

Building Bridges

The Health Ministry Initiative

A White Paper by Sister Molly Bauer, CSJ

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“ An old man going a lone highway,
Came at the evening, cold and gray,
To a chasm, vast, and deep and wide,
Through which was flowing a sullen tide.

The old man crossed in the twilight dim;
The sullen stream had no fear for him;
But he turned, when safe on the other side,
And built a bridge to span the tide.

“Old man,” said a fellow pilgrim, near,
“You are wasting strength with building here;
Your journey will end with the ending day;
You never again will pass this way;
You’ve crossed the chasm, deep and wide—
Why build you this bridge at the evening tide?”

The builder lifted his old gray head:
“Good friend, in the path I have come,” he said,
“There followeth after me today,
A youth, whose feet must pass this way.

This chasm, that has been naught to me,
To that fair-haired youth may a pitfall be.
He, too, must cross in the twilight dim;
Good friend, I am building this bridge for him.” ”



Sisters of St. Joseph Charitable Fund

A sponsored ministry of the Congregation of St. Joseph

Executive Summary

Concept

The Health Ministry Initiative (HMI) was developed in 2002 to promote wholistic health through health ministries in faith-based congregations. HMI was an integral component of the SSJCF 2000-2003 Strategic Plan. Beginning in spring 2001 the SSJCF formed an advisory group to explore interest, held an initial open meeting of persons interested in health ministry, and connected to existing programs, particularly in the Marietta area.

Goals were to increase community awareness and knowledge of wholistic health with emphasis on the spiritual component, encourage and support the establishment of new health ministries in faith-based congregations, support the growth and development of existing health ministries in faith-based congregations, and foster relations and collaboration among health ministries and health promotions/health care communities.

Vision

Faith-based communities that promote, encourage, and support persons and their congregations in the journey to optimum wellness; ministering to the whole person — body, mind, and spirit.

Organization

In September 2004, Sister Molly Bauer, CSJ joined the SSJCF staff as Program Director for the Health Ministry Initiative. Shortly thereafter, a Health Ministry Advisory Committee was formed which met quarterly from 2008 through 2012. Members made recommendations regarding the on-going development of this initiative, and assessed the implementation of goals, as well as coordinated planning for the various educational and spirituality programs sponsored under HMI.



The Charitable Fund and all of the cooperating agencies and councils surely have a lot to be proud of. Probably there is no way of knowing the totality of the impact which the Health Ministry efforts had on all the communities reached by its programs and funding, but I am sure our community is healthier for the work of HMI.

— Judy Higgs, Advisory Committee

Major partnerships developed between the SSJCF and FaithLink, a Faith and Action Ministry Program; The Gabriel Project of WV — Mid-Ohio Valley Chapter; Meigs County United Methodist Cooperative Parish Faith Community Nurse Program; and Mid-Ohio Valley Health Ministry Council. *Pages 6-7.*

Engagement

Through the program director, HMI became involved with several national and regional organizations, making the resources, information and other benefits of membership available to grantees, partners and collaborators. In addition, the SSJCF participated in public forums, conferences and networks with similar goals and philosophies. Participation also strengthened the Charitable Fund's reputation for being a valuable, loyal supporter and partner. *Page 9.*

Status

Churches and faith-based groups continue to partner with the SSJCF in addressing the spiritual component of health. The Health Ministry Initiative will be integrated into current focus areas of the Foundation rather than continue as a stand-alone initiative. Churches willing to advance oral health, healthy lifestyles or health equity and that are in need of financial resources will be encouraged to approach the SSJCF for support.

Grants to programs providing direct service to poor and vulnerable populations in our service area will continue to be made through the Basic Needs/Direct Service Grant Program, allowing the SSJCF to grant funds for material aid to agency programs providing food, personal needs items, and emergency assistance. *Page 9.*



Executive Summary

Commitment

The SSJCF remains an active participant in the Wood County Ministerial Alliance, the Parkersburg Vicariate Hearts Made Whole Committee which focuses on mental health, and the Our Children Our Future Campaign to end child poverty in WV, as well as participates in various ecumenical activities. We are grateful for all that has been and is being accomplished by the various churches, agencies, and organizations that collaborated with us during the Health Ministry Initiative.

