

UNITED METHODIST HEALTH MINISTRY FUND  
Healthy Congregations Covenant Overview  
October 1, 2008

The mission of the Health Fund is: ***Healthy Kansans through cooperative and strategic philanthropy guided by Christian principles.*** A key strategy to accomplish that mission has been to stimulate and support intentional health ministry in the nearly 700 Kansas Area United Methodist Congregations. The Health Fund has encouraged holistic health efforts that integrate physical, mental/emotional, social health and spiritual health.

For 12 years, the United Methodist Health Ministry Fund has sponsored various programs designed to support the implementation or expansion of health ministry efforts across the state of Kansas. Our work has centered on three main programs: Healthy Congregations Grants, Healthy Congregations Retreat, and Healthy Congregations Recognition reporting. In addition, the Health Fund sponsored the recently completed Healthy Congregations in Action (HCIA) pilot program for 27 churches. All of which have helped enhance the relationship of the Health Fund with the Kansas East and Kansas West Annual Conferences.

#### RESEARCH & CONCLUSIONS

The Health Fund received nearly 200 on-line surveys from United Methodists across the state. In addition, meetings were held with several focus groups to discuss in greater depth the work of the Health Fund and how we might better engage United Methodist churches in health ministry. Those results and other information were discussed at a Healthy Congregations Review meeting, facilitated by Rev. Dr. Gary Gunderson, Director Interfaith Health Program, Methodist Le Bonheur Healthcare -Emory University.

- According to Gunderson, “The strongest link to health is connection to a congregation.” He added that our efforts are best focused on leadership, the churches currently engaged in health ministry and the “leading causes of life.”
- Feedback from the surveys and focus groups indicated that there is general satisfaction with the current Healthy Congregations programs.
- Preliminary data were presented from the HCIA pilot project indicating that capacity building can have a positive impact on health ministry in a church setting. Some key factors included building a cohesive team, providing specific training & resources and having a centralized point of contact for support of local church ministries.

Health Fund Staff is proposing a plan to foster the growth of intentional health ministries in Kansas Area United Methodist Churches. The plan included the following considerations:

- Support the mission of the Health Fund by encouraging holistic health
- Recognize the inherent strengths of United Methodist congregations
- Engage the KS Area Health & Wellness Committee network to implement programs
- Incorporate lessons learned from the HCIA pilot project
- Allow churches to enter programs when they're ready
- Build a database of churches active in health ministry
- Position the Health Fund as an information resource for health ministries
- Streamline administrative responsibilities for churches as well as the Health Fund
- Enhance the Health Fund's relationship with Kansas Area United Methodist churches

## RECOMMENDATIONS

### Program Design and Measurement

Program Goal:

Enhanced well-being of members of Kansas Area United Methodist Churches.

Outcomes:

Kansas Area United Methodist Churches engage in intentional health ministry programs focused on improving the spiritual, physical, mental/emotional and social health of their congregations and communities.

Outputs:

Kansas Area United Methodist Churches enter into a Healthy Congregations Covenant with the Health Fund and participate in the Healthy Congregations program.

Indicators:

- 1) Number of churches that enter into a Healthy Congregations Covenant.
- 2) That 90% of churches will earn certification through the capacity building curriculum.
- 3) That 80% of churches will maintain a Healthy Congregations Covenant for 3 years.

### Program

The Health Ministry program would be built around a **Healthy Congregations Covenant** between the Health Fund and the respective congregation represented by the pastor & health ministry coordinator. This Covenant would outline the expectations and responsibilities for the church as well as the Health Fund.

The **Healthy Congregations Report** would be dramatically simplified and would focus on the most effective 3-5 health ministry activities of the local congregation. Emphasis would be on identifying new and innovative activities in addition to recording the number and types of existing health ministry activities. The HC Report deadline would be moved to March 1 of each year. The current cash awards program would be discontinued.

A **two-level grant program** would be implemented creating an incentive for churches to complete the capacity building training modules.

