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Building Health and Safety Initiatives in Faith-Based Organizations

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Consultancy Project Executive Summary

Organization:	Gardner-Webb University College of Education
Project Title:	BUILDING HEALTH AND SAFETY INITIATIVES IN FAITH-BASED ORGANIZATIONS
Candidate:	Jacqueline Denise Palmer
Consultancy Coach:	Dr. Dale Lamb
Defense Date:	November 18, 2021
Authorized by:	Dr. Robbie Johnson

Approval

This consultancy project was submitted by Jacqueline Denise Palmer under the direction of the persons listed below. It was submitted to Gardner-Webb University College of Education and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Gardner-Webb University.

Dr. Dale Lamb, Faculty Advisor
Gardner-Webb University

Date

Dr. Robbie Johnson, Site Advisor
The Park Church

Date

Acknowledgements

I thank God for keeping me through this Doctorate of Education in Organizational Leadership journey. Each day came with new grace and mercy to move forward. My educational philosophy in part states that life is a lifetime learning process. There is a cost for higher education, which is time, money, and perseverance. The knowledge I have gained in the DEOL program has added to who I am as a person and has given me an added degree of wisdom.

I want to thank Gardner-Webb University for giving me the opportunity to obtain my Master's in Nursing Education, a Post Master's in Nursing Administration, and finally my Doctorate in Education.

Dr. Dale Lamb, my sincere appreciation for your guidance in completing my executive summary. I thank you for your dedication in teaching not just to impart knowledge but also to help your students become better people.

Dr. Jeffery Hamilton, my utmost gratitude to you for your teaching, sharing, and continued vision for the DEOL program.

To my professors, Dr. John Balls, Dr. Emily Defrictas, Dr. Conrad Martin, and Mr. Jeffery Penley, my sincere thanks to you for imparting knowledge, which is invaluable. Thank you for your dedication to teaching.

To my cohort, I could not have made it without you. You challenged me, you encouraged me, and you set a standard of excellence. Thank you for being there for me.

To my coworkers, thank you for your encouragement during this journey.

To my church family, The Park Church, sincere gratitude for your prayers, encouragement, and support. You provided the refueling I needed each week to start

another week. I miss seeing your faces during this pandemic.

Thank you, Dr. Robbie Johnson, for your support and for stepping in to be my site coordinator.

To my dear friends who are near and far, my deepest gratitude to you for your prayers, support, coaching, and belief in me that I would make it through. Some of you always called me Dr. Palmer before I enrolled in school. My friends, you were there when I asked for help. A great big hug to all of you who supported me in any way during this journey.

To my family, I am grateful for your support and patience. I could not make it home very often because I had schoolwork to complete.

To my daughter Jady, you came into my life and added meaning to who I am. Thank you for your patience. There were many, many times I had homework to complete which took time away from you. Thank you for hanging in there. I LOVE YOU.

And God is able to make all grace abound to you, so that in all things at all times, having all that you need, you will abound in every good work. II Corinthians 9:8

Abstract

BUILDING HEALTH AND SAFETY INITIATIVES IN FAITH-BASED ORGANIZATIONS. Palmer, Jacqueline Denise. 2021: Consultancy Project, Gardner-Webb University.

The church has always responded to the needs (the sick, dying, and hungry) of the community. The church is more than a place to feed the soul; it is a place for healing of the mind, body, and soul. How effective is the church in providing health and wellness education? There has been an increase in domestic attacks on faith-based organizations. Cybersecurity and Infrastructure Agency (n.d.) stated that from 2009 to 2019, there have been 37 attacks on houses of worship resulting in 64 people losing their lives. These attacks prompted houses of worship to review their security policies or put a security plan into place to provide a safe place for people to worship. This project sought to assess whether churches have safety measures and plans in place to handle crises and if churches have the ability to provide health information and programs to congregants in order to promote healthy behaviors by administering the Faith-Based Organization Capacity Inventory survey. The church's culture was assessed using the Denison Culture Survey, which looked at four key drivers (involvement, consistency, adaptability, and mission). Involvement assessed how the congregation is aligned and engaged within the church to support its growth. Consistency reflects how the congregation and the church share the same core values and if the church has the structure in place to meet the goals and objects. Adaptability shows how the church adapts to societal change. Mission reveals if the values of the church are clear and being lived out consistently.

Keywords: health initiatives, safety initiatives, faith-based organizations, church mission and vision

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1 Introduction

1.1 Project Purpose

Faith-based organizations (FBOs) serve as the religious community center for spiritual regeneration and fellowship. A host of people of the Christian faith normally come together weekly on Sundays to hear an uplifting message from the pastor to overcome life's challenges, to pray, to worship corporately, to sing songs (hymns, both spiritual and contemporary), and to show visibly their expression of faith during the worship service. It speaks to showing gratitude and thankfulness for what God has done, building up the spirit and soul. The leading cause of death in African Americans is heart disease. African Americans are more than twice as likely to develop diabetes compared to non-Hispanic Whites (American Heart Association, 2015). With the rise in mass shootings in the United States, houses of worship (Charleston, Sutherland Springs, Texas, to New Zealand) did not escape this awful tragedy. Being prepared, as much as possible, to respond is of the utmost importance. Within the congregation are members with health challenges. Part of theology is being holistic in mind, body, and spirit. The health ministry's focus is the body's health, while the church community and the pastor feed the mind and spirit. "Beloved, I wish above all things that you prosper and be in health, even as your soul prospers." (III John 1:2, King James Version). This scripture emphasizes the connection between physical health and spiritual health.

Health and faith go back to biblical times. The church has always responded to the needs (the sick, dying, and hungry) of the community. For African Americans, the church was more than a place to feed the soul; it was a place for healing by faith and the laying on of hands by the elders of the church. James 5:14 (King James Version): "Is any sick among you? Let him call for the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord." The African American church for years has been the foundation of meeting the needs of the sick. Churches have now become important partners in providing health education to their members and the community. The church realizes that physical health and spiritual health go hand in hand. Mental wellness is also important to growing the whole being. Maintaining good health is our spiritual obligation because God created us as physical beings and we are the house for the spirit (C. Alexander, personal communication, August 2020).

Studies have been conducted to assess the role of FBOs to provide health/wellness education. How have FBOs been a vital part of wellness? Some may ask if FBOs have the ability to provide health/wellness education. The Faith-Based Organization Capacity Inventory Tool (FBO-CI) expanded from the Organization Capacity Model. The FBO-CI assesses (a) the structure of the church (health team, staffing, and space); (b) the processes of the church (health promotion experiences); and (c) external collaboration (partnership with other health agencies in order to provide health resources).

1.2 Associated Documents

The following associated documents are found in the appendix.

Denison Culture Survey (Appendix A)

The Denison Organizational Culture Survey stems from the Denison Culture Model, developed by Denison and Neale in 1996 (Denison et al., 2012, p. 174) to assess the relationship between organizational culture and performance. The Denison Culture Model reflects how an organization can be effective in meeting its goals using resources available to the organization. The Denison Culture Model measures four key drivers of performance measurement: adaptability, mission, consistency, and involvement. Each of the four traits are further divided into 12 indexes (Denison Consulting, n.d.): empowerment, team orientation, capability development, core values, agreement, coordination and integration, creating change, customer focus, organizational learning, strategic direction and intent, goals and objectives, and vision. The Denison Model is divided into four hemispheres: external, internal, stability, and flexibility. Adaptability and mission focus on external elements, which indicate how well the organization is performing in the marketplace and strategies for the future. Internal focus is on the areas of involvement and consistency, indicating how well the organization is sharing information and how well people are working together. The internal focus represents the quality of products and job satisfaction. Flexibility covers the traits of adaptability and involvement, which reflect how well an organization adapts to changes in customers and its employees. Mission and consistency indicate how stable an organization is through challenging outside forces and how stable the organization has been over time.

FBO-CI Survey (Appendix B)

FBO-CI is based on three structural areas of capacity: staffing and space, health promotion experience, and external collaboration. The FBO-CI survey items ask questions about the makeup, staffing, and size of the congregation; educational background about the pastor; type of building (space, access to computer/internet); the organization's denomination; health ministry activities; and collaboration with other community agencies and faith-based organizations. The FBO-CI assessment gives a picture of the factors that influence the initiation of continuing health and wellness education-based education and the organization's ability to provide health promotion information and wellness activities.

Maslow's Hierarchy (Appendix C)

Conceptual Framework

Maslow's hierarchy focuses on five basic needs of every human. Maslow ranked those five needs in order of importance: physiological, safety,

love/belonging, esteem, and self-actualization according to importance for overall wellbeing.

- * Physiological—need to breathe and maintain a balance within the body to obtain nutrition and optimal functioning
- * Safety—need to feel safe in the environment and the need for emotional/spiritual balance
- * Love and belonging—need for a relationship with family and friends
- * Esteem—feeling of accomplishment
- * Self-actualization—achievement

In order for people to live their fullest life, they require those five basic needs. The goal of FBOs is to provide for those basic needs. FBOs provide resources for food and support for housing by contributing to home missions that include money for rent or food. John 6:5-13 (KJV) states that Jesus took five barley loaves and two fishes to feed the multitude of 5,000, resulting in an overflow of 12 baskets after all were fed. Using what you have to help others, God will bless. During worship service, there are volunteers and paid security who monitor the goings and comings of congregants on the inside and outside. There is strategic placement of security cameras for added safety to view the parking lot, sanctuary, and various angles of the outside. FBOs provide an atmosphere and worship experience that build relationships. Small groups such as outreach ministries, support groups, small group Bible studies, and choir groups help to build relationships, satisfying the need to belong and feel loved. FBOs build self-esteem by biblical teaching of love for each other and the unmerited love of God. The concept teaching of grace refers to unmerited favor, receiving goodness for no reason. Grace is getting something you do not deserve. Mercy is not receiving the consequences you deserve. Mercy shows forgiveness or does not receive punishment that is owed. Empowering congregants to believe the promises in the Bible and teaching how the stories of the Bible are applicable today in their life situations build self-esteem. Theological teaching provides a different view of who congregants are despite life's circumstances and of accepting who they are as Christ sees them. Lessons learned and shared from life's experiences could be a catalyst to help others to overcome trying times in their lives. The Lord's Prayer, Matthew 6:9-13, provides a glimpse into satisfying human needs in the scriptures (Green, 2017).

The following associated documents are found in the appendix.

Partnering Organization –The Park Church	Appendix D
Incident Report	Appendix E
Active Shooter Guide	Appendix F
Church Emergency Preparedness Plan	Appendix G
Crisis Management Plan	Appendix H
Faith-Based Organizational Capacity Inventory Survey Results	Appendix I
Impacting Faith-Based Organizations With Health and Safety Tips Brochure	Appendix J
Professional Literature Review	Appendix K

1.3 Project Plan Maintenance

The project originally focused on one FBO. Due to COVID-19, the closing of churches made it difficult to maintain continuous contact with the original FBO. Once contact was reestablished, the contact person with the FBO was transitioning to a new church. The new contact person met with me by phone after viewing the project concept and decided the project concept was going to be something the church could support. Dr. Dale Lamb, project consultant, approved the original project. The project was re-focused to assess the culture and the capacity to implement health programs from various churches in North Carolina and South Carolina. The new partnering organization's mission is to provide health promotion and safety initiatives to sister churches to give them tools that will expand their safety management plans and provide tools for healthy living for their congregation and surrounding communities. Updates to the project were discussed with Dr. Lamb, and he gave approval. A new project host was secured, Dr. Robbie Johnson with The Park Church, Charlotte, NC.

2 Project Scope

The scope of the consultancy project was to assess the organization's cultural traits in the areas of involvement, consistency, involvement, adaptability, and mission. The culture of an organization often correlations to how well the organization performs. The project also assessed the capacity of various churches to transform and initiate health promotion activities for the congregation and the communities they serve. The feedback helped to create an action plan for health and safety initiatives. Health promotion activities include but are not limited to quarterly blood pressure checks, monthly health awareness topics, CPR training, a health fair, evacuation safety plans, and a health emergency plan. The assessment will help give guidance for presenting health and wellness classes and health handouts to the congregation and to assess the mission and vision of the church; help prepare volunteers to respond to any medical emergencies; and establish protocols for emergencies and safety plans in the event of a medical, weather, or active shooter threat. The overall goal is to empower the congregation to make healthier lifestyle choices, improve or maintain their state of wellbeing, and keep the congregants safe in the event of an emergency. The church is the weekly meeting place where congregants come to refuel mentally after dealing with the challenges of home, work, family, and health; or to give thanks for life, the good and the bad. The church provides a safe place in which to receive spiritual guidance in order to live a better life and increase one's faith as they journey through the challenges of life's ups and downs.

2.1 Outline of Partnering Organization's Objectives

2.1.1 Objective

Tending to the health needs of the people by church dates back to the Bible days. James 5:14 states, "Is any sick among you? Let him call for the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord" (King James Version). Healing the sick by Jesus was seen throughout the Bible: Peter's mother (Matthew 8:15); the 10 lepers (Luke 17:14); a paralyzed man (Matthew 9:6); blind men (Matthew 21:14); demon-possessed man (Matthew 8:16); woman who had a bleeding condition for 12 years (Mark 5:34); and many more. Concern for the health of the people started with the church. The church is able to connect health to spirituality. Many people experience illnesses associated with unhealthy lifestyle behaviors. The church is very influential in getting people to change their behavior, making the connection that part of obeying the word of God is being a good steward of what God gave you, which is your body; therefore, being in good health is important to the functioning of the church. Healthy congregants are vital to achieving the mission and vision of the church within the walls of the church and in the community through various outreach ministries.

