BUILDING A HEALTH AND WELLNESS COMMITTEE

Improving the health of all persons through wholeness of mind, body and spirit.

Jacqueline Black, M.Ed. – Program Officer
Joyce Woodson, M. S., R.D. Associate Professor
Rosalie Marinelli Ed. D – Professor Emeritus
Building a Health Promotion and Wellness Committee

Introduction

In the early 1900s the top leading causes of death were pneumonia, tuberculosis, diarrhea and enteritis. Approximately 30.4 percent of all deaths were among children less than 5 years of age. By 1997 the percentage had dropped to 1.4 percent. The top three leading causes of death in 1997 were heart disease, cancer and stroke (Crane, Johnson et al. 1999).

FIGURE 2. The 10 leading causes of death as a percentage of all deaths — United States, 1900 and 1997

CDC “Achievements in Public Health, 1900-1999”
In 2005, the leading causes of death saw some shifting of positions with diabetes moving from position seven to position six, Alzheimer’s assuming the number seven position and HIV Infection dropping off the top 10 and septicemia coming in at number 10 (Statistics 2009).

1. Heart disease
2. Cancer
3. Stroke
4. Chronic lower respiratory diseases
5. Unintentional injuries
6. Diabetes
7. Alzheimer’s
8. Influenza and pneumonia
9. Kidney disease
10. Septicemia

The shift from the top three leading causes of death from infectious disease to chronic disease has resulted in a shift in the health paradigm. This shift resulted from better drugs (i.e. antibiotics), public improvements in water and food safety, and better technology. Death resulting from chronic diseases is a global problem.

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well being, not merely the absence of disease.” Previously the focus on health has used a medical or disease model which focuses on the disease and the treatment of symptoms rather than the cause. The patient is passive and uninvolved (MacKay, Soothill et al. 1998).

There is a large amount of evidence-based literature to support the relationship between a person or community’s health and the social and economical conditions that affect their life (Wilkinson and Marmot 2003; Syme 2004). Modifiable behavioral risk factors are the leading causes of mortality in the United States (Mokdad, Marks et al. 2004). Interventions designed to address health by promoting behavior change must take into account that long-term behavior change may not be achieved without altering social and economical conditions. According to the WHO, social determinants of health, the conditions in which people are born, grow, live, work and age are mostly responsible for health inequities. The WHO asks the question, “Why treat people without changing what makes them sick?” Social determinants of health affect an individual’s biology, risk factors, risk behaviors and environmental exposures. These social forces act together to affect health. Differences in living make differences in health. These differences include income, education, occupation, family structure, sanitation, exposure to hazards, social support, racial discrimination and access to health-related services.
The social and cultural influences on populations establish day-to-day behaviors that affect the populations’ health-related choices. Over the past 35 years, the American society has experienced a vast number of changes in community behavior and culture. Increase in income and urbanization has resulted in lifestyle changes that increase the risks for chronic diseases. In addition to the overall cultural changes affecting Americans, race and ethnicity also play a major role in the behavior of individuals.

The document, “Healthy People,” by the U. S. Department of Health and Human Services (HHS), has been used as a framework for health professions working in public and community health. The goals of “Healthy People 2010” are first, “to help all individuals of all ages increase life expectancy and improve their quality of life” and second, “to eliminate health disparities among different segments of the population (Healthy People). These goals cannot be achieved without addressing the issues that influence a person’s life.

Faith-based organizations have a long history of independently and collaboratively hosting health promotion programs in areas such as health education, screening for and management of high blood pressure and diabetes, weight loss and smoking cessation, cancer prevention and awareness, geriatric care, nutritional guidance, and mental health care (DeHaven, Hunter et al. 2004). The use of the faith community to reach African Americans for health promotion is well documented (Campbell, Motsinger et al. 2000; DeHaven, Hunter et al. 2004; Ferguson, Qiaobing et al. 2007). Though the overall health of the nation has improved greatly, racial and ethnic minority populations suffer disproportionately from health disparities. African Americans or Black, American Indians and Alaska Natives, Asian Americans, Hispanics, Latinos, and Other Pacific Islanders are more likely to suffer from poorer health and an increase mortality rate. HHS has selected six focus areas that disproportionately affect multiple racial and ethnic minority groups at all stages of life. These areas are infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV Infection / AIDS and immunizations. Programs to eliminate health disparities must be both culturally tailored and community driven (Disparities 2007).

Churches, synagogues, temples, and mosques throughout the United States meet community needs by delivering social services and health programming. These faith communities offer a sustained presence and influence in the community. They can:

1. address community needs
2. disseminate information
3. reach the hard to reach
4. sustain programming
5. provide legitimacy to programming  
6. provide a volunteer base  
7. address the various areas of the social determinants of health through collaboration  
8. provide social support  

**Evaluation**

Evaluation will include both qualitative and quantitative data analysis, measuring both the reach and impact of the health committee.  
1. Each newly established health committee will administer a needs assessment to their congregation or the community that they serve during their first year. This needs assessment will be used in planning health promotion and wellness programming for their congregation or community.  
2. In year two, each health committee will examine the overall programs that affect an individual’s health that are offered by their faith community.  
3. In succeeding years, focus groups and/or individual in-depth interviews are conducted to evaluate the impact of health committee programming on the health of the community that they serve.  

Public health behaviors are addressed through education and environment. While the need for volunteers in the areas of community assistance and service is increasing, volunteerism is decreasing (Garland, Myers et al. 2008) and resources are increasingly stretched. This curriculum provides training to faith community members who desire to develop a health committee or improve the sustainability and effectiveness of an existing committee by addressing the critical areas of needs assessment, program evaluation, goals and objectives, health screenings and budgets.


Lesson 1

What Is Health?
LESSON 1

WHAT IS HEALTH?

OVERVIEW

Health and wellness promotion to impact disease prevention requires a multifaceted approach. Defining and understanding the variables that affect the health of an individual is essential in planning effective programming. Each community has its own culture and individual needs. While no one organization can address all of a community’s needs, training to increase capacity, sustainability, collaboration and effectiveness can increase outreach and impact. Establishing a broader definition of health encourages inclusion of the social determinants of health. A focus on the social determinants of health would include programming in areas that are not normally considered as part of disease prevention and would affect impact and health outcomes.

WHAT IS HEALTH

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being, not merely the absence of disease.” Unlike the medical or disease definition, this definition recognizes the importance of the well-being of the total person. The WHO questions the effectiveness of treating a person without treating the causes of the illness. An individual or community’s health is affected by the environment and the conditions and factors under which they live. These social determinants of health affect an individual’s biology, risk factors, risk behaviors, environmental exposures and access to resources. The social determinants of health have been categorized by the WHO into the specific areas of: stress, social support, early life, addiction, social exclusion, work, unemployment, food and transport.

SIGNIFICANCE OF CULTURE

Culture has a significant effect on the health and wellness in a community and thus program planning and delivery. Culture is defined as the predominating attitudes and behavior that characterizes the functioning of a group or organization. Not only is it paramount to understand the culture of the congregation or community that is being served, it is important to understand any subcultures within the population. This understanding is necessary for laying a foundation that will develop a health committee consistent with the values, beliefs, resources, capabilities and needs of the congregation.
IMPORTANCE OF COMMUNITY READINESS

Community readiness is the degree to which a community is prepared to take action on an issue. The assessment of community readiness prior to programming can conserve valuable resources, promote community ownership, ensure that strategies are culturally appropriate, encourage the use of local resources and create a community vision for healthy change. If a community is not ready to respond to an issue, efforts presented to address the problem are likely to fail.

LESSON 1: Teaching Guide

WHAT IS HEALTH?

OBJECTIVES:

After completing this lesson the participant will be able to:

1. recognize each committee member as a valuable resource bringing a variety of skills and experiences to the committee.
2. establish a common definition of health.
3. recognize the effect of social conditions upon individual health.
4. recognize interaction between all dimensions of health.
5. recognize the rationale for a health ministry in the faith community.
6. identify faith community culture.
7. recognize the effect of faith community culture on health committee programming.

KEY POINTS TO COVER WHEN TEACHING THE LESSON:

1. Regardless of experience, each committee member is an important part of the team and the variety of skills and experiences should enhance the goals of the committee.
2. The definition of health goes beyond being disease free and addresses the wellness of the whole person.
3. An individual’s health is affected by community culture and social and economic conditions.
4. Community culture, social and economic conditions play an important part in planning programs that have an impact upon a community.
MATERIALS AND SUPPLIES NEEDED:

1. Laptop computer
2. LCD Projector
3. Extension cord
4. Wall covering for PowerPoint projection
5. Masking tape to tape wall covering
6. Attendance sheet
7. Markers for participants to write names
8. Assorted coins or colored papers with dates from 1970-2005
9. Participant Binders with:
   a. agenda
   b. name tags or card stock for name tents
   c. PowerPoint presentation
   d. A Contemporary Fable
   e. Life Balance Wheel
   f. Faith Community Assessment Guide
   g. Social Determinants affecting Health and Wellness Worksheet
   h. Pens
   i. Business card

BEFORE TEACHING THE LESSON:

1. One week before lesson, call health committee chairperson to confirm lesson date, time and number of health committee members.
2. Prepare health committee binders.
3. Review the lesson overview, teaching guide and PowerPoint presentation.
4. Check hyperlinks

ON SITE PRIOR TO LESSON
As participants enter, ask each participant to sign in, pick up binders, complete name tents and place them on the table in front of them.

PROCEDURE FOR TEACHING THE LESSON:

1. Show PowerPoint slide # 1. Welcome the participants and thank them for choosing to be a health committee member for their faith community. Ask participants to take out PowerPoint handout.
2. Show PowerPoint slide #2. Tell participants:
It is important for health committee members to work from the same definition of health. In this lesson, health will be introduced using a broader definition. The major influences that affect health will be covered.

3. Show PowerPoint slide #3. Read each objective. Preface each objective with, “At the end of this lesson the participant will be able to:”

4. Show PowerPoint slide #4. Tell participants:

We will do two exercises. I will explain the purpose of these exercises after we have completed the exercises. For the first exercise please think of an answer to this question. (state the question). I will give you a minute to think of an answer to the question and then each person will be asked to share their answer.

Give participants one minute to think of an answer to the question and then proceed to have each individual share their answer.

5. Show PowerPoint slide #5. Have each person select a coin or a piece of paper. Ask each participant to think of a significant event that took place in their lives or what they were doing during that year. Give participants two minutes to think of a memory. Tell participants if the events or memories of that year are personal or painful, select another year to share. After the above exercise show PowerPoint #6.

6. Show PowerPoint #6. Explain to participants that:

In each of these exercises we see the differences that each committee member brings to the committee. These differences bring a valuable synergy to the committee that would not exist without these variations in experiences and perceptions.

7. Show PowerPoint #7. Explain to the participants that the Health and Wellness Committee concentration should encompass the whole person and include addressing aspects of a person’s life that makes them ill. Read Slide # 7.

8. Show PowerPoint #8. Tell the participants:

The importance of health has been addressed through the ages using quotes and proverbs. Read PowerPoint #8.


10. Show PowerPoint #10. Tell the participants:
There is a connection between health and wellness and the faith community. The number one cause of disease worldwide is poverty. Human rights violations affect the wellness of the mind, body and spirit. A large proportion of illness in the world is self-inflicted. Read PowerPoint #10.

11. Show and read PowerPoint #11. Tell participants:

Let me introduce you to a different way of thinking about health.

12. Show PowerPoint #12 and use the hyperlink to show the Upstream/Downstream video.

13. Show and read PowerPoint #13

Downstream you see the bodies; the medical definition of health addresses the downstream position and the bodies. Your programming may address those who are already suffering from the health problem.

Upstream you see efforts to prevent the health problem. You not only see health screenings, and risk factor and behavior change education but you also see efforts to address the society and environmental issues that affect an individual’s health. As the committee gets past the bodies in the water and takes a closer look at the community needs, you will see that there are important pieces of the problem that are not being addressed.

There are health committees needed at all positions in the stream. Your position in the stream will be determined by how you decide to meet the needs and wants of the community that you will be serving. This will be determined by assessing the community. Community assessment will be covered in lesson two.

Not every committee will end up at the same point in the stream. Some may remain at the same position in the stream. Some may be at several different positions, and change positions to address community needs and wants.

