

INTRODUCTION
HEALTHY CONNECTIONS:
CERTIFIED LAY MINISTER OF HEALTH
PROGRAM

A Lay Health Advisor Approach to Developing Your
Congregational Health Ministry



Health Care Justice Program
Justice and Witness Ministries
United Church of Christ

Developed for the United Church of Christ by:
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INTRODUCTION
THE LAY HEALTH ADVISOR (LHA) CONCEPT
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“Only some things are health-directed, but everything is health-related”

Guy Steuart, Former Chair, Department of Health Behavior and Health Education
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“I think we can all agree that the church can make a difference in reducing disability and death. The church today still represents a natural point of reference for many communities. Because of this, focusing on health promotion and disease prevention activities should be given careful thought. It is not a new idea for churches to develop health programs whose purpose is to impact upon the most significant health risks and health conditions in our congregations; however, targeting our churches for health promotion programs becomes increasingly important as health care funding and services gradually shrink. Increasing technical knowledge and skills of church members to be more effective health advisors among those in their networks will ultimately improve the health of the community as well as the health of the congregation.”

Curtis Jackson, MSPH, Former Director, Health and Human Services Program,
General Baptist State Convention, Raleigh, NC

The use of Lay Health Advisors (LHAs) to address health issues is well documented and considered an appropriate model of community health promotion. As one public health strategy, the usefulness of the LHA approach, dating back to the early 1960's, has been cited in many professional research journals. The professionally trained Public Health Educator and Public Health Nurse have been instrumental in facilitating this model in churches, in under-served communities, and in third-world countries.

The LHA concept in the U. S. was born out of the belief that in every community and in every church there are people to whom others turn naturally for advise, help, and support. One research study revealed that people seek health advice from those who most look like them and not from a health professional. Therefore, one of the goals of the LHA approach is to demystify the provider/professional-consumer relationship by bringing professionals and lay persons together in a setting which promotes interaction and mutual respect for the unique resources that each has – technical knowledge and community expertise – for effective health promotion outreach.

The Healthy Connections Certified Lay Minister of Health Training Program hinges on this basic objective: To assist the lay health advisor in knowing what, where and when to refer. We encourage lay health advisors to think about things they can do within their own support system and networks; and, we assist lay health advisors in knowing when and where they should make referrals to the system. The LHA program respects the knowledge and training of health professionals, but at the same time seeks respect for the natural helping skills of lay persons. The program also assists LHAs in addressing the needs and concerns they have and can address themselves, thus increasing their levels of competency through capacity building.

Dr. Eva J. Salber, noted medical doctor and public health professional, points out that LHA programs are NOT designed to make lay persons “mini health professionals” but rather they are designed to enhance their role of helping and advising others. Dr. Salber also believes that the lay health advisor system should be used to strengthen professional ties with the community, channel knowledge to and from the community, educate community members on the role and function of the health care system, acquaint the community with available resources, lessen dependency and passivity of community members, and help community members cope better with their problems.

The screening and assessment role of LHAs is basically an understanding of the aforementioned concepts and their roles. Lay health advisors may receive training on how to take blood pressures and administer insulin. However, this training is in the realm of increasing their knowledge and technical skills as screeners only. For example, they will refer elevated blood pressures to the nurse or inform the individual to seek immediate care from his or her primary care provider.

There is minimal liability for operating a lay health advisor program in the church or the community, especially if the training clearly makes known the limits – when not to cross the line. As long as lay health advisors are providing education, information and knowing when and where to make referrals, they are not likely to cross that line. Further, the training stresses and advises lay health advisors to work with health professionals that are already members of their own churches or to establish partnerships with health professionals in their communities.

As a program of the national setting of the United Church of Christ, the Health Care Justice Program, Justice and Witness Ministries is able to provide certification. This certification is based on certain parameters for participation in and completion of the training. The certificate is a reminder to the graduates that they are links and partners in health ministry. The certificate is also a reminder that the mission of health and human services belongs *“to all who have been called by God in Christ.”*

The Healthy Connections Program does not replace or detract from a congregation’s Faith Community Nurse Program (formerly Parish Nurse Program) if one already exists. It is designed to enhance and support the existing program. However, it can also be a stand-alone-program. The basic thrust of the Healthy Connections program (or any LHA program) is to create informed health advocates and liaison persons who with their increased health knowledge and awareness can enable congregations to increase their knowledge of health risks and lifestyle behaviors associated with most chronic diseases. Without encroaching upon any health profession or discipline, LHA programs purpose to assist in creating a more sophisticated consumer of health services and resources.