The Park Church's vision:

We seek to bring people to Christ by: **sharing** Christ through evangelism; **gathering** people together through worship; **growing** people through spiritual development; and **sending** people out for Christ through local and global missions. Our faithfulness in the word of Jesus Christ sustains the vision of spreading the Gospel throughout the world.

The objectives of The Park Church healthcare ministry are to be the catalyst to promoting healthy lifestyle behaviors in congregants and to provide a safe environment in which to worship freely. John 10:10 (King James Version) states, "The thief cometh not, but for to steal, and to kill, and to destroy: I am come that they might have life and that they might have it more abundantly." The goal is to provide health education materials and health classes, link the congregation with outside health organizations, and help the congregation collaborate with ministries in their churches that provide support for wellness.

- To promote wellbeing; maintenance of the body, mind, and spirit
- Prevention of diseases and injury; to the congregants, the community, and citizens abroad
- Provide ongoing health education, materials, and health-related services through a partnership with local and national agencies (American Heart Association, The Mecklenburg Health Department-Village Heart Beat, Charlotte Kidney Support Group, Cancer Support Group, Sickle Cell Partners of the Carolinas, American Cancer Society, and Community Blood Center of the Carolinas)

2.1.2 Success Criteria

The overall success of the partnering organizations include the following:

- Majority of volunteers completed the Denison Culture and FBO-CI surveys
- Reevaluate how to incorporate health programs so more congregants will be involved; healthy lifestyle behavior changes in congregants; and health risk factors for heart disease, diabetes, stroke, and cancer
- Provide a safe place for congregants to worship by putting in a safety plan, use the emergency plan as a guide, and update the church's safety plan
- Implementation of an evacuation action plan

2.1.3 Risks

- Ineffective health promotional programs. Congregants will not make lifestyle behavioral changes. Congregants will not be physically fit to do volunteer work in the church or community.

- The church is not able to respond to crises (medical emergency, environmental emergency, or active shooter).
- Congregants do not see the connection between spirituality and health.
- The church decides not to accept any of the project concepts.
- The church's budget does not allow for buying any additional equipment.

2.2 Outline of Student's Objectives

2.2.1 Objectives

The student's objectives related to health promotion and safety initiatives include the following:

1. Empower congregants and the community to make healthier lifestyle choices to improve or maintain their health by providing health and wellness information through various church activities, health flyers, health classes, health newsletter, and collaborating with health agencies.
2. Develop specific guidelines on how to respond to medical emergencies that may occur during any type of church activity.
3. Train congregants who can be first responders to medical and environmental emergencies during church activities, at home, or other events. Train congregants in CPR, first aid, and AED.
4. Create a safety plan to follow if an emergency arises (evacuation, active shooter, weather).

2.2.2 Success Criteria

Success criteria for this project reflect my nearly 29 years as a nurse. My expertise as a volunteer parish nurse and an ordained leader at a large multi-site church has enabled me to incorporate health and faith. My background in nursing education has given me the tools to provide health education classes based on the health literacy of the population. As a leader of the church, I am partly responsible to help carry out the vision and mission of the church. I also work closely with the church's director of security and security team to collaborate during any medical emergency or environmental emergencies to ensure the safety of the congregation and assist churches in providing health and safety initiatives to congregations and the communities they serve.

2.2.3 Risks

- No support from pastors or ministry leaders
- Lingering effects of the COVID-19 pandemic on churches, continuing to delay full corporate worship

- Results from the surveys do not reveal the church's capacity to implement health programs
- Church leadership is not willing to reassess their vision/mission of the church
- Churches accept the proposals but choose not to implement any initiatives

2.3 Definitive Scope Statement

The scope of the consultancy project was to assess the capacity of various faith-based institutions' capacities to initiate health promotion activities for the congregations and communities they serve. Health promotion activities include but are not limited to quarterly blood pressure checks, monthly health awareness topics, CPR training, a health fair, evacuation safety plans, and health emergency plan. The assessment will help to give guidance on how to present health and wellness classes and health handouts to the congregation, prepare volunteers to respond to a medical emergency, and help establish protocols for emergencies and safety plans in the event of a medical, weather, or active shooter threat. The overall goals are to empower the congregation to make healthier lifestyle choices, improve or maintain their state of wellbeing, and keep the congregants safe in the event of an emergency.

3 Deliverables

3.1 To Partnering Organization

Refocusing after the original church partnership ended, a new partnering organization was secured: The Park Church. The collaboration then expanded to sister churches in North and South Carolina to provide support with health and safety initiatives. Conversations were held via telephone calls and emails with The Park Church Director of Security Terry Mack, pastors, and leaders of collaborating churches to discuss the intent of the project.

Deliverables:

Development of Goals and Objectives	February 2019
Presentation of Goals and Objectives	March 2020
Representation of Goals/Objectives to alternative church pastors/church leaders	June 2021
Send out surveys (Denison/FBO-CI)	June 2021
Emergency Incident Report Example (Appendix E)	July 2021
Active Shooter Guide (Appendix F)	July 2021
Church Emergency Preparedness Plan (Appendix G)	July 2021
Ending of surveys	August 2021
Church engagement	
Crisis Management Plan--Media guide--WMPR Inc. (Appendix H)	August 2021
Share survey results from the Denison Culture Survey and FBO-CI Survey	October 2021
Present action plan based on surveys--mission direction/safety programs/inclusive of all members	October 2021
Brochure—Impacting Faith-Based Organizations With Health and Safety Tips (Appendix J)	October 2021

Additional guidance provided:

- Example of emergency incident report
- An outline of key safety tips to consider for an emergency evacuation plan. Practice an emergency evacuation during church service
- A speaker's note guide for active shooter--Home Land Security
- Crisis Management managing and media guide

3.2 From Student

Non-applicable

4 Project Approach

4.1 Project Lifecycle Processes

One lead project manager formulated goals and objectives, after collaborating with an initial FBO. Verbal permission was given by the pastor of the church to begin working with the church's healthcare ministry leader. The Denison Culture and the FBO-CI Surveys were administered to the ministry leader and church members to gain a preliminary assessment of the organization. Due to COVID-19 pandemic restrictions contact with the original organization halted for several months (March 2020 to September 2020), delaying distribution of the Denison and FBO-CI Surveys. Communication with the ministry leader resumed in late January 2021 to brainstorm how we could proceed with securing volunteers to complete the surveys despite the church being closed for corporate worship. In March 2021, notification was given that the current healthcare ministry leader had stepped down to transition to another organization. Connection was made with the new ministry leader of the organization in April 2021 to review the goals and objectives for the project. The new ministry leader was not responsive to follow-up emails, phone calls, or text messages. In May 2021, the organization decided not to continue with the partnership despite explaining the organization does not have to implement any of the initiatives. The partnership ended after the church stated it could no longer commit to continuing with the project, citing limitations related to the COVID-19 pandemic. Under the direction of the consultant project advisor, the project refocused and a new partnering organization, The Park Church, agreed to the partnership, thus secured in June 2021. The partnering contact for The Park Church is Dr. Robbie Johnson. Objectives and goals remained the same. The focus was to distribute the Denison Culture and the FBO-CI surveys to eight to 10 sister churches in North and South Carolina to assess the church's culture as it relates to its performance in promoting health and safety programs to address health disparities and safety within their churches. Pastors agreed to designate a church leader to get volunteers to complete the surveys, knowing that survey responses remained anonymous. Surveys were distributed in June 2021 and returned by August 2021. In August 2021, the results collected reflected the lowest scores from the Denison Culture Survey and the information obtained from the FBO-CI Survey. An action plan was created to address concerns with knowing the mission and vision of the church and its ability to provide a safety plan as well as health programs that focus on all age groups of the church.

4.2 Project Management Processes

Communication with the original partnering organization occurred by phone calls. COVID-19 restrictions resulting in the closing of the organization halted communications for a few months. After the original partnering organization backed out of the project, a new partnering organization, The Park Church, was secured. The project consultant, Dr. Lamb, was notified. The new project

support coordinator from The Park Church is Dr. Robbie Johnson. The aim of the project was re-focused to help sister churches improve their ability to provide health promotion and safety activities to the congregation and community they serve and provide safety tips the churches may consider as they provide a safe environment to worship. The aim of the project was discussed with the partnering church coordinator. Goals and objectives were sent by email. The lead manager contacted the pastors of the churches once contact information for many of the pastors was received from Katherine Mahoney, executive assistant to the pastor of The Park Church, obtaining their permission to be a part of the project. The lead project manager contacted church leaders and pastors from other churches to obtain their consent. Thus, the Denison Culture Survey and the FBO-CI Survey were sent using Qualtrics XM, a survey feedback distribution tool. Reminder emails were sent to some of the pastors and church volunteers taking the surveys. Data collection ended in August 2021.

4.3 Project Support Processes

Communication with the site coordinator occurred by phone or email. Because of COVID-19 restrictions, there was limited personal contact.

4.4 Organization

4.4.1 Project Team

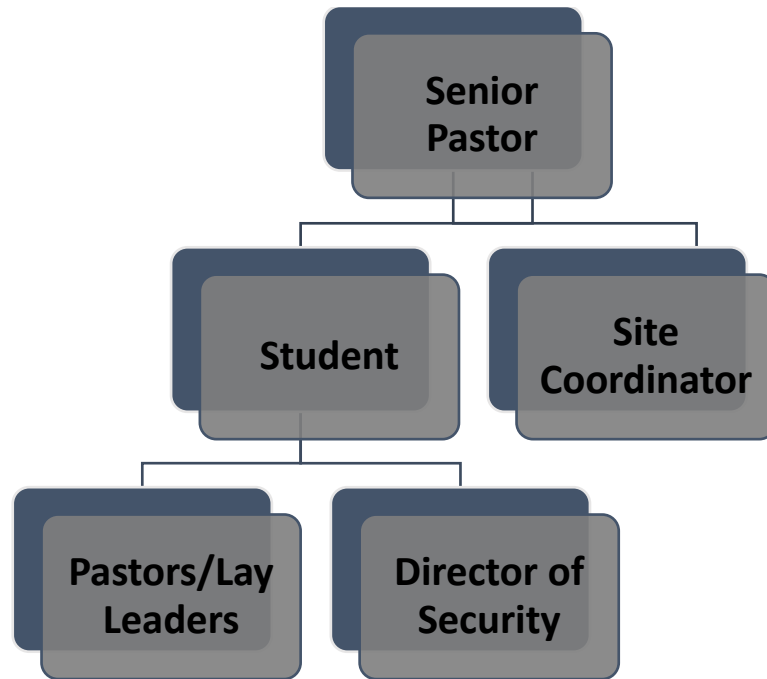
The project team involved the following

- Student
- Pastor-Bishop Claude Alexander
- Site Coordinator-Dr. Robbie Johnson

Other persons consulted on the project included

- Security Director-The Park Church
- Pastors and church lay leaders, North Carolina/South Carolina

4.4.2 Mapping Between The Park Church and Student



5 Communications Plan

Stakeholders	Shared Information	Rationale for the information	Timeline	Delivery
Site Coordinator	Objectives and goals for the project	Obtain acceptance for the concept	June 2021	Email
Site Church	Confirming Outreach Ministry is more than evangelism	Confirming the church's outreach ministry	November 2021	Presentation
Participating Churches	Provide results from the Denison Culture Survey	Review church's mission/vision to ensure the church is in alignment with its mission/vision	November 2021	Presentation
Participating Churches	Develop health, wellness, and safety programs	Provide examples of activities to promote healthy lifestyles and safety programs during crisis management	November 2021	Resource brochure

6 Work Plan

6.1 Work Breakdown Structure

Objectives/Tasks	Resources	Timeline
Establish a relationship with Moore's Sanctuary-Healthcare Ministry Leader	Walkthrough of the church	February 2020
Termination of partnership with Moore's Sanctuary	none	April 2021
Refocus consultancy project-contact Pastors/church leaders	Phone numbers/email addresses	March/April 2021
Reassess goals	none	April 2021
Retained a new site coordinator	none	June 2021
New partnership with The Park Church and the Healthcare Ministry	Site coordinator- Robbie Johnson	June 2021
Discussion with Pastors and lay leaders	Written objectives/goals	May 2021
Send out test surveys	Qualtrics XM-Gardner Webb University	May 2021
Send out surveys/emails/text message	Qualtrics XM-Gardner Webb University	June 2021
Send out reminder emails/text messages to take surveys	Qualtrics XM-Gardner Webb University	June/July/August 2021
Review survey results from Denison Culture/FBO-CI	Qualtrics XM-Gardner Webb University	August 2021
Identify deliverables	Survey results The Park Church-Security Director, Discussion with Monica Wood-MWP Inc.- Media Management, Homeland Security, The Park Church Incident Report	August 2021