Expenditures

To establish the initiative, initial grants totaling \$187,387 for infrastructure and program development were made in 2001 and 2003. Including the launch, **fifty-two (52) grants totaling \$829,938 were awarded** under the Health Ministry Initiative. In addition, the SSJCF expended about \$20,000 on health ministry workshops and about \$4,000 on spirituality programming. *Pages 4-5.*

Highlights

During the course of the Initiative, several conversations and programs promoting health and wellness were co-sponsored with St. Joseph Hospital, Kanawha Pastoral Counseling Center, FaithLink, MOV Health Department and various churches.

- Between 2003 and 2010 six annual programs providing training for health ministers and nurses were conducted.
- In support of the goal to increase community awareness and knowledge of wholistic health, including the spirituality component, the HMI sponsored a variety of workshops from 2004 to 2012.
- Beginning in 2005 a Contemplative Outreach Leadership Group convened by the SSJCF met twice a year and the Program Director has served as contact person for Contemplative Outreach in Western WV. *Page 5.*
- From 2005-2012 the SSJCF website included spirituality links and a seasonal reflection from the HMI Program Director.
- The SSJCF Program Officer continues as the Contemplative Outreach contact person for Western WV; an ongoing weekly Centering Prayer group persists.

Accomplishments

- 40+ Parish/Nurse/Faith Community Nurses were trained. Several remain active. Most are in unpaid positions serving as leaders of Congregational health ministry teams.
- 6 Health Ministry Workshops trained 108 health ministers and clergy.
- 11 Community Awareness workshops on variety of health topics were sponsored with average attendance between 75 and 90.
- 25 Contemplative Outreach spirituality programs and trainings were provided. Each of these had between 40 and 60 participants.

Take-away

Success, maintenance and growth of an area-wide initiative depends largely upon the unwavering support and involvement of key organizations, a core group of committed volunteers, strong individual leadership, devoted — if not paid — and in this particular initiative, ministers and nurses.

The Initiative provided the opportunity to educate and reach so many people and churches with the vital message of the health ministry — that of a healthy mind, body and spirit. Our activities sparked support and enthusiasm. We benefited from the wisdom of our members. The ability to offer support and training for others in Him was especially rewarding.

— Libby Brokaw, MOV Health Ministry Council



It is gratifying that many churches promote health of body, mind and spirit on their own terms, but it is concerning that changes at individual churches often undermine their own program continuity and effectiveness. *Page 8.*

Also see: Partner Comments, *page 10*; Initiative-based Grantmaking, *page 11.*



Cover: “The Bridge Builder”

by Will Allen Dromgoole is often quoted in a religious context or as a moral lesson of building links to the future. It inspired members of the Advisory Committee.

Grantees

Totals by Grantee

• Artists in Christian Testimony	\$5,940
• Artsbridge – Labyrinth Project	\$5,000
• Calhoun County United Methodist Cooperative	\$27,000
• Caring Connection	\$80,000
• Cedar Grove United Methodist Church	\$3,500
• Diocese of Wheeling-Charleston	\$12,737
• Gabriel Project of West Virginia – Mid Ohio Valley Chapter	\$145,000
• Gilman United Methodist Church.....	\$1,650
• Good Works.....	\$10,000
• Hearts and Hands Ministry	\$2,400
• Kanawha Pastoral Counseling Center	\$64,950
• Marietta Memorial Health Foundation.....	\$96,400
• Meigs United Methodist Cooperative Parish	\$141,824
• Mid-Ohio Valley Fellowship Home.....	\$10,000
• Mid-Ohio Valley Health Ministry Council	\$36,500
• Mid-Ohio Valley Parish.....	\$3,300
• Mid-Ohio Valley Council of Congregational Health Ministries	\$7,387
• Mt. Pleasant United Methodist Church	\$2,450
• Our Lady of Mercy Church.....	\$4,000
• Sacred Heart Church – Migrant Ministry.....	\$14,500
• Salvation Army – Parkersburg Corp	\$10,000
• Sand Hill United Methodist Church.....	\$4,000
• Trinity Episcopal Church	\$500
• Volunteer Action Center – FaithLink Program	\$68,000
• Wayside United Methodist Church	\$2,500
• Wirt County Ministerial Alliance	\$33,800
• Williamstown Ministerial Association	\$15,000

Fifty-two (52) grants totaling \$829,938 were awarded in support of the Health Ministry Initiative.

