



Ministry Module

Ministry Modules are intended for use with the Leader's Guide. Appendices and Resources referenced in modules can be found within the Guide.

Wellness



This Mission Module is provided through a Partnership with Aging with Significance, of the Women's' Missionary Union of Virginia and the Virginia Baptist Union Board; and Caregiving Ministries, a division of FamilyCare America, Inc.



Ministry Module Wellness

Purpose

The mission of the Wellness Ministry Team is to reflect God's love by promoting holistic Christian health within and outside of the local church congregation. Through prayer, faith, and belief in God's enabling, this ministry seeks to foster health, healing, and the caring aspects of the church community.

Goals.

- To integrate basic concepts of faith and health to build an effective health ministry in a congregation.
- To empower individuals to become more active partners in the management of their personal health resources.
- To create an awareness of the integration of spiritual, psychological, physical, and social dimensions of an individual.

Objectives

- To provide health education.
- To become a liaison with community health organizations.
- To foster the impact of faith upon health.

Parameters and Limitations

This ministry **does not**:

- perform any procedure that requires a physician's order (i.e., administering medications, performing "hands-on" or invasive procedures).
- take the place of, or compete with, any community health agencies.

This ministry **does**:

- coordinate church volunteers to meet identified needs.
- provide preventive health education.
- develop grief support groups.
- provide referrals to pastoral, social service, and appropriate health agencies.
- visit the ill and home or nursing home bound
- present or participate in health fairs



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Suggested Process for this Ministry:

The Wellness Ministry may be developed in the absence of a formal Parish Nurse ministry. The Wellness Team could include professionals in health, legal, counseling, social service, and educational fields to address health needs within a congregation.

1. Educate the church as to what the Parish Nurse ministry is and how it can benefit the health of church members of all ages. Invite a Parish Nurse to speak and/ or show a video.
2. Inform the congregation what can and cannot be expected from the Wellness Ministry.
3. Survey the church for people who are willing and able to work in this ministry (see Appendix A).
4. Determine if any members are qualified nurses who would be willing to undergo Parish Nurse training.
5. If the church is small, determine if other churches in the community are interested in combining to form a Parish Nurse ministry.
6. Create a "Health Cabinet" to oversee the program. The cabinet consists of health care, legal, educational and other professionals within the local church (or churches, if this ministry is combined).
7. Provide training to volunteers, informing them of the process of this ministry.
8. Survey homebound members for health concerns and needs (see Wellness Assessment at the end of this section).
9. Implement the program by a parish nurse or coordinator.
10. Solicit outside resources for health education.
11. Schedule regular meetings for volunteers to increase knowledge of health issues through in-service training and to discuss and work out problems with the Wellness Ministry Team.
12. Periodically evaluate the ministry. (See Evaluation Tool, p. 19, Administrative Guide.)



RESOURCES

- Community health professionals
- Church members who are health professionals
- Mental health programs
- Local hospital: their teaching program and library
- Free medical clinic and their teaching capabilities
- Home health care
- Department for Social Services
- Hospice
- Alcoholics Anonymous
- Health Department
- Area Agency on Aging
- Recreation Department
- Community library
- Church staff
- List of pharmaceutical companies offering free medicine (each company has its own rules but for most, the physician must initiate the application process and there is an income limit for the patient). Call 1-888-477-2669 for patient assistance information.
- Bibliography for family caregivers (call Virginia Department for the Aging for a copy)
- List of nursing homes
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ADDITIONAL WRITTEN RESOURCES

The National Parish Nurse Resource Center:
1775 Dempster Street
Park Ridge, IL 60068-1174 4

Nurses in Churches: A Manual for Developing Parish Nurse Services and Networks; Jan Driepe, RN, MS; The National Parish Nurse Resource Center (same address as above)

Nursing: The Developing Practice, Phyllis Ann Solari-Twadell, RN, BSN, MPA;; Ann Marie Djupe, RNC, BSN, MA; Mary Ann McDermott, RN, MSN, Ed.D.