6.2 Resources

- Qualtrics
- AT&T- email/text/phone
- Incident Report- The Park Church
- MWP Inc.
- Google
- Homeland Security
- American Heart Association
- Emergency Prepared Plan
- The Park Church
- Smart Church
- Computer
- Google Scholar
- First Aid Kit

7 Milestones

Milestone Number	Title	Forecast date
1	Develop a title statement to address the purpose of the consultancy project	March 2019
2	Develop measurable objectives (SMART objectives).	May 2019
3	Develop the scope, boundaries, and organizations and systems impacted. Create deliverables to be presented	September 2019
4	Develop a summary of the business (financial, productivity, impact, etc.) benefits that are expected to flow from the consulting project.	January 2020
5	Develop a risk assessment based on the initial summary of the anticipated risks associated with the consulting project	January 2020
6	Develop a detailed summary of the key assumptions upon which the consulting project will be planned and executed	May 2020
3,4,5,6	Refocused consultancy project with another agency after the original organization terminated partnership. New partnering organization- The Park Church	April 2021
7	Develop an outline of a project plan including detailed strategies, activities, timelines, responsibilities, expected outcomes, and results for all phases.	May 2021
8	Develop a preliminary estimate of the financial budget required to plan and deliver the consulting project objectives/benefits.	May 2021
9	Develop a quality assurance plan to include actions to measure the effectiveness of project plan phases.	June 2021
10	Track and document overall plan performance.	July 2021
11	Document final results	September 2021

8 Metrics and Results

The consultancy project was a partnership with The Park Church and the healthcare ministry to assess participating sister churches' cultures and their abilities to present health promotion activities by providing health resources that will empower congregants to want to make changes to their lifestyle health behaviors to maintain or improve their health and provide health literacy education. Surveys were sent by email or anonymous link. The Denison Culture Survey and the FBO-CI Survey were sent to the same participants. Responses to the surveys were anonymous. A few test survey emails were sent to ensure participants could access the link. Some participants could not access the survey, reason unknown.

Denison Culture Survey Results

The Denison Culture Survey was sent to 53 participants from 10 different churches. There was an 85% completion rate. Qualtrics XM was used to help build the questions. There were 48 questions scored on a 4-point Likert scale assessing how organizations meet their goals and how well they use resources to meet their goals. Survey questions were revised, ensuring to maintain the integrity of the survey, to obtain responses specific to the organization. The Denison Culture Survey assessed how well the church is true to its core values in its mission statement and how the church is living out its vision. The Denison Culture Survey measured the behavior of the church in four areas: mission, adaptability, involvement, and consistency. The overall results identified that mission (Do we know where we are going, and what is the goal/mission of the church) was the area of most concern noted by members and leaders. The action plans will focus on the lowest three scores: Statement 1, "There is a long-term purpose and direction for the church"; Statement 3, "There is a clear mission that gives meaning and direction to the work of the church"; and Statement 5, "There is widespread agreement about the goals/mission of the church." The highest scores for the Denison Culture Survey came from Statement 36, "The ability of members is viewed as an important source of competitive advantage"; Statement 46, "Innovation and risk-taking within the business of the church are encouraged and rewarded"; and Statement 42, "Member's input directly influence decisions." Statements 36, 46, and 42 revealed that churches have high scores in the area of consistency–agreement, coordination, and integration. In addition, scores were high in the area of adaptability–creating change, organization learning, and customer focus.

Survey Results Overview

Denison Culture Survey- lowest scores	Denison Culture Survey Results Statements 1, 3, and 5
Statement 1: There is a long-term purpose and direction for the church.	Overall Mean Score 1.36
Statement 3: There is a clear mission that gives meaning and direction to the work of the church.	Overall Mean Score 1.55
Statement 5: There is widespread agreement about the goals/mission of the church.	Overall Mean Score 1.64

Survey Results Overview

Denison Culture Survey- highest scores	Denison Culture Survey Results Questions 19, 23, 36, 42, and 46
Statement 19: It is easy to reach a consensus even on difficult issues.	Overall Mean Score 2.23
Statement 23: It is easy to coordinate projects across different organizations or ministries of the church.	Overall Mean Score 2.23
Statement 36: The ability of members is viewed as an important source of competitive advantage.	Overall Mean Score 2.34
Statement 42: Member's input directly influences decisions.	Overall Mean Score 2.27
Statement 46: Innovation and risk-taking within the business of the church are encouraged and rewarded.	Overall Mean Score 2.35

FBO-CI Results

The FBO-CI consisted of 21 open-ended questions with some yes/no questions. The target population consisted of the pastor, church leaders, ministry leaders, and congregants of various age groups. Most of the churches have a healthcare ministry or a health cabinet. Churches have 25-50 volunteers. The participating churches were found to have a high capacity to offer health promotion activities and at least two health promotion activities within the past 2 years including ongoing information on COVID-19. The churches do have technical support, computer access, a website, or a person in the position of media director. Most churches do have a healthcare ministry, and they do collaborate with community organizations for health awareness support (see Appendix I). Participants did not list any safety programs (medical emergencies or crisis management) the church offered or currently has in place, nor were there programs addressing the needs of the youth and senior adults.

With the results, there will be an action plan to address the concern for church direction in relation to the church's mission and to address gaps in health initiatives to include health programs for youth and seniors, provide safety measure tips to respond to medical emergencies, and foster thinking about implementing a crisis management plan.

FBO-CI Survey	See Appendix I- FBO-CI Results
Question 6: Does the church have health a ministry/health cabinet?	Yes
Question 10: How many health topics has the health ministry covered in the past 2 years?	Average 2-3 topics
Question 11: How many health activities has the health ministry conducted for the church in the past 2 years? List 2 if possible. Please respond None if no health activities were conducted.	Listed--blood pressure checks, mental health, stress relief, healthy heart; healthy cooking, physical activity, cancer awareness, diabetes
Question 14: Does the church collaborate with other organizations? For example: feeding programs, community outreach, or local health agencies.	Yes
Question 16: Has the church participated in or conducted a community-based project?	Yes

Churches can create healthy lifestyle behavior change in congregants because they do provide health promotion education and activities. Churches fall short on having safety plans and crisis management plans. Churches will need to revisit their mission and vision statement to ensure their mission and vision align with their plans for the future.

9 Risks, Constraints, Assumptions

9.1 Risks

Risk Description	Mitigation Plan (what to do to avoid the risk occurring)	Contingency Plan (what to do if the risk occurs)	Impact (what the impact will be to the project if the risk occurs)	Likelihood of occurrence (e.g., %, or high/medium/low)
Churches may not agree to participate	Reach out to churches who are sister churches to The Park Church	Reach out to multiple churches for a goal of 10	Unable to obtain a true assessment on church's capacity to perform	Low
Pastor/lay leaders/members do not complete the surveys	Send out reminder emails to complete the surveys	Ask for volunteers from several ministries to complete the surveys	Low survey results	High
Churches do not have the budget for health and safety plans	Churches can plan to implement 1-2 health programs per year	Churches can partner with other churches when presenting programs to split any cost	No changes in healthy lifestyles	High
Churches are not receptive of deliverables	Follow up with pastors/lay leaders by email	Call pastors and lay leaders	Missed opportunity to empower congregants	High
COVID-19 Restrictions Prevented churches from opening up to full ministry	Follow up by email/phone calls	Follow up by email/phone calls	Few volunteers to complete the survey-- Survey results do not truly reflect the participating churches	High

9.2 Constraints

The consultancy project was constrained by COVID-19 restrictions. Churches closed their doors for corporate worship, thus many churches streamed their worship services online via Facebook Live, YouTube, Zoom, or other streaming platforms.

9.3 Assumptions

- The churches' healthcare ministries do not provide comprehensive health promotion education.
- The pastor of the churches will be agreeable to outside support to strengthen the healthcare ministry.
- There is not a portable first aid kit or emergency documentation form to respond to medical emergencies.
- There is no protocol to handle emergencies.
- Financial resources will be very limited due to the church closing secondary to the COVID-19 pandemic.
- Churches will be acceptable to the deliverables.

10 Financial Plan

The project did not have a set budget. The public relations media guide organizations can use to respond to the media during a crisis was purchased from MWPR Inc. for \$15. Communication was completed by phone, email, or text, not requiring any need for mailing.

Approximate budget to implement initiatives:

Administrative cost:

Copy paper, ink, mailing, special printing, newsletter	\$ 300
--	--------

Miscellaneous costs:

<i>Who Moved My Cheese</i> Book	\$ 10.94 hard copy/\$13.99 Kindle
Public relations speaking guide--MWP Inc.	\$20
Tablecloths for the narthex	\$20
CPR manikin rental, supplies, CPR card	\$600
Active shooter training (speaker, brochure, printing)	\$250
AV projector (if the church does not have)	\$150
First Aid supplies/posters/toolbox	\$ 400
AED machine (if the church decides to add to the yearly budget)	\$2500 to \$3000
Crisis Management Guide--Steps to take in managing a crisis--electronic from MWPR Inc.	\$15
Miscellaneous	\$150
	Total \$4915.94

11 Quality Assurance Plan

Strategic Plans for Church Reengagement and Health and Safety Initiatives

Specific Activity	Time-line	Persons Responsible	Resources Needed; Fiscal and Human	Formative Assessment Method	Summative Assessment Method	Goal	Indicator of Success
Reengage the church toward its mission and direction for the church	18-24 months	Church leadership--deacons, deaconess and ministry leaders	Leadership--all levels to focus on refreshing, refocus and reinvent (the leadership institute) engage in teaching Committee to plan a church wide bible study to help with refocusing	Revisit the mission and vision--is it right for the direction of the church Is the mission short and understandable Church assessment--spiritual gifts	Recharge the congregation's motivation toward the church mission with series of short informative forums/ministry dashboard Short series Bible study--noonday/evening to include all ages Bible study-- <i>Who Moved My Cheese</i> , <i>Experiencing God</i> --Henry Blackaby All church activity should be centered around the vision/mission	Members able to understand the mission/vision of the church Clarify/simplify the church mission/statement Does the mission provides a strategic plan for the church in the years to come	A named committee to develop a strategic plan to fulfill the church's mission and vision Develop a church theme that focuses on the church's mission/vision Church budget includes potential items to focus on the mission/vision
Develop short- and long-term goals for health promotion activities	12-24 months	Healthcare Ministry Leaders, Security director, Trustees	Plan for additional health ministry funds with each annual budget	Congregational Health Needs Assessment What is the church's safety plan	Identify common health topics from the congregation Health needs assessment	Receive at least 50% response of the surveys given out	Implementation of at least two health programs or initiatives Develop a safety plan/manual

Recommendations:

- Reengaging the church toward its mission and direction first by focusing on the leadership team, including all ministry heads and those who hold an office.
- Refresh leadership with bimonthly team-building exercises.
- Engage in a 5-week leadership study such as *Jesus on Leadership: Becoming a Servant Leader* by C. Gene Wilkes--focuses on the development and training of leaders in the church. When leaders know where the church is going, they can influence those they lead in ministry teams.
- Complete a spiritual gift assessment.

- Development of long- and short-term health initiatives that include youth, adults, and seniors.
- Passing out a health needs assessment to assess the top health topics of need to provide health prevention material, connect to resources to foster healthy behavioral lifestyle changes to strengthen mind, body, and souls.

Success can be determined by:

- 1) Completing the Bible studies
- 2) Surveying pastors and church leaders to ask if they revisit the church's mission to assess if the goals are the same as the vision
- 3) Scheduling forums on the church's calendar
- 4) Implementing ministry dashboard to share ideas
- 5) Indicating lifestyle changes by reports of weight loss, lower blood pressure, and decreased blood sugar levels
- 6) Implementing safety initiatives by recording completed fire drills and developing a safety plan
- 7) Developing a plan for crisis management

Appendix A
Denison Culture Survey

Q1 There is a long-term purpose and direction for the church.

- ☐ Strongly Agree (1)
- ☐ Agree (2)
- ☐ Disagree (3)
- ☐ Strongly disagree (4)

Q2 Our strategy leads other churches/organization to change the way they operate in the community.

- ☐ Strongly Agree (1)
- ☐ Agree (2)
- ☐ Disagree (3)
- ☐ Strongly disagree (4)
-

Q3 There is a clear mission that gives meaning and direction to the work of the church.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q4 The church has a clear strategy direction/plan.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q5 There is a widespread agreement about the goals/mission of the church.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q6 Leaders set goals that are ambitious, but realistic.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q7 The church's leadership has clearly stated the goals/mission of the church.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q8 We continuously track our progress against our stated goals/mission.

- ☐ Strongly Agree (1)
- ☐ Agree (2)
- ☐ Disagree (3)
- ☐ Strongly disagree (4)

Q9 The leaders and members have a shared vision of what the congregation would like to do in the future.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q10 Leaders have a long-term vision.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q11 Our vision creates excitement and motivation for the members.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q12 The church is able to meet short-term demands without compromising our long-term vision of the church.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q13 The leaders/deacons/ministers "practice what they preach."

