



The *Washington, D.C. Regional Planning Commission on Health and HIV (COHAH)* will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.

RESEARCH & EVALUATION COMMITTEE (REC) MEETING AGENDA

TUESDAY DECEMBER 12, 2023 – 3:00PM TO 4:00PM

ONLINE MEETING

VIA ZOOM

Note: all times are approximate

3:05 pm	<ol style="list-style-type: none"> 1. Call To Order and Moment of Silence 2. Welcome and Introductions
3:10 pm	<ol style="list-style-type: none"> 3. Review & Adopt the Agenda for December 12, 2023 4. Review & Approval of the Minutes from October 17, 2023
3:15 pm	<ol style="list-style-type: none"> 5. Faith-based Needs Assessment Discussion
3:45 pm	<ol style="list-style-type: none"> 6. Other Business 7. Future Agenda Items
4:00 pm	<ol style="list-style-type: none"> 8. Announcements and Adjournment
<p><u>NEXT RESEARCH & EVALUATION COMMITTEE (REC) MEETING:</u></p>	<p>TUESDAY JANUARY 16, 2024 3:00PM TO 5:00PM ZOOM ONLINE MEETING</p>

RESEARCH & EVALUATION COMMITTEE (REC) MEETING MINUTES

TUESDAY, OCTOBER 17, 2023 - 3:00PM
ZOOM CONFERENCE AND VIDEO CALL
 ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	COMMITTEE MEMBERS	PRESENT	ABSENT
Clark, Lamont (Govt. Co-Chair)	X				
Corbett, Wallace		X			
Dean, Traci		X			
Fogal, Doug		X			
Hickson, DeMarc		X			
McLain, Lenora	X				
Mekonnen, Betelhem		X			
Rakhmanina, Natella	X		COMMUNITY PARTNERS/ GUESTS	PRESENT	ABSENT
Yocum, Ashley	X		Wu, Wei	X	
			Jones, Tiana	X	
			Lewis, Jason	X	
			CONSULTANTS	PRESENT	ABSENT
			Dwyer, Greg	X	
RYAN WHITE RECIPIENT STAFF			COMMISSION SUPPORT STAFF	PRESENT	ABSENT
Orban, Julie	X		Bailey, Patrice	X	
			Johnson, Alan	X	
HAHSTA STAFF	PRESENT	ABSENT			

HIGHLIGHTS

NOTE: This is a draft of the October 17, 2023, Research and Evaluation Committee (REC) Meeting minutes. The final version will be approved at the November 7, 2023, meeting and made available thereafter.

AGENDA

ITEM	DISCUSSION
Call to Order	Meeting called to order at 3:05 pm by Lamont C. followed by a moment of silence. Attendees introduced themselves.



Review and Approval of the Agenda	Lamont assumed the motion to adopt the meeting agenda for the October 17, 2023, REC meeting. There were no corrections/additions to the agenda. The agenda was adopted as presented.
Review and Approval of the Minutes	Lamont assumed the motion to approve the meeting minutes for September 19, 2023, with no corrections.
Looking forward to GY34	<p>Lamont indicated that the REC would continue working on needs assessments but on a smaller scale for other committees. There was discussion about best practices in the development and implementation of surveys for effectiveness and efficiency.</p> <p>Some of the noted challenges/observations were:</p> <ul style="list-style-type: none"> • Some of the question responses with no bandwidth options were difficult to analyze (ex. greater than 1 year as opposed to 1-6 months or 6-9 months). • There was confusion with skip logic when transferring paper surveys into Redcap. • The surveys were too long. There were challenges with getting people to complete them. • Lots of training and support was needed when using interns. <p>Some suggestions/recommendations were:</p> <ul style="list-style-type: none"> • Use Qualtrics for future surveys which also has a feature to score the survey for length, recommendations to adjust questions, etc.). • Expand methods of distribution (ex. host consumer summit; build in time to conduct the survey, make phone calls depending on the audience, send reminders with embedded links and information about incentives, etc.). • Make surveys more user friendly, shorter, and more relevant to people. • Formulate a jurisdictional collaboration for a standardized survey although each jurisdiction still must submit their own report. • Reach out more to prevention organizations for status neutral data.
Other Business	Julie O. is interested in collaborating with Ashley Y. on the Aging with HIV as a target population. Julie is also working with GW on expanding the Ryan White Provider Network.
ANNOUNCEMENTS/ OTHER DISCUSSION	Lamont noted the importance of attending and being on time at the October 26, 2023, General Body Meeting for the swearing-in and re-appointments of commissioners. There will also be presentations on the Needs Assessment, Prevention, and Fair Housing during that meeting.
HANDOUTS	
<ul style="list-style-type: none"> • September 19, 2023, Research and Evaluation Committee Meeting Minutes • October 17, 2023, Research and Evaluation Committee Meeting Agenda 	

The Washington, D.C. Regional Planning Commission on Health and HIV (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.