Literature sources for this introduction are found in the references and resources listed on the next page.

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RESOURCES AND REFERENCES FOR LAY HEALTH ADVISOR PROGRAMS

1. United States Department of Health and Human Services: *Community Health Advisors: Models, Research, and Practice, Selected Annotations-United States, Volume I and Volume II*. Atlanta, GA, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Chronic Disease Control and Community Intervention, September 1994.
2. Eng E, Young, R: Lay Health Advisors as Community Change Agents. *Fam Community Health* 15:24-40, 1992.
3. Israel BA: social networks and social support: Implications for natural helper and community level interventions. *Health Educ Q* 12:65-80, 1985.
4. Salber EJ: Introduction to the health facilitator concept, in Service C, Salber EF (eds): *Community Health Education: The Lay Advisor Approach*, Durham, NC, Health Care Systems, 1979.
5. Levin LL: *Lay Health Care: The Hidden Resource in Health Promotion*. New York, Teachers College, Columbia University, The Center for Health Promotion at Teachers College, Monograph No. 3, July 1983.
6. Salber EJ: The lay advisor as a community resource. *J Health Politics Policy Law* 3: 469-478, 1979.
7. Jackson, C: *How to get the church to support and perpetuate new health and human services, interventions*, Community Development and Training Center, 1998-1999.

Programs

1. General Baptist State Convention, Raleigh, N.C. Health and Human Services Lay Advisor Program, 1982-present.
2. The Lafiya Guide, Association of Brethren Caregivers.
3. *Starting Point, Empowering Communities to Improve Health: A Manual for Training Health Promoters in Congregational Coalitions*, Interfaith Health Program, Atlanta, GA, 1997.

WHAT IS THE HEALTHY CONNECTIONS' CONCEPT?

The mission of the United Church of Christ in Health and Human Services is rooted in the ministry of Jesus Christ and empowered by God's spirit. This mission calls upon UCC congregations to commit and engage in the following ministries:

1) education and nurture within the Church for healthy, holistic ways of living; 2) direct service through local congregations, associations, conferences, institutions and service agencies of the Church; and 3) advocacy and empowerment. This mission belongs to the whole church - to all who have been called by God in Christ. The partners are many. *Where the Church is, there is the mission. Where the Church is, there are those who have been called to live "for the sake of the other.*

Healthy Connections embodies the meaning of restoration. To be "healthy-connected" means that we restore each other spiritually, mentally, emotionally, physically and socially. We are the "Connectors." We must develop connections with one another in order to restore soundness, wholeness, health. Healthy Connections denotes a covenant to nurture and support each other, to aide each other, to lift each other, to pray for and with each other, to affirm each other, to educate each other, to love each other - to do all of these things that make us whole persons. Isaiah 58:12 says that we *"shall be called the Repairer of Broken Walls, Restorer of Streets with Dwellings."* We are the ones who will build up the breaches in our communities, our churches, our cities and states and training lay leaders in our churches to be the restorers of health is a commitment to our mission.

WHAT IS THE "HEALTHY CONNECTIONS" TRAINING PROGRAM?

The Healthy Connections Training Program is a program of the National setting of the United Church of Christ. The Health Care Justice Program, Justice and Witness Ministries provides certification as a Lay Minister of Health based on certain parameters for participation in and completion of the training. The certificate is a reminder to the graduates that they are the links and partners in this health ministry.

The Healthy Connections Training is one program model for health ministry in local UCC congregations and is based on the **Lay Health Advisor** concept. The lay health advisor concept is a public health approach for building community capacity. The lay health advisor approach to developing a health ministry is one that may be useful for strengthening the social support functions that churches already provide. The goal is to improve and maintain better health for all its members.

The Healthy Connections Training Program identifies and trains lay ministers of health as **"Healthy Connectors"** who will share health information with members of their congregations; identify congregational health needs and develop activities to address these needs. **One specific goal of the training will be to establish or enhance Health Ministries in their churches.**

The Program will work with Conferences, Associations and local congregations to create a tailored training event adapted to your congregation's and community's needs.

