

UMC Health Ministry Network



Center for Health

In collaboration with

United Methodist Committee on Relief

Sample Health Needs Assessments

Why Conduct a Congregational Needs Assessment?

To better address your congregation's health ministry needs; first explore your members' perspectives on health. The goal is to help with their issues—not your perception of their issues—so be sure to ask them. The success of any health ministry depends on having a realistic view of the congregation's needs and their willingness to participate in activities/services.

What is the Purpose of an Assessment?

- Discover the demographics and interests of your members
- Identify those existing programs that deal with whole person health
- Specify what outreach programs impact the health of the neighborhood or community
- Examine the congregation's mission as it relates to health concerns and the community
- Explore the current health-related needs, interests and concerns of the members

Information to Gather Before the Survey Distribution

- Determine the size of your congregation (average weekly attendance, membership)
- Categorize the attendees (singles, families, children, different age groups)
- Describe both your community and congregation (rural, urban, inner city, commuter community, ages, professionals, blue collars, other). Community characteristics and needs can be obtained from the local health department's community assessment
- Identify the ethnicities in your community and congregation
- Identify ministries/services your church already offers that relate to health and healthy lifestyle (meals, shut-in/hospital visitation, prayer chains, prayer shawl ministry, support groups, health fairs, hand sanitizer available, blood pressure screening, other)
- Review/update the church's mission statement and its connection to health issues/lifestyle
- List anticipated health-related needs, then compare to results of Needs Assessment Survey
- List recipients of health ministry services to be developed—members, the community, both

Guidelines for Using a Needs Assessment Tool

- Keep it simple—use check boxes and short, open-ended questions
- Limit the length to one page, if possible
- Distribute the Needs Assessment Tool at all services, Sunday school classes and group/committee meetings for a two-week period
- Ask that the survey be completed and returned prior to the close of the event/class
- Deliver the survey to shut-ins
- Provide an Internet version of the survey for computer/technologically-minded audiences (one example is www.surveymonkey.com)
- Promote the survey—announce from the pulpit and in newsletters, bulletins and website
- Include all age groups
- Make it user-friendly and easy-to-read (common terms) with specific questions

The following are samples of tools that can help determine your membership's health needs and interests.

The UMC Health Ministry Network is providing information in this publication as an educational service to illustrate some practices that may have positive impact on well-being. The Network's sharing of this general information should not be construed as, does not constitute, and should not be relied upon as medical advice nor legal, counseling, accounting, tax, or other professional advice or services on any specific matter.

Health Assessment Profile (#1)

Congregation Name _____ **Congregation Leadership:**
Address _____ **Pastor** _____
 _____ **Others** _____
Telephone _____ **Fax** _____

Congregational Health Needs: Please check (x) those areas you identify as needs within the congregation community:

Home-bound Care (Sacramental)

- ☐ Prayer
☐ Eucharistic ministry
☐ Pastoral visit
☐ Other _____

Youth Wellness Programs

☐

Hospital Visitation Program

☐

Nursing Home Visitation Program

☐

Home-bound Care (Daily Living)

- ☐ Transportation
☐ Respite care (temporary rest for care givers)
☐ Telephone (visit) call
☐ In-person, friendly visit
☐ Shopping and simple household chores
☐ Yard work
☐ Other _____

I would like my congregation community to provide the following:

Screenings

Yes No

- Blood pressure ☐ ☐
 Cholesterol ☐ ☐
 Diabetes ☐ ☐
 Vision ☐ ☐
 Hearing ☐ ☐
 Parenting ☐ ☐
 Parkinson's ☐ ☐
 Other suggestions _____

Support Groups

Yes No

- Grief and loss ☐ ☐
 Care-givers ☐ ☐
 Alzheimer's ☐ ☐
 Weight control ☐ ☐
 Elderly concerns ☐ ☐
 Alcohol/drugs ☐ ☐
 Other (specify) _____

Health Education

Yes No

- Heart disease ☐ ☐
 Blood pressure control ☐ ☐
 AIDS ☐ ☐
 Stress ☐ ☐
 Nutrition ☐ ☐
 Body/mind program ☐ ☐
 Prescription and over-the-counter meds ☐ ☐
 Senior housing and nursing homes ☐ ☐

Yes No

- Aging issues ☐ ☐
 Medicare/Medicaid ☐ ☐
 Advanced directives, health care agents ☐ ☐
 Loneliness and depression ☐ ☐
 Health issues for women ☐ ☐
 Health issues for men ☐ ☐
 Other suggestions _____

Adapted from Wesley Theological Seminary, Heal the Sick Program (2015). Adapted with permission.

Congregation Health Assessment Profile (#2)

This survey has been developed to assess the health needs of the congregation in order to determine how we may best begin to meet their needs. Your input is very important in shaping the direction of this congregational health and wellness program. Please take a few minutes to complete this form.