MEETING ADJOURNED	4:07 PM	NEXT MEETING	TUESDAY, NOVEMBER 7, 2023 3:00pm to 5:00pm ZOOM CONFERENCE AND VIDEO CALL
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Health Ministry

BODY

MIND



SPIRIT

SOUL

Health Ministry Needs Assessment

Fall 2016

1 / 1



100%

Dear Faith-Leader or Designee;

Thank you for your participation in our Congregational Needs Assessment. This survey is designed to help assess the needs of the faith-based community and help Allegany County's new Health Ministries Network start to connect programs and resources to those who could benefit from them.

As the Network's convening organization, Ardent Solutions is familiar with resources in our community and is able to respond to the needs and concerns that most affect our populations. Connecting with faith-based leaders across Allegany County and our neighboring communities in Cattaraugus and Steuben Counties, we hope to support you in your work through the Health Ministries Network.

Ardent recognizes the positive link between faith-based groups and our community and wants to build on the strengths of both. With a focus on disease prevention, wellness, and health promotion our hope is to encourage beneficial partnerships, strengthen relationships and aid the community in healing the body, mind, and spirit.

Please take a few moments to help us understand what your needs might be. This survey should take no more than 10 minutes of your time. Thank you!

1. Thinking about those in your congregation, please indicate the top five (5) health priorities that are a concern or problem for the people that you serve.

- | | |
|---|--|
| <input type="checkbox"/> Alzheimer's/Dementia | <input type="checkbox"/> Poor flexibility/Strength |
| <input type="checkbox"/> Arthritis/rheumatic Disease | <input type="checkbox"/> Chronic illness/disability |
| <input type="checkbox"/> Breathing/Lung Disease (e.g., asthma, emphysema, bronchitis) | <input type="checkbox"/> Unhealthy lifestyle and/or habits |
| <input type="checkbox"/> Cancer or Cancer Survivor | <input type="checkbox"/> Fear of falling or history of falling in the past |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Alcohol Abuse |
| <input type="checkbox"/> Depression/Anxiety Disorders | <input type="checkbox"/> High Stress |
| | <input type="checkbox"/> Tobacco Use |

- | | |
|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Unhealthy Diet and Nutrition |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Substance Use/Abuse |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Dental Health |
| <input type="checkbox"/> Hypertension (high blood pressure) | <input type="checkbox"/> Communicable Disease |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Prenatal Care |
| <input type="checkbox"/> Osteoporosis (low bone density) | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Pre-Diabetes | |
| <input type="checkbox"/> Stroke | |
| <input type="checkbox"/> Other Health Condition: | |

2. Thinking about your congregation, please prioritize the top five (5) concerns or barriers that individuals and families face in relation to their personal health and wellness.

- | | |
|---|--|
| <input type="checkbox"/> Cost of Medical Care (High Deductibles, Premiums, Co-Pays) | <input type="checkbox"/> Lack Transportation |
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Lack of Child Care Services |

	Bible Study Class	Sunday School	Vacation Bible School	Sermons or Worship Service	Church Newsletter/Bulletin	Youth Club	Outreach and Recreational Events
Social / Recreational Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Care Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Within your ministry, would there be interest in learning more and taking some active steps to improve health at the following levels? Please check all that apply.

	Very interested	Somewhat interested	Not interested
Individual Health Issues (one-on-one or small group programs based on a specific health issue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Health issues (services for families to be safe, healthier and stronger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very interested	Somewhat interested	Not interested
Congregational/Ministry Health (general services that can positively impact all members of the congregation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What are health related activities that you feel would benefit your congregation? Would there be interest in any of these activities?

	Interested Now	Interested for the Future	Currently have Program within Ministry	Would Like Further Information
Physical Activity Program(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking Cessation Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management Workshop(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Diabetes Prevention Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addiction Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Interested Now	Interested for the Future	Currently have Program within Ministry	Would Like Further Information
Health Information Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventative Health Screening Services (Blood Pressure, Diabetes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Wellness Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid/CPR/AED Certification Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to Food Program(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Disease Self-Management Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Pain Self- Management Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Self- Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Program	Interested Now	Interested for the Future	Currently have Program within Ministry	Would Like Further Information
Walk with Ease Arthritis Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Matter of Balance: Managing Concerns About Falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growing Stronger Strength Training Program for Older Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SafeTalk Suicide Awareness Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat Healthy, Be Active Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Passenger Safety Seat Event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CarFit Educational Event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letting Go! Older Adult Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Interested Now	Interested for the Future	Currently have Program within Ministry	Would Like Further Information
Program				
Powerful Tools for Caregivers Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>			

6. If you indicated that you currently have a health related activity within your ministry, would you please indicate what that is and provide a brief overview of what it entails?

