

A Self-Assessment to Determine Health Ministry Needs and Resources

1. How many households belong to your parish? _____
2. What percentages of households are
_____ families with children younger than 18 years of age
_____ young (<35 years old) couples without children
_____ middle-age (35-55 years) couples without children or with adult children
_____ older (55-74 years old) couples without children or with adult children
_____ elderly (<75 years old) couples without children or with adult children
_____ young singles (<35 years old)
_____ middle-aged singles (35-55 years old)
_____ older singles (56-74 years old)
_____ elderly singles (>75 years old)

Rational: The likelihood of illness varies by age. In addition, the larger the parish, the more likely it is to have a number of people hospitalized, in hospice, or homebound at any given time. For example, a large parish with many older persons might be expected to need more health ministry visitors than would a smaller parish with fewer older persons and many young families.

3. Each month, about how many parishioners are
_____ in acute care hospitals (which ones?) _____
_____ in chronic facilities (which ones?) _____
_____ in hospice (which ones?) _____
_____ homebound
 - a. Of the numbers above, does one gender predominate? _____ Yes _____ No Which? _____
 - b. Of the numbers above, what percentages are
_____ younger than 18 years of age
_____ young adults (19-34 years of age)
_____ middle-aged adults (35-55 years of age)
_____ older adults (55-74 years of age)
_____ elderly adults (>75 years of age)

Rational: One needs to assess as accurately as possible the number of persons to be served in order to recruit, train, and commission an appropriate number of health ministries; it is good to be sensitive to demographics because some persons prefer visitors of their own gender or age.

4. Would parish health ministry be provided for those in (check all that apply)
_____ in acute care hospitals (which ones?) _____
_____ in chronic or long-term facilities (which ones?) _____
_____ in hospice (which ones?) _____
_____ homebound situations
_____ respite care
 - a. Will those receiving parish health ministry visits generally be in close proximity (<5 miles) to each other or to the parish?
 - b. Which health care facilities are used most frequently by parishioners?

Rationale: When persons to be visited are in close proximity to each other or to the parish, it is easier for health ministers to visit several of them in a given time period. That might mean that, overall, fewer health

ministers are needed. A number of persons to be visited who live in different areas of the city or county, or even in different cities or counties will necessitate more health ministry visitors.

5. How many visits do parish priests make to hospitalized, hospiced, and homebound parishioners each week? _____
- a. Are these visits generally for sacraments? _____yes_____no
 - b. In general, do your parishioners accept lay Eucharistic ministers? _____yes_____no
6. How many visits do parishioners *currently* make to hospitalized, hospiced, and homebound parishioners each week? _____

Rationale for #5 and #6: The existing number of weekly visits by priests and lay persons are important considerations when recruiting health ministers. In addition, if many of the clergy visits are *not* for sacraments, and parishioners accept visiting lay Eucharistic ministers, then lay persons might be able to assume responsibility for some of these visits, freeing the clergy for other ministries. This information further refines the picture of a parish's current health ministry efforts.

7. How many parishioners (current and potential) would be willing to make visits? _____
- a. How has this number been determined?
 - b. To match the mix of the parishioners to be visited, is there a good mix of visiting ministers by
 - age _____yes_____no
 - gender _____yes_____no
 - ethnicity _____yes_____no
 - primary language _____yes_____no
 - c. Does the parish have parishioners who already work at health care facilities who would be willing to join the health ministry team? If so, how many? _____ At which facilities do they work?

Rationale: To assess the potential breadth of a parish's health ministry effort, parish leaders must know who and what its resources are. If a parish has a number of ill or homebound persons who speak a language other than English, then it will need several visitors who can speak that language. Also, since some ill or homebound persons like to be visited by someone of their own gender or age, it is important to make sure that there is some variety in the health ministry team in terms of age, gender, and ethnicity.

If often-used health facilities are located close to the parish (and, hence, to its parishioners), it is easier for health ministers to make the commitment to visit them than if they are located at a distance. Furthermore, if the parish has a number of parishioners who already work at health facilities, they can be encouraged to join the health ministry team and be preferentially assigned to those facilities.