This Program is NOT designed to replace or detract from a congregation's Faith Community Nurse (formerly Parish Nurse Program. It is designed to enhance and support existing programs.

WHO ARE "HEALTHY CONNECTORS?"

Healthy Connectors are trained lay leaders in their churches who make a tremendous impact on the health and wellness of their congregations. "Healthy Connectors" may work with the congregation's faith community nurse or they may establish the health ministry and begin to make connections with the members in order to restore soundness, wholeness and health. Healthy Connectors:

- Provide health information
- Make referrals to community resources
- Plan health activities and programs at their local churches
- Facilitate basic services with health professionals, such as blood pressure screenings, training, on-going follow-up members, etc.
- Advocate

HOW DOES THE LAY HEALTH ADVISOR APPROACH WORK?

1. The Minister for Health Care Justice accepts an invitation from a local church, the conference and/or association expressing interest in having the Healthy Connections Training in their area.
2. The Minister for Health Care Justice meets with a small committee from the conference/association staff and the local church interested in being the host church. The purpose of the meeting is to answer questions and establish buy-in and support.
 - a. Program foundation
 - b. Need for the training
 - c. Where the training will be held – several congregations in close proximity may collaborate with each to implement this program or several churches in a given association may also collaborate with each other.
 - d. The training can be ecumenical and interfaith if there are not enough UCC churches to form a group. However, a UCC church or UCC-affiliated hospital must be the host site.
 - e. Development of a planning committee to work out the logistics, locate and coordinate trainers for each topic at each session. Minister of Health Care Justice will plan telephone conference meetings to continue to work on the logistics with the host church, conference/association staff.
 - f. Identify Host Facilitator(s). This is usually a person or persons from the "Host Church" who agree to be the liaison between National and the participating churches to ensure a successful training and subsequent sustainment of the program.
3. Once trainers are identified, the Minister for Health Care Justice will conduct a train-the-trainer's session and present the curriculum to be used.
4. Publicity is sent to all churches in the association. Letter is signed by the Conference or Association Conference Minister and the Minister for Health Care Justice
5. Churches interested in participating in the training will identify at least 3-4 persons. Pastors must sign the registration form indicating their support and commitment to having their church participate in this training.
6. Participants will receive certificates in a graduation ceremony to be planned by the participants, Minister for Health Care Justice and association staff.

HOW ARE HEALTHY CONNECTOR'S IDENTIFIED?

A member may self-identify or the pastor, Faith Community Nurse and/or other church organizations may identify and suggest participants who:

- are natural leaders, who are respected in their church and community
- others turn to for advice and help
- are currently members of the health ministry committee
- are interested in health issues
- are willing to attend and complete all training sessions
- are not** necessarily a member of a medical, health or allied health care profession

THE TRAINING CYCLE

The training cycle generally consists of five (5) consecutive Saturday 6 and a half hour sessions (total of 35 hours) that are facilitated by the Minister of Health Care Justice and/or other health or allied health professionals from the community where the training is to be held. **The cycle and training hours may be adapted to your needs as long as all five sessions are completed.**

THE TRAINING CONTENT

Persons selected will be trained to:

1. Understand the connection between spirituality and health
2. Conduct health information and referral sessions for their congregations
3. Identify health needs within the congregation
4. Understand the role of screening and assessment in a church
5. Identify and utilize existing resources in the church for conducting health ministry activities
6. Identify and collaborate with existing health and social service organizations in the community
7. Recognize risk factors associated with key health problems
8. Recommend ways to assist members of the congregation in detecting, managing and preventing these health problems

TOPICS INCLUDE:

1. Program Foundations – The Lay Health Advisor Concept
2. Spirituality, Faith and Health
3. Health Disparities
4. Healthy Lifestyles 101
5. Heart Disease and Stroke
6. Leadership Development
7. Diabetes Mellitus
8. Listening Skills and Empowerment
9. Healthy People 2010
10. Health Care Justice
11. Establishing, Sustaining and Institutionalizing Your Health Ministry

All Training Sessions provide hands-on activities, discussion and practice time for skill-building.

SCHEDULE AND LOCATION OF TRAINING

The Healthy Connections training is jointly scheduled by the church interested in hosting this training, the conference/association, and the Minister for Health Care Justice. The training site should be in close enough proximity for several churches in the conference/association to attend.