7. Are there health related supports that you feel would benefit your congregation?

	Interested now	Interested for the future	Currently have program	Interested in Learning More
Alcohol / Substance Abuse Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Group	Interested now	Interested for the future	Currently have program	Interested in Learning More
Support for Persons with Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Education Services (one-on-one, small group, or large group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy Counseling and Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression / Anxiety Support Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family/Individual Trauma Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interested in Learning

Interested now

Interested for the future

Currently have program

More

Adult Literacy/GED
Services

Alzheimer's and
Dementia Support

End-of-Life Decision
Making Supports

Early Childhood
Development
Support

Child Passenger
Safety Seat
Distribution
Program

"Cribs for Kids" Safe
Sleep Environment
Distribution
Program

Nutrition
Counseling

Healthy Food
Distribution

Program	Interested now	Interested for the future	Currently have program	Interested in Learning More
Suicide Prevention and Suicide Loss Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance Facilitated Enrollment Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>			

8. If you indicated that you currently have a health related support(s) within your ministry, would you please indicate what that is and provide a brief overview of what it entails?

9. Do you have any additional areas of concern or interest? (Please explain)

10. Please indicate the population(s) you primarily work with (please check all that apply):

	Never	Occasionally	Frequently	Most of the time
Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Older Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

11. What time(s) work well for activities / programs (please check all that apply):

	Morning	Afternoon	Evening
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

12. Is there a preferred time of year for programs?

- Spring
- Summer
- Fall
- Winter
- No preference

13. Please indicate your church's availability to host health ministry related functions and events.

- Yes, for my congregation members only.
- Yes, welcoming community members at-large.
- Yes, with church Board of Directors approval.
- Not at this time.

Other (please specify)

14. Please indicate educational topics and training that would benefit local faith-leaders in their roles and responsibilities.

- Applied Suicide Intervention Skills Training (ASIST)
- Sharing Your Wishes End-of-Life Decision Making Training
- Quarterly Informational Forums Highlighting Local Resources
- Alzheimer's and Dementia Training
- Stress Reduction for the Faith Leader
- CPR/AED/Basic First Aid


- Trauma Informed Care Training
- Newborn Care for Nursery Workers
- Child Abuse Mandated Reporting Training
- Child Sexual Abuse Prevention Training
- Other (please specify)

15. Please indicate your level of interest in participating in the Allegany County Health Ministries Network.

- I would like to become an active member and attend bi-monthly meetings.
- I would like to receive correspondence about upcoming training opportunities.
- I would like to receiving correspondence about upcoming program opportunities that may benefit members of my congregation.

Other (please specify)

* 16. Faith-Leader Contact Information (Required)

Name *	<input type="text"/>
Faith-Based Ministry *	<input type="text"/>
Address *	<input type="text"/>
Mailing Address (if different)	<input type="text"/> 
City/Town *	<input type="text"/>
State/Province *	<input type="text"/>
ZIP/Postal Code *	<input type="text"/>
Email Address *	<input type="text"/>
Phone Number *	<input type="text"/>

17. Health Ministries Network Designee Information (a member of the congregation assigned to work with the Health Ministries Network if Faith-Leader so chooses)

Name	<input type="text"/>
------	----------------------

Faith-Based Ministry

Address



Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

Submit

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See how easy it is to create a survey.

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Mid-South Congregational Health Needs Assessment, Planning, and Follow-up

Tools and Protocols

Suggested citation for use in full or in development of similar products:

Developed through a partnership between: Methodist Le Bonheur Healthcare, Congregational Health Network; Church Health, Faith Community Engagement; National Faith-Based Mobilization Network; YOUR Center; University of Memphis School of Public Health; Johns Hopkins Bloomberg School of Public Health (PI: Dr. Brook Harmon, bharmon1@memphis.edu or harmonbe1@appstate.edu; Project Contact: Dr. Jonathan Lewis, jonathan.lewis@mlh.org)

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Overview

The Mid-South Congregational Health Survey, Congregational Health Plan, Yearly Follow-up Survey, and protocols for implementation were developed through a collaboration of community, healthcare, and academic partners. These partners include: Methodist Le Bonheur Healthcare, Congregational Health Network; Church Health, Faith Community Engagement; National Faith-Based Mobilization Network; YOUR Center; University of Memphis School of Public Health; Johns Hopkins Bloomberg School of Public Health. The tools and protocols were developed to assist churches in systematically identifying health-related needs, developing action plans to address those needs, and regularly reviewing needs and revising action plans.