In addition, the SSJCF expended about \$20,000 on health ministry workshops and about \$4,000 on spirituality programming.

Note: Some HMI grantees also received funding for programs and activities under the Charitable Fund’s other areas of focus.



Sponsored Programs, Workshops, Training and Support

Initial Grants 2001 and 2003

- Mid-Ohio Valley Council of Congregational Health Ministries for informational meetings
- Seed funding for a Coordinator of Mid Ohio Valley Chapter of the Gabriel Project of West Virginia
- Wirt County Ministerial Alliance for Ecumenical Parish Nurse Program consultant
- Marietta Memorial Health Foundation for outreach to faith communities interested in developing health ministry programs and for on-going education and support for health ministers
- Meigs Cooperative Parish Ecumenical Parish Nurse Program for operating support for three years for Parish Nurse Coordinator

Health Ministry and Nurses Training 2003-2010

Six annual programs providing training for a total of 108 health ministers and clergy and more than 40 nurses were offered annually from 2003 to 2010 including, in chronological order:

- Parish Nurse Preparation Course at WVU-P subsidized by SSJCF grant monies
- Parish Nurse Preparation course offered at Marietta Memorial Hospital
- “Something Old, Something New, A Conversation about Health Ministry” at Gilman United Methodist Church, Marietta
- “Something Old, Something New, A Conversation about Health Ministry” at St. Margaret Mary Parish Activity Center, Parkersburg
- Faith Community Nurse — two Basic Preparation Courses sponsored by MOV-Health Ministry Council
- “Health Ministry – What is It?” at Marietta Memorial Hospital with Sharon Becker and Craig Schneider, Good Samaritan Health Ministries

Healthy Lifestyle Workshops 2004-2012

In response to the HMI goal to increase community awareness and knowledge of wholistic health including the spirituality component, the HMI awarded 52 grants and sponsored one to three workshops per year including, in chronological order:

- “Women of the Word” with Mary Lou Sleeve
- “Journey Toward Forgiveness” with Rev. T. Matthew Rowgh
- “Spiritual Aspects of Conscious Communication” with Sr. Rose Ann Hefner, CSJ
- “Clean out the Junk Drawer of your Life” with Jean Gatz
- “Coping with Depression” with Denise McClung and panelists
- “Forming a More Perfect Union” with Simone Campbell, Network
- “Keeping the Golden Years Golden” with Dr. Steve Hanna and panelists
- “Good Grief! Rebuilding Your Life after Loss” with Dr. Priscilla Leavitt
- “Death and Dying: Spiritual and Practical Realities of End of Life Care” with Dr. William Thomas and Fr. Dan Pisano and panelists
- “Diabetes Awareness and Prevention Workshop” with Dr. Frank Schwartz and Sharon Denham
- “Healthy Lifestyles Workshop Focusing on Preventing Childhood Obesity” with Vinny DeMarco, Kevin Dedner, Sharon Becker and panelists

Workshop attendance ranged between 75 and 90 participants who provided the SSJCF with very positive feedback. Several indicated that offering these workshops without charge made it possible for them to attend and benefit from the information shared. Attendees were especially grateful for the opportunity to discuss the issues with peers.

Contemplative Outreach Leadership Group 2005-Present

The HMI goal of increasing community awareness and knowledge of wholistic health, including the spirituality component, has been addressed by offering 25 Contemplative Outreach spirituality programs and trainings each reaching between 40 and 60 people. An ongoing weekly centering prayer group has met in Parkersburg since January 2005 to the present with average per session attendance of ten people from various churches in the area.

Beginning in 2005 a Contemplative Outreach Leadership Group convened by the SSJCF met twice a year and the Program Director has served as contact person for Contemplative Outreach western WV. From 2005-2012 the SSJCF website included spirituality links and a seasonal reflection from the HMI Program Director. The SSJCF Program Officer continues as the Contemplative Outreach contact person for Western WV. A weekly Centering Prayer group continues to meet.