14. Show PowerPoint #14. Tell participants:

So what is health? Depending on whom you ask, you may find different focuses, but the most familiar definition is the medical definition. (Read the medical or disease definition)

This definition does not include the aspect of prevention. This is why people only see their doctor when they are having symptoms of illness. I’ll use symptoms of illness because you can be ill but not have any symptoms. For example hypertension is known as the silent killer because frequently a person may have hypertension, but have no symptoms.

15. Show PowerPoint #15. Tell participants:
The medical or disease definition operates with a tunnel vision approach, focusing on the disease process, on being sick, or ill and the treatment of the disease symptoms and the medical causes. It does not include the socio economic influences on health.

There is a passiveness and lack of involvement on the part of the patient.

16. Show PowerPoint #16. Read slide:

This definition of health addresses the total person.

17. Show PowerPoint #17. Pass out Life Balance Wheel Individual Assessment. Read directions for completing the assessment. Give participants two minutes to complete the assessment. After the participants have completed the assessment tell the participants that the Wheel of Life Exercise may be found on Clare Evans’ website. The website address is at the bottom of the slide.

18. Show PowerPoint #18. Tell participants:

Imagine your life as a device with wheels that provides transportation throughout your life to a healthier life which will in turn increase your quality of life? How well-rounded is your life? How smooth is your ride?

A person’s health is influenced by social, economic and environmental factors.

19. Show PowerPoint #19. Tell participants:

It is impossible for a health committee to address all of the conditions that affect a person’s health. However, your faith community may already be addressing many of these conditions and they are not being seen as part of addressing a community’s health.


22. Show PowerPoint #22. Tell participants:

The World Health Organization has compiled the research addressing the Social Determinants of Health into nine specific areas. (Read slide)


24. Show PowerPoint #24. Tell participants:

Inside the large circle labeled health are the eight areas of the Life Balance Wheel, the areas that affect an individual’s health. These are the areas that an individual must try to keep in balance.
The circles surrounding the health circle are the social determinants of health. The surrounding circles (social determinants of health) affect the areas of the balance wheel.

25. Show PowerPoint #25. Tell participants:

If we go back to the Upstream/downstream idea and the positions in the stream, addressing the social determinants of health can be considered upstream while the medical/disease interventions can be considered downstream.

26. Show PowerPoint #26. Tell participants:

Now that we have determined what affects an individual’s health, we must look at how to make an impact on a person’s health. Let me caution the committee that no one committee can address all of the Social Determinants of Health, but this does not mean that a committee cannot address several determinants at the same time. This is where community assessment, readiness, collaboration, maximizing resources, not duplicating services and planning are important. Some of the areas that can impact health are:

1. Education – This may be health-related in the areas of disease risk factor awareness, prevention, access to services, disease management. It may also include the areas of literacy or vocational education. If a person cannot read and understand the health information presented to them, literacy affects health. If a person cannot get a job that provides adequately for themselves or the family, they are likely to have problems with access to health care, live in neighborhoods where safety is a concern, access to healthier food choices are limited, and have fewer opportunities to participate in increased physical activity.

2. Services – Services provided may include the traditional health screenings, if there is a need. If there are health screenings available from other services, the committee may want to ask the questions:
   - Is this an issue of accessibility or convenience?
   - Will our health fair or screening offer the community something more or different than the screenings that are already being offered?
   - Is there something needed but not provided in our community that our time and resources would be better spent on?
   - Lack of transportation to opportunities for health screenings, education and medical services is a health problem.
   - Lack of socialization for isolated elderly is a health problem.
   - Lack of child-rearing education for young or first-time parents may be a health problem.
3. Advocacy – Are there issues in the community that need to be addressed through environmental or policy change? Examples can include lack of parks, supermarkets, well-lit streets, sidewalks and grocery stores in the neighborhood. Neighborhood safety is a health issue. Unsafe neighborhoods can increase stress, promote social exclusion and affect early life, which can lead to lifelong problems.

4. Behavior Change – Increasing health and wellness is behavior dependent. The top six leading causes of death have a behavioral component involved. Deaths could be decreased significantly by changing behavior. Behavior is very hard to change and has a cultural and readiness component to it.

27. Show PowerPoint #27. Define culture.

28. Show PowerPoint #28. Define faith community culture. Tell participants:

Culture must be addressed during programming. If you are trying to change the eating habits of a specific community, the cultural aspect is very important. Is it part of the culture to have food at every gathering or occasion? If so, what type of food? If the culture is to have a meal at any event, even if the event is only two hours long, this can influence whether the community will come out to your event (no food – low turnout). If the members of faith community are known for the excellent food that they prepare and serve, programming that will make an impact may have to involve education on modifying recipes, introduction of use of different herbs and spices or even providing tested recipe replacements.

How energetic is the congregation? How do they address new ideas and programs? The impact of programming can depend on what the community values and other events going on in the community. If you are dealing with a community with a large number of school-age children, the time before and right after the start of school may not be a good time to have an event unless it involves meeting a need of parents preparing children for school.

29. Show PowerPoint #29. Read slide. Tell participants:

In many faith communities these are the same people you will be relying on to assist with promoting the program.

30. Show PowerPoint #30. Tell participants:

In addition to the cultural influence, a community must be ready to take action on an issue. Just because statistics or an assessment shows a specific health problem in a community, that does not mean that the community is ready to address that problem. The community may have more immediate needs, such as food, shelter or employment. These needs do influence a person’s health and may need to be addressed first. This is where collaboration and knowledge of services
play a part. You may need to refer them to a food pantry, help them to obtain assistance or vocational training.

**Stress to participants:** That readiness is important. The most essential efforts are likely to fail if the community members are not ready or able to respond.

31. Show PowerPoint #31. Tell participants:

There are dimensions for readiness.

1. Existing community efforts
2. Knowledge of the efforts
3. Leadership
4. Community climate

Read slide 31 and 32.

32. Show PowerPoint #33. Tell participants:

1. You have a limited amount of time, finances, physical space, equipment, etc. Conserving resources, especially in this economic time, is especially necessary.
2. To ensure that the program survives, the community must be involved. This means feedback from the community that you are serving. This can be in the form of assessments, suggestions, brainstorming, focus groups and recruiting new committee members.
3. Just because something works in another part of the country or in another ethnic population does not mean that it will work in the population that you are serving. Sometimes it may need a few changes and other times the idea does not work culturally.
4. Use as much of what is already available as possible. Remember limited resources.
5. To make behavior change permanent, the environment that encourages or supports the behavior must change.

33. Show PowerPoint #34. Tell participants:

This is the end of Lesson 1.

You have two planning ideas to think about and two assignments to complete prior to the next lesson.

Think about how you are going to distribute or make health information available to your faith and local community.
Think about how you are going to share resource information your committee and community members. I am going to start you off with your first resource for your health committee. I am giving you a book for your committee members. It is to go in your resource library. This book includes information that I will not be covering in my lessons and some of the information that I am covering is discussed much more in depth in the book. I would encourage each of you to read it. It will be an excellent orientation for your new health committee members who do not have these lessons. The book is “Health, Healing and Wholeness” by Mary Chase-Ziolek.

In your binder, you will see a Faith Community Assessment Guide. The first assignment is to complete the Faith Community Assessment Guide. There are only five questions about cultural values and your faith community and community strengths. These questions are taken from the very comprehensive Congregational Assessment Guide, in the “Health, Healing and Wholeness” book. I want each of you to ask four different people these questions and record the answers. Please bring this information with you to the next class. We will discuss your findings. It should be interesting.

34. Show PowerPoint #35. Tell participants

In your binder, you will see a “Social Determinants Affecting Health and Wellness” worksheet. I want each of you to think of the programs and activities that your faith community has in place and write them in the social determinant that they address. Some may address several social determinants. Write them in each determinant. It is possible that you may have some social determinants without any programs or activities written in. If you have more than four programs or activities you may write them under or beside the box.

35. Show PowerPoint #36. Read slide.

36. Show PowerPoint #37. Read slide.
Building a Health and Wellness Committee

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Improving the health of all persons through wholeness of mind, body and spirit.

University of Nevada Cooperative Extension
Lesson 1

What Is Health?
Lesson 1

Objectives:

1. Recognize each committee member as an individual valuable resource bringing a variety of skills and experiences to the committee
2. Establish a common definition of health
3. Recognize the areas in each individual’s life that affect health.
4. Recognize the effect of socio-economic conditions upon individual health.
5. Recognize the rationale for a committee to address health in the faith community
6. Identify faith community culture
7. Recognize the effect of faith community culture on health committee programming
Exercise 1

If you could have a conversation with any person in history, living or dead, who would it be and why?
Exercise 2

After selecting a coin, recall a significant memory from your life that year
Committee Member Differences

Each committee member brings to this committee:
• differences in experiences
• differences in education
• differences in skills

Important to recognize these differences, appreciate them and learn to work together.
Committee Concentration

1. Health promotion, wellness and disease prevention rather than treatment
2. Healing rather than curing
3. Collaboration and empowerment rather than direction
4. Innovation rather than status quo
5. Networking rather than isolation
6. Faith community and community resources rather than hospital resources
7. Spiritual growth rather than material gain
The first wealth is health

Ralph Waldo Emerson
Old Spanish Proverb

“A man too busy to take care of his health is like a mechanic too busy to take care of his tools.”
Health and Wellness and Faith Connection

The Faith Community

1. Exerts a major influence upon the daily lives of a large percentage of our population.

2. Provides a logical setting to address the issues surrounding quality of life.

3. Can provide the interventions necessary to assist persons in improving their quality of life physically, mentally and socially.

4. Many faith communities are already doing #3
Approaching Health

No problem can be solved from the same level of consciousness that created it.

Albert Einstein
Moving Upstream

A Contemporary Fable

Upstream/Downstream

http://www.seekwellness.com/wellness/articles/upstream-downstream.htm
UPSTREAM
PREVENTION

DOWNSTREAM
CHRONIC DISEASE
What is Health?

Medical or Disease Definition

Health is the absence of disease
Medical/Disease Definition Problem

- tunnel vision -- focused on disease process
- treatment of disease symptoms rather than the cause
- promotes medicine
- patient is passive and uninvolved
What Is Health?

World Health Organization

Health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity.
Taking the center as 0 (completely) dissatisfied and the outer edge as 10 (completely satisfied), rate each area of your life on a scale of 0 to 10.

http://www.clareevans.co.uk/documents/LifeBalanceWheel.pdf
How Well Rounded Is Your Life?

Physical Environment
Friends/Family
Career/Business
Partner/Relationship
Fun/Social Life
Personal Growth
Money
Health

How Smooth is Your Ride?
World Health Organization

http://www.who.int/social_determinants/en/
Social Determinants of Health

The conditions and factors in society and the environment that affect an individual’s health.
Social Determinants of Health

Effect on an individual’s:

Biology
Risk factors
Risk behaviors
Environmental exposures
Access to resources
Social Determinants of Health

Specific Areas Addressed by WHO
1. Stress
2. Social Support
3. Early Life
4. Addiction
5. Social Exclusion
6. Work
7. Unemployment
8. Food
9. Transport
SOCIAL DETERMINANTS AFFECTING HEALTH AND WELLNESS
SOCIAL DETERMINANTS AFFECTING HEALTH AND WELLNESS

- Early Life
- Work
- Social Support
- Stress
- Addiction
- Social Exclusion
- Transportation
- Food
- Money
- Career/Business
- Family/Friends
- Fun/Social Life
- Partner/Relationship
- Physical Environment
- Personal Growth

University of Nevada Cooperative Extension
Impact health

- Education
- Services
- Advocacy
- Behavior change
Culture

The predominating attitudes and behaviors that characterize the functioning of a group or organization.
Understanding the congregational culture is important in laying a foundation that will develop a health committee that can plan programs that are consistent with the values, beliefs, resources, capabilities, and needs of the congregation and community.
Active and Inert Congregations

In any given community approximately 10% of the congregations do almost all of the significant community work on almost every visible issue

- Homelessness
- Battered women
- Violence
- Food
- Health services
- Etc.
What does “readiness” mean?

The degree to which a community is prepared to take action on an issue.

Why is readiness important?

The most essential efforts are likely to fail if community members are not ready or able to respond.
DIMENSIONS OF READINESS

EXISTING COMMUNITY EFFORTS
ARE THERE PROGRAMS THAT ADDRESS THE ISSUE?