- ☐ Strongly Agree (1)
- ☐ Agree (2)
- ☐ Disagree (3)
- ☐ Strongly disagree (4)

Q14 There is a clear and consistent set of values that governs the way the church does business.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q15 When members do not adhere to the values/mission of the church they are held accountable.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q16 There is an ethical code that guides our behavior and tells us right from wrong.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q17 When disagreements occur, we work hard to achieve "win-win" solutions.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q18 There is a clearly defined culture (values, beliefs and principles).

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q19 It is easy to reach consensus, even on difficult issues.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q20 There is a clear agreement about the right way and the wrong way to do things.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q21 Our approach to doing business is very consistent and predictable.

- ☐ Strongly Agree (1)
- ☐ Agree (2)
- ☐ Disagree (3)
- ☐ Strongly disagree (4)

Q22 People from different parts of the organization share a common perspective.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q23 It is easy to coordinate projects across different organizations/ministries of the church.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q24 Individual ministry goals are aligned with the overall goals of the church.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q25 Decisions are usually made at the level where the best information is available.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q26 Information is widely shared so that everyone can get the information he or she needs when it's needed.

- ☐ Strongly Agree (1)
- ☐ Agree (2)
- ☐ Disagree (3)
- ☐ Strongly disagree (4)

Q27 Everyone believes that he or she can have a positive impact.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q28 Business planning is ongoing and involves everyone in the process to some degree.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q29 The church actively encourages participation in the programs/ministries of the church.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q30 Members work as a team.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q31 Ministries work as a team to get the work done, rather than the leaders.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q32 Work is organized so that each member can see the relationship between his or her contribution to the goals of the church.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q33 Authority is delegated so that members can act on their own.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q34 The ability of the members to do their work is constantly improving.

- ☐ Strongly Agree (1)
- ☐ Agree (2)
- ☐ Disagree (3)
- ☐ Strongly disagree (4)

Q35 There is continuous investment (training) to help improve the skills of members (for ministry work).

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q36 The ability of members is viewed as an important source of competitive advantage.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q37 The way things are done is very flexible and easy to change.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q38 The church responds well to other churches and changes in the church business.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q39 New and improved ways to do work are continually adopted/accepted.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q40 Different ministries of the church often cooperate to create change.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q41 Member's comments and recommendations often lead to changes.

- ☐ Strongly Agree (1)
 - ☐ Agree (2)
 - ☐ Disagree (3)
 - ☐ Strongly disagree (4)
-

Q42 Member's input directly influences decisions.

- ☐ Strongly Agree (1)
- ☐ Agree (2)
- ☐ Disagree (3)
- ☐ Strongly disagree (4)

Q43 All leaders have a deep understanding of the wants and needs of the congregation.

- ☐ Strongly Agree (1)
- ☐ Agree (2)
- ☐ Disagree (3)
- ☐ Strongly disagree (4)
-

Q44 The church encourages direct contact with members and the leaders.

- ☐ Strongly Agree (1)
- ☐ Agree (2)
- ☐ Disagree (3)
- ☐ Strongly disagree (4)
-

Q45 The church sees failure as an opportunity for learning and improvement.

- ☐ Strongly Agree (1)
- ☐ Agree (2)
- ☐ Disagree (3)
- ☐ Strongly disagree (4)
-

Q46 Innovation and risk-taking within the business of the church are encouraged and rewarded.

- ☐ Strongly Agree (1)
- ☐ Agree (2)
- ☐ Disagree (3)
- ☐ Strongly disagree (4)
-

Q47 Learning is an important objective in our day-to-day work.

- ☐ Strongly Agree (1)
- ☐ Agree (2)
- ☐ Disagree (3)
- ☐ Strongly disagree (4)
-

Q48 The church's leadership ensures that the congregation is informed about what is going on across the organization.

- ☐ Strongly Agree (1)
- ☐ Agree (2)
- ☐ Disagree (3)
- ☐ Strongly disagree (4)

End of Block: Denison Culture Survey

Appendix B

Faith-Based Organizational Capacity Inventory

Q1 How many adult members make up the congregation?

- ☐ A) 150-250 (1)
- ☐ B) 300-400 (2)
- ☐ C) 425-500 (3)
- ☐ D) 500+ (4)

Q2 How many members attend church weekly?

- ☐ A) 150-250 (1)
 - ☐ B) 300-400 (2)
 - ☐ C) 425-500 (3)
 - ☐ D) 500+ (4)
-

Q3 What is the highest college degree that the senior pastor holds?

- ☐ A) Doctorate (1)
 - ☐ B) Master's Degree (2)
 - ☐ C) Bachelor's Degree (3)
 - ☐ D) none (4)
-

Q4 Is the senior pastor employed outside the church?

- ☐ A) Yes (1)
 - ☐ B) No (2)
-

Q5 Does the church own its building?

- ☐ A) Yes (1)
 - ☐ B) No (2)
-

Q6 Does the church have health a ministry/health cabinet?

- ☐ A) Yes (1)
 - ☐ B) No (2)
-

Q7 How many full-time staff does the church employ?

☐ A) 2-3 (1)

☐ B) 4-6 (2)

☐ C) 7+ (3)

Q8 How many part-time staff does the church employ?

☐ A) 2-3 (1)

☐ B) 4-6 (2)

☐ C) 7+ (3)

Q9 How many members volunteer at the church?

☐ A) 25-50 (1)

☐ B) 51-75 (2)

☐ C) 75-100 (3)

☐ D) 101-125 (4)

Q10 How many health topics has the health ministry covered in the past 2 years?

- ☐ A) None (1)
- ☐ B) 1 (2)
- ☐ C) 2 (3)
- ☐ D) 3 or More (4)
-

Q11 How many health activities has the health ministry conducted for the church in the past 2 years? List 2 if possible. Please respond None if no health activities were conducted.

Q12 Which type of technical support does the church has in place for the members? Check all that apply.

- ☐ internet access (1)
 - ☐ space for activities (2)
 - ☐ computer access (3)
 - ☐ website manager/designer (4)
 - ☐ media director (5)
-

Q13 What technical support does the church currently need? Check all that apply.

- ☐ website manager/designer (1)
 - ☐ media director (2)
 - ☐ upgraded phone system (3)
 - ☐ ability to live stream (4)
 - ☐ software upgrade (5)
-

Q14 Does the church collaborate with other organizations? For example: feeding programs, community outreach, or local health agencies.

☐ A) Yes (1)

☐ B) No (2)

Q15 If you answered yes to the above question. Name some of the organizations.

Q16 Has the church participated in or conducted a community-based project?

☐ A) Yes (1)

☐ B) No (2)

Q17 What is the age range that best fits you?

☐ 18-29 (1)

☐ 30-44 (2)

☐ 45-59 (3)

☐ 60-74 (4)

☐ 75+ (5)

Q18 How long have you been a member of the church?

☐ 5-15 years (1)

☐ 16-25 years (2)

☐ 26-35 years (3)

☐ 36-45 years (4)

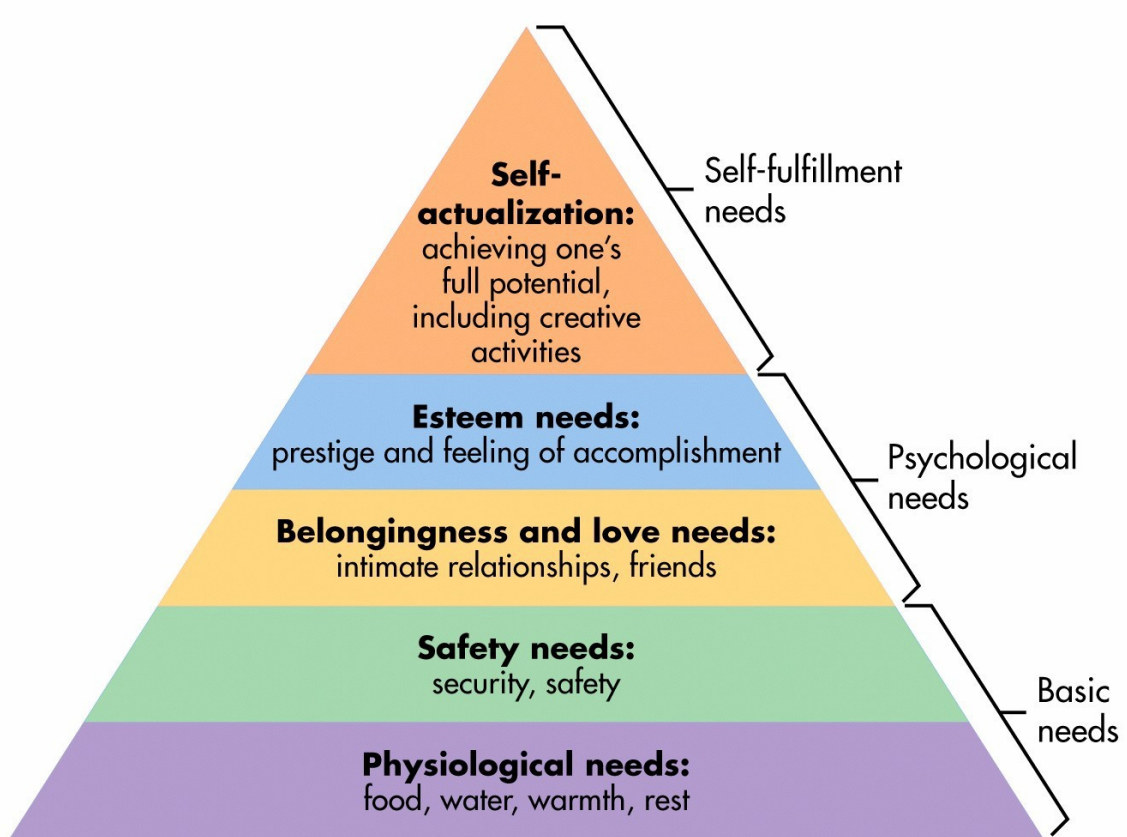
☐ 45+ years (5)

Q21 What Denomination is your church?

- ☐ Baptist (1)
 - ☐ Methodist (3)
 - ☐ Church of God in Christ (4)
 - ☐ Presbyterian (5)
 - ☐ Other (6)
-

Appendix C

Maslow Hierarchy



Appendix D

Partnering Organization –The Park Church



Extending the love, life and lordship of Jesus Christ

Our Mission

The Park Church exists to extend the Love, the Life, and the Lordship of Jesus Christ to everyone, in every way, in every place, and at every time the opportunity is given.

Vision

We seek to bring people to Christ by: sharing Christ through evangelism; gathering people together through worship; growing people through spiritual development; and sending people out for Christ through local and global missions. Our faithfulness in the word of Jesus Christ sustains the vision of spreading the Gospel throughout the world.

Appendix E

Incident Report

Date _____ Time _____
 Location _____
 Incident Type: Illness _____ Injury _____
 Other _____

Person involved in the incident
First Name: Last Name:
Address:
Contact information:
Emergency contact-Name:
Emergency contact phone #

Witness information
Name:
Contact information

Medical Information			
Medic respond	Y	N	Medic arrival time:
Transported	Y	N	Refused
Transported to: Transported by:			

Law Enforcement Information
Officer's name

Report completed by: _____

Date: _____

Incident Narrative:

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.

Follow up call (if any)

Date: Time:

Office Use Only

Report received by: Date:

Appendix F

Active Shooter Guide

When law enforcement arrives:

- Remain calm and follow instructions
- Drop items in your hands (e.g., bags, jackets)
- Raise hands and spread fingers
- Keep hands visible at all times
- Avoid quick movements toward officers, such as holding on to them for safety
- Avoid pointing, screaming or yelling
- Do not ask questions when evacuating

Information to provide to 911 operations:

- Location of the active shooter
- Number of shooters
- Physical description of shooters
- Number and type of weapons shooter has
- Number of potential victims at location

For questions or additional assistance contact:
Your local law enforcement authorities or FBI Field office:



Department of Homeland Security
3801 Nebraska Ave. NW
Washington, DC 20528



ACTIVE SHOOTER EVENT

QUICK REFERENCE GUIDE

An "active shooter" is an individual who is engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims.

- ☐ Victims are selected at random
- ☐ Event is unpredictable and evolves quickly
- ☐ Knowing what to do can save lives

ACTIVE SHOOTER EVENTS

When an Active Shooter is in your vicinity, you must be prepared both mentally and physically to deal with the situation.



You have three options:

1 RUN

- Have an escape route and plan in mind
- Leave your belongings behind
- Evacuate regardless of whether others agree to follow
- Help others escape, if possible
- Do not attempt to move the wounded
- Prevent others from entering an area where the active shooter may be
- Keep your hands visible
- Call 911 when you are safe

2 HIDE

- Hide in an area out of the shooter's view
- Lock door or block entry to your hiding place
- Silence your cell phone (including vibrate mode) and remain quiet

3 FIGHT

- Fight as a last resort and only when your life is in imminent danger
- Attempt to incapacitate the shooter
- Act with as much physical aggression as possible
- Improvise weapons or throw items at the active shooter
- Commit to your actions . . . your life depends on it

The first officers to arrive on scene will not stop to help the injured. Expect rescue teams to follow initial officers. These rescue teams will treat and remove injured.

Once you have reached a safe location, you will likely be held in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave the area until law enforcement authorities have instructed you to do so.

