

**U.C.C. WELLNESS MINISTRIES TOOLKIT**  
**Section 3**

**EXEMPLARS OF WELLNESS MINISTRIES ACTIVITIES**

**Physical Health and Wellness**

**Title:** *Morning Check-in*

**Age groups served:** Adults

**Reason for development and implementation:**

[Loneliness and social isolation](#) in older adults significantly increase their risk of premature death from all causes and about a 50% increase in risk for dementia. Loneliness is a feeling of being alone even if another person is around. Social isolation is a lack of social connections. The isolation may occur because they are living alone, family members and friends may have moved away or died, a chronic illness minimizes their activities, or they have a hearing loss.

**Sharing the story:** Creating a circle of care

Mary was a very active leader within the congregation, having served in many capacities until a stroke permanently impaired her ease in walking. She and her husband continued to attend worship services and other activities. However, Mary missed not being able to return to her active roles within the congregation. She expressed that the stroke had robbed her of a purposeful life.

A conversation with Mary led to the development of a new, meaningful role for her. Five minimally mobile older adults in the congregation lived alone in their own homes. They each knew Mary from past interactions at the church, and equally significant Mary knew them. With the approval of all involved, Mary became a part of the Wellness Ministries Team and implemented a service of *Morning Check-in*. A circle of care was created. A meaningful role was identified for Mary that matched her abilities. The social isolation of the five people she called was reduced; they felt safer and that their congregation cared about their wellbeing.

Every morning at approximately the same time, Mary would telephone the person who expected their scheduled call. If no one answered, Mary would move on to the next person on the list. Mary would try the missed person again out of sequence or after she had finished the list. If there was no answer again, Mary would call the family member or friend designated as a contact person. If they were unreachable, Mary called the Minister of Wellness, who would initiate follow-up action

Each morning conversation was intended to be approximately 10 or 15 minutes. Mary started with, "How are you doing today?" She then turned the conversation to their level of well-being, their anticipated activities of the day, and any expected challenges.

Mary would make a note of their responses. She explored the situation further when the person spoke of an unexpected change in health status, activity level, or new challenges. Mary then requested permission to share the new information with the Minister of Wellness. She also assured the person that either she or the Minister of Wellness would be back in touch with them.

### **Evaluation:**

- The recipients of the morning check and Mary knew each other from many church encounters. Having a shared history facilitated the development of the conversations.
- Because Mary spoke with a person every day, she could detect differences in their mood. She discussed any concerning changes with the Minister of Wellness. Together they decided on the next steps.
- The routine of the morning calls provided Mary with a meaningful role within the Wellness Ministries Team.
- The morning check-in assisted the recipients in overcoming a range of unexpected challenges. For example, (1) the lack of a phone line created by the loss of electricity to their home. (2) Another needed help because when re-filling her daily pill packs at her kitchen table, she accidentally knocked over three open bottles of different medications that all looked similar. She knew the danger of getting the pills confused. (3) A third shared with Mary that her nephew had visited her, taken most of her food out of her refrigerator, and replaced it with a large butcher knife. She was both hungry and nervous. The Minister of Wellness was immediately involved, and with the woman, this case of elder abuse was addressed by the appropriate authorities immediately.

### **Next steps:**

- Be alert to identifying other congregants that might benefit from morning check-ins and establish another caller in the same role as Mary.
- Identify additional ways to address loneliness and social isolation experienced by congregants of all ages within the congregation.

### **Resources:**

[Loneliness and Social Isolation - Tips for Staying Connected](#), developed by the National Institute on Aging of the National Institute of Health, provides many valuable resources on this site.