KNOWLEDGE OF THE EFFORTS
DOES YOUR COMMUNITY KNOW ABOUT THESE PROGRAMS?

LEADERSHIP
ARE LEADERS IN YOUR COMMUNITY SUPPORTIVE OF THE ISSUE?
DIMENSIONS OF READINESS

COMMUNITY CLIMATE

WHAT IS THE PREVAILING ATTITUDE TOWARDS THE ISSUE?

RESOURCES RELATED TO THE ISSUE

PEOPLE, TIME, $$, SPACE, ETC TO SUPPORT EFFORTS?

YOUR COMMUNITY STATUS WITH RESPECT TO THESE DIMENSIONS = THE OVERALL LEVEL OF READINESS
1. CONSERVES VALUABLE RESOURCES
2. PROMOTES COMMUNITY OWNERSHIP
3. ENSURES THAT STRATEGIES ARE CULTURALLY APPROPRIATE
4. ENCOURAGES THE USE OF LOCAL RESOURCES
5. CREATES A COMMUNITY VISION FOR HEALTHY CHANGE
1. Think about how you are going to distribute or make health information available to your faith and local community.

2. Think about how you are going to share resource information with your committee members and your community.

3. Complete Faith Community Assessment Guide

4. Complete Social Determinants Affecting Health and Wellness
Next Meeting

1. Review of Lesson 1
2. Discussion of Faith Community Assessment Guide
3. Discussion of Addressing Social Determinants Affecting Health and Wellness worksheet
4. Lesson 2 Assessment and Evaluation
No problem can be solved from the same level of consciousness that created it.

Albert Einstein
A CONTEMPORARY FABLE
UPSTREAM/DOWNSTREAM

It was many years ago that villagers in Downstream recall spotting the first body in the river. Some old timers remember how spartan were the facilities and procedures for managing that sort of thing. Sometimes, they say, it would take hours to pull 10 people from the river, and even then only a few would survive.

Though the number of victims in the river has increased greatly in recent years, the good folks of Downstream have responded admirably to the challenge. Their rescue system is clearly second to none most people discovered in the swirling waters are reached within 20 minutes—many in less than 10. Only a small number drown each day before help arrives—a big improvement from the way it used to be.

Talk to the people of Downstream and they speak with pride about the hospitals by the edge of the waters, the flotilla of rescue boats ready for service at a moments notice, the comprehensive health plans for coordinating all the manpower involved, and the large number of highly trained and dedicated swimmers always ready to risk their lives to save victims from the raging currents. Sure it costs a lot but, say the Downstreamers. What else can decent people do except to provide whatever is necessary when human lives are at stake.

Oh, a few people in Downstream have raised the question now and again, but most folks show little interest in what's happening Upstream. It seems there's so much to do to help those in the river that nobody's got time to check how all those bodies are getting there in the first place. That's the way things are, sometimes.

Donald B. Ardell
High Level Wellness: An Alternative to Doctors, Drugs and Disease
Life Balance

- Physical Environment
- Health
- Money
- Personal Growth
- Career/Business
- Fun/Social Life
- Partner/Relationship
- Friends/Family
This is a quick exercise to see how balanced your life is at the moment.

Taking the centre as 0 (completely dissatisfied) and the outer edge as 10 (completely satisfied), rate each area of your life on the scale of 1-10.

Draw a line in each section to represent your score. If this was the wheel on a bicycle, how 'smooth' would your ride be?

If you were to choose just one of these areas to start making changes, which would it be?

- What would you need to do to make it a 9-10?
- How would life be different for you if you had this?
- What would you do differently if there were nothing stopping you?
- What's holding you back?

If you would like more information or support in achieving a balanced life and a smoother ride, call me for a free consultation to start making that change.
SOCIAL DETERMINANTS AFFECTING HEALTH AND WELLNESS
FAITH COMMUNITY ASSESSMENT GUIDE

Cultural Values

• What does this faith community value? For example, what is considered important?

• How does this faith community care for its members?

• What health issues are of concern to this faith community?

Faith Community & Community Strengths

• In what areas is this faith community particularly effective?

• What resources (people, organizations, building, finances) does this faith community have that could be used in developing health ministries?
Lesson 2
Assessment and Feedback
LESSON 2

ASSESSMENT AND FEEDBACK

OVERVIEW

Evaluation of a community prior to addressing its needs is essential. In the prior lesson the importance of knowing community culture was addressed. A health needs assessment should also provide information on the community’s values, needs, wants, strengths and weaknesses. This assessment enables program planners to develop interventions that will have an impact in a community.

ROLE OF A NEEDS ASSESSMENT

A needs assessment provides the basis for the development of programs based upon the individual needs and readiness of a community. Communities, like people, are individuals with their own perspectives and culture. As the first step in program development, a needs assessment can also demonstrate weaknesses and challenges in implementing an intervention. While there are a number of tools used for assessment, the written survey, not without its limitations, is the best fit for most faith communities. It is inexpensive, efficient and can easily be administered with no special training.

DEVELOPING AND ADMINISTERING A NEEDS ASSESSMENT

A good needs assessment takes time to develop and the focus of the questions are based on the information that is wanted or needed. The length of the questionnaire must be considered. Most persons do not have the time or are reluctant to fill out long questionnaires. People are more reluctant to fill out surveys if they are frequently surveyed. For both of these reasons, the administration of a good general health needs assessment that asks questions about health concerns, needs, interests, barriers to care, preferred delivery of health care information and demographics should give the health committee the information to plan numerous health awareness and educational activities without having to resurvey the community.
POST PROGRAM FEEDBACK

In addition to a needs assessment, post-program feedback is very valuable in program planning. The use of these two items together can increase the efficiency in planning awareness and educational programs and the impact upon the community. Post-program feedback is an important area that is frequently neglected in faith community programming.

LESSON 2: Teaching Guide

Assessment and Feedback

OBJECTIVES:

After completing this lesson, the participant will be able to:

1. identify specific culture, community readiness and social determinants of health that may exert an effect upon the health needs of this specific faith community.

2. identify specific culture, community readiness, and social determinants of health that may affect the programming of this specific faith community.

3. identify how community readiness, church culture and the social determinants of health can affect the planning and implementation of a program.

4. explain the role of a needs assessment in program planning.

5. explain the role of feedback in pre-program planning and post-program review.

KEY POINTS TO COVER WHEN TEACHING THE LESSON:

1. Feedback from the community will improve the committee’s ability to meet the community’s needs.
2. A well-thought-out needs assessment should provide information about the community’s values, needs, wants, strengths and weaknesses.
3. Post-program feedback is important in measuring impact and for future planning.

MATERIALS AND SUPPLIES NEEDED:

1. Laptop computer
2. LCD projector
3. Extension cord
4. Wall covering for PowerPoint projection
5. Masking tape to wall covering
6. Attendance sheet
7. Handouts:
   a. Team-building exercise to be passed out just prior to exercise. This can be any type of word challenge that will demonstrate the increase in productivity of a team effort over an individual effort or promote team-building.
   b. PowerPoint presentation
   c. Health Needs Assessment Handout

BEFORE TEACHING THE LESSON

1. Five days prior to lesson, call health committee chairperson to confirm that there has been no change in the date and time of Lesson 2.
2. Gather all materials and supplies for Lesson 2.
3. Review the lesson overview, teaching guide and PowerPoint presentation.

ON SITE PRIOR TO LESSON

Ask each participant to sign in, pick up handouts, and place name plates on table in front of them.

PROCEDURE FOR TEACHING THE LESSON:

1. Show PowerPoint slide # 1. Thank participants for coming to Lesson 2. Ask participants to take out PowerPoint handout.
2. Show PowerPoint slide # 2. Repeat the name of the lesson. Tell participants:
The ultimate goal of program evaluation is to gather information that will help you meet the needs of a community through improved programming. Evaluation involves some type of feedback process. The necessity of assessment and feedback in planning interventions regardless of the type of community cannot be minimized. Though an assessment may seem to take up too much time and the needs of the community may be already known, there are other issues that an assessment may help you to address. Last month the foundation for a definition for health was established. This lesson will cover why and when of assessment and feedback.
3. Show PowerPoint slide # 3. Pass out word exercise. Read the directions to the participants. Remind each person to work individually. At the end of five minutes have each person write down the number of words that they have solved. Then place the participant in groups to solve the rest of the words. Give participants three minutes to solve the rest of the words. Review answers with participants.
4. Show PowerPoint slide # 4. Read the objective of the exercise. Tell participants:

Compare the number of answers that you were able to come up with individually to how many more you were able to come up with as a group. Was it easier to come up with the solutions as a group or as an individual? Would there have been a difference in solving the words if you had worked as a group prior to working individually.

5. Show PowerPoint slide #5. Read the review objective of lesson one.


Spend 20 minutes discussing the results of the assignments, Faith Community Assessment Guide and the Social Determinants Affecting Health and Wellness.

Specifically link the findings from the assignments to the social determinants of health and faith community culture.

Spend 10 minutes reviewing Lesson One using slides 7 through 13.

7. Show PowerPoint slide # 14. Read slide 14, the lesson objectives. Ask the question

Who has participated in or been involved in some type of needs assessment. (Ask participants to elaborate on the type of assessment and purpose.)

8. Show PowerPoint slide # 15. Tell participants:

The first step in working with a community is to do some type of community assessment. While the type of tool used to complete a community assessment may vary the purpose remains the same, to obtain information from the community about their values, needs, wants, strengths and weaknesses. To make an impact in a community, the values, needs, wants, strengths and weaknesses of a community must be considered. The needs assessment may include additional information that will assist in developing programming to reach the members of the community. This information may include but is not limited to population age, distribution, literacy level and economic status. Example: If you are planning a trip, there are some things that you definitely need to know. The first is where you are going, where do you want to end up? You would then want to consider how to get to your destination from your starting point. You might need to consider the pros and cons of each of the ways to get to your destination. You look at time schedules, road conditions, gas costs, airline costs, train costs, how close you can get to your destination. You are doing an assessment. Your decision on your mode of transportation will be made based on your assessment. What if I did the assessment for you and I decided how you should get to your destination without consulting you. Maybe, I decide that you should fly and you do not like to fly. Maybe I decide that you should drive, but you
have difficulty driving at night and you don’t want to travel for that length of time. In program planning for any community, the community must be involved in the assessment and planning.

9. Show PowerPoint slide # 16. Read the slide to the participants. Tell participants:

There can be a difference between what congregational members health concerns are; what their needs are; and what they want. How successful your program is, how much impact it will have will depend on the community’s needs, concerns and wants. For example a health survey may show that 50 percent of a congregation suffers from high blood pressure and only 30 percent are concerned about their high blood pressure. When asked about health information or workshops they would be interested in, only 10 percent are interested in high blood pressure. What impact does this have on your program planning (encourage discussion of this question)?

10. Show PowerPoint slide # 17. Tell participants:

There are a number of ways to gather this information. There are pros and cons to each. The type of information that you need to obtain determines your options. For example, while mail surveys are cost efficient and easy, the return rate is very low. You may not get enough information. While questionnaires can be efficient, inexpensive and easy to complete, there can be a problem of literacy and question interpretation.

11. Show PowerPoint slide # 18. Tell participants:

Most of your needs assessment will be in the form of a written survey (read slide).

12. Show PowerPoint slide # 19. Tell participants:

While the results of the written survey can sometimes be predictable, there are frequently surprises, such as a community’s lack of readiness or interest in a significant health problem in their community. The findings should be used to determine the committee’s goals and objectives. A good assessment can increase the impact of a committee’s programming.

13. Show PowerPoint slide # 20. Tell participants:

An assessment is a guide to planning for the needs of a community. However, you will never reach everyone, and though the need may be there, the readiness to address the issue may not be there. (Read slide) Do not expect people to change their behavior because it is good for them. Some will make the change because of increased awareness, education and social pressure and others will not. For example, there has been significant success in promoting behavior change by providing incentives, giving people something that they value (materialistic)
to do what they should be doing any way to change destructive behavior and promote their own good health and wellness.

14. Show PowerPoint slide # 21. Read slide:

15. Show PowerPoint slide # 22. Tell participants:

Length and frequency of assessments are usually an issue. Frequently people do not have the time or want to fill out a long questionnaire. If they do complete a questionnaire, they do not want to do complete another one in the near or far future. If you are working with one particular community, you may not be able to do an assessment for every problem, but a good basic needs assessment with well thought out questions should be able to assist your planning in most areas.