The Minister for Health Care Justice will hold a train-the trainer's event for the host church and persons who have been identified as trainers. The curriculum will be given to the lead coordinator/facilitator.

COMPLETION OF TRAINING

Upon completion of the training, participants will graduate and be certified as Lay Ministers of Health. They will be called "Healthy Connectors" within their respective churches. They will work closely with the Health Care Justice Program of Justice and Witness Ministries, as well as their local conference or association office and local health and human service organizations to:

- ❖ Formulate the health committee (if one does not exist)
- ❖ Conduct health-related activities and health promotion programs in their churches and communities.
- ❖ Assist in training other church members

Participants must attend and complete ALL training sessions in order to be certified.

ROLE OF THE HOST FACILITATOR(S)

The host facilitator(s) must be willing to:

1. Hold quarterly meetings with all graduates for the purpose of providing updates and continuing education.
2. Send quarterly reports to HCJ-JWM about the activities of the "Healthy Connectors".
3. Assist "Healthy Connectors" in conducting health promotion program activities at their local church.

FAITH COMMUNITY NURSE ROLE IN THE LAY HEALTH ADVISOR MODEL

If your church already has an active Faith Community Nurse Program, the Faith Community Nurse may coordinate and/or facilitate the training of the Lay Health Advisors. If a health ministry committee is already established, it may want to engage the members in training to increase knowledge on health issues and build skills.

The Faith Community Nurse may also facilitate the design of the training and assist in the recruitment of other resource persons. The Faith Community Nurse may coordinate the Lay Health Advisor training with other Faith Community Nurses from other churches to form a training group of interested persons and/or current health ministry committee members.

BENEFITS OF THE LAY HEALTH ADVISOR MODEL

Some benefits of the Lay Health Advisor model:

- ✚ Cost-effective
- ✚ Promotes ownership of church members to carry out health activities
- ✚ Work is divided among members and does not rely on one person to carry out activities
- ✚ Social networks increase (aids with isolation, mistrust, etc.)
- ✚ Increased nurturing and mentoring
- ✚ Provides ongoing collaborative relationships with local health agencies
- ✚ Helps members to focus on what it is they want to do
- ✚ Identifies what talents and gifts exist among members for a well-rounded and inclusive ministry
- ✚ Provides an effective segue and opportunity for members to focus on other health and human service and health care justice issues
- ✚ Sustains and institutionalizes the health ministry as an important and ongoing ministry in the life of the church

CHALLENGES OF USING THE LAY HEALTH ADVISOR MODEL

Some challenges of using the Lay Health Advisor model:

- ✚ Trained members may move away from the church or community
- ✚ Some costs in time for training. – Participants/members may not always be willing to take the time
- ✚ Members will need ongoing motivation, training and education
- ✚ The ministry is lay-person driven. Members may not agree on the best ways to establish the ministry at the church. Members may not be willing to continue to put the work in beyond the graduation ceremony.
- ✚ Church/pastor may not be on board fully with the idea of lay health ministry, resulting in conflicts with scheduling space, other organizations seeing the new ministry as a threat, etc.
- ✚ Potential conflicts with professional health care providers who have coordinated health programs in the past.

INSTITUTIONALIZATION OF THE HEALTH MINISTRY

A trained health ministry is empowered and effective in:

- Developing and promoting programs that deal with the many issues relating to health, health care, wellness, welfare and human services
- Building relationships with state and local health and human service agencies and community organizations
- Identifying public policy issues of importance to the congregation and the community
- Mobilizing the congregation for action
- Advocating on critical social justice issues
- Engaging in a comprehensive ministry of health and wellness and health care justice

UCC Conferences who have participated in the Healthy Connection's Training

- Illinois Conference
- Ohio
- Pennsylvania South East

Selected Lay Health Advisor Program references:

- The Health and Human Services Program, General Baptist State Convention, Raleigh, NC, 1982 (program is currently operating as Center for Health and Healing, (919) 572-6374)
- The Health Empowerment and Advocacy Program, (HEAP), Strengthening the Black Family, Inc. and the Wake County Department of Public Health, 1990-1998
- WATCH Program (Wellness for African Americans Through Churches) American Cancer Society, Lineberger Comprehensive Cancer Center at the University of North Carolina at Chapel Hill)

For more information on this model and/or how to sponsor training in your conference, association, or church, please contact:

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