8. Could parishioners be enlisted to transport parishioners who are homebound, shut-in, or lack their own transportation to parish-related
- liturgies _____yes_____no
 - social events _____yes_____no

Rationale: this is a much needed (and much appreciated) ministry. Many people who would like to attend liturgies or parish social events cannot do so because they lack transportation.

9. In what kinds of service are parishioners most interested in providing?
- _____ simple visiting
 - _____ visiting with communion
 - _____ assisting with simple tasks and errands
 - _____ respite care
 - _____ transportation to medical appointments

Rational: Health ministry does not mean the same to all people. Thus, it is wise to ascertain what potential health ministries envision their roles to be and to compare their vision with the needs of those to be visited.

10. Is there parishioner interest in having a telephone ministry to those who are ill or homebound?

_____yes_____no

- a. How many parishioners would be so willing to take on this ministry? _____
- b. How many parishioners would benefit from a telephone ministry? _____

Rational: Some people who are homebound or ill *want* to contribute also. This is an excellent way to involve parishioners who are homebound or those who cannot easily get around in a ministry to their fellow parishioners. It is a powerful, yet inexpensive, way to underscore the idea that all are invited (and can) to serve others.

11. On which topics would parishioners need training to provide a health ministry?

- _____physical and psychological needs of the ill, dying, or homebound
- _____spiritual needs of the ill, dying, or homebound
- _____issues specific to children or adolescents who are ill or dying
- _____grief reactions by age and how to work with them
- _____Eucharistic ministry
- _____other (specify) _____

- a. Could the parish provide this training or would it need external sources of training?

Rationale: The answers to these questions depend on the parish's' needs and its current human resources and budget.

12. Who will coordinate a health care ministry?

- _____clergy
- _____an existing non-clergy staff member
- _____a new non-clergy staff member
- _____a volunteer

- a. What qualifications would this person need? _____
- b. How many hours per week would be needed from this coordinator? _____
- c. Would this person coordinate both ministry to the ill and dying *and* ministry to the homebound?
_____yes_____no If not, who will do each? _____

Rationale: The coordinator of health ministry must be a highly committed and compassionate person because those to be visited are frequently very vulnerable. The coordinator must have excellent organizational skills not only to schedule visits but also to match ministers and those to whom they minister. Health ministry is both an art and an honor.

Two Additional Areas to Consider

1. Children and Adolescents

- a. Ministry to the ill must include ill children and adolescents as well as older persons.
- b. As part of the parish community, children and adolescents can be involved in remembering absent members during liturgies.
- c. With parental permission, children and adolescents can also visit someone who is ill or homebound. In fact, making a visit can become a ministry engaged in by the entire family, from youngest to

oldest. Naturally, special consideration must be given to adequately preparing children and adolescents for any experiences that they may have while making a visit.

2. The Parish Community at Large

- a. The parish community at large can become part of the health ministry.
- b. To keep the ill, dying, and homebound before the mind of the assembled community, include references to them during both routine and special liturgies, especially in the prayer of the faithful.
- c. Consider making tapes of homilies and distributing them to any who could not attend a service.
- d. Consider mailing bulletins to those who cannot attend a weekend service.
- e. Encourage *all* members of the congregation to be the eyes and ears of the pastoral team or the health ministry team in terms of who might benefit from the visitation ministry or the telephone ministry.
- f. Encourage parishioners to offer transportation to those who do not have their own.

After you have completed this self-assessment, it may be clear to parish leadership which health ministry model would be right for your parish. If this is not the case, please keep a copy of the completed form for your records and send a copy of the completed form to Sister Joan Marie Stief; Catholic Charities, 2305 N. Charles Street; Baltimore, MD 21218 (telephone 410-261-6782). Sister Joan Marie will arrange to have someone call you to discuss your needs or to offer input on which model(s) of health ministry seem(s) the best for your parish at this time.