16. Show PowerPoint slide # 23. Tell participants:

A needs assessment takes time. It must be developed, and administered. Selection of sites and approval for administration may take several weeks. The actual administration and assessment of the survey may take several weeks. Funding possibilities frequently have short suspense dates; there may not be time to do a needs assessment.

17. Show PowerPoint slide # 24. Tell participants:

In developing a needs assessment, focus on the overall picture of the community. What type of needs assessment will this be? Think in general terms. What do you need and want to know for today and tomorrow? While you cannot include everything in a needs assessment, and frequently there are after-the-fact questions that you wished you had addressed, a good well thought out needs assessment can help you significantly in your planning.

Pass out Health Needs Assessment. Tell participants. This needs assessment was developed by a faith community. You may use it as your needs assessment, add or delete questions or develop one of your own.

The questions in this assessment provide information regarding health insurance, barriers to care, health concerns, medications, health screenings, health status, interest in health education topics, health information to be provided, demographics and how they prefer to receive their health information. It is one page front and back and should not take much time to fill out.

18. Show PowerPoint slide # 25. Tell participants:

Planning for post program feedback and committee review is an important part of the process. The process does not have to be long and involved. The questions that you use to determine
what to ask in the needs assessment are the same questions for the post program feedback. Read slide.

Feedback may consist of a one or two page questionnaire. As a rule, people do not want to write long answers or fill out long questionnaires. Limit open-ended questions, yes or no answers, items to check off, or items with a scale range are best. Include a time for your committee to get together to discuss this feedback. Keep the feedback. It can be very valuable in your planning as you get new committee members in. As you plan in the future, new committee members may want to try approaches that you decided not to use based on negative feedback.

19. PowerPoint slide # 26. Tell participants:

As health committee members, keeping focus may be a challenge. The community is bombarded with so much health information. Some of it is good and some bad. There is always something new being sold or introduced. The vitamin, mineral, herb health promotion and disease cure industry is a multibillion dollar industry. There is always someone to introduce the latest whatever, because it worked for them or they are trying to make money. As a health committee member you serve as a role model. Regardless of how outlandish the claim, how unreasonable the request, or how simple the solution, try to be sensitive and encouraging. Do not give advice. You may suggest good sources for information or handouts, but try to remain neutral. If you do not have the information, acquire it. The importance of networking with other health committees and various agencies is to know where you can get the information.

20. Show PowerPoint slide # 27. Tell participants:

This is the end of Lesson 2. Your assignment will be to review the health needs assessment and write down any questions, comments or notes that pertain to information that you may want to gather when you do your needs assessment. Continue to think about communication within the health committee and communication between the committee and the faith or local community.

Lesson 3 will cover organizing your health committee and developing your goals and objectives.
Building a Health and Wellness Committee

Jacqueline Black, M.Ed. - Program Officer
Rosalie Marinelli Ed. D. – Professor Emeritus
Joyce Woodson, M.S., R.D. - Associate Professor

Improving the health of all persons through wholeness of mind, body and spirit.
Lesson 2

Assessment and Feedback
Ice Breaker – Word Exercise

1. Each person will work individually for five minutes to solve the words

2. Each person will write down the number of words they solved

3. Each person will work in a group to solve the rest of the words.
Ice Breaker Objective

To demonstrate the increase in productivity through teamwork.
Review Objectives of Lesson I

1. To identify specific culture, community readiness and social determinants of health that may exert an effect upon the health needs of this specific faith community.

2. To identify specific culture, community readiness, and social determinants of health that may affect the programming of this specific faith community.

3. To identify how community readiness, church culture and the social determinants of health can affect the planning and implementation of a program.
Assignment

1. Faith Community Assessment Guide
2. Social Determinants Affecting Health and Wellness
Review

1. World Health Organization - Health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity.

2. Medical/Disease Definition – Health is the absence of disease.
Review Continued

3. Social Determinants of Health - The conditions and factors in society and the environment that affect an individual’s health.

Specific Areas Addressed by WHO

- Stress
- Addiction
- Social Exclusion
- Transport
- Social Support
- Work
- Unemployment
- Early Life
- Food
4. Culture - The predominating attitudes and behavior that characterize the functioning of a group or organization.

5. Faith Community Culture - Understanding the congregational culture is important in laying a foundation that will develop a health focus that is consistent with the values, beliefs, resources, capabilities, and needs of the congregation.
Review Continued

6. Community Readiness –

The degree to which a community is prepared to take action on an issue.

Why is readiness important?

The most essential efforts are likely to fail if community members are not ready or able to respond.
How Well Rounded Is Your Life?

Life Balance Wheel

- Physical Environment
- Friends/Family
- Career/Business
- Partner/Relationship
- Health
- Money
- Growth (personal)
- Fun/Social Life

http://www.clareevans.co.uk/documents/LifeBalanceWheel.pdf
Social Determinants of Health

UPSTREAM
Prevention

DOWNSTREAM
Treatment

Medical/Disease

chronic disease

Infectious disease

infant mortality

birth defects

violence

alcohol and substance abuse

family structure

discrimination

stress

Access to resources

occupation

income

social support

exposure to hazards
Objectives Lesson 2

1. Explain the role of a needs assessment in program planning.
2. Explain the role of feedback in pre-program planning and post program review.
Community Assessment

Purpose

To understand the community’s

1. Values
2. Needs
3. Wants
4. Strengths
5. Weaknesses
Why Start with an Assessment

1. Analyze the congregation’s current health-related knowledge, problems, and needs
2. Ability to prioritize the information from the assessment
3. Identify how you can best focus on the needs of your community
4. Help in planning and implementing activities and programs
Needs Assessments

• Existing assessments or information
• Observation
• Interviews
• Oral surveys
• Group processes
  1. Focus Group
  2. Nominal Group Process
• Questionnaires
• Mail surveys
• Telephone surveys
Why Conduct a Written Survey?

1. Efficient, inexpensive and easy to complete
2. Conserves valuable resources (e.g. time)
3. Promotes community recognition
   a. For the Health Committee
   b. Of the health concerns of your community
4. Promotes community involvement, buy-in
5. Creates a community vision
6. Culturally sensitive
Findings

• May surprise you
• Helps decide strategies consistent with the community’s needs and wants
• Needed to complete goals and objectives
• Could be a compass
• Often findings indicate the community’s readiness to adopt healthy lifestyles
Do NOT Expect

• People to do things they do not believe in
• A blueprint for you to follow
• Everyone to be at the same level of readiness or understanding at the same time
• Everyone to change their behaviors because it’s “good” for them
When To Do A Needs Assessment

When you do not have community data on health concerns.

Changes in community:
- As population changes
- As environment changes
- Look for impact after programming.
1. Try to get as much information as possible in one assessment.
2. Do not go into the population too often
3. Not able to do a needs assessment for every problem, but a good generic basic needs assessment should take you far.
Points to Consider in Developing a Needs Assessment

1. Input from previous assessments may help guide future programming.
2. Takes time
3. If the momentum is there and the community is already mobilizing a needs assessment at this point may stagnate the process.
Developing a Needs Assessment

What do you need to know.

What do you want to know?

What information may be valuable to you in the future.
Post-Program Feedback

1. What do you need to know?
   - What worked and what did not work.
   - Quality of information, displays or speakers as perceived by the attendees.

2. What do you want to know?
   - Was the information of any value?
   - Will they share the information?
   - Will the information result in any change in what they are presently doing?

3. What information may be valuable to you in the future.
   - Location
   - Time
   - Meeting conditions
Health Committee Members

• A role model
• Sensitive
  Awareness of differences
• Informative
  Do not give advice
• Encouraging
  Do not embarrass
• Resourceful
  Don’t have information; get it
Assignment

1. Review the Health Needs Assessment – write down any questions, comments or notes pertaining to the assessment during the month. This is in preparation for your organizational meeting.

2. Think about how you are going to distribute or make health information available to your community.

3. Think about how you are going to share resource information with your committee members and your community members.

Next Lesson - Lesson 3

1. Organizing Your Faith Community Health Committee

2. Goals and Objectives
Many men go fishing all of their lives without knowing that it is not fish they are after.

Henry David Thoreau
The purpose of the Health Committee at (Faith Community Name) is to encourage healthy lifestyles for our community. To help us meet your needs, please provide the following information. This information will be utilized in planning future programs. Do not write your name on this form—all information provided is anonymous. Please check the appropriate response.

1. What type of health insurance plan do you have?
   □ HMO      □ Medicare      □ Medicaid      □ PPO
   □ None      □ Other (specify) _______________________

2. What, if any, are the barriers to seeking care?
   □ Lack of transportation    □ High co-pay    □ High deductible
   □ Physician unavailable    □ No insurance    □ No barriers
   □ Other: ________________________________

3. What are your major health concerns? (please check all that apply)
   □ Cancer               □ Heart disease    □ High blood pressure
   □ Sickle Cell          □ Depression       □ High cholesterol
   □ Diabetes             □ No Concerns     □ Other __________

4. Are you currently taking any prescribed medications? □ Yes □ No

5. Are you currently taking any over-the-counter medications? □ Yes □ No

6. In the past 12 months, have you been screened for any of the following (please check all that apply)
   □ Alzheimer         □ Cholesterol       □ Colon cancer    □ Dental Health
   □ Depression        □ Diabetes(sugar)   □ Hepatitis C    □ High blood pressure
   □ HIV/AIDS          □ Lupus            □ Breast Cancer   □ Vaginal Cancer
   □ Prostate cancer   □ Sickle cell     □ Eye Problems    □ Other: __________

7. Your Health Status: Please check if you have, or have had, any of the following:
   □ Cholesterol        □ Hepatitis       □ Eye Problems    □ Dental Problems
   □ Alzheimer          □ Arthritis       □ Cancer         □ Diabetes
   □ Heart disease      □ High blood pressure □ HIV/AIDS       □ Lung disease
   □ Lupus              □ Mental illness   □ Physical disability □ Sickle cell
   □ Weight problems   □ Other: ____________________________

Continue over. . . . . . . .
8. What action are you already taking, or plan to take in the next six months, to address any of these conditions listed in question 7?

- See my physician
- Change my diet
- Pray
- Change Nothing

- Take medication
- Talk to family/friends
- See my Pastor/spiritual advisor
- Take a class
- Exercise more
- Take a class
- Join a support group
- Other ________________________________

9. What, if anything, can the Health Committee do to support you in improving your health?

- Offer classes
- Identify appropriate web sites
- Other: ________________________________

- Provide literature
- Identify community resources

- Find a support group
- Other: ________________________________

10. The following are health education topics that enhance our physical, spiritual, emotional and educational health. Please indicate if you would be interested in learning more about these topics. **Check as many as you like.**

- Aging issues
- Arthritis
- Cancer
- Elder care
- HIV/AIDS
- Headache
- Nutrition
- STDs

- Alzheimer
- Child/Elder Abuse
- Depression
- Family issues
- Heart disease
- Parenting teens
- Substance abuse
- Sexual concerns

- Adolescent health
- Chronic disease
- Domestic violence
- Healing prayer
- Mental health
- Maintaining health
- Sleep disorders
- Weight control

- Dental/oral disease
- Coping with life changes
- Hypertension/stroke
- Diabetes
- Women’s health issues
- Pre-retirement planning
- Men’s health issues

- Other: ________________________________

11. What health-related information would you like the Health Committee to provide you?

________________________________________________________________________

12. Your age:  

- □ 18–22
- □ 23–29
- □ 30–39
- □ 40–49
- □ 50–59
- □ 60–69
- □ 70–79
- □ over 80

13. Gender:  

- □ Male
- □ Female

14. Marital Status:  

- □ Single
- □ Married
- □ Widowed
- □ Separated
- □ Divorced

15. Employment Status:

- □ Employed full time
- □ Employed part time
- □ Unemployed
- □ Self-employed
- □ Homemaker
- □ Student
- □ Retired
- □ Disabled
- □ More than 55 hrs/week

Thank you for taking the time to complete this survey

(Name of Faith Community Health Committee)
LESSON 3

ORGANIZING YOUR HEALTH COMMITTEE

OVERVIEW

The strength and sustainability of a health committee is related to its ability to function during the various changes and challenges that occur in a faith community. While faith communities provide various social services to the community at large, their primary mission is not one of social services or health. The structure of many of the auxiliaries and organizations are based on the primary mission of the faith community and may not meet the needs of a committee focused on health. The organization and structure of a health committee can increase its sustainability and functioning. While focusing on health, the mission of the committee should support the faith community’s mission statement.

