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 vista@wesleyseminary.edu 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 Word document or Excel spreadsheet.

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.

Men ___  Women ___  Children___
Congregation Member____  Community Neighbor____
Ages: ___0-12  ___13-17  ___18-30  ___31-50  ___51-65  ___66-80  ___over 80
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 Individual Contacts:**

<table>
<thead>
<tr>
<th>Psychosocial/Spiritual</th>
<th>Health-related Behaviors</th>
<th>Physiological</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>__spiritual</td>
<td>__diet/nutrition</td>
<td>__cancer</td>
<td>__finances--aging</td>
</tr>
<tr>
<td>__grief/loss</td>
<td>__weight loss/gain</td>
<td>__diabetes</td>
<td>__finances--non-aging</td>
</tr>
<tr>
<td>__transitions, aging</td>
<td>__medications</td>
<td>__heart</td>
<td>__living arrangements</td>
</tr>
<tr>
<td>__hospitalization</td>
<td>__substance abuse</td>
<td>__arthritis</td>
<td>__safety</td>
</tr>
<tr>
<td>__parenting</td>
<td>__exercise</td>
<td>__respiratory</td>
<td><strong>other</strong>______</td>
</tr>
<tr>
<td>__relationships</td>
<td>__gen. health/wellness</td>
<td>__pain</td>
<td><strong>other</strong>______</td>
</tr>
<tr>
<td><strong>other</strong>______</td>
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<td>__other __________</td>
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</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>HM EVENTS</th>
<th>Event Details</th>
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<tbody>
<tr>
<td>Name of Event</td>
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<tr>
<td>Brief Description</td>
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<tr>
<td>Dates/Times of Event</td>
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<tr>
<td>Place of Event</td>
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<tr>
<td>Target Audience</td>
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<tr>
<td>Sponsoring Organizations of Event/Activity</td>
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<tr>
<td>Event Contact Person's e-mail and phone</td>
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</tbody>
</table>

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

**Group Contacts** : Screenings
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

<table>
<thead>
<tr>
<th>Event/Topic</th>
<th># Participants</th>
<th>Age Range</th>
<th>Comments</th>
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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 of the above activities you coordinated, lead, assisted with, and/or planned.

**What I did for self-care:**

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