Contemplative Outreach has its roots in the wish of three monks living at St. Joseph's Abbey in Spencer, Massachusetts in the early 1970s. Inspired by the decree of Vatican II, the monks wished to develop a method of Christian contemplative prayer that was appealing and accessible to laypeople. With no idea that their wish would eventually result in an international organization, Fathers Thomas Keating, William Meninger, and Basil Pennington embarked on an experiment. Today their experiment is called Contemplative Outreach. Contemplative Outreach is a community of individuals and Centering Prayer groups committed to living the contemplative dimension of the Gospel in everyday life. The intent of Contemplative Outreach is to foster the process of transformation in Christ in one another through the practice of Centering Prayer.

Strong Partnerships and Relationships

FaithLink, a Faith and Action Ministry Program

FaithLink was formed in 1996 by a coalition of people from the Volunteer Action Center (VAC) and the Wood County Ministerial Alliance. Funding initially came from the Robert Wood Johnson Foundation, the Episcopal, Lutheran and Catholic Churches and individuals. SSJCF has partnered with FaithLink since 1998 and has provided \$112,500 in operational support, **\$68,000** of which was designated specifically for HMI.

This program of the VAC works with communities of faith to recruit, train, manage and support volunteer caregivers who are matched with people who are elderly, have a disability, or are chronically ill providing a unique relationship of caring, friendship and service. FaithLink networks with community agencies providing services to those who may otherwise “fall through the cracks.” Volunteers assist with such practical needs as a ride to the store or a doctor’s appointment while helping to meet emotional and spiritual needs through friendly visits, phone calls and other forms of social support.

There are 159 volunteers and 300 care receivers. In 2013, a DVD was developed highlighting the work of FaithLink and is being utilized to recruit volunteers and to fundraise. Recent fundraising dinners have been successful and corporate sponsors are increasing. Over the years there has been an increase in requests for assistance from community members without a church home rather than from members of the partnering churches.

Supporting Churches include: Christ Lutheran, Emmanuel Baptist, First Lutheran, First Presbyterian, Grand Central Church of Christ, Narrow Gate Baptist, Red Hill United Methodist, St. Francis Xavier Catholic, St. Margaret & Mary Catholic, St. Michael’s Catholic, Stout Memorial United Methodist, Trinity Episcopal, Union Valley Baptist, Vienna Baptist, Washington United Methodist, Westminster Presbyterian. Participating churches are: First United Methodist (Parkersburg), Porterfield Baptist, and Sand Hill United Methodist.

Our program has continued to flourish because of the support provided by the HMI and the SSJCF. We are grateful to be able to provide help to isolated older adults in our community because of the sound financial footing allowed by the support. On a personal note, I will miss the moral support of and info from the group.

— Karyl Krulicki, FaithLink

Our chapter has been able to provide tangible assistance, emotional support and referrals to other agencies. Through the generosity of the Sisters of St. Joseph Charitable Fund the MOV chapter has flourished. The best and most encouraging benchmark for us is the daily help we give to families in need. Through our deeds and our compassion for others, we truly make a difference in the lives of needy mothers and their babies.

— Paula Schuchts, Gabriel Project

The Gabriel Project of WV- Mid-Ohio Valley Chapter

The Gabriel Project of West Virginia was formally launched in 1996 and received 501(c) 3 status in 1997. This nationwide Project develops an ecumenical and inter-faith network of churches, temples, etc. seeking to assist expectant mothers and their families in need by responding to their emotional, spiritual, and material needs. In 2001, the first year of the Mid-Ohio Valley Chapter, the SSJCF provided **\$20,000** in seed funding. The MOV Chapter includes eight West Virginia counties: Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt, and Wood. The Mid-Ohio Valley Chapter also responds to needs in Gilmer County, WV and Washington County, Ohio.

The Gabriel Project provides immediate, practical, tangible assistance to low income expectant mothers and families with children less than two years of age. Assistance is provided by volunteers called “Gabriel Angels”, working through an ecumenical network of churches.

Churches are the heart of the organization, providing services and mentoring to clients in local communities. Churches and their congregations also collect special offerings and organize diaper drives and other events to support their local Gabriel Project. School and community groups gather and sort baby items, help with fundraising events, and perform other essential tasks. Individuals also volunteer for clerical duties and assist with client services at the Gabriel Project MOV office.