MISSION STATEMENT

The mission statement will help the committee maintain focus. Laying the foundation and the guidelines in which the committee will function requires planning and consideration. Communication in an environment where people may be absent from the community for various amounts of time is frequently a challenge. Establishment of procedures for the flow of communication among committee members and between the committee and community members will enhance the strength of the committee. This will also support committee responsibility and accountability. Addressing potential problem areas prior to crisis will add self-confidence among committee members and will increase the community’s confidence in the committee.

GOALS AND OBJECTIVES

The establishment of goals and objectives are another key element in strengthening the committee and increasing impact. It will also keep the committee focused on its mission, and assist in the planning of the budget. While members of the faith community are involved in planning various activities, the use of formal goals and objectives may be new. Understanding the relationship between the needs assessment and the goals and objectives are necessary for effective program planning. Based on a needs assessment, objectives to address an apparent need that is not a community concern would have to include a focus on awareness and community readiness to make an impact.
LESSON 3: Teaching Guide

Organizing Your Health Committee

OBJECTIVES:

After completing this lesson the participant will be able to:

1. develop the organizational structure of their health committee.
2. develop goals and objectives for their health committee.
3. explain the role of goals and objectives in program planning.

KEY POINTS TO COVER WHEN TEACHING THE LESSON:

1. Goals and objectives are used as a planning tool to assist a committee to:
   a. stay within their mission and on focus.
   b. to meet their communities’ needs.
2. Objectives do not have to respond to a physical health issue.

MATERIALS AND SUPPLIES NEEDED:

1. Laptop computer
2. LCD projector
3. Extension cord
4. Wall covering for PowerPoint projection
5. Masking tape to tape wall covering
6. Attendance sheet
7. Handouts:
   a. Any type of word challenge that will demonstrate the increase in productivity of a team effort over an individual effort or promote teambuilding. To be passed out just prior to exercise.
   b. PowerPoint presentation
   c. Organizational discussion handout
   d. Planning timetable

BEFORE TEACHING THE LESSON

1. Five days prior to lesson, call health committee chairperson to confirm that there has been no change in the date and time of Lesson 3.
2. Gather all materials and supplies for Lesson 3.
3. Review the lesson overview, teaching guide and PowerPoint presentation.
ON SITE PRIOR TO LESSON

Ask each participant to sign in, pick up handouts, and place name plates on table in front of them.

PROCEDURE FOR TEACHING THE LESSON:

1. Show PowerPoint slide # 1. Thank participants for coming to the third lesson.

2. Show PowerPoint slide # 2. Repeat the name of the lesson. Tell participants to take out PowerPoint handout. Tell participants:

   This lesson will focus on organizing your faith community’s health committee. Each faith community is different and therefore each health committee will organize and function based upon the structure and needs of their faith community. This lesson will cover some general areas that need to be addressed in organizing the committee. Your faith community needs a strong, effective and sustainable health committee.

3. Show PowerPoint slide # 3. Pass out team building exercise. Read the directions to the participants. Remind each person to work individually. At the end of five minutes have each person write down the number of words that they have solved. Then place the participants in groups to solve the rest of the words. Give participants three minutes to solve the rest of the words. Review answers with participants.

4. Show PowerPoint slide # 4. Read the objective of the exercise. Tell participants:

   Compare the number of answers that you were able to come up with individually to how many more you were able to come up with as a team. Was it easier to work as a team during this exercise than during last month’s exercise?

5. Show PowerPoint slide # 5. Read the review objectives for lesson 2.

6. Review the previous lesson using slides 6 through 9.

7. Show PowerPoint slide # 10. Read the lesson objectives.

8. Show PowerPoint slide # 11. Tell participants:

   There are a number of areas to address in organizing your committee. You want a committee that is able to address the health needs and wants of your congregation and the community, if you are doing community outreach.

   The first area is your mission statement. A mission statement states the purpose or function of your committee. It will include your committee’s focus. Sometimes mission and vision are
confused. The mission is the purpose the focus, what is to be achieved by the committee. The vision is what is being pursued. If you choose to have your own mission statement, it should not conflict with your faith community’s mission.

What will be the mission of your committee? Will you develop your own or use your faith community’s statement?

Read numbers 2 and 3. Discuss these items with your faith community leader. The rules of your faith community may govern which you will be. In some faith communities there are distinct differences between an organization and an auxiliary. These differences may be noted in the areas of structure and budgeting. Organizations are generally organized for a specific purpose and auxiliaries usually perform in a supporting capacity.

Read numbers 4 and 5. These items should be addressed together. It should be clear exactly who the committee reports to and how that reporting is done. Does the committee report directly to the pastor? How does the communication flow? This includes both within the committee and the community. What is the most efficient structure to meet deadlines?

9. Show PowerPoint slide # 12. Tell participants:

Read number 6. This is a very important consideration. There is a lot of information that people are exposed to, some good, some not so good, and some downright harmful. Vitamins, nutritional supplements, quick fixes and cures and health fads are a multibillion dollar business.

Pass out discussion scenario. Spend five minutes discussing the problem.

Have a resource person at the local health department, university or hospital who can give you feedback. There will be times when health questions arise that you will need professional guidance on.

Read number 7 and 8. Logo is something like a name, symbol, or trade mark that is associated with a particular company, product, or idea. Motto is a brief statement to express a goal or ideal. A motto and a logo may be closely associated. Some faith communities have a motto or logo. If you choose to have your own, it should not conflict with your faith community’s motto or logo.

Read number 9. Activities may be planned by the month, quarter, or year. However, with busy faith community calendars, yearly is usually best to plan the activities by the year. Committee meetings may be monthly, bimonthly, quarterly or based on planned activities. A regular meeting time works best, so committee members can block their calendar for a specific date and time. Choose a frequency, date and time based on the committee’s needs.

Read number 11. In both lessons 1 and 2, I asked you to think about distribution of information. Communication is an essential part of health promotion. What is the best way for you to get information about health fairs, screenings, services, and opportunities to your faith community? There are many health-related activities that take place in the community. There
may be too many to include in the bulletin, announcements, and newsletters may only be able
to get the information out sometimes.
Next month you will meet without my presence, at this meeting, you will use the information
from lessons one, two, and three to organize your committee and start to develop your goals
and objectives.

10. Show PowerPoint slide # 13. Read slide.

11. Show PowerPoint slide # 14. Read slide. Tell participants:
   Let’s look at the goals and objectives of the game of football.

12. Show PowerPoint slide # 15. Tell participants:
   The objectives under the long-range goal of winning the Super Bowl can be short-term goals
   within themselves.


   The objectives for these goals would be the same.

15. Show PowerPoint slide # 18. Tell participants:
   Start with a needs assessment. If you have previously conducted a needs assessment you would
   refer back to the needs assessment. The information may or may not be in a previous needs
   assessment that you conducted. This is why a needs assessment should be well planned and
   the questions carefully thought out. If the information is in the needs assessment, but there is a
   question of community readiness, you may want to obtain interest feedback. This can be
   accomplished though either an interest sheet circulated through your faith community or a
   community interest poll. This poll would ask members of the community if they are interested
   in receiving information or attending an educational program on the topic.

16. Show PowerPoint slide # 19. Tell participants:
   How are you going to deliver services that address these risks? Are you going to do educational
   programs, pulpit messages, bulletin boards, deliver services, handouts, educational displays or
   a combination of these?

17. Show PowerPoint slide # 20. Tell participants:
   Feedback can consist of questionnaires that participants complete about the activity, materials
   or displays. These questionnaires do not have to be long. While this may appear unnecessary it
can be very valuable in future planning to understand what the participants liked and did not like.


20. Show PowerPoint slide # 23. Tell participants:

This is where a good needs assessment comes in. While this is a simple yes or no number, how many have hypertension and how many do not, this is information that can be included in a basic needs assessment. If you look at the sample needs assessment that I handed out last lesson, you will see that the goal is reached through the needs assessment, and the same information is gathered for other chronic diseases. You can go straight to deciding if a problem exists.


25. Show PowerPoint slide # 28. Tell participants:

These areas are not a physical health issue, but certainly impact health.

26. Show PowerPoint slide # 29. Tell participants:

Next month I will not meet with you. You will hold your meeting and start to organize your health committee, edit and plan the administration of your congregational needs assessment, and work on preliminary goals and objectives. These goals and objectives will be finalized after you receive the results of your needs assessment. When the needs assessment returns we will look at whether the needs assessment changes your goals and objectives and how.

Lesson 5 will discuss health screenings.
Improving the health of all persons through wholeness of mind, body and spirit.
Lesson 3

Organizing Your Committee
Ice Breaker

Team Building Exercise

1. Each person will work individually for five minutes to solve the words.
2. Each person will write down the number of words they solved.
3. Each person will work in a group to solve the rest of the words.
Team Building Exercise

Objective:

To demonstrate the importance of teamwork
Review Objectives of Lesson 2

- Explain the role of a needs assessment in program planning.

- Explain the role of feedback in pre-program planning and post program review.
Community Assessment

Purpose

To understand the community’s:

1. values
2. needs
3. wants
4. strengths
5. weaknesses
Why Start with an Assessment

1. Analyze the congregation’s current health-related knowledge, problems and needs
2. Ability to prioritize the information from the assessment
3. Identify how you can best focus on the needs of your community
4. Help in planning and implementing activities and programs
Why Conduct a Written Survey

1. Efficient, inexpensive and easy to complete
2. Conserves valuable resources (e.g. time)
3. Promotes community recognition
   a. For the Health Committee
   b. Of the health concerns of your community
4. Promotes community involvement, buy-in
5. Creates a community vision
6. Culturally sensitive
Post Program Feedback

1. What do you need to know?
   - What worked and what did not work.
   - Quality of information, displays or speakers as perceived by the attendees.

2. What do you want to know?
   - Was the information of any value?
   - Will they share the information?
   - Will the information result in any change in what they are presently doing?

3. What information may be valuable to you in the future.
   - Location
   - Time
   - Meeting conditions
Lesson Objectives

- develop the organizational structure of their health committee.
- develop goals and objectives for their health committee.
- explain the role of goals and objectives in program planning.
Organizational Structure

1. What is the mission of the committee (mission statement)?
2. Will you have officers or chairperson and committee members?
3. Will the committee be a church organization or auxiliary?
4. To whom does the committee report?
5. How will the committee function?
Goals And Objectives

➢ **GOAL:** What you want to do

➢ **OBJECTIVE:** How you will do it
6. Do all health activities go through the health committee for approval?

7. Do you want a logo to identify yourself or will you use the church logo?

8. Do you want a motto?

9. How often will you meet?

10. Will you plan your activities by the month, quarter or year?

11. How will you distribute or pass health information to the congregation?
1. A goal may be very broad, and therefore require a series of objectives.
2. A goal may be very simple with a short range of time, but still require a series of objectives.
3. A short term goal may be part of a long term goal.
ANALOGY

FOOTBALL

LONG-RANGE GOAL – to win the Super Bowl

OBJECTIVE

1. to win every game
2. to play in the play offs
3. to win the play off games
FOOTBALL

SHORT-TERM GOAL –
1. to win the playoff games
2. to play in the playoffs
3. to win every game

OBJECTIVES:
1. to move the ball down the field, 10 yards at a time
2. Keep the other team from scoring
To increase awareness of risks for cardiovascular disease in:

♥ in your faith community.
♥ local community.
♥ a specific population in Clark County.
1. Identify the risks that exist by surveying this population.
2. Community readiness, does the population care?
3. Develop educational programs of preventable measures that address these risks.
4. Deliver services that address these risks.
Delivering Services

How are you going to deliver services that address these risks?