Demographics:

Age: Under 20 ____ 21-29 ____ 30-39 ____ 40-49 ____ 50-59 ____ 60-69 ____ 70-79 ____ 80+ ____

Gender: Male ____ Female ____

Marital Status: Single ____ Married ____ Divorced/Separated ____ Widowed ____

Children: Yes ____ No ____ If yes, how many? ____

Ages of children still at home: _____

Health Needs and Services: Please check (x) those areas which you find most helpful for the congregational community:

- ☐ Eucharistic ministry
- ☐ Friendly visitors
- ☐ Transportation to hospitals, doctors, etc.
- ☐ Respite care (temporary rest for care givers)
- ☐ Health screening (blood pressure
Cholesterol, diabetes, etc.)
- ☐ Telephone health network
- ☐ Shopping and simple household chores
- ☐ Expectant and new mother
- ☐ Referral information (doctors, nursing homes, etc.)
- ☐ Other _____

Support Groups:

- ☐ Bereavement
- ☐ Parenting
- ☐ Alzheimer's
- ☐ Other _____
- ☐ Weight control
- ☐ Addictions (substance and others)
- ☐ Other _____

Health Education: Please check (x) the educational programs which you would be most interested in attending:

- ☐ Aging issues
- ☐ Medicare/Medicaid
- ☐ Advanced directives, health care proxy
- ☐ Loneliness and depression
- ☐ Health and spirituality
- ☐ Blood pressure control
- ☐ AIDS
- ☐ Stress
- ☐ Nutrition
- ☐ Body/mind program
- ☐ Prescription and over-the-counter meds
- ☐ Senior housing and nursing homes
- ☐ Aging parents
- ☐ Health issues for women and/or men
- ☐ Environmental issues
- ☐ Other _____

Are there other areas of health (caring for mind, body and spirit) that could be included?

If you can consider—even if only occasionally—giving of your time and talent to our health ministry, please complete the following:

Name _____

Address _____

Telephone _____

Thank you for your cooperation—

Congregational Health Ministry Team.

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Health Assessment Profile #3

Maintaining good health has as much to do with issues of lifestyle, work satisfaction, social environment, relationships and spirituality as it does with our physical condition. As God invites us to **wholeness**, to **Choose Life** and live it to its fullness, health and faith are closely related.

Congregation Name: _____

Address: _____

Telephone: _____

Fax: _____

Congregation Leadership:

Pastor _____

Staff _____

Staff _____

Staff _____

Number of Congregants: Total _____ Active _____

1. Does your congregation have an active Congregation Council? ☐ Yes ☐ No

Would you see the role of the Congregational Council helpful to the Congregation-Based Health and Wellness Program? ☐ Yes ☐ No

2. What activities, groups or ministries in your congregation would you identify as health related (e.g., bereavement ministry, visits to nursing homes, support groups, exercise classes)? Please identify.

3. Do you have a Congregational School? ☐ Yes ☐ No If yes, number of students _____

4. Does someone in your congregation have coverage responsibility for a hospital? ☐ Yes ☐ No

A nursing home? ☐ Yes ☐ No

5. Please list health or social agencies within the local area that service your congregants?

Nursing homes _____

Hospitals _____

Health clinics _____

Social agencies _____

Other _____

6. Age distribution of congregants (% estimate):

_____%children ____% young adults ____% adults ____%seniors

7. What would you estimate to be the number of home-bound (elderly and/or sick) in the congregation? _____

Are you presently able to minister to them on a regular basis? ☐ Yes ☐ No

8. Is there another population within the congregation whom you would identify as needing special attention as it relates to issues of healing or wellness? If so, please identify:

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9. Does your congregation have a core group of lay Eucharistic ministers? ☐ Yes ☐ No
Do they take Eucharist to the sick and home-bound? ☐ Yes ☐ No

10. Ethnic/Racial Background (% estimate)

____ % African-American
____ % Asian
____ % Hispanic
____ % White
____ % Others _____

Education (% estimate)

____ % some high school or less
____ % high school graduate
____ % college graduate
____ % post graduate or professional degree

11. Are many in the congregation on public assistance? ☐ Yes ☐ No

12. Special Congregational Health Needs

(1 = little need- 5 = strong need) Circle (O) one in each area:

- | | | | | | |
|-------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| • Home-bound care (sacramental/prayer) | 1 | 2 | 3 | 4 | 5 |
| • Home-bound care (daily living)
(e.g., transportation, meals, home-making, referrals) | 1 | 2 | 3 | 4 | 5 |
| • Respite care (relief for care-givers) | 1 | 2 | 3 | 4 | 5 |
| • Support groups
(e.g., chemical addiction, divorce, teen pregnancy) Identity _____ | 1 | 2 | 3 | 4 | 5 |
| • Wellness program
(e.g., parenting, exercise, prayer, stress management, health screenings)
Identify _____ | 1 | 2 | 3 | 4 | 5 |
| • Social justice issues
(e.g., hunger, homelessness, aging, racism, poverty, sexism)
Identify _____ | 1 | 2 | 3 | 4 | 5 |
| • Other needs:
Identify _____ | | | | | |

Congregational Assets

I am interested in becoming involved in the Health Ministry Program in some way.

Name _____ Phone _____

E-mail address _____

Best time to contact you _____ (day of the week and time)

Interest areas:

____ Health technologists	____ Social Services	____ Newsletter/communications
____ Computers/databases	____ Drivers	____ Organizing health activities/events
____ Secretarial	____ Education	____ Professional (RN, SW, MD, etc.)
____ Mental health	Other _____	

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