- Churches that were just starting out or were not ready to fully implement a health ministry program would receive a \$100 grant for completing their on-line report. No further reporting would be required.
- Churches that agreed to complete the capacity building modules (Core Courses) and included an activity plan with their Healthy Congregations Report would receive a \$1000 program support grant. Once churches have completed the Core Courses, they would qualify every year after that by submitting a health ministry activity plan with their Report. The 27 HCIA churches have already completed the Core Courses and would immediately qualify for the annual \$1000 grants.
  - These churches would have access to Health Fund developed marketing/communication materials.
  - It is expected each year that certified churches will submit both a Healthy Congregations Report for the prior year activities and a Healthy Congregations Plan for the upcoming year. Typically, the activities on the Healthy Congregations Plan would become the activities on the following year's Healthy Congregations Report.

The **Healthy Congregations Retreat** would remain virtually unchanged, although it would always include some of the Core Courses that were part of the HCIA project. It would be open to any United Methodist interested in health ministry at no cost for room and board.

The Healthy Congregations Retreat and regional training sessions would also include a variety of program specific "Elective Courses." These courses would focus on activities/events that could be implemented at individual churches. Some examples would include walking programs, care for the frail elderly, and healthy cooking.

The completion of the Core Courses as well as a number of Elective Courses would result in the presentation of a **Certificate in Health Ministry** for the congregation.

The current mini-grant program would be eliminated as the funds awarded through the Report program would cover the vast majority of the typical Healthy Congregations Grant requests. Churches would be eligible to submit grant requests that fell within other Health Fund Strategic Plan focus areas.

The Health Fund would provide a **central point of contact** to administer the program, answer questions, review annual plans and coordinate the **regional training sessions**. In addition, the Health Fund would provide an **on-line resource library** that would include recommended programs and practices, referrals, references, user forums and other electronic tools.

### Implementation

Once approved by the Trustees, the Healthy Congregations program would be introduced to clergy through District Superintendent meetings, direct mail, conference communications and Health Fund communications.

Regional training sessions would be scheduled around the state that included capacity building modules as well as other health related topics. Additional training sessions would be available via DVD, webcast, or other electronic means.

Each annual Healthy Congregations Report would require a re-affirmation of the covenant with the church for the coming year. The covenant could be revised annually to add or modify the program specifics. The Report would have a few questions regarding operation of the church under the covenant. Churches that complete certification will be required in subsequent years to indicate how submitted plans demonstrate growth and development of health ministry.

The Self-Care workshop would be available for clergy, spouses, church lay employees and their spouses. It would be encouraged and promoted through the communication materials and training sessions but would not be an element of the covenant relationship. Failure to fulfill the covenant in material ways would result in consultation with the church before another covenant was accepted.

### Recognition

Churches that have completed a Healthy Congregations Covenant would be recognized at Kansas East/West Annual Conference, in our Annual Report and in the Health Fundamentals electronic newsletter. Churches that complete the Core Courses and a number of Elective Courses would receive a "Certificate in Health Ministry."

## HEALTHY CONGREGATIONS COVENANT

### UNITED METHODIST HEALTH MINISTRY FUND

#### Healthy Congregations Covenant

Church \_\_\_\_\_

Pastor \_\_\_\_\_

Coordinator \_\_\_\_\_

#### INTRODUCTION

We are constantly presented with choices that either enhance or detract from our overall health and well-being. When we are physically, emotionally, socially and spiritually healthy, we become more of what God intended us to be and we are more available to do the work to which God has called each of us in ministry.

The keys for successful health ministry include - identifying a lay member with a passion for health ministry, securing the support and enthusiasm of the pastor and building a diverse health ministry team. The Health Fund has developed programs that can support building health & wellness ministries in Kansas Area United Methodist congregations. In addition, there are resources and training opportunities available to support congregational health ministry programs.

#### COVENANT

As Pastor I agree to:

1. Support health ministry programs in worship, in meetings and in person when ever possible.
2. Strive to become a health ministry role model in all four dimensions of health.
3. Encourage consideration of a health ministry line item in the church budget.
4. Provide direction and support for a health ministry committee.
5. Ensure oversight of health ministry funds.

As Health Ministry Coordinator I agree to:

1. Serve as health ministry contact for Annual Conference communication and reporting.
2. Strive to become a health ministry role model in all four dimensions of health.
3. Submit an annual health ministry line item budget for consideration by our congregation.
4. Be responsible for use and tracking of health ministry funds.
5. Recruit members to form a health ministry committee and agree to serve as Chair for the committee.
6. Complete online Healthy Congregations Report.
7. Attend Healthy Congregations Retreat or a regional training session at least once per year and encourage attendance of other health ministry committee members.

