctors and dentists and one for the nurses but not an association for cardiopulmonary / neurology' technicians and first responders. Now as a church we have grown to be one in family and also one in Health Ministries. This association has a place for me!

HMA welcomes all health care professionals and anyone interested to join and go into our congregations, neighborhoods, cities, and across the world to improve the quality of mental, spiritual and physical life of our fellowman.

Working together, hand in hand, we can start at home and go into all the world. We would invite you to join not just for the dues contribution, but we need your talents! Skills that we need- knowledge of health insurance, medical skills, fix medical equipment, pray with others or for others, educate and teach, feed the hungry, speak a foreign language, hold a person's hand, or gather supplies!

Thank you for offering your talents, money, and prayers!

UP-COMING EVENTS

- OPEN BOARD MEETING-** October 20, 2002, 9 AM Temple Seminar Room
Independence, Mo
- HEALTH MISSIONS-** Dec 28- Jan 4, 2003 El Refugio Orphanage Honduras
Leader- Bob Paschall Paschall@kids.wustl.edu
Jan 11-18. 2003 Leader- Shannon Hattey Shattey@aol.com
Mar, 26-Apr. 3, 2003 Leader- Ron Edwards Redwards@aol.com
July 2003 Leader- Shannon Hattey Shattey@aol.com
- WORKSHOP-** Health and Spirituality 2003 at TEMPLE Independence, Mo
(More details about speakers and breakout sessions in the next newsletter)

Health Ministries Association
Community of Christ
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Independence, Mo MOSO-3562
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