Appendix G

Church Emergency Preparedness Plan

1. First Response

Ensuring the **safety and security** of the **church facilities** and providing help to possible victims is the first response phase.

2. Clean-up Phase

The clean-up phase may include clearing debris, **cleaning the facility**, and preparing the building employees, volunteers, or congregants to return.

3. Recovery Phase

If the damage is extensive, the third and final recovery phase is rebuilding or repairing damage to the facility to get it back in order and ready for the public.

4. Emergency Preparedness—Action steps

Who will speak on behalf of the organization, and where will the congregation gather if the church facility is too damaged to hold a church service

Who are the important people who should be contacted, in what order and by whom- Include phone numbers of key **church employees**, volunteers, or congregants

What are the requirements for computer hardware, software, and business data backup files

What is the telephone system layout?

Are there blueprints or building diagrams available for quick access?

Where might needed supplies be stored for quick access

Emergency Preparedness Box

Important information should be kept in a separate location. The contents should help get the church back up and running if the church building cannot be occupied

Some possible contents of the box may be:

- Emergency Plan Manual

- Employee contact information

- Backup files of key accounting and church data

- Copies of insurance documents and policies

- A hard drive with copies of computer software

- Key **church volunteer** and congregation contact information

- Box with necessary office supplies, i.e., pens, paper, stapler, tape, etc.

Taken from Smart Church Management-Church Emergency Preparedness

Appendix H

Crisis Management Plan

- Being prepared for the unexpected
- Making appropriate decisions quickly
- Relaying information in a timely matter
- Managing business as usual

Preparedness

Response

Recovery

Mitigation and Prevention

Source: Monica Wood Public Relations

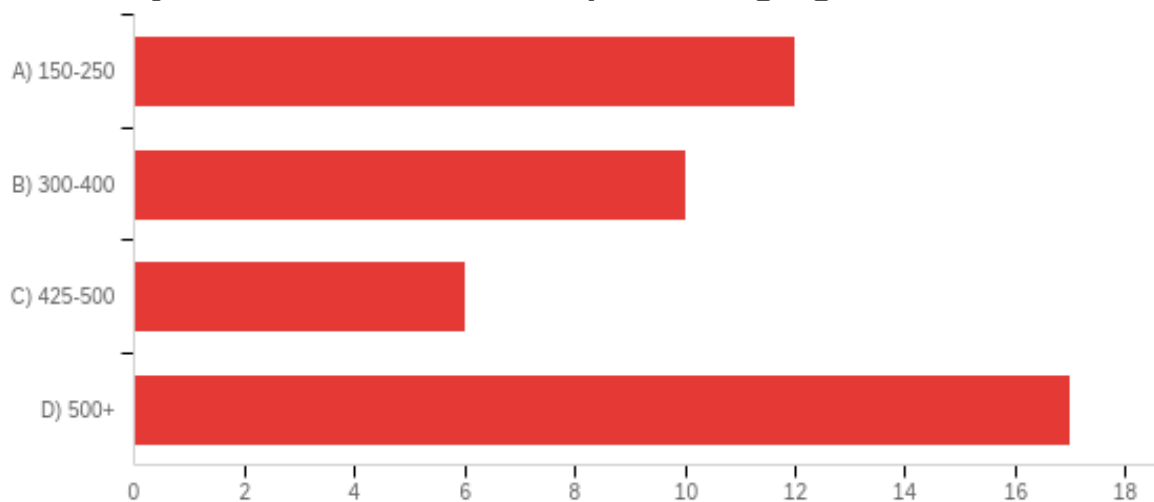
For further information about crisis management for your church visit

WWW.MWPRINC.com

Appendix I

Faith-Based Organizational Capacity Inventory Survey Results

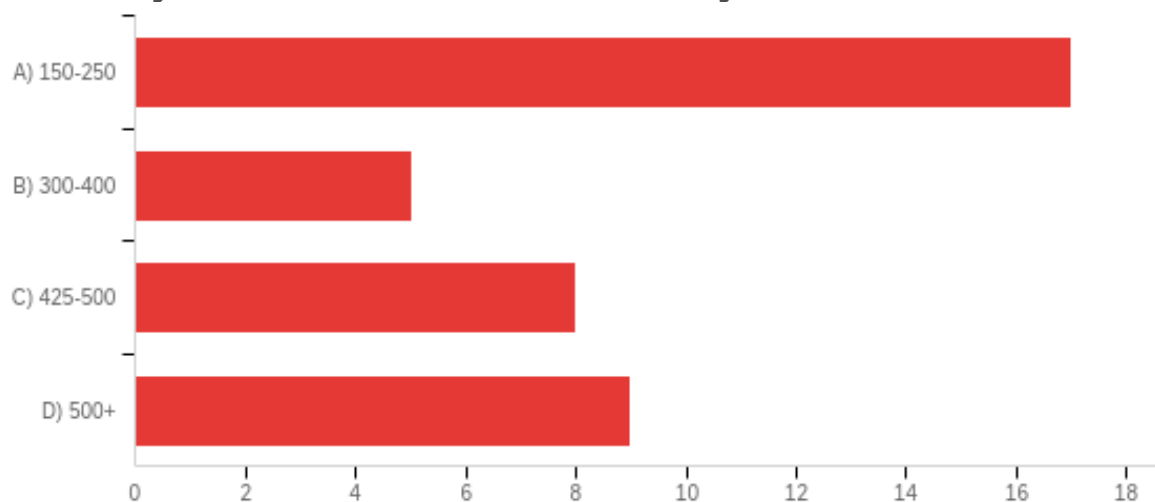
Q1 - How many adult members make up the congregation?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How many adult members make up the congregation?	1.00	4.00	2.62	1.23	1.52	45

#	Answer	%	Count
1	A) 150-250	26.67%	12
2	B) 300-400	22.22%	10
3	C) 425-500	13.33%	6
4	D) 500+	37.78%	17
	Total	100%	45

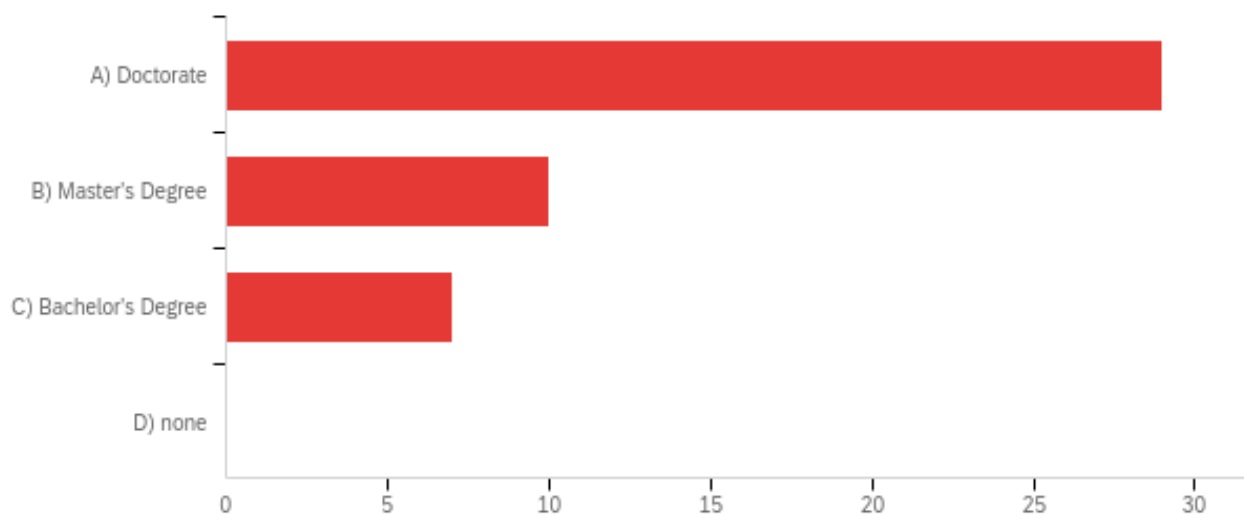
Q2 - How many members attend church weekly?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How many members attend church weekly?	1.00	4.00	2.23	1.23	1.51	39

#	Answer	%	Count
1	A) 150-250	43.59%	17
2	B) 300-400	12.82%	5
3	C) 425-500	20.51%	8
4	D) 500+	23.08%	9
	Total	100%	39

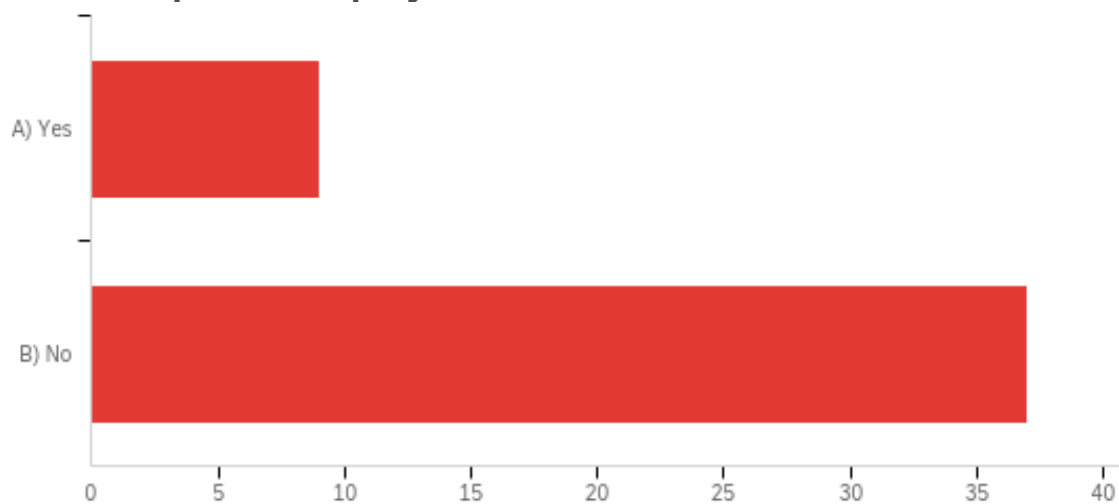
Q3 - What is the highest college degree that the senior pastor holds?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is the highest college degree that the senior pastor holds?	1.00	3.00	1.52	0.74	0.55	46

#	Answer	%	Count
1	A) Doctorate	63.04%	29
2	B) Master's Degree	21.74%	10
3	C) Bachelor's Degree	15.22%	7
4	D) none	0.00%	0
	Total	100%	46

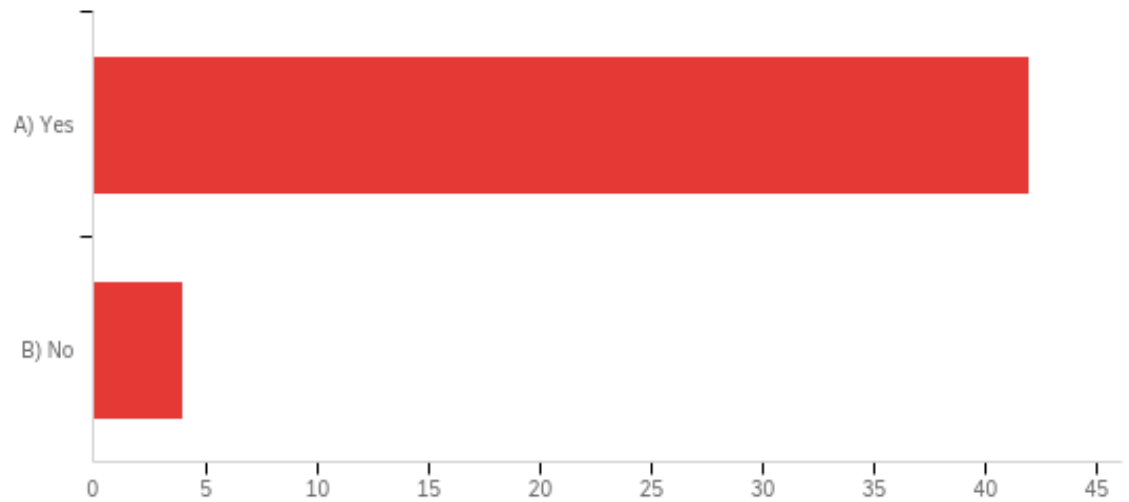
Q4 - Is the senior pastor employed outside the church?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Is the senior pastor employed outside the church?	1.00	2.00	1.80	0.40	0.16	46