Development Committee:

Principle Investigator: Brook Harmon, PhD, RDN, FAND – Adjunct Professor, University of Memphis School of Public Health; Associate Professor, Appalachian State University, Beaver College of Health Sciences

Project Contact: Jonathan C. Lewis, DMin, BCC – Program Manager, Mission Integration Division, Methodist Le Bonheur Healthcare

Methodist Le Bonheur Healthcare, Congregational Health Network (CHN)

- Lauren McCann, LMSW, CCLS – former Director of Community Programs
- John Smith, BA – former CHN Manager
- Jean Evans – CHN Navigator
- Veronica Calvin, MPH – CHN Program Evaluator
- Christina Underhill, PhD – Program Evaluation Manager

Church Health, Faith Community Engagement

- Fedoria Rugless, PhD, CCRP – Director of Research
- Sterling McNeal, BS – Faith Community Relations Coordinator
- Lauren Hales – Faith Community Outreach Coordinator
- Rachel Davis, BA - Director

National Faith-Based Mobilization Network

- Lottie L. Minor, MEd – Co-chairperson

YOUR Center

- Bettina Campbell, MSW – Faith and Community Program Director

University of Memphis School of Public Health

- Latrice C. Pichon, PhD, MPH, CHES – Associate Professor
- Emily Rose N. San Diego, MA – Doctoral Student

Johns Hopkins Bloomberg School of Public Health

- Terrinieka Powell, PhD – Associate Professor

Phase 1: Assessment of Needs

Mid-South Congregational Health Survey

The Mid-South Congregational Health Survey (MSCHS; Appendix 1) was developed to systematically assess health-related needs in congregations as well as the communities they serve. A systematic assessment of health needs can help congregations better align resources with needs, prioritize needs based on community relevancy, and identify resource gaps. The MSCHS includes three sections: 1) Demographics section, which includes questions about the respondent and their congregation; 2) 36-item Health Index, which assesses perceived individual, social, and environmental needs within the congregation and the community where the church resides; 3) Top Need, which narrows down items from the Health Index and asks respondents what they think the barriers are for addressing the need.

Protocol for Implementation

1. Meet with pastor/health ministry lead to assess the congregation's readiness to complete the survey.
2. Work with a church contact to determine the number of surveys per church and identify congregation members to complete the survey.
 - a. It is recommended that at least 1% of a congregation (minimum 5 congregation members; maximum 30 congregation members) complete the survey. At least one respondent should be a church leader. The remaining respondents should be diverse and representative of the congregation.
3. Once surveys have been completed, evaluate the frequency with which needs are reported in Section 3 (Top Need) to determine which needs are most frequent and should be addressed using a Congregational Health Plan. You can also use data from Section 1 (Health Index) to determine top needs if Section 3 data is unclear or the congregation wants to examine needs at multiple levels (e.g., stress and neighborhood issues that may contribute to stress).
4. The MSCHS should be completed every 3 years to assess evolving needs.

Appendix 1: Mid-South Congregational Health Survey



Questions About You

INSTRUCTIONS: Please respond to each question to the best of your ability.
Please **DO NOT** put your name or the name of your church on the form

1. **What is your age?** _____ (years)
2. **What is your sex?** (Check one)
 - 1. Male
 - 2. Female
 - 3. Prefer not to respond
3. **What is your race/ethnicity?** (Check one)
 - 1. Black/African American
 - 2. Hispanic/Latino
 - 3. White
 - 4. Asian American/Pacific Islander
 - 5. American Indian/Alaskan Native
 - 6. Multiracial
Specify: _____
 - 7. Other
Specify: _____
 - 8. Prefer not to respond
4. **What is your marital status?** (Check one)
 - 1. Single
 - 2. Married or in a committed relationship
 - 3. Divorced or separated
 - 4. Widowed
 - 5. Prefer not to respond
5. **What best describes your educational level?** (Check one)
 - 1. Less than High School
 - 2. High School diploma (or have GED)
 - 3. Some college credit, but no degree
 - 4. Two-year degree
(e.g., technical, Associate's)
 - 5. Four-year degree
(i.e., Bachelor's)
 - 6. Graduate or professional degree
(e.g., Master's, doctorate, MD, DDS, PharmD)
 - 7. Prefer not to respond



Questions About You

INSTRUCTIONS: Please respond to each question to the best of your ability. Please DO NOT put your name or the name of your church on the form

6. What is your insurance status?

(Check one)

- 1. Private (e.g., Cigna, Blue Cross)
- 2. Government (e.g., TennCare, Medicaid, Medicare)
- 3. Both Private and Government
- 4. Uninsured
- 5. Prefer not to respond

7. What is your main role at your church? (That is, what role do you spend most of your time performing?) (Check one)

- 1. Pastor/Pastor's spouse
- 2. Associate pastor/Other minister
- 3. Non-clergy staff
- 4. Non-staff volunteer leader
- 5. Member/Regular attendee
- 6. Health ministry leader/member
- 7. Parish/faith Community Nurse
- 8. Prefer not to respond

8. I have been a member/have been attending my congregation for:

(Check one)

- 1. Less than a year
- 2. 1 year – 5 years
- 3. Over 5 years
- 4. Prefer not to respond

9. What is the main reason that you attend your congregation? (Check one)

- 1. The Spirit
- 2. Tradition
- 3. Preaching
- 4. Prayer
- 5. Music/Singing
- 6. Scriptural study
- 7. Friends
- 8. Support from others
- 9. Different ministries offered
- 10. Prefer not to respond

10. When life gets hard, I find strength and support from:

(Check ALL that apply)

- 1. Congregation
- 2. Congregational leader/Pastor
- 3. Congregation members
- 4. Family & friends
- 5. Prayer and Meditation
- 6. Other
Specify: _____
- 7. Prefer not to respond



Questions About Your Congregation

INSTRUCTIONS: Please respond to each question to the best of your ability.