The United Methodist Health Ministry Fund agrees to:

1. Host an annual Healthy Congregations Retreat to be available at no cost for registration, lodging or meals.
2. Provide financial support for at least 4 regional Healthy Congregations training sessions to be conducted via a combination of geographically convenient locations, DVD, video conference, teleconference, webcast or other electronic means.
3. Provide annual Healthy Congregations grants of \$100 for each year that the online Healthy Congregations Report is completed\*\*.
4. Award initial Healthy Congregations grants of \$1,000 to churches that agree to complete an annual Healthy Congregations Report, complete the health ministry curriculum\* and file an annual plan for health ministry activities\*\*.
5. Award annual \$1,000 Healthy Congregations grants for those churches that have earned the health ministry certification, continue to complete a Healthy Congregations Report and submit an annual plan for health ministry activities\*\*.
6. Maintain Healthy Congregations Resources website content and communication materials that support health ministry efforts including, but not limited to:
  - a. User forums
  - b. Resource Library
  - c. Best standards and practices
  - d. Forms and documents
  - e. Health & Wellness blog
  - f. Print communication materials
7. Develop and/or provide other health ministry materials that are appropriate for use by congregations.
8. Provide financial support for presentation of the Self-Care Workshop to church clergy, clergy spouses, laity, and laity spouses.

We agree to participate at: Level 1 \_\_\_\_ Level 2 \_\_\_\_

Pastor Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrative Council \_\_\_\_\_ Date \_\_\_\_\_

Health Fund Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes:

\*The 27 churches that completed the Healthy Congregations in Action pilot program have already completed the capacity building courses and are eligible for the ongoing annual Healthy Congregations grants.

\*\*An individual congregation will qualify for only one grant per year of those described in 3, 4 or 5 above.

## HEALTHY CONGREGATIONS COVENANT TRANSITION PLAN

### Healthy Congregations Grants

- Discontinued after December 31, 2008

### Healthy Congregations Covenant

- Not required for 2008 HC Report \$100 award.
- Required for all cash awards for 2009 HC Report and beyond.
- Churches that enter into an HC Covenant and agree to complete the Core Course training will receive \$1000 to complete the training. Churches will have 24 months to complete the training and will only receive \$100 for their HC Reports until they complete the Core Course training and complete an annual plan.

### Healthy Congregations Report

#### For 2008 HC Report:

- The new reporting format will be available November 1, 2008.
- All churches would use the new reporting format.
- All churches completing the report would receive \$100.
- HCIA churches will be issued Health Ministry Certificates by January 1, 2009 and would receive \$1000 upon completion of a HC Plan for 2009. Their initial plan must be received by March 1, 2009 to qualify for 2009 funds.

#### For 2009 HC Report:

- All churches must complete a HC Covenant to participate in the HC Report.
- Churches will be asked annually to reaffirm their HC Covenant.
- All churches completing the report would receive \$100.
- All churches that have completed the Core Courses and issued Health Ministry Certificates would receive \$1000 upon completion of a HC Plan for 2010.

### Healthy Congregations Plan

- For 2009 activities, HC Plan must be submitted by March 1, 2009.
- Ongoing, it is expected that the HC Plan will be submitted by March 1 of each year, and that those activities will most likely be included on the following year's HC Report.
- Each church will receive a unique ID and Password so that they may update and revise their respective plans throughout the year.
- Churches will be able to electronically transfer information from the HC Plan activities to the following year's HC Report.

### Marketing and Communications Plan

The marketing and communications efforts are designed to specifically engage churches with active health ministry programs as well as inform and attract those churches that are considering the development of a health ministry program.

- Present the program recommendations to the Kansas Area Extended Cabinet

- Develop a direct mail promotional brochure outlining the program
- Present the program at District Superintendant meetings
- Conduct several webcast presentations at various times and days
  - Make available hard copies of the presentation for churches that can only participate via conference call due to limited high speed internet access.
- Record the presentation and make available on Health Fund website
- Submit an article to the Kansas Area Communications publications
- Continue to promote through *Health Fundamentals* and other Health Fund communications