#	Answer	%	Count
1	A) Yes	19.57%	9
2	B) No	80.43%	37
	Total	100%	46

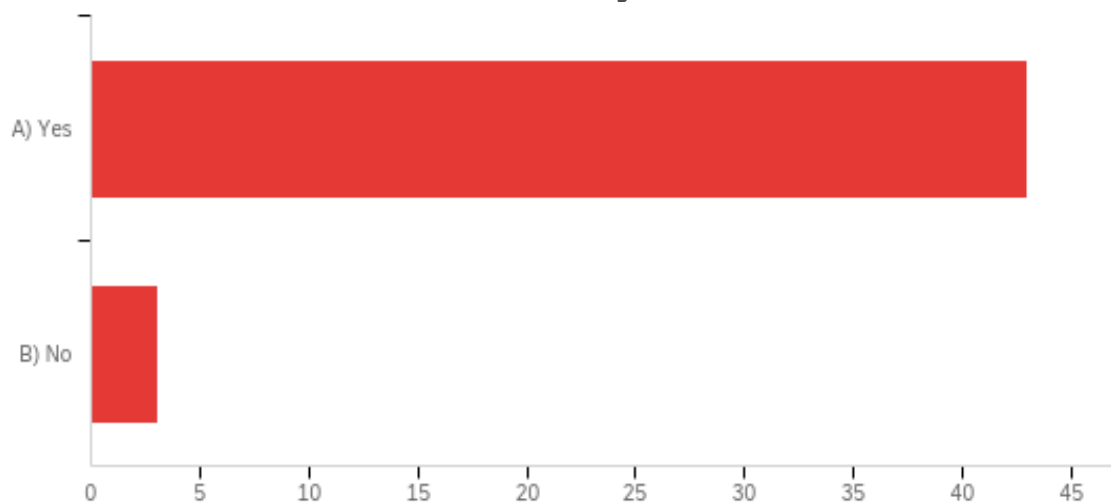
Q5 - Does the church own its building?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Does the church own its building?	1.00	2.00	1.09	0.28	0.08	46

#	Answer	%	Count
1	A) Yes	91.30%	42
2	B) No	8.70%	4
	Total	100%	46

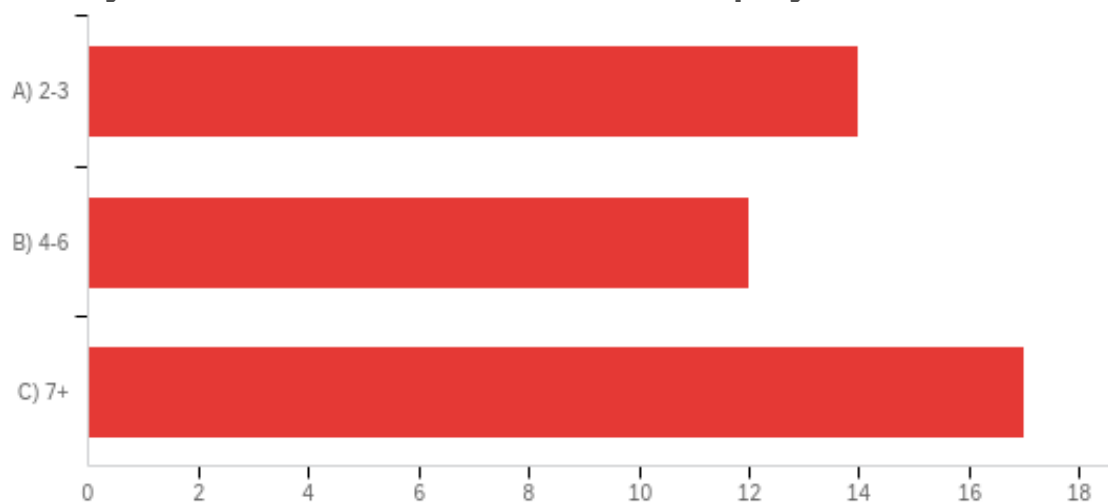
Q6 - Does the church have health a ministry/health cabinet?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Does the church have health a ministry/health cabinet?	1.00	2.00	1.07	0.25	0.06	46

#	Answer	%	Count
1	A) Yes	93.48%	43
2	B) No	6.52%	3
	Total	100%	46

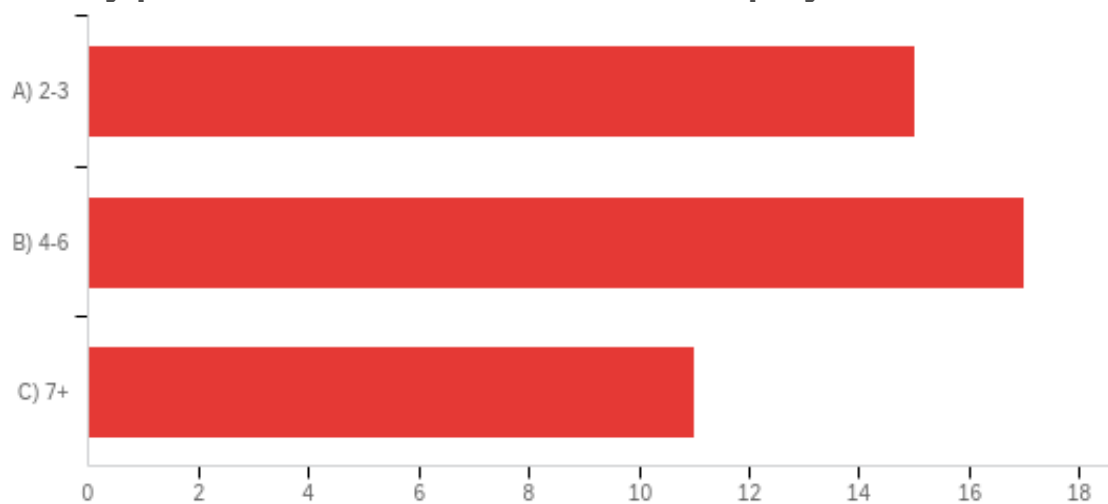
Q7 - How many full-time staff does the church employ?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How many full-time staff does the church employ?	1.00	3.00	2.07	0.85	0.72	43

#	Answer	%	Count
1	A) 2-3	32.56%	14
2	B) 4-6	27.91%	12
3	C) 7+	39.53%	17
	Total	100%	43

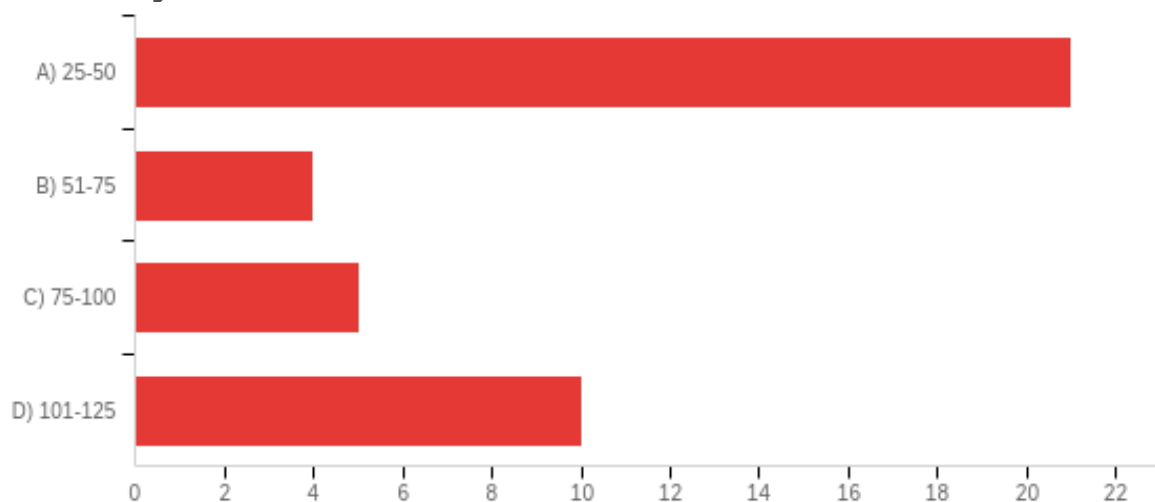
Q8 - How many part-time staff does the church employ?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How many part-time staff does the church employ?	1.00	3.00	1.91	0.77	0.60	43

#	Answer	%	Count
1	A) 2-3	34.88%	15
2	B) 4-6	39.53%	17
3	C) 7+	25.58%	11
	Total	100%	43

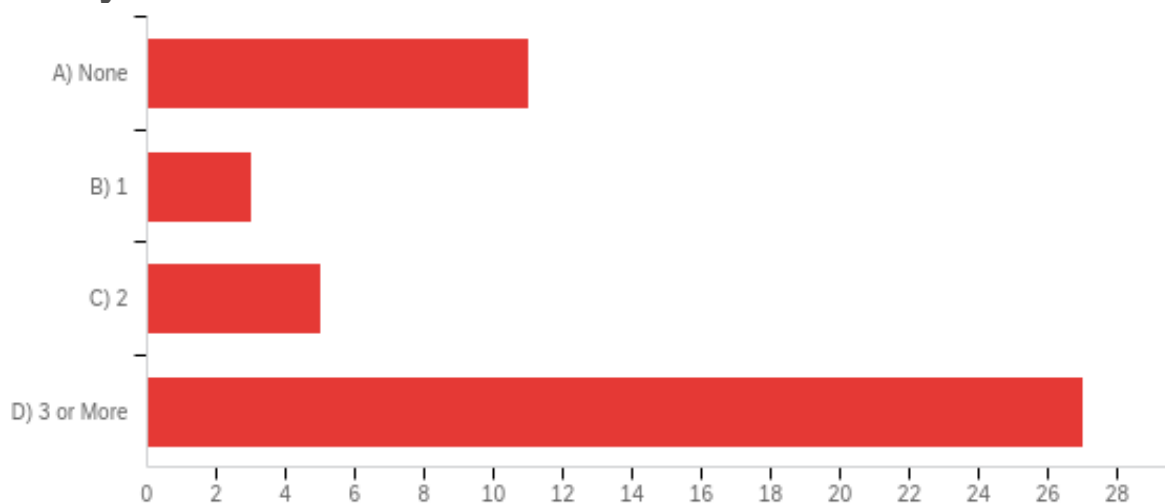
Q9 - How many members volunteer at the church?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How many members volunteer at the church?	1.00	4.00	2.10	1.28	1.64	40

#	Answer	%	Count
1	A) 25-50	52.50%	21
2	B) 51-75	10.00%	4
3	C) 75-100	12.50%	5
4	D) 101-125	25.00%	10
	Total	100%	40

Q10 - How many health topics has the health ministry covered in the past 2 years?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How many health topics has the health ministry covered in the past 2 years?	1.00	4.00	3.04	1.27	1.61	46

#	Answer	%	Count
1	A) None	23.91%	11
2	B) 1	6.52%	3
3	C) 2	10.87%	5
4	D) 3 or More	58.70%	27
	Total	100%	46

Q11 - How many health activities has the health ministry conducted for the church in the past 2 years? List 2 if possible. Please respond None if no health activities were conducted.

How many health activities has the health ministry conducted for the church in the past 2 years? List 2 if possible. Please respond None if no health activities were conducted.

Non-smoking environment

CPR CLASS LINE DANCING

Breast Cancer Awareness, COVID Testing, and Vaccinations

COVID-19 Screening; Health Fare for Seniors.

Covid Screening, and Blood Pressure Screening

Health/Fitness Boot Camp AED Training Heart Disease Awareness Speaker

Mental health issues

NONE

Mental health issues, nutrition, mammogram

Community day, Health Fair

Village Heart Beat, Community Day, Rooms in the INN

Mental Health Awareness Healthy Cooking - Healthy Eating

None

Blood Drive, Blood pressure checks

Blood Drive

Every year we remember breast cancer during the entire month of October. We also follow a calendar for monthly health care focuses. We created a video PSA encouraging people to get the COVID-19 Vaccination as well.

None

Wellness and Health Screening Covid Video

COVID - 19. Delay

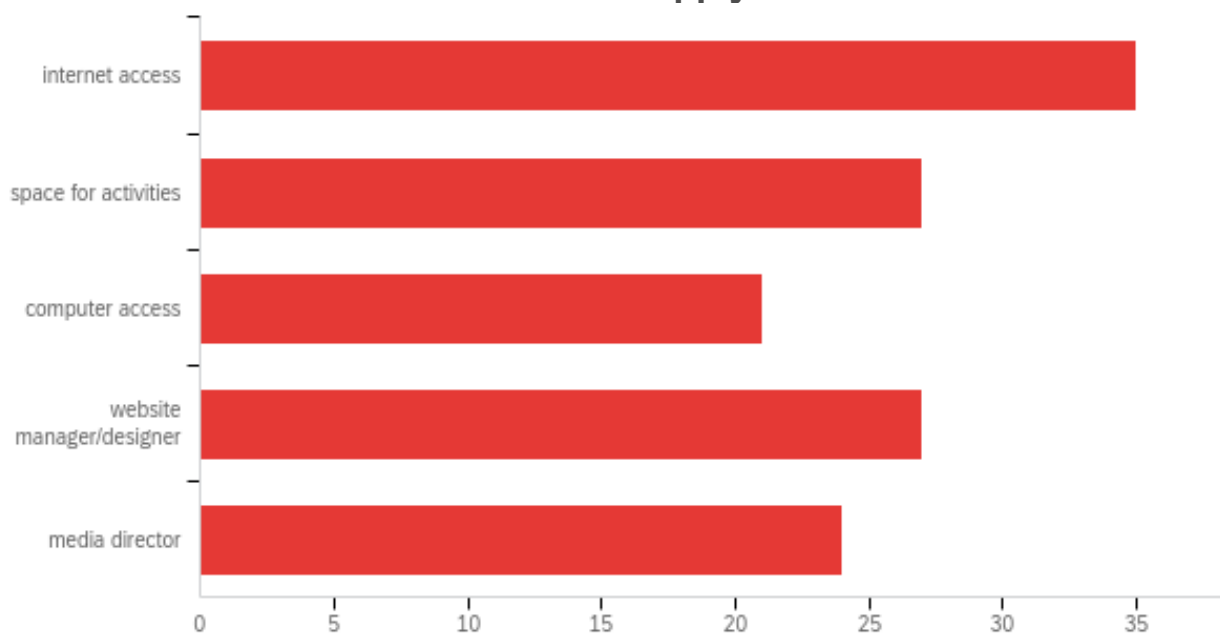
Heart Health Awareness Breast Cancer Awareness