♥ Educational programs
♥ Pulpit messages
♥ Bulletin boards
♥ Handouts
♥ Educational displays
♥ Screenings
♥ Some of these
♥ All of these
5. Feedback from educational programs and services:
   a) changes in behaviors
   b) changes in the environment
   c) increase in knowledge

6. Assess changes in attitudes and knowledge that contribute to increased awareness.

7. Use feedback to plan future programs and services.
GOAL

May be very specific, clinical and time sensitive

SAMPLE GOAL:
To determine the prevalence of hypertension in our congregation before the end of the year.
SAMPLE OBJECTIVES

1. Contract with local nurses organizations, nursing educational programs or health service organizations for assistance in planning a blood pressure screening.
2. Establish convenient dates and times to record blood pressure readings for as many congregates as possible.
3. Encourage participants to read educational information given to them about high blood pressure, even if their blood pressure is normal.
4. Encourage participants to partner with their health care provider regarding their health.
5. Report findings to Pastor and the congregation.
SAMPLE OBJECTIVES continued

1. These findings are a simple yes/no number: How many have hypertension and how many do not.

2. Often this type of objective is a first step in discovering if a problem or issue exists.
A goal may not only be specific but psycho-social and may rely on a community resource.
This congregation seeks to investigate the relationship of life satisfaction to overall health.
SAMPLE OBJECTIVES

1. Contract with the University to work with a graduate student in Public Health.

2. Research and review credible life satisfaction surveys already developed.

3. Administer chosen survey to the congregation in meetings of various committees.

4. Announce a date or dates when the survey will be administered to the entire congregation.

5. Submit surveys to the graduate student for analysis and final report.

6. Share findings from the surveys with Pastor, and the congregation.
Objectives do not have to respond to a physical health issue.
Next Meeting

1. Next meeting to organize committee
2. Edit and plan administration of congregational needs assessment
3. Discuss preliminary goals and objectives
4. I will join you again in two months
5. Lesson 4 – Health Screenings
If you don’t know where you are going, how can you expect to get there?

Basil S. Walsh
Lesson 3 Organizational

Discussion Scenario

Your committee has accepted funds from a local health service provider to present a series of workshops. The purpose of these workshops is to decrease chronic disease risk factors by promoting behavior change in the areas of healthy eating habits and increasing physical activity. A member approaches the health committee and states that he has the approval of the faith community leader to do a presentation on how to lose weight through a vitamin and nutritional supplements program. He states it worked for him. He has lost a lot of weight. He took vitamins and a liquid supplement for breakfast and lunch and had a lean chicken breast, or grilled fish and a vegetable for dinner. You know that this is not what will be presented in the workshops.

1. What are the problems?

2. What can the health committee do to diffuse this potential problem?

3. How might this problem been avoided?
PLANNING TIMETABLE

GOAL STATEMENT #

OBJECTIVE 1.

Action needed (1):

<table>
<thead>
<tr>
<th>Person(s) responsible</th>
<th>Date Completed</th>
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Action needed (2):

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Action needed (3):

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Action needed (4):

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Action needed (5):

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<th>Date Completed</th>
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Problems encountered completing any action steps?


OBJECTIVE 2.

Action needed (1):

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<th>Person(s) responsible</th>
<th>Date Completed</th>
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Action needed (2):

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Action needed (3):

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<th>Date Completed</th>
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Problems encountered completing any action steps?

OBJECTIVE 3.

Action needed (1):

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<tr>
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Action needed (2):

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Action needed (3):

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Action needed (4):

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Action needed (5):

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<th>Person(s) responsible</th>
<th>Date Completed</th>
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Problems encountered completing any action steps?
Lesson 4

Blood Pressure Screenings
LESSON 4

HEALTH SCREENINGS

OVERVIEW

Access to medical services remains an obstacle to improved health to many individuals. Health screenings by the faith community and health service organizations fill an important need. Some screenings must be outsourced due to guidelines of who may conduct them or the requirement of equipment that is not accessible without third party involvement; however blood pressure screenings are frequently conducted by the faith community. It is important that the faith community understand the elements involved in an effective blood pressure screening and their responsibilities.

The decision whether to use congregational volunteers or to outsource the screening should be carefully considered by the faith community. There are some responsibilities and laws that must be adhered to regarding screenings and medical information.

VOLUNTEERS

Volunteers to do blood pressure screenings should meet the qualifications for blood pressure screeners. There should be a licensed qualified screener present. Licensed volunteers must adhere to the standards of their practice act. Blood pressure screenings should not only include the correct equipment but it must be in working order. Health education information and counseling should be available for persons with an elevated blood pressure.

DOCUMENTS

There are documents that are necessary for blood pressure screenings. These include informed consents for the screening, medical and family history questionnaire, health care provider list and health information handouts. There should also be a resource list for those who are unable to afford to see a health care provider for an elevated blood pressure.

LEGALITY

Screeners should follow up their counseling and referrals on elevated blood pressures. There are privacy laws concerning the storage of medical information. All personal medical information must be kept in a locked cabinet.

To decrease liability for both the church and the volunteer, the health committee should carefully plan screenings and ensure that all qualifications and standards are met.
EVALUATION

Evaluation of the screening is useful in planning and improving future screenings. This is a post screening evaluation and should not be long. Feedback should be obtained from the planners, screeners and participants.

LESSON 4: Teaching Guide

Planning Health Screenings

OBJECTIVES:

After completing this lesson the participant will be able to:

1. explain the elements of a successful blood pressure screening
2. explain the required documentation and follow-up necessary for blood pressure screening
3. explain the correct procedure for storage of confidential information
4. explain the Standards of Care for nurses as related to blood pressure screenings

KEY POINTS TO COVER WHEN TEACHING THE LESSON:

1. There are responsibilities and laws that must be adhered to regarding screenings and medical information.
2. Blood pressure screeners should possess certain qualifications and skills.
3. There are resources available outside of the faith community to do blood pressure screenings.

MATERIALS AND SUPPLIES NEEDED:

1. Laptop computer
2. LCD projector
3. Extension cord
4. Wall covering for PowerPoint projection
5. Masking tape to tape wall covering
6. Attendance sheet
7. Handouts:
   a. PowerPoint Presentation
   b. Case Study
   c. Blood Pressure Screening Consent and Release

BEFORE TEACHING THE LESSON
1. Five days prior to lesson, call health committee chairperson to confirm that there has been no change in the date and time of Lesson 2.
2. Gather all materials and supplies for Lesson 2.
3. Review the lesson overview, teaching guide and PowerPoint presentation

ON SITE PRIOR TO LESSON

Ask each participant to sign in, pick up handouts, and place name plates on table in front of them.

PROCEDURE FOR TEACHING THE LESSON:

1. Show PowerPoint slide # 1. Thank participants for coming to the fourth lesson. Ask participants to take out PowerPoint handout. Tell participants:

You met last month to organize your committee, plan the administration of your needs assessment and plan tentative goals and objectives. We are going to spend 20 minutes discussing the results of your meeting.

2. Show PowerPoint slide # 2. Repeat the name of the lesson. Tell participants:

There are numerous health fairs and health screenings throughout the community sponsored by various nonprofit and health service agencies. Frequently faith communities sponsor health fairs and screenings. Planning an effective health fair or screening is time consuming. It is more than just having health service agencies or providers come into the community to inform participants whether or not they should see a health care provider for a potential problem that has shown up on a screening. The most frequent screening that the faith community is involved in is blood pressure screenings. Glucose screenings, cholesterol screenings, cancer screenings have guidelines as to who may or may not do them or require equipment that is not accessible without third party involvement. There are some responsibilities and laws that must be adhered to regarding screenings and medical information. The health committee should be knowledgeable in this area in order to make a decision to use members in-house or out-house to conduct the screenings. Lesson four will cover blood pressure screenings. Much of the information in this lesson will also be applicable to other types of health screenings.

3. Show PowerPoint slide #3. Read the objectives.

4. Show PowerPoint slide # 4. Tell participants:

Your health needs assessment should provide you with this information. Part of determining the need is whether or not this is a service that is readily accessible in the community. As a health committee your time and resources are limited. If there are frequent accessible blood
pressure screenings in the community, is this a need or a convenience. If the community screenings are not being used, this may result in a new important health goal to discover why these screenings and or other services are not being accessed. If the committee decides to go forward with planning a screening, this is an instance when a yes or no interest sheet may be circulated within the faith community to determine the level of participation. This is especially important if you are having someone come in to do the screening. If the interest of commitment to participation is not there, the committee may want to do some awareness for several weeks and then reassess the interest or participation commitment. To reach more people, the screening may want to be conducted at a time when there is another activity or program being held.

5. Show PowerPoint slide # 5. Read slide.

6. Show PowerPoint slide # 6. Tell participants:

Having a blood pressure screening is more than giving participants a result on a piece of paper. The screener must have enough knowledge to tell the person what the result means. If the blood pressure is elevated, when they should follow up with their health care provider or should they seek medical treatment immediately. What are the blood pressure parameters? What community resources are there if the person does not have a health care provider or cannot afford one? Spend five minutes reading and discussing the Case Study Handout.

7. Show PowerPoint slide # 7. Read slide.


These documents may be obtained from any health service organization that does screenings. You should be able to modify them to fit your needs. If you have a health service organization that normally does screenings do your screenings, they should bring these forms with them. Show participants the sample consent and medical history questionnaire.

9. Show PowerPoint slide #9. Tell participants:

The busy foyer is not a place for screenings. While the literature table and check in can be in the foyer, the actual screening area should be private and away from noise, confusion and congregational traffic.

10. Show PowerPoint slide # 10. Tell participants:

There are some standards that should be adhered to in doing blood pressure screenings. There should be licensed personnel conducting the blood pressure screenings and there are standards that they must adhere to. Read slide.


13. Show PowerPoint slide #13. Tell participants:
This information should be secured in privacy.


15. Show PowerPoint slide #15. Tell participants:
Once the blood pressure is taken there should be counseling, especially if the blood pressure is elevated.

16. Show PowerPoint slide #16. Tell participants:
Follow up is part of the screening for any referrals. Make sure that whoever you choose to do your blood pressure screenings will ensure the responsibility of follow up. Read slide.

17. Show PowerPoint slide #17. Read slide.

18. Show PowerPoint slide #18. Tell participants:
The church has some limited liability in screenings. The church insurance may not cover liability from health screenings. Read slide. To decrease liability for both the church and the volunteer, the health committee should carefully plan screenings and ensure that all qualifications and standards are met.


20. Show PowerPoint slide #20. Tell participants:
Evaluation of the screening is used to improve the screening process and address problem areas. This is a post screening evaluation and should not be long. Feedback should be obtained from the planners, screeners and participants. Feedback should be part of the planning process. Report back to the pastor and congregation on the results of the screening.

21. Show PowerPoint slide #21. Tell participants:
This ends Lesson 4. Your last lesson is on budgeting.

22. Show PowerPoint slide #22.
Building Health Committees

Jacqueline Black, M.Ed. - Program Officer
Rosalie Marinelli Ed. D. – Professor Emeritus
Joyce Woodson, M.S., R.D. - Associate Professor

Improving the health of all persons through wholeness of mind, body and spirit.
Lesson 4

Blood Pressure Screenings
Objectives

Participants will be able to:

1. explain the elements of a successful blood pressure screening.
2. explain the required documentation and follow-up necessary for blood pressure screening.
3. explain the correct procedure for storage of confidential information.
4. explain the Standards of Care for nurses as related to blood pressure screenings.
Starting a Screening Program

• Faith Community assessment
  >determine if there is a need
  >determine who will participate
• Select members of the team to plan or do the screening
• Select a date to hold screening
• Arrange for a suitable site
Qualifications of Screeners

• Must be a trained, licensed health care provider
  MD, RN, LPN or EMT
  CNA, only under the supervision of a RN
• Must have good health assessment skills
• Must have good communication skills
Qualifications of Screeners

• Have the ability to interpret data and make appropriate nursing diagnoses
• Must be knowledgeable of current scope and standards of practice
• Have a good knowledge of health-care resources in the community
• Have the ability to make appropriate referrals
Tools of the Trade

• Sphygmomanometer
  Have different size cuffs, small, medium, large and extra large if possible
• Stethoscope
  Make sure you are able to hear well
• If using electronic equipment, make sure the equipment is working properly (note calibration requirements)
Documents Needed

- Informed Consent
  All participants (clients) must sign, giving permission to screening
- Medical and family history questionnaire
- Health Care Provider list
- Blood pressure record cards
- Blood pressure and health information handouts
Suitable Site

• Site for screening must be non threatening, quiet, comfortable temperature & clean
• Seating for adults
• Tables for display of literature and recording of information
• Provide an area for privacy away from other clients
Standards of Care

• Use appropriate assessment techniques
• Use appropriate instruments
  make sure instruments are working properly, make sure the cuff is the right size
• Note calibration requirements of automatic blood pressure monitors
• Make sure that documents are stored and kept confidential
Standards continued

- Must be able to interpret data correctly
- Provide counseling and health education to promote the client’s desired outcomes
- Respect the decision of the client
- Maintain the principles of client autonomy
- Maintain confidentiality
- Maintain a professional relationship
Responsibilities

• Maintain a professional client-nurse relationship
• Inform the client of risks involved
• Provide health information
• Educate client about his/her rights and responsibilities in making an informed health care decision
• Take a family history prior to screening
• Take a brief medical history prior to screening
• Ask questions regarding activity and caffeine consumption prior to screening
Screening Responsibilities

• Get client’s written consent prior to screening process
• Recheck all elevated readings after the client has relaxed for at least 15 minutes
• Provide individual counseling for those who have high readings
Counseling

- Outline action that needs to be taken
- Indicate risk involved
- Encourage healthy lifestyles
- Provide referral list of health care providers and resources
- Encourage client to seek health care
- Inform client of the need to follow-up
Initial Follow Up

- Follow ups on all referrals should be done within two weeks of screening.
- Follow up can be done by mailings.
- Telephone follow ups are better.
  > Document who you spoke with.
  > Document date, time, and result.

