# Descriptions of Data Elements in Congregation Health Ministry Program Report

This companion guide is to assist you in completing the monthly data reports. This sheet provides you with descriptions for the various data elements on the program report and is meant to help you clarify questions you may have while completing the report. Please feel free to e-mail Lesli Vaughan at <u>vista@wesleyseminary.edu</u> or call her at Wesley Theological Seminary's Heal the Sick program at 202-706-6839 with any questions.

By completing the report, you are helping to show the impact of health ministry on congregational and community health. Consider this to be a regular prayerful exercise in reflecting on how and where your health ministry is meeting needs and where there is a need for more training, resources, etc. Do your best to complete each section and include as much detail as possible so we can achieve a greater understanding of your activities.

Collecting this information is beneficial because it provides an account of activities to your congregational leadership, allows you to understand the scope of your work, and the impact you make on the health of your community, and could justify budgeting for a health ministry.

Completing the Monthly Report can be done two ways: by completing the <u>Word</u> document or <u>Excel</u> <u>spreadsheet</u>.

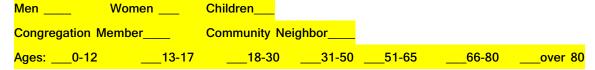
### We prefer the Excel spreadsheet because:

- it prevents error in us transcribing the information
- it is in an electronic format
- it helps you to keep track of your activities over the long term
- it allows you to capture and input multiple activities/events in the form at once

## **Explanation of the Data Elements in the monthly report:**

Health Advocate(s)/ Faith Community Nurse(s): List the names of your health and wellness ministry team members (faith community nurses, health ministers, volunteer visitation leaders, lay health ministers, health advocates, etc.) who are completing the report. If a congregational team has several members, please have each member complete a report. You can try assigning one person the role of compiling all of data from all members and submitting one cumulative report for your congregation.

Numbers of Individual Contacts: Total: \_\_\_\_\_ Total Number of individual interactions and/or contacts your health ministry team members have in the entire calendar month. Each team member completes this and then one person can compile a cumulative report.



These data elements are a subset of the "Numbers of Individual Contacts Total." Complete these so you can get an idea of the various demographics you are serving. Include one answer for each demographic subset.

Presenting Concerns in Indi	<mark>vidual Contacts:</mark>		
Psychosocial/Spiritual	Health-related Behaviors	<u>Physiological</u>	<u>Environmental</u>
spiritual	diet/nutrition	cancer	financesaging
grief / loss	weight loss/gain	diabetes	financesnon-aging
transitions, aging	medications	heart	living arrangements
hospitalization	substance abuse	arthritis	safety
parenting	exercise	respiratory	other
relationships	gen. health/wellness	pain	
other	other	other	

Indicate the number of people you served who experienced each of these presenting concerns. If an individual presents with multiple concerns, all of the concerns can be included in the aggregate data.

# Referrals to: _	Clergy Staff	Health Care Prov	riderCommunity Re	sourcesCong.	Resources
# Referred from:	Clergy Staff	Cong. Member	Health Care Provider	Health Facility	Self

These data elements look at the flow of outgoing and incoming referrals to and from congregations. # Referrals has several data components. When making referrals, health ministry team members may refer someone to a Clergy Staff person (pastor, youth minister, social justice minister, etc.), a Health Care Provider (any medical person in hospital, primary care, clinic, etc.), Community Resources (social service agency, such as Catholic Charities, etc.), or Congregational Resources (congregational programs or activities such as youth ministry, loss and bereavement, care and concern, etc.) When receiving referral, health ministry teams may receive a referral from clergy staff, congregational member, health care provider, health facility, or from yourself.

### Sites of Individual Contacts:

SITE OF SERVICE	<mark>#</mark>	# Referrals	Comments/Results of Contacts
<mark>Home</mark>			
Hospital Hospital			
Nursing Home			
Health Office			
Telephone Telephone			

E-mail		
Other		
TOTAL		

This section covers your interactions with individuals on a one on one basis or when a member of the health ministry team helps a specific individual. This does not include screening events, group activities, etc.

- #: The number of people with whom you had contact, helped, served, etc.
- # Referrals: The number of people you referred to other services, like those listed in the previous section

Comments/Results of Contacts: A description of the interaction with the individual and what you did, the service you provided, the referral you made, the resources you connected them to, etc

HM EVENTS	Event Details
Name of Event	
Brief Description	
Dates/Times of Event	
Place of Event	
Target Audience	
Sponsoring Organizations of Event/Activity	
Event Contact Person's e-mail and phone	
Send flyer with	these details with report, if possible

This section includes information about health minister events you and/or your health ministry are providing or involved in. \*\*\*\* Please complete one of these for EACH event you are holding. \*\*\*\*\*

Name of event: The name of the event helps us understand the audience you are trying to reach.

Brief Description: Describes the event and goal of the event

Dates/Times of Event: One Time Event, A series of events, Be specific

Place of Event: Include whole address with street address, city, state, and zip code

Target Audience: youth, seniors, adults, teens - please list all

Sponsoring Organizations of Event/Activity: Your faith community/groups of congregations, government, nonprofit, etc Event Contact Person's e-mail and phone: Main contact to register and/or answer questions about event

<mark>Type</mark>	# Screened	<mark>Age Range</mark>	<mark># Abnormal</mark>

This section includes screenings you and/or your health ministry provided or coordinated.

Type: The kind of screening (i.e. blood pressure, HIV/AIDs, etc)

# screened: How many people participated

Age range: the approximate age range of participants

# Abnormal: The number of people whose results were outside of the healthy range, tested positive for a disease, etc (if known).

## Group Contacts: Education/Support Groups/Healing Services

Event/Topic	# Participants	Age Range	Comments

This section includes contacts with people in group settings, including support groups and educational programs.

Event/Topic: A description of the event

# Participants: the number of individuals who attended

Age Range: the approximate age range of participants

Comments: Special notes relevant to the event

Activities: _	Bulletin/Newsletter	Bulletin Board	Pamphlet Display	Meetings	_Other
This section	asks you to mark any o	of the above activities yo	u coordinated, lead,	assisted with, and/o	r planned
What I did	for self-care:				

exercise, counseling.
Any additional support/ training needed:
This section asks for what additional support or training you need for your congregation or yourself to meet the needs of the congregation. For example, you are seeing numerous people who need health insurance. You may need help contacting a health navigator to come to your congregation.
Narrative or Stories of Health Ministry Impact (impacting individual or social poverty)
This section asks you to reflect on how God is working in your life and your ministry. Please do not use real names in

these stories so that we may protect the identity of the people served. We are grateful for you sharing these stories.

This section asks for a description of any activities you did for self care, i.e. theological reflection, relaxation techniques,