Covid-19 Mental Health

Health Wellness info Covid-19 info

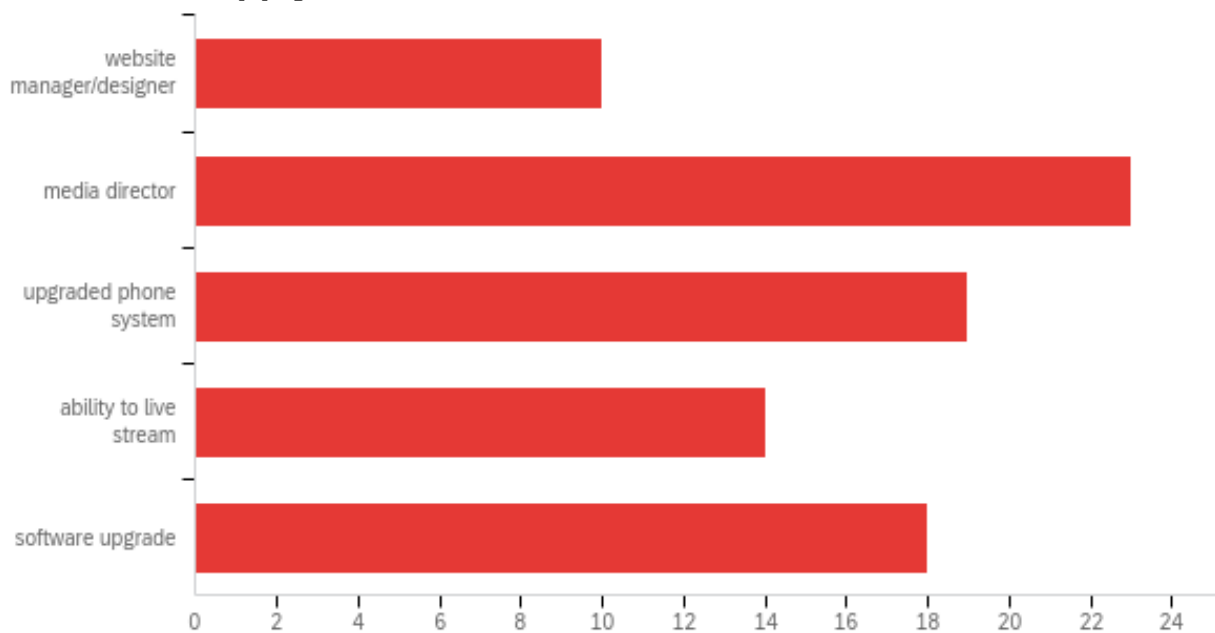
None
None
None
None
None
None
None
None
Health Fair/Food Pantry
Health and wellness/food pantry/clothes closet
None
1
Breast Cancer Awareness, and Health Fair,
Heart Health and Covid
Health fair. Domestic violence and breast cancer awareness.
Lupus Awareness, Diabetes and blood pressure checks, and Breast cancer Awareness
Virtual stress relief for parents with school-age children. Health fair 2 yes ago

Q12 - Which type of technical support does the church has in place for the members? Check all that apply.



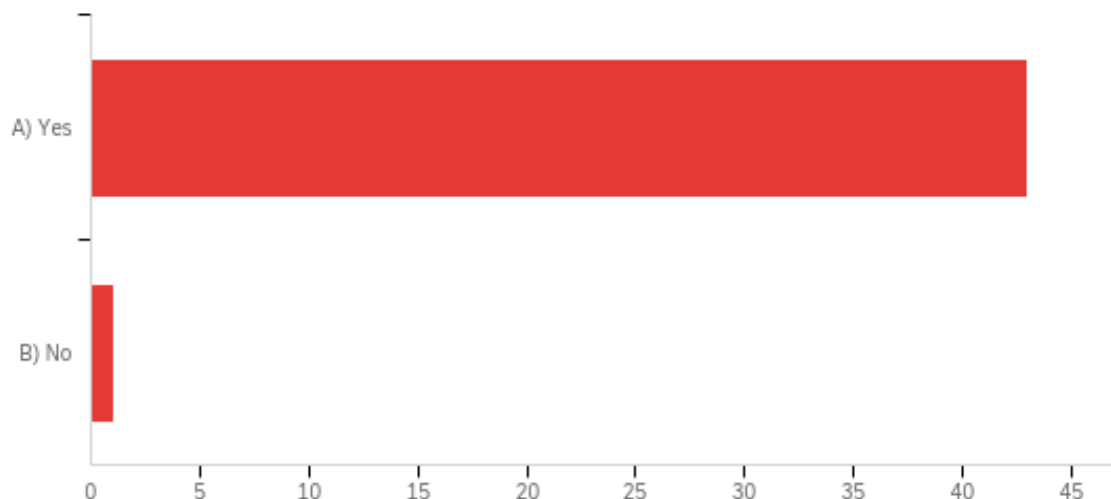
#	Answer	%	Count
1	internet access	26.12%	35
2	space for activities	20.15%	27
3	computer access	15.67%	21
4	website manager/designer	20.15%	27
5	media director	17.91%	24
	Total	100%	134

Q13 - What technical support does the church currently need?
Check all that apply.



#	Answer	%	Count
1	website manager/designer	11.90%	10
2	media director	27.38%	23
3	upgraded phone system	22.62%	19
4	ability to live stream	16.67%	14
5	software upgrade	21.43%	18
	Total	100%	84

Q14 - Does the church collaborate with other organizations? For example: feeding programs, community outreach, or local health agencies.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Does the church collaborate with other organizations? For example: feeding programs, community outreach, or local health agencies.	1.00	2.00	1.02	0.15	0.02	44

#	Answer	%	Count
1	A) Yes	97.73%	43
2	B) No	2.27%	1
	Total	100%	44

Q15 - If you answered yes to the above question. Name some of the organizations.

If you answered yes to the above question. Name some of the organizations.

Reedy Creek Elementary school NorthRidge Middle school Village Heartbeat Women Mentoring

The Park Church, Charlotte Area Fund

Second Harvest, Community Engagement, Village HeartBeat

Village Heartbeat

My Sister's House (clothes for displaced women);

Loaves & Fishes, Health Dept, Novant Health, County Prison Outreach

Boys and Girls club Dellhey

Loaves and Fishes Second Harvest American Red Cross

Several shelters, not sure of all the names

Feeding our neighbors, Harvest Bank

Community Day, Feeding our Neighbors, Second Harvest

Village Heartbeat Red Cross

Lanes creek

Feeding programs

Rooms for homeless, prison outreach, foster care, community center to apply for jobs, etc

The St. James Foundation James Island Outreach The Humanities Foundation Low Country Food Bank My Sister's House

Foster care. Provide rooms for the homeless in winter, blood donation ...etc

Food Distribution Volunteer at Community Outreach

James Island OutReach " Community Support"

Local food bank Hearts and Hammer

Food Pantry Clothing closet Financial assistance to not only members but the community in general

Food Distribution Community Outreach Covid-19 with Fetter Hands of Christ (distribution of school supplies and clothes)

Foodbank, Hearts and Hammer,

Humanity Food Drive FBC Food Drive

Hearts and Hammers Disaster Relief Clothes Closet Food Pantry Hearts and Hammers Love Life

James Island Outreach

James Island Outreach

James Island Outreach

James Island Outreach

James Island Outreach

James Island Outreach

James Island Outreach

James Island Outreach

Food pantry/Community Outreach

Community Outreach

Hand of Hope, Prison Organization, and more

Food pantries, disaster relief, clothes closet, hearts and hammer, prayer shawl ministry

Monthly Food drive, Summer Camp Feeding Program, James Island Outreach, Tri-County Ministries

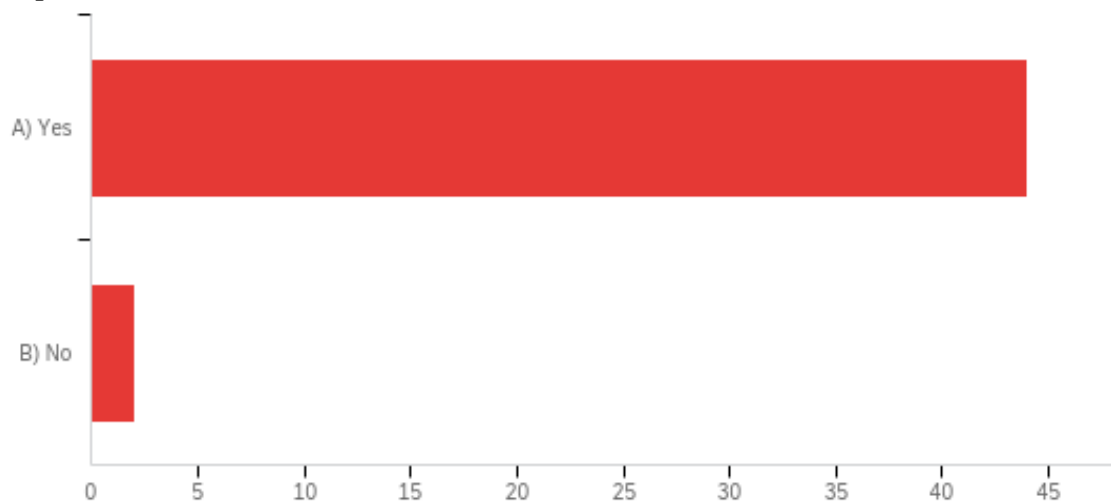
Feeding program and community outreach

James island outreach, food bank.

Rowan Helping Ministries, One Church One Child, Salvation Army, Goodwill

Cajm-Charleston Area Justice Ministry, Black nurses Association. St James Foundation

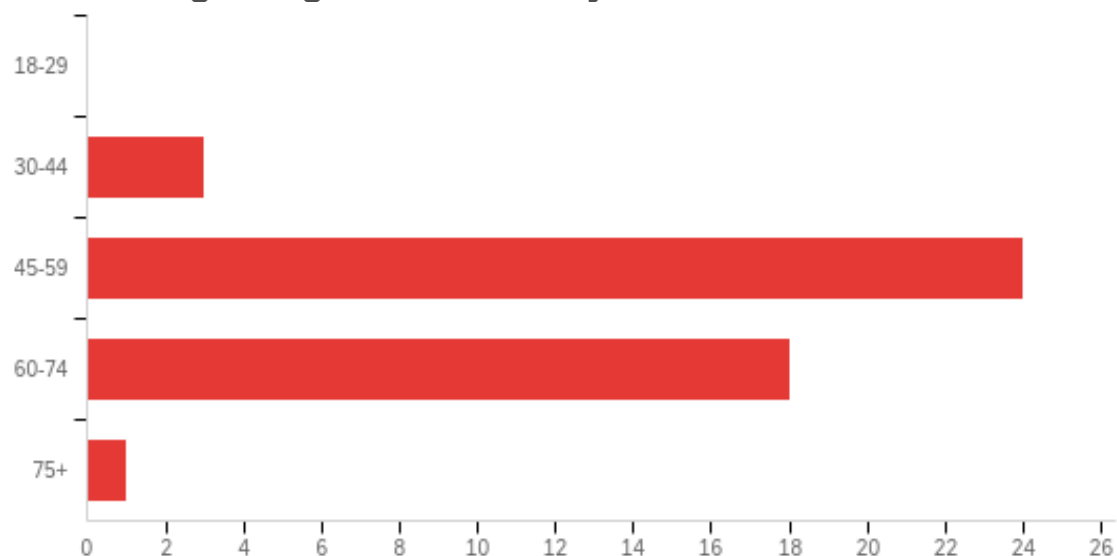
Q16 - Has the church participated in or conducted a community-based project?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Has the church participated in or conducted a community-based project?	1.00	2.00	1.04	0.20	0.04	46