Remember HIPA laws require that information remains confidential.
Follow up
continued

• Second follow up within six weeks
  >document results
• Document any changes in client’s
  health status and treatment plan
• Encourage client to follow healthy
  lifestyles
• Encourage compliance with medical
  recommendations
Liability

- The church is liable for what you do while performing in the name of the church
- Church not liable for intentional acts
- Church not liable for fraud
- Church not liable for criminal acts
- Licensed professionals should have their own personal liability insurance policy
Malpractice

• Negligence or carelessness
  > failure to document an elevated BP
  > failure to follow up on a referral
• Departure from the standard of care
• Unintentional omission or commission of an act that a reasonable person would or would not do
Evaluation

• Evaluate the results of the screening
• Include the clients in the evaluation
• Document the results of the evaluation
• Use the results of the evaluation to make improvements in the screening process
• Report the results of screening to pastor and congregation.
Lesson 5
Budgets
As we look ahead into the next century, leaders will be those who empower others.

Bill Gates
Case Study 1

Marie Jones, a 48 year old Black housewife, mother of 4 attended a health fair at the Loving Cup Baptist Church one Saturday. She had recently gained weight, 20 pounds to be exact. She had not had a physical for almost 3 years. Her PCP (primary care physician) had recently stop accepting the health insurance that her husband’s employer offered for family coverage. Marie had no other insurance or finances to support going to the doctor.

Marie visited the blood pressure screening booth. She just wanted to know what her blood pressure was. Nurse Jane gladly measured her blood pressure and gave her the results. Marie’s blood pressure was high, 172/94. Nurse Jane did all the interventions any Nurse would do after detecting an elevated blood pressure. She inquired about her family history, if she was seeing a doctor or taking medications for high blood pressure. Did she exercise regularly? They discussed diet, salt intake, and stress levels. Nurse Jane offered to call Marie’s physician to report her elevated blood pressure. Marie preferred to make the call herself and would do so on Monday. Nurse Jane informed Marie that she would call the next day to check on her.

Nurse Jane called Marie Tuesday but got no answer. She tried to make contact the following day but still no answer. Several days had gone by since Nurse Jane had taken Marie’s blood pressure but now could not make contact with her. Finally on Friday Marie came to the church looking for Nurse Jane. Nurse Jane invited Marie into her office. She was eager to find out what had happened to Marie. She started this visit with prayer after asking Marie’s permission. Marie admitted that she had not called her doctor. She had tried to get some exercise and watch her diet. Nurse Jane took Marie’s blood pressure. Again it was elevated. Again they discussed the need to consult her doctor, the benefits of medication, a healthy diet, exercise and stress management. Nurse Jane was firm about the serious potential health problems that could occur as results of untreated high blood pressure. Then Marie admitted she had not been completely truthful, she was embarrassed to tell her about her financial problems.

Nurse Jane was able to refer her to a local clinic that would see her and her family free of charge. Appointments were arranged and Nurse Jane prayed that Marie would follow through. Marie kept the appointment. The next time that Nurse Jane heard from Marie she had started on medication, an exercise program, and could report that her blood pressure readings were approaching normal range, (138/84). She had also lost 11 pounds. Marie told Nurse Jane that it was her persistence, kindness, caring attitude and prayer that saved her as much as the medical intervention.
Blood Pressure Screening

Consent and Release

I, the undersigned, voluntarily agree to participate in the blood pressure screening program. I understand that all information provided will be treated confidentially. Information may be used only for the purpose of research, statistics or scientific reports. I understand that the screening is in no way invasive or painful. I take full responsibility to follow-up with my health care provider, if any abnormal results are found.

Signature: __________________________ Age: _____ Male _____ Female _____
Address: __________________________ City/State: ________________ Zip: _____
Telephone: _______________ Date: __________ Ethnic Background: ____________

Health History

1. Have you ever been told by a doctor that you have high blood pressure? Yes ___ No ___
2. Are you currently taking medication for high blood pressure? Yes ___ No ___
3. Do you exercise regularly? Yes ___ No ___
4. Do you limit salt in your diet? Yes ___ No ___
5. Do you have a family history of heart disease, stroke diabetes or high blood pressure? Yes ___ No ___
6. Do you smoke or use tobacco? Yes ___ No ___
7. Do you use alcohol? Yes ___ No ___
8. Are you lowering your stress level? Yes ___ No ___

For Official Use Only:

Results: Systolic: _____ ? Diastolic: _____ Referral made? Yes ___ No ___
Follow-up contact made; Date _________ Contact person _______________________

2006/trt
Lesson 5
Budgeting
LESSON 5

BUDGETS

OVERVIEW

Planning a budget is a necessary process for health committees, even if there are no funds or very limited funds. Money to support programming is a challenge. Health may come last in a faith community’s budget. Even the smallest of activities will require some type of funds. It takes money to copy health information and flyers and provide education programs and workshops. Expenses may be overt such as buying incentives, paper or educational booklets. It can also be covert, such as the extra cost of utilities for using the facility when no one else is using it.

Each faith community operates on a budget of some type. The size of the budget varies tremendously. The control of the funds, large or small, in any organization, presents challenges and the faith committee is no different. While some communities have well-established accounting policies and procedures in place, others may not. The health committee must work with the faith community leader and the financial committee to establish guidelines for the control of committee money, especially donations and grants. The potential for the problem of co-mingling of funds may exist without guidelines. These guidelines should also include responsibility and accountability.

It is important that the committee keeps track of its income and expenditures, even though it is usually part of the faith community’s financial committee or individual. It assists in preparing future budgets and program expenses. A computer software program may not be necessary for a small budget without restricted funds, however as the budget becomes more involved, a financial software program may be necessary. Areas of potential problems addressed prior to actual funding may prevent future conflicts.

LESSON 5: Teaching Guide

Budgets

OBJECTIVES:

After completing this lesson the participant will be able to:

1. explain the importance of establishing a budget for the health committee
2. explain four problem areas that should be addressed by the health committee with their faith community leader.

KEY POINTS TO COVER WHEN TEACHING THE LESSON:

1. There are benefits to preparing a budget, even if there is no or very limited money for the health committee.
2. It is important for the committee to meet with the faith community leader and finance committee to establish guidelines regarding the handling of health committee funds.

MATERIALS AND SUPPLIES NEEDED:
1. Laptop computer
2. LCD projector
3. Extension cord
4. Wall covering for PowerPoint projection
5. Masking tape to tape wall covering
6. Attendance sheet
7. Handouts:

BEFORE TEACHING THE LESSON

1. Five days prior to lesson, call health committee chairperson to confirm that there has been no change in the date and time of Lesson 2.
2. Gather all materials and supplies for Lesson 2.
3. Review the lesson overview, teaching guide and PowerPoint presentation.

ON SITE PRIOR TO LESSON

Ask each participant to sign in, pick up handouts, and place name plates on table in front of them. Have PowerPoint slide #1 showing as participants enter.

PROCEDURE FOR TEACHING THE LESSON:

1. Show PowerPoint slide # 2. Thank participants for coming to the fifth lesson and repeat the name of the lesson. Ask participants to take out PowerPoint handout. Tell participants:

   Everyone from the government down to the individual citizen has some interaction with a budget. Some of you may have served on committees that deal directly with budgets. Each of us has some type of budget for our households. Even if there isn’t enough money most people plan how they are going to spend what they have coming into the
household. Providing awareness and education surrounding health issues will cost money.

Money to support programming is a challenge. How much will it cost your faith community to promote health? How much will it cost the committee to provide awareness activities and education? This lesson will address how to develop a health committee budget. How to estimate costs in planning? How to get the most from your money?


Review the previous lesson using slides 4 through 7.


6. Show PowerPoint slide # 10. Tell participants:

The health committee should have a budget, even if there is not money for the health committee in faith community budget. The committee should have a plan of how the money will be spent. The committee needs to know how much money they need to operate. How much money does it take to produce flyers, copy health information, provide programs, etc.

7. Show PowerPoint slide # 11. Tell participants:

Budgets are needed to compare income, expenses, and programming rendered. It is needed for planning for your faith community. If the faith community requests funding, the funder may ask for budget and expenses from health programming in addition to the faith committee’s financials. It is also easier to do a budget for program funding if you already have an established budget. There are a number of concerns to take under consideration when planning a budget. Read Slide

8. Show PowerPoint slide # 12. Tell participants:

Will you be providing health services such as screenings, monetary assistance, and assistance with securing medications or will you be providing educational materials and programs. What does your mission statement say that you will do? What do your policies and procedures say? What are your goals for the year?

9. Show PowerPoint slide # 13. Tell participants:

Will you have paid staff or volunteers? Are there screenings for volunteers that you will need to pay for? For example, who will pay for fingerprinting for volunteers working with youth? How
many hours per week will paid staff work? How much support will you require from your faith community?

10. Show PowerPoint slide # 14. Tell participants:

The next four considerations can be problem areas and must be addressed. The bottom line is how will the money for the health committee be handled, especially donations and grants? Control of funds can be an issue and should be addressed with leaders of the faith community. Will or can funds be restricted? Restricted funds are funds that are used for a specific purpose and that purpose only. Grants are restricted funds and must be treated as such. Are there policies and practices in place that will prevent the funds from being restricted?

11. Show PowerPoint slide #15. Read slide

Even the simplest of activities, such as handing out educational information, will have some cost associated with it. Will the committee have to raise funds? Will it ask for donations and will it try to secure grants or sub grants? Many faith communities see grants as the answer. The real work begins after the money is received. Doing what you received the money for is the hard part. Grants may not be available for what you want to do this year or next. How will you support your committee’s efforts? Will comingling (mixing) of funds be a problem? Grant funds must be kept separate from faith community funds and may need to be kept in a separate account from other funds. Co-mingling of grant funds is a serious offense and has legal ramifications. After discussion with your faith community leaders, your committee may find that grants may not be an option for funding your programs.

13. Show PowerPoint slide # 16. Tell participants:

How much extra administrative and financial burden will your efforts put on the faith community? Example: You are having a workshop on a specific high profile health topic and you have publicized the event on the local news station as an open community event. You have sent invitations and flyers to other faith communities and congregational members have taken the flyers out to distribute throughout the city. How might your workshop impact each of the areas on this slide?

Spend five minutes discussing how each of these areas may be impacted.


15. Show PowerPoint slide # 18. Tell participants:

This meeting should be scheduled as soon as possible. The determination of how the money will be handled and if it will be available to the committee as needed should be in place before
fundraising, donations, or program planning that will require expenditure of money. Spend time preparing for the meeting. Write down your ideas, suggestions and questions. While your committee is addressing the financials, there will still be activities that can be planned. There are organizations in the community that will come out and do health presentations and you only need to provide a place and participants, eventually the health committee finance will present a challenge.

16. Show PowerPoint slide # 19. Tell participants:

Determination of accountability when it comes to financial and physical resource management is a necessity. Who is responsible for what, when and under what circumstances? Your faith community probably already has policies and procedures for management of money and physical resources. The committee needs their own guidelines that, while following the guidelines of their faith community’s policies and procedures, are specific to their function.