Please ***DO NOT*** put your name or the name of your church on the form

11. What is the denomination of your church?

(Check one)

- 1. Baptist
- 2. Church Of God In Christ (COGIC)
- 3. Christian Church
- 4. Non-Denominational
- 5. United Methodist Church
- 6. Other

Specify: _____

12. What is the zip code of your church?

(Check one)

- 1. 38106
- 2. 38108
- 3. 38109
- 4. 38116
- 5. 38118
- 6. Other

Specify: _____

7. I don't know

13. Are health topics important to your pastor?

(Check one)

- 1. Yes
- 2. No
- 3. I don't know/I don't remember
- 4. Prefer not to respond

14. Does your church have any of the following?

(Check ALL that apply)

- 1. Health ministry/Wellness ministry
- 2. Health fairs
- 3. Guest health speakers/Health education classes
- 4. Flyers about health resources in the community
- 5. Health screenings or a Health clinic
- 6. Navigation/Referral to Health Services
- 7. Community Partners
- 8. Partnerships with other Churches/faith-based organizations
- 9. Prefer not to respond

15. Do you want to expand or further develop your church's approach(es) to health?

(Check one)

- 1. Yes
- 2. No
- 3. Prefer not to respond



Questions About Your Congregation

INSTRUCTIONS: Please respond to each question to the best of your ability.
Please DO NOT put your name or the name of your church on the form

16. What is your church's experience with seeking grant or outside funding?
(Check one)

- 1. Have received in the past
- 2. Have experience applying, but have not received funding
- 3. I don't know
- 4. Prefer not to respond

17. What is your church's interest in seeking grants or other outside funding? (Check one)

- 1. Interested in seeking/learning more
- 2. Not interested in seeking or learning more
- 3. I don't know
- 4. Prefer not to respond



Congregational and Community Health

What health-related needs would you like your church/congregation to develop programs to address? Mark ALL that apply

MIND, BODY, AND SOUL	<i>Place a X next to ALL that Apply</i>
1. Anxiety or Depression	
2. Asthma/Breathing problems	
3. Cancer	
4. Chronic pain	
5. Dental/Oral care	
6. Diabetes/High sugar levels	
7. Eating Disorders	
8. Overweight/Obesity	
9. Heart Disease (e.g., heart attack, high cholesterol)	
10. High blood pressure or Stroke	
11. HIV/AIDS and Sexually transmitted diseases	
12. Memory (e.g., Dementia, Alzheimer)	
13. Nutrition or Physical activity	
14. Teen pregnancy	
15. Smoking/Tobacco use	
16. Stress	
17. Substance abuse/Addiction	
18. Suicide	
19. Trauma (e.g., domestic abuse, crime victim, childhood adverse events)	
AVAILABILITY OF RESOURCES	
20. Affordable healthcare/Healthcare information	
21. Employment/Jobs	
22. Healthy foods	
23. Health services (e.g., screenings, doctors, clinics, caregivers, prenatal care)	
24. Financial assistance	
25. Quality education	
26. Recreation centers and facilities	
27. Programs for youth	
28. Transportation	
NEIGHBORHOOD ISSUES	
29. Crime/Assault/Homicide	
30. Discrimination/Racism	
31. Domestic violence	
32. Homelessness	
33. Incarceration/Re-entry into the community	
34. Police behaviors/Practices	
35. Safe and affordable housing	
3. Sanitation (e.g., rats, trash)/Vacant houses	



Congregational Health

1. Across the three sections, select the TOP NEED you would like your church/congregation to address with future programming (Check ONE Need)