#	Answer	%	Count
1	A) Yes	95.65%	44
2	B) No	4.35%	2
	Total	100%	46

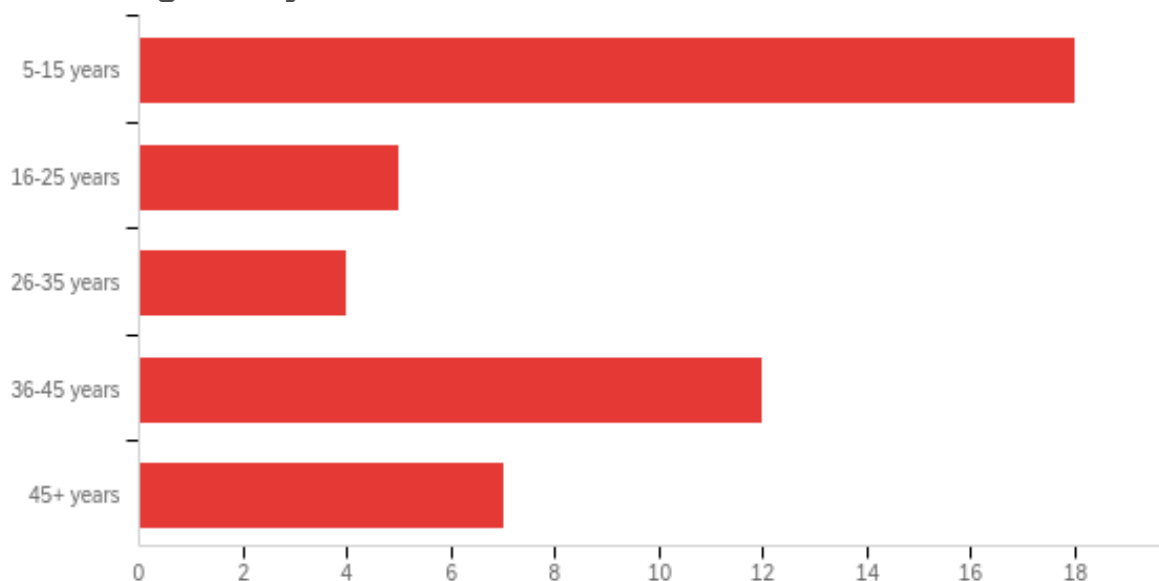
Q17 - What is the age range that best fits you?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is the age range that best fits you?	2.00	5.00	3.37	0.64	0.41	46

#	Answer	%	Count
1	18-29	0.00%	0
2	30-44	6.52%	3
3	45-59	52.17%	24
4	60-74	39.13%	18
5	75+	2.17%	1
	Total	100%	46

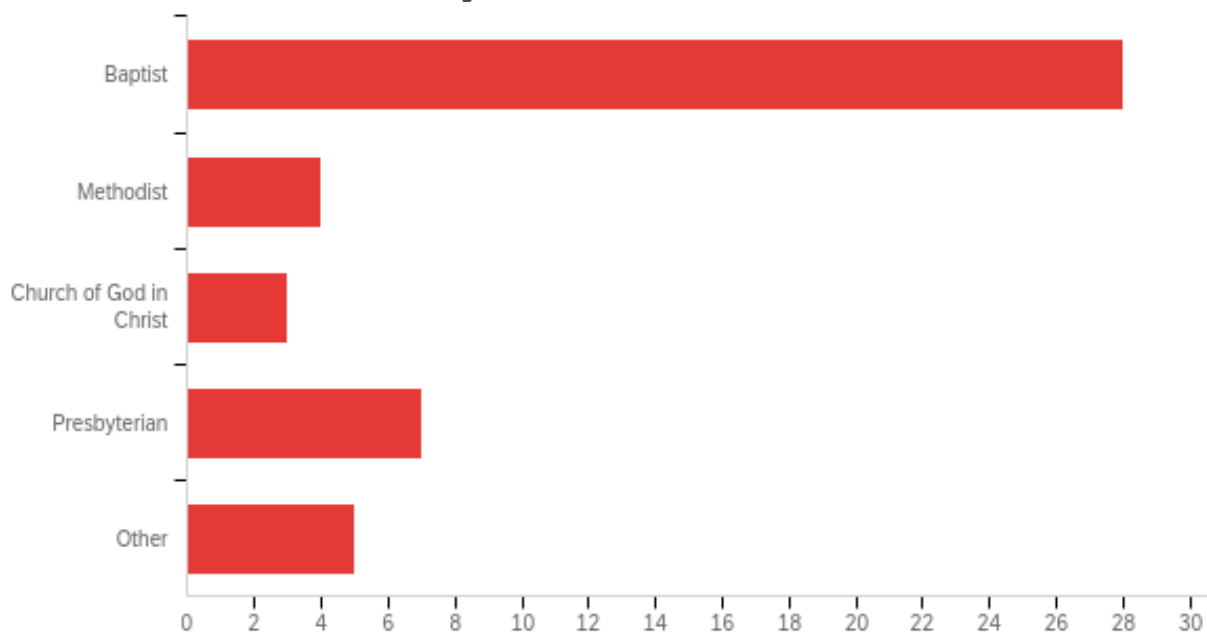
Q18 - How long have you been a member of the church?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How long have you been a member of the church?	1.00	5.00	2.67	1.56	2.44	46

#	Answer	%	Count
1	5-15 years	39.13%	18
2	16-25 years	10.87%	5
3	26-35 years	8.70%	4
4	36-45 years	26.09%	12
5	45+ years	15.22%	7
	Total	100%	46

Q21 - What Denomination is your church?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What denomination is your church?	1.00	6.00	2.49	1.93	3.74	47

#	Answer	%	Count
1	Baptist	59.57%	28
3	Methodist	8.51%	4
4	Church of God in Christ	6.38%	3
5	Presbyterian	14.89%	7
6	Other	10.64%	5
	Total	100%	47

Appendix J

Impacting Faith-Based Organizations With Health and Safety Tips Brochure



Health Activities

- Information table
- Healthcare flyer/ newsletter
- National Health Observance calendar
- Support Group
- Health Fair- with other churches
- Bible study-Health topic
- PREPARE Workshop



Community Resources

- American Heart Association
- American Cancer Society
- Diabetes Association
- Sororities/Fraternities
- Sickle Cell Association
- Red Cross
- National/Community Events



Senior Health

- Chair exercise
- Medication Review
- Senior Sunday Health Day
- Mental Health Sunday
- MEDICARE Information
- Nutrition Education
- Game Day



Youth Health

- Wellness Saturday
- Friday Night Live
- Nutrition-Sugar High
- Mental Health Awareness
- Saturday Walk
- Game Night

SAFETY PLANS

- CPR TRAINING
- HEART SAVER CPR/AED/FIRST AID
- FIRST AID ONLY
- CPR FAMILY & FRIENDS
- K-12
- INCIDENT REPORT

- ACTIVE SHOOTER TRAINING
- EVACUATION PLAN
- CRISIS INTERVENTION PLAN- (Preparedness, Response, Recovery, Mitigation-Prevention) Source: Monica Wood Public Relations
- www.MWPRINC.com

FIRST AID CHECKLIST



- | | |
|-------------------------|---------------------------|
| • GAUZE | • HAND SANITIZER |
| • ABD PAD/NON STICK | • GLUCOMETER/STRIPS |
| • BP CUFF(S-M-L) | • GLUCOSE TABLETS |
| • THERMOMETER –NO TOUCH | • SUGAR PACKETS |
| • SALINE SPRAY | • BURN CREAM |
| • HYDROGEN PEROXIDE | • GLOVES (S-M-L) |
| • BAND-AID | • MOUTH SHIELD (CPR) |
| • BEE STING CREAM | • TWEEZERS |
| • BANDAGE SCISSORS | • COTTON BALLS/PADS |
| • HOT/COLD PACK | • STETHOSCOPE |
| • ACE BANDAGE | • PEN LIGHT |
| • EYE WASH (OZ) | • PEN/PAPER |
| • TAPE (PAPER/SILK) | • ZIPLOCK BAGS- ICE PACKS |

This brochure was created by Jacqueline Palmer, MSN, RN, CCM, as a quick resource guide to enhance the capacity of faith-based organizations to provide health awareness information, and wellness activities and promote healthy lifestyle behaviors. In addition, there are safety tips provided here to prepare for medical emergencies, foster thinking about implementing safety measures, and initiate a crisis management plan to respond to an active shooter threat and any natural or man-made disasters.



IMPACTING FAITH-BASED ORGANIZATIONS WITH HEALTH AND SAFETY TIPS

Jacqueline Palmer, MSN, RN, CCM



Appendix K

Professional Literature Review

The spiritual health of congregants is one focus of faith-based organizations (FBOs). FBOs seek to minister to the whole person: spirit, body, and soul. Wholeness of the body ministers to the being of the body, the flesh of man. Jesus healed the sick by the laying on of hands or just speaking the word. Jesus healed the paralytic man (Matthew 9:1-8); the demon possessed (Mark 5:1-20), Blind Bartimaeus (Mark 10:46-52), and countless others in the Bible. The disciples healed many who came to them (Acts). From John Calvin, Elizabeth Fry, and Jean-Frederic Oberlin, the church has been an integral part of assisting with the health of parishioners. The ministry of Florence Nightingale helped pave part of the way to the parish nurse ministry. For African Americans, the church was more than a place to feed the soul; it was a place for healing by faith and the laying on of hands by the elders of the church. James 5:14 (King James Version) states, “Is any sick among you? Let him call for the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord.” The church realizes that physical health and spiritual health go hand in hand. Mental wellness is also important to growing the whole being. Maintaining good health is our spiritual obligation because God created us as physical beings and we are the house for the spirit (C. Alexander, personal communication, August 2020).

FBOs have been a catalyst for health screening for cancer, weight loss, blood pressure, and cholesterol levels (Stewart, 2016, as cited by Newlin et al., 2012). FBOs have been influential in providing health promotional education in the African American community. Bush (2019) conducted a study of 32 African American churches in New

York of how health promotion education influenced health behaviors. Motivational interviews along with health promotion education by lay healthcare workers and community health advisors focused on healthy lifestyle behaviors (low fat/low salt diets, weight loss, increase consumption of fruits and vegetables). Medication and stress management were also a part of the education. There was a reduction in blood pressure within 6 months of the education.

The Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion's (2015) vital statistics showed that African Americans aged 50-64 have the highest incidence of high blood pressure (61%), diabetes (23%), and stroke (7%) compared to White Americans. The perceived needs from a study of 300 African American churches in central Illinois revealed weight, exercise, diet, and salt intake were concerns of congregants (Baldwin et al., 2011). As well as health education, screening and disease progression were areas of health education requested by congregants for the parish nurse (Baldwin et al., 2001). Health disparities defined as the difference in incidence, occurrence, and mortality in the African American community are very high. Disparities often are the result of lack of health resources, lack of access to care, race, income, gender, geographical area, and health inequity. The church is a fixture in every community, which can help address the needs of the community, decrease the gap of health disparities, and help achieve health equity. There is a church on every corner in most African American communities, literally speaking. Because most people attend church weekly, if not more often, the church is the ideal setting for health promotion education.

The concepts of meeting a person's basic human needs (food, water, and shelter), psychological needs (sense of self and relationships), and self-fulfillment (achievement) are important things people need to be healthy. Maslow's hierarchy focuses on five basic needs of every human. Maslow ranked those five needs in order of importance: physiological, safety, love/belonging, esteem, and self-actualization, according to importance for overall wellbeing. Physiological refers to the need to breathe and maintain a balance within the body to obtain nutrition and optimal functioning. Safety includes the need to feel safe in the environment and the need for emotional/spiritual balance. Love and belonging address the need for a relationship with family and friends. In order for people to live their fullest life, they require those five basic needs. An FBO's goal is to provide for those basic needs. FBOs provide resources for food and support for housing by contributing to home missions that include money for rent or food. Before Jesus met any spiritual need, He first met the physical needs of the people. John 6:5-13 tells the story of how Jesus took five barley loaves and two fishes to feed the multitude of 5,000 people. After the people were fed, there was an overflow of 12 baskets of food left over.

The purpose of this study was to assess the church's culture and ability to provide health and safety education to the congregants it serves. Can and does the church provide health education activities? Does the church have a safety plan in place in case of a crisis? What is the church's crisis management procedure? How well does the church perform in reference to involvement, consistency, adaptability, and mission? The project was completed as a part of The Park Church and The Park Church healthcare ministry to assess how well sister churches meet the health and safety needs of their congregations. The Park Church is a multisite predominately African American church serving the

communities in the west, east, and south Charlotte areas. The partnering churches are located in North and South Carolina.

The FBO-CI survey was used to assess the church's ability to provide health and safety education to its congregants. The Denison Culture Survey was used to assess the four key drivers of the organizations that link the church's culture to its performance. The project revealed that the church does provide health education to the congregation but did not state if the education included all the age groups of the church or any safety initiatives (evacuation plans, health incident reports, crisis management, emergency preparedness plan). The Denison Culture Survey revealed that members do not see the long-term purpose (scored 1.33), and members do not see a clear mission that gives meaning and direction to the work of the church (scored 1.55). Recommendations were to reengage the church toward its mission and direction for the church by revisiting the mission/vision to evaluate if it is in the same direction of the church, assess if the mission is short and understandable, and perform a church wide gift assessment to help members decide if they are using their gift with the right ministry. Another recommendation was to develop short- and long-term goals for the health ministry that encompass all members and initiate safety measures for the church.

The project results aligned with the FBO-CI survey that FBOs as an agency are important agencies within the community providing health promotion activities and education to help decrease the health disparities that exist in African American communities. Often, safety initiatives are not part of the focus of FBOs. The vision and mission of the FBOs are important to the congregation in knowing the direction of the church. This project provided collateral information that health education and activities

are important to congregants, but safety and crisis management plans are often lacking.

The mission and vision of FBOs are important in order for FBOs to be effective within the walls of the organization and the community.

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