17. Show PowerPoint slide # 20. Tell participants:

The health committee should track its income and expenditures. This will make budgeting and expense planning for future activities easier. It will also help with preparing a yearly budget, and will make it easier to reconcile your budget with the faith community’s financial department. While following the policies of your faith community the committee should keep copies of income and all receipts, if possible.


20. Show PowerPoint slide # 23. Review each resource and form. Tell participants:

There are numerous terms specific to budgeting. The U.S. government has a good resource on line that you may need to use as a reference for budget terms.

Pass out budget handout number 1. An annual budget may be simple or complicated. In the beginning your budgets may be quite simple. Even if you only have four or five items on it, you should do a budget. The expenses in this budget is broken down by the month and then multiplied to get the yearly expenses. On this budget there are expenses that the health committee may have to pay for or may be in-kind. Telephone and Internet are normally in-kind. Paper, toner, postage, and insurance may or may not be in-kind. It may depend on how much the committee uses. The insurance may depend on if additional coverage is required. Paper, toner and postage can quickly add up. I would suggest that if they are moved to in-kind donation, there is a budget amount included under the in-kind donation. Frequently the health committee does not have an assigned office;
therefore office space would not apply. Unless the building is opened specifically for a health program that would require additional use of electricity and water, these costs are normally absorbed into the overall budget. There are times when the dollar amounts of in-kind donations are requested by a funder. At this time you would figure out the amount of the office space, electricity, water, telephones, Internet and administrative support.

Pass out operating expenses handout number 2.
This is a sample of a form that may be used for checks written for payment of services. Since checks are usually written by the finance department this is a form that may be modified and used for your committee’s record keeping.

Pass out Request for Funds handouts number 3 and 4.
These samples are request for funds. Your faith community probably already has its own forms for you to use. Hand out number 3 is a simplified version of handout number 4. Handout number 4 includes information that you will need if you have more than one funding source. There can be limits on what a grant will pay for. Your fiscal department may not know these limitations. This form can be modified to require the health committee chairperson if there is not a program officer. Note that the funds available are to be determined by the program director or the health committee chairperson. This is a check to prevent comingling of funds. The fiscal department may have a total amount on their books for your committee, but that money may be for different health projects. It is possible for them to approve funds that are not available for a specific project and therefore the monies will come out of another project (comingling). Also note that the program director or health committee chairperson will supply where the funds are coming from.

Pass out Sample Excel tracking handouts number 5 and 6.
These are samples of budget tracking using Excel. There are a number of programs such as QuickBooks, which is an accounting program which can be used. You do not necessarily need to use one of these programs. Pen and ledger will work also. If you secure funding or your budget becomes complicated, you may want to look into some type of software program. Choose a program that your faith community or other committee members may have access to. It is frustrating to have to copy information from a program because whoever you are sharing it with is unable to open the program.

Pass out discussion scenario: Spend 5 minutes discussing the scenario.

21. Show PowerPoint slide # 24. Tell participants:
To make an impact and affect the health of the community you may need to address some of areas that affect health.

22. Show PowerPoint slide # 25. Tell participants:
Upstream is prevention, addressing the potential problem and downstream is intervention after the problem has developed.

23. Show PowerPoint slide # 26. Tell participants:
Your committee may occupy one, several or change positions change positions in the stream. This is the end of Lesson 5 on budgeting. As you go forth to address the health of your faith community and the community at large, keep in focus the broader definition of health. Making an impact in health may mean examining the areas that affect a community’s health.

24. Show PowerPoint slide # 27. Tell participants:
Though you are a small group and the task seems overwhelming and endless.... Read slide.
Building a Health and Wellness Committee

Jacqueline Black, M.Ed. - Program Officer
Rosalie Marinelli Ed. D. – Professor Emeritus
Joyce Woodson, M.S., R.D. - Associate Professor

Improving the health of all persons through wholeness of mind, body and spirit.
Lesson 5

Budgeting
Review Objectives Lesson 5

Participants will be able to:

1. explain the elements of a successful blood pressure screening.
2. explain the required documentation and follow-up necessary for blood pressure screening.
3. explain the correct procedure for storage of confidential information.
4. explain the Standards of Care for nurses as related to blood pressure screenings.
Qualifications of Screeners

- Must be a trained, licensed healthcare provider
  - MD, RN, LPN or EMT
  - CNA, only under the supervision of a RN
- Must have good health assessment skills
- Must have good communication skills
Qualifications of Screeners

• Have the ability to interpret data and make appropriate nursing diagnoses
• Must be knowledgeable of current scope and standards of practice
• Have a good knowledge of health care resources in the community
• Have the ability to make appropriate referrals
Documents Needed

• Informed consent
  All participants (clients) must sign, giving permission to screening
• Medical and family history questionnaire
• Health care provider list
• Blood pressure record cards
• Blood pressure and health information handouts
Initial Follow Up

• Follow-ups on all referral should be done within two weeks of screening
• Follow-up can be done by mailings
• Telephone follow-ups are better
  >-document who you spoke with
  >-document date, time and results
Lesson Objectives

The participant will be able to:

- explain the importance of establishing a budget for the health committee
- explain four problem areas that should be addressed by the health committee with their faith community leader.
Definition and Purpose of Budget

$ A financial report containing estimates of income and expenses

$ A plan for coordinating income or expenses
A budget is a plan to spend money ~ prepared just like any other plan
Benefits of Budget Preparation

$ Prior and future year budgets are maintained
$ Income and expenses can be compared annually
$ Helps keep focus on objectives
$ Ensures complete integrity
$ Need finance records to request funding
Budget Considerations

$ Determined by type of Health Ministry
  Service versus nonservice
$ Mission statement
$ Policies and Procedures
$ Yearly goals and objectives
Budget Considerations cont’d

$ Team or solo
$ Paid staff or volunteer
$ Review job descriptions
$ Number of hours per week
$ Service vs. nonservice
$ Faith organization support
Budget Considerations cont’d

$ Are there policies in place that aid or restrict the ministry?

$ Who controls the funds?

$ How will donations and raised funds be handled

$ How will restricted funds be handled
Show Me the Money

$ Where will the money come from?
$ Part of the faith organization’s overall budget?
$ Is it a separate budget?
$ Is it a restricted budget?
Show Me the Money cont’d

How much support from the faith organization?

$ Administrative support
$ Copying
$ Electricity
$ Air conditioning
$ Phones
$ Computer
$ Additional insurance liability or riders
$ Transportation
$ Youth programs – background checks
$ Additional accounting costs
Sources of Income

- Faith community support
- Fund raisers
- Donations
- Assets
- Cash, land, building, equipment
$ Meet with the Pastor and Finance committee

$ Be Prepared with concrete ideas and questions
Accountability

$ Policies and Procedures for Fiscal Management and Accountability

$ Reports

$ Responsibilities
  Who is responsible for what, when

$ Procedures
  Management of resources
Record Keeping

$ Tracking expenses

$ Maintaining a paper trail

Record keeping

$ Types of records

Accounts receivable
Accounts payable
Balance sheets

$ Keep all Receipts
Preparing a Budget

$ Review expected expenses (realistic)
$ Determine categories
$ Determine income (from all sources)
$ Delegate an individual to maintain
$ Appoint an individual to review and approve
$ Set up reporting procedures to assure controls
Preparing a Budget

$ Operating Budget
$ Annual Budgets
$ Specific Project Budgets
$ Requisition of funds
$ Tracking and reconciliation of funds
Sample Forms

http://www.gao.gov/new.items/d05734sp.pdg

$ Annual Budget
$ Operating Budget
$ Operating Expenses
$ Request for Funds
$ Sample Excel Tracking
World Health Organization (WHO)

http://www.who.int/social_determinants/en/

Why treat people...

...without changing what makes them sick?
Social Determinants of Health

Medical/Disease

chronic disease
Infectious disease

infant mortality
birth defects
violence
substance abuse
alcohol and
UPSTREAM  PREVENTION  DOWNSTREAM  CHRONIC DISEASE
Take Home Thought

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.”

Margaret Mead
Lesson 5

Budgeting Discussion Scenario

Your committee has received funds from several sources for different health promotion activities. There are restrictions on some of the funds. There is an event planned for several weeks from now. The event is planned; all requisitions to pay for already submitted invoices have been submitted. All funds from the grant have been spent and there have been some costs that the grant would not cover. The health committee budget has been depleted by paying for these costs. A speaker who had previously declined to speak due to another commitment has called stating that the previous commitment was cancelled and that he would be available to speak. He mentions the honorarium to the pastor. The faith community leader is aware that he was asked and declined due to the previous commitment and that the speakers are receiving an honorarium. He asks the finance officer to check to see if there is money in the account to pay the speaker’s fee. The finance officer states that the committee still has $1,650.00 of unobligated funds in their account and issues a check for the speaker’s fee of $175.00. Additional program flyers are needed. The pastor approves their being printed locally outside of the faith community to save the expense of copying on the faith community copier. A reimbursement for $25.00 is submitted to reimburse the person who paid for the copies.

Your committee’s financial books show:

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<th>Balance Forward</th>
<th>Expenditures</th>
<th>Balance Left</th>
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<td>Total Restricted Funds</td>
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*Restricted Funds

1. What are the problems in this scenario?

2. How could these problems been prevented?
# Operating Budget
## Fiscal Year

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**OPERATING EXPENSES**

Request Date: ___________________________ Date Needed: ___________________________  Not “ASAP”, 5 working days to process

Name (person requesting funds): ____________________________________________

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Total Cost $________

Requested by: ___________________________  Date: __________

Expense Account used: ______________________________________

Date Funds/Check Issued: ___________________________  Issued by (initials): __________
REQUEST FOR FUNDS

Request Date ____________________________

Date Needed ____________________________ (NOT “ASAP”, 5 working days to process)

Name ____________________________ (person requesting funds)

Company Name ____________________________

Address ____________________________

Telephone Number ____________________________

Contact Person ____________________________

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Shipping and Handling

Total Cost ____________________________

Requested by: ____________________________ Signature ____________________________ Date: ____________________________ Print Name ____________________________

Funds Available: Yes _____ No _____

Account Funds

Name / Number: ____________________________

Funds Issued to: Check Number ____________________________

__________________________  ____________________________  ____________________________

Name  Date
REQUEST FOR FUNDS

Request Date ________________________________

Date Needed ________________________________ (NOT "ASAP", 5 working days to process)

Name ____________________________________ (person requesting funds)

Company Name ________________________________

Address ______________________________________

Telephone Number _____________________________

Contact Person __________________________________

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Shipping and Handling
Total Cost

Requested by: ___________________________ Signature ___________________________ Print Name ___________________________ Date: ____________

Program Officer: ________________________ Signature ___________________________ Print Name ___________________________ Date: ____________

Funds Available: (determined by the Program Director) Yes: ______ No: ______

Funding Number: (supplied by the Program Director) ___________________________

Program Director: ________________________ Signature ___________________________ Print Name ___________________________ Date: ____________

Funds Issued by: ________________________ Signature ___________________________ Print Name ___________________________ Date: ____________
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1. Introduction

2. Lesson 1
   a. Lesson 1 – Overview and Teaching Guide
   b. Lesson 1 – PowerPoint “What Is Health”
   c. Handouts:
      1) A Contemporary Fable
      2) Life Balance Wheel Worksheet
      3) Life Balance Wheel Explanation
      4) Social Determinants of Health Figure
      5) Cultural Values Assessment
      6) Social Determinants of Health Worksheet

3. Lesson 2
   a. Lesson 2 – Overview and Teaching Guide
   b. Lesson 2 – PowerPoint “Assessment and Feedback”
   c. Handouts:
      Congregational Survey

4. Lesson 3
   a. Lesson 3 – Overview and Teaching Guide
   b. Lesson 3 – PowerPoint “Organizing Your Health Committee”
   c. Handouts:
      1) Organizational Discussion Scenario
      2) Fill In Planning Form

5. Lesson 4
   a. Lesson 4 – Overview and Teaching Guide
   b. Lesson 4 – PowerPoint “Health Screening”
   c. Handouts:
      1) Case Study
      2) Consent and Release

6. Lesson 5
   a. Lesson 5 – Overview and Teaching Guide
   b. Lesson 5 – PowerPoint “Budgets”
   c. Handouts:
      1) Discussion Scenario
      2) Operating Budget Handout 1
      3) Operating Budget Handout 2
      4) Request for Funds Handout 3
      5) Request for Funds Handout 4
      6) Sample Program Funds Balance Sheet