

## 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](http://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 \_\_\_\_\_

**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 \_\_\_\_\_

- Youth Wellness Programs**
- Hospital Visitation Program**
- Nursing Home Visitation Program**

**I would like my congregation community to provide the following:**

<u>Screenings</u>	Yes	No	<u>Support Groups</u>	Yes	No
Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Grief and loss	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	Care-givers	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Alzheimer's	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>	Weight control	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Elderly concerns	<input type="checkbox"/>	<input type="checkbox"/>
Parenting	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol/drugs	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____		
Other suggestions _____					

<u>Health Education</u>	Yes	No	<u>Support Groups</u>	Yes	No
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Aging issues	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure control	<input type="checkbox"/>	<input type="checkbox"/>	Medicare/Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
AIDS	<input type="checkbox"/>	<input type="checkbox"/>	Advanced directives, health care agents	<input type="checkbox"/>	<input type="checkbox"/>
Stress	<input type="checkbox"/>	<input type="checkbox"/>	Loneliness and depression	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	Health issues for women	<input type="checkbox"/>	<input type="checkbox"/>
Body/mind program	<input type="checkbox"/>	<input type="checkbox"/>	Health issues for men	<input type="checkbox"/>	<input type="checkbox"/>
Prescription and over- the-counter meds	<input type="checkbox"/>	<input type="checkbox"/>	Other suggestions _____		
Senior housing and nursing homes	<input type="checkbox"/>	<input type="checkbox"/>			

*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) 1 2 3 4 5  
 (e.g., transportation, meals, home-making, referrals)
- Respite care (relief for care-givers) 1 2 3 4 5
- Support groups 1 2 3 4 5  
 (e.g., chemical addiction, divorce, teen pregnancy) Identify \_\_\_\_\_
- Wellness program 1 2 3 4 5  
 (e.g., parenting, exercise, prayer, stress management, health screenings)  
 Identify \_\_\_\_\_
- Social justice issues 1 2 3 4 5  
 (e.g., hunger, homelessness, aging, racism, poverty, sexism)  
 Identify \_\_\_\_\_
- Other needs:  
 Identify \_\_\_\_\_

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**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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