Mind, Body and Soul		Availability of Resources	Neighborhood Issues
<input type="checkbox"/> Anxiety/Depression <input type="checkbox"/> Asthma/Breathing problems <input type="checkbox"/> Cancer <input type="checkbox"/> Chronic pain <input type="checkbox"/> Dental/Oral care <input type="checkbox"/> Diabetes/High sugar levels <input type="checkbox"/> Eating disorders <input type="checkbox"/> Overweight/obesity <input type="checkbox"/> Heart disease <input type="checkbox"/> High blood pressure/stroke <input type="checkbox"/> HIV/AIDS and sexually transmitted diseases	<input type="checkbox"/> Memory (e.g., Dementia, Alzheimer) <input type="checkbox"/> Nutrition or Physical Activity <input type="checkbox"/> Teen pregnancy <input type="checkbox"/> Smoking/tobacco use <input type="checkbox"/> Stress <input type="checkbox"/> Substance abuse/Addiction <input type="checkbox"/> Suicide <input type="checkbox"/> Trauma (e.g., domestic abuse, crime victim, childhood adverse events)	<input type="checkbox"/> Affordable healthcare/healthcare information <input type="checkbox"/> Employment/jobs <input type="checkbox"/> Healthy foods <input type="checkbox"/> Health services (e.g., screenings, doctors, clinics, caregivers, prenatal care) <input type="checkbox"/> Financial assistance <input type="checkbox"/> Quality education <input type="checkbox"/> Recreation centers and facilities <input type="checkbox"/> Programs for youth <input type="checkbox"/> Transportation	<input type="checkbox"/> Crime/assault/homicide <input type="checkbox"/> Discrimination/racism <input type="checkbox"/> Domestic violence <input type="checkbox"/> Homelessness <input type="checkbox"/> Incarceration/re-entry into the community <input type="checkbox"/> Police behaviors/practices <input type="checkbox"/> Safe and affordable housing <input type="checkbox"/> Sanitation (e.g., rats, trash)/vacant houses

2. In your opinion, what are the important barriers to addressing the NEED you selected above? (Mark ALL that apply)

- Not a priority
- Lack of funds
- Need for training
- Need for committed staff
- Limited time
- Physical space limitations
- Need help from outside the church
- Need being met outside of church
- Other: Specify _____

Phase 2: Planning Process

Purpose

The purpose of the Congregational Health Plan (Plan; Appendix 2) is to help congregations identify specific goals and objectives to address health-related needs identified by the MSCHS. Through this planning process, congregations can identify timelines and milestones for each goal and objective selected. Plan serve as a guide for reducing identified needs through a step-by-step process of building on current assets and developing actions for growth.

Protocol for Implementation

1. Use findings from the MSCHS to identify the 1-2 health needs the congregation wants to address. Identify individuals who will form a Health Plan Team (Team) and develop a Plan as well as monitor its implementation and impact.
2. Schedule multiple meetings for the Team to use the Plan worksheets to identify goals and objectives that move the congregation towards reducing identified needs.
 - a. Outline goals the congregation will ideally meet in 6-12 months.
3. Once the Plan is finalized, share the Plan with the congregation and conduct periodic check-ins that align with the Plan timeline.

Note: Plan worksheets can be used without completing the MSCHS if the congregation has already identified the health-related need they wish to address

Appendix 2: Congregational Health Plan

SMART Goal Setting for Your Congregation

The best goals are S.M.A.R.T. goals

- **Specific**: Be specific about who is involved or responsible for accomplishing the goal.
- **Measurable**: Include wording that will measure the progress your congregation is making towards their goal. How much? How many? How will you know when you reach your goal?
- **Actionable**: Your congregation can attain most any goal you set if tangible steps can be taken towards achieving that goal.
- **Realistic**: To be realistic, a goal must be one your congregation is willing and able to do (see your Congregational Assessment). You are the only one that can determine how high your goal should be, but try to set a goal you think is possible with consistent work.
- **Time Sensitive**: A goal should have a specific time frame. For these goals, make them something you can achieve over the next year.

Using the S.M.A.R.T. formula to set specific short-term goals to address congregation needs will help keep you motivated and focused throughout the process.

Examples of SMART Goals:

- Our congregation will begin offering evidence-based diabetes prevention classes for adults by March 1, 2019
- Our congregation will begin hosting breast cancer support groups by April 1, 2019
- Our congregation will begin providing monthly cardiovascular disease risk assessments by April 15, 2019

Goal & Action Plan # __ for Your Congregation Health Needs

(Needs are based on those identified during completion of the Mid-South Congregational Health Survey. You will have an Action Plan for each need you chose to address over the next year.)

1. What is the congregational need you wish to address in the next [fill in a time period that is no longer than one year!]?

2a. What SMART goal(s) will help you address this need? Include as many goals as necessary to address the identified need.

2b. Specific objectives, timeline and milestones, and relevancy. Repeat this step for each SMART goal identified in 2a.

Goal:			
What are the <u>specific objectives</u> for each goal? (define)	What is the <u>timeline</u> and <u>milestones</u> for these objectives? (include dates)	What is the <u>relevancy</u> of the objective to the goal?	Who is responsible for this objective?

2c. How will you know your goal has been achieved? Repeat this step for each SMART goal.

Goal:

Goal Milestone:

Completion date:

3a. How will you hold this team and the church accountable for achieving this goal? Repeat this step for each SMART goal.

3b. How would you like the CHN Navigator/CHP staff to hold you accountable for achieving this goal? (e.g., bi-monthly phone call)

3c. What steps will you take to celebrate the completion of a milestone?