PARISH NURSE VOLUNTEER POSITION DESCRIPTION

(Sample from Virginia Parish Nurse Education Program; different for various volunteers)

Position Title: Nursing Home Visitor Position Description:

- A person who serves in the healing ministry of the church
- Every 2 weeks makes a 30-minute visit to two church members who reside in a local nursing home
- Respects privacy and confidentiality
- Provides encouragement, phone calls, visits, cards
- Remembers birthdays and special occasions
- Identifies needs and reports these to the Parish Nurse Reports to Parish Nurse or designated supervisor
- Meets with supervisor on an as-needed basis and quarterly

Skills Required:

- Call of God and response to this call
- Confidentiality
- Reading skills of at least fifth grade level
- Safe driving record and/or transportation to visit nursing home
- Attendance at orientation and training sessions

Time Required:

- Visit every two weeks for 30-minutes each
- Time for phone calls and contacts for two church members
- Attend two-hour orientation session
- Attend one-hour quarterly training and evaluation session



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Length of Service:

- One year; may be extended

Training Provided:

- Orientation that includes: Protocol of church; Confidentiality and Communication

Benefits:

- Personal fulfillment; assisting church in missions; returning gifts to God; fellowship



WELLNESS ASSESSMENT

Basic Information

Name:

Phone:

Address:

Directions To Home:

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1. Age: 65-69 70-74 75-79 80 or above
2. Male Female
3. Single Married Divorced Widowed
4. Health: Excellent Good Fair Poor
5. Special Diet? If Yes, Describe.
6. Special treatment such as rehabilitation: Yes No
7. Special medical or nursing care: Yes No
8. Regular exercise: Yes No
9. Health insurance: Yes No Medicare Medicaid Other



Health Status

Please check if you have had any of the following conditions.
Place "C" by any current condition and "P" by any past conditions.

Heart Disease	Diabetes	Lung Disease
Blood Pressure	Cancer	Mental Illness
Arthritis	Depression	Physical Disability

Health Promotion Classes That May Be Given

Please check if you are interested:

1. Aging Process and How to Manage _____
2. Healthy Eating
3. Exercise Suitable for Age
4. Prayer/Meditation
5. Faith and Spirituality's Effect on Physical and Mental Health
6. Helping Your Physician Manage Your Illness
7. Death and Dying



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4. Where you usually live, are there any problems? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Barriers to entering or exiting the home | <input type="checkbox"/> Electrical hazards |
| <input type="checkbox"/> Fire hazards/No smoke alarm | <input type="checkbox"/> Unsafe or poor lighting |
| <input type="checkbox"/> Insufficient heating/air conditioning | <input type="checkbox"/> No hot water or water |
| <input type="checkbox"/> Lack of or poor toilet facilities | <input type="checkbox"/> Structural problems |
| <input type="checkbox"/> Lack of or poor bathing facilities | <input type="checkbox"/> Telephone not accessible |
| <input type="checkbox"/> Unsanitary conditions | <input type="checkbox"/> Unsafe neighborhood |
| <input type="checkbox"/> Clutter, throw rugs, or other hazards for falling | <input type="checkbox"/> Other |

5. Do you get lost in your neighborhood?

6. Do you have problems with the following?

- | | | | |
|-------------------------------|-------------|-----------------------|-------------|
| Bathing | Yes___No___ | Walking | Yes___No___ |
| Stair Climbing | Yes___No___ | Propelling Wheelchair | Yes___No___ |
| Bowel or Bladder Incontinence | Yes___No___ | Dressing | Yes___No___ |
| Toileting | Yes___No___ | Transferring | Yes___No___ |
| Eating | Yes___No___ | | |

7. Do you need referrals to community agencies such as Social Services or an appropriate health agency? Yes___ No___





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8. Do you need other help from the community or your church? Yes___ No___
If yes, what kind?

9. What is your major health concern?

10. What is your most pressing current need requiring assistance?

11. Do you feel your church is of help in your daily life and activities? Yes___ No

Do you have suggestions of how we can be of assistance?

12. Do you have plans for entering a retirement or nursing home? Yes___ No

13. What fears do you face in approaching these concerns?