3d. How will you recognize those who helped the church achieve the milestone?

3e. What steps will you take if you miss a milestone?

4a. How will you communicate your Congregational Health Plan to your congregation members?

4b. How will you communicate success? How will you communicate changes?

Phase 3: Yearly Follow-Up

Purpose

The purpose of the Yearly Follow-up Survey (Follow-up, Appendix 3) is to assess recent changes and the status of congregational health needs on a yearly basis. This information will provide the Health Plan Team information on progress and whether goals are being met. Follow-up can also serve as a discussion tool with churches in the areas of: 1) Progress on addressing needs, 2) Adjustments and revisions to the current Plan, and 3) Advancing Plans to incorporate “next level” programs and policy changes listed on the Follow-up survey.

The yearly follow-up survey assesses changes in church culture related to the awareness and policies in the following domains:

- Disease Prevention and Management (e.g., health screenings, health education classes, and health promotion through healthy diet and physical activity)
- Mental Health (e.g., knowledge, engagement and promotion)
- Social Environment (e.g., social cohesion, neighborhood resources in the neighborhood the congregation serves)

Protocol for Implementation

1. Follow-up should be completed by a church representative or someone in church leadership (i.e., health ministry leader, liaison, pastor) who has knowledge of the Plan and what the church has been doing related their Plan
2. Once Follow-up is complete, share findings with the Team.
3. It is recommended to complete Follow-up at the one-year mark of the congregation’s Plan (when not completing the MSCHS). Findings from Follow-up will serve as the starting point for the congregation’s next Plan.

Appendix 3: Yearly Follow-Up Survey

1. Have there been any major changes in your church/congregation over the past year (e.g., change in church leadership, church location, congregation size)?

- No major changes in the past year
- Change in congregation size
- Change in leadership
- Change in health ministry
- Other

Specify: _____

2. Do you need to re-assess your congregational health needs?

- No (continue answering question 3)
- Yes (skip question 3)

What events or changes have led to the need for re-assessment of your congregational health needs? Please indicate in the space below

3. Do you want to continue with the current stated congregational health needs?

- No (continue answering question 4)
- Yes (skip question 4)

How can we help? Please indicate in the space below

4. Do you want to begin working on a new congregational health need?

- No
- Yes

How can we help? Please indicate in the space below



Knowledge about and Engagement in Disease Prevention and Management

For each of the items below, please indicate your congregation's **knowledge about and engagement in activities related to disease prevention and management** (e.g., health fairs, blood pressure screenings, chronic disease prevention/management speakers or classes) by checking the small box next to the description that is most like your congregation.

No Knowledge – Unengaged

We have not provided education opportunities or health promotion activities; our congregation is not knowledgeable about disease prevention and management.

Limited Knowledge – Unengaged

We have not provided education opportunities or health promotion activities; some people in our congregation are knowledgeable about disease prevention and management.

Some Knowledge – Limited Engagement

We have rarely provided education opportunities or health promotion activities (e.g., once a year or less); some people in our congregation are knowledgeable about disease prevention and management.

Some Knowledge and Engagement

We have provided several education opportunities or health promotion activities (e.g., 2-4 a year); some people in our congregation are knowledgeable about disease prevention and management.

Knowledgeable and Engaged

We have provided regular education opportunities or health promotion activities (e.g., 5 or more a year); many or most people in our congregation are knowledgeable about disease prevention and management.



Promotion of Disease Prevention and Management

Does your congregation promote disease prevention and management through the following methods? Check all that apply

- promote disease prevention and management in bulletins and/or newsletters and other written or online means of communication (i.e., website)
- display promotional materials such as posters that highlight the benefits of disease prevention and management (e.g., benefits of visiting a doctor, know your numbers information)
- promote disease prevention and management in sermons and/or religious education and promote its connection to wellness and faith
- promote disease prevention and management during events/workshops that are open to the congregation and public
- make congregation-wide audio or video announcements related to disease prevention and management
- have contests to promote disease prevention and management
- offer classes/workshops to promote disease prevention management (e.g., medication adherence classes, stress reduction classes)
- offer events to promote disease prevention and management (e.g., health fairs, Diabetes Awareness Week)
- recognize and celebrate clergy and congregation members for wellness accomplishments
- offer blood pressure screenings
- offer blood sugar testing
- offer cholesterol testing
- offer cancer screenings (e.g., mammograms to detect breast cancer)
- offer sexual health screenings



Promotion of Healthy Food and Beverage Choices

Does your congregation promote food and beverage choices that are low in fat, salt, and added sugars through the following methods? Check all that apply

- promote healthy eating in bulletins and/or newsletters and other written or online means of communication (i.e., website)
- display promotional materials such as posters that highlight the benefits of healthy eating
- promote healthy eating in sermons and/or religious education and promote its connection to wellness and faith
- promote healthy eating during events/workshops that are open to the congregation and the public
- make congregation-wide audio or video announcements related to healthy eating
- have contests to promote healthy foods and beverages
- have fundraisers that promote healthy food and beverages
- place healthy foods in more visible locations than less nutritious choices
- offer healthy foods at lower prices than less nutritious choices
- display nutrition information about available foods
- highlight healthy selections in menus that are distributed or posted
- offer taste-testing opportunities
- have policies in place related to the nutrition content of foods served or available at the church



Promotion of Physical Activity

Does your congregation promote physical activity through the following methods? Check all that apply

- promote physical activity in bulletins and/or newsletters and other written or online means of communication (i.e., website)
- display promotional materials such as posters that highlight the benefits of physical activity
- promote the importance of physical activity in sermons and/or religious education and promote its connection to wellness and faith
- promote physical activity during events/workshops that are open to the public and the congregation
- make congregation-wide audio or video announcements related to physical activity
- have contests to promote physical activity
- fundraising efforts include physical activity opportunities (e.g., fundraisers to purchase physical activity equipment for youth or the event itself promotes physical activity, such as running or walking a certain distance to raise money)
- physical activity (e.g., active games, sports, group walks, dances, stretching) is a part of fellowship/community-building/social time
- variety of days and open hours are offered (outside of worship days) for children, families, and public for recreational use facilities
- recognize and celebrate clergy and congregation members for physical activity accomplishments



Knowledge about and Engagement in Mental Health Awareness

For each of the items below, please indicate your congregation's **knowledge about and engagement in activities related to mental illness (e.g., depression, anxiety) symptoms, causes, and treatments** by checking the small box next to the description that is most like your congregation.

No Knowledge – Unengaged

We have not provided mental health education opportunities or activities; our congregation is not knowledgeable about symptoms, causes, and treatments.

Limited Knowledge – Unengaged

We have not provided mental health education opportunities or activities; some people in our congregation are knowledgeable about symptoms, causes, and treatments.

Some Knowledge – Limited Engagement

We have rarely provided mental health education opportunities or activities (e.g., once a year or less); some people in our congregation are knowledgeable about symptoms, causes, and treatments.

Some Knowledge – Engagement

We have provided several mental health education opportunities or activities (e.g., 2-4 a year); some people in our congregation are knowledgeable about symptoms, causes, and treatments.

Knowledgeable and Engaged

We have provided regular mental health education opportunities or activities (e.g., 5 or more a year); many or most people in our congregation are knowledgeable about symptoms, causes, and treatments.



Promotion of Mental Health

Does your congregation promote mental health awareness through the following methods?

Check all that apply

- have bulletins and/or newsletters and other written or online means of communication (i.e., website) to promote and increase awareness of mental health
- display promotional materials such as posters that promote mental health topics
- make congregation-wide audio or video announcements to promote mental health topics
- promote mental health topics in sermons and/or religious education and promote its connection to wellness and faith
- promote mental health topics during events/workshops that are open to the public and the congregation
- offer classes/workshops to promote and increase awareness of mental health topics (e.g., Mental Health First Aid, Living Well Network)
- offer events to promote and increase awareness of mental health topics (e.g., Mental Illness Awareness Week)
- offer peer support groups (e.g., grief, trauma, substance abuse, anxiety, depression, suicide)
- have congregation leaders trained in this type of ministry
- refer people to mental health providers and/or mental health providers refer to you
- hold joint trainings or advocacy events with mental health providers
- involved in trying to initiate contact with people who have mental health issues
- involved in advocating for people who have mental health issues in the community



Social Cohesion of Neighborhood

Thinking about the neighborhood that your congregation serves, how much do you agree or disagree with the following statements? Please check one box for each statement

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree
1. People around my neighborhood are willing to help their neighbors.					
2. This is a close-knit neighborhood.					
3. People in this neighborhood can be trusted.					
4. People in this neighborhood don't get along with each other.					
5. People in this neighborhood do not share the same values.					



Neighborhood Resources

Thinking about the neighborhood your congregation serves, please rate the presence of each neighborhood resource below. For each resource, CIRCLE A NUMBER between 1 and 5, with 1 = not at all present and 5 = very present

	Not at all Present	A little Present	Somewhat Present	More Present	Very Present
1. Sense of Community	1	2	3	4	5
2. Employment/Job Opportunities	1	2	3	4	5
3. Healthcare services (e.g., doctors, clinics)	1	2	3	4	5
4. Quality of schools/education	1	2	3	4	5
5. Recreation centers and facilities	1	2	3	4	5
6. Programs for youth	1	2	3	4	5
7. Safety from crime	1	2	3	4	5

References

The following resources were used in the development of the MSCHS, Congregational Health Plan worksheets, and Yearly Follow-Up Survey:

MSCHS

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Doran, G. T. (1981). There's a SMART way to write management's goals and objectives. *Management review*, 70(11), 35-36.

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