Tangible items provided, on an as needed basis, include baby cribs, car seats, diapers, and formula, clothing and hygiene products. **The Gabriel Project strives to empower families to overcome health disparities** by providing emotional support and encouragement as they struggle to care for their new baby. They also work to increase the life skills of new parents by reviewing informational materials with new parents, by answering questions about baby care, and by making referrals to other community organizations where the families can further receive assistance. Since 2001 the SSJCF has provided \$210,000 in operating support to the Gabriel Project program, **\$145,000** specifically for HMI.

In 2012, the Chapter served 1,359 families. There are currently 10 active churches and 42 volunteers. At its peak there were 15 churches and 55 volunteers. The Gabriel Project collaborates with a wide range of community resource organizations.

During a site visit in July 2013 with the Gabriel Project WV Executive Director, MOV Chapter Coordinator and two Gabriel Project board members, it was agreed that with the current socio-economic outlook, **the board must concentrate more on long-term planning and on securing additional resources** to maintain and expand Gabriel Project services. The board will continue to strive to diversify funding and to explore possibilities for corporate sponsors and an additional local fund raising event.

Strong Partnerships and Relationships

Meigs County United Methodist Cooperative Parish Faith Community Nurse Program

This ecumenical program of 23 churches including Lutheran, United Methodist, Catholic, American Baptist, Episcopalian and Independent began in 2003 with the SSJCF as the seed funder providing salary support for the Faith Community Nurse (FCN).

Meigs Cooperative Parish collaborates with churches, faith based groups, health care agencies, governmental organizations and individuals by providing referrals to those in need.

The Faith Community Nurse provides help in understanding doctor instructions, medical procedures and general health questions. **The program strives to meet the physical, emotional and spiritual needs of Meigs County** by establishing programs and interventions to increase the capabilities of individuals to maintain healthy lifestyles, improve management of existing chronic illnesses and prevent complications due to lack of medical education.

During 2012 the FCN made 132 visits, sent 1,450 health-related announcements and e-mails, took 120 blood pressures, made 141 referrals to service providers, had 266 consultations and conducted 132 health education sessions.

This ministry is carried out by the County Council Governing Board, comprised of representatives from the 23 churches within the county, along with the cooperation of these churches. **The SSJCF has been the primary funder for this program.**

Since 2003 the SSJCF has provided **\$141,824** for this effort. The Governing Board realizes they need to plan strategically and realistically. It is imperative that they look at ways to diversify funding and take more financial responsibility as they set future goals.

The HMI helped me follow my dream of building bridges to wholistic health of body, mind, and spirit for people in my community. The Charitable Fund provided fantastic support, was a great help in keeping me informed of certification process for Faith Community Nursing and standards by ANA, provided assistance in the learning processes, the start-up of our parish nursing program and the change to Faith Community Nursing, and provided opportunities to expand and learn outside of Meigs County.

— Lenora Leifheit, Meigs Cooperative Parish

Through grants, the MOV-HMC has expanded a ministry of helping others and helped me to grow as a Christian person. It was exciting to reach out to churches, nurses and volunteers and see them grow through education and training to help others to grow through wholistic health. We touched many lives over the past 12 years and I feel it continues even though our organization does not.

— Carol White, Health Ministry Council

Mid-Ohio Valley Health Ministry Council

The original Health Ministry/Parish Nurse Program, established in 2003 by Marietta Memorial Hospital grew in 2009 into a regional organization with a separate 501(c)3 status, “The Mid-Ohio Valley Health Ministry Council” (MOV-HMC). The MOV-HMC met monthly with up to 25 churches participating. Recent meeting attendance averaged eight persons representing approximately 5 churches.

The SSJCF provided operating grant funding to The Mid-Ohio Valley Health Ministry Council primarily to assist in addressing the HMI goals to encourage and support the establishment of new health ministries in faith-based congregations and to support the growth and development of existing health ministries in faith based congregations.

The Council became a valuable asset to health ministers and Faith Community nurses by providing opportunities for networking, as well as encouragement, facilitation, education and support to faith communities desiring to promote health and healing of body, mind and spirit in the church setting. The monthly programs provided at MOV-HMC meetings have kept those participating informed regarding programs provided by various agencies offering health-related services and education. The coordinator and members of the executive committee provided regular informational sessions for churches interested in developing a health ministry. A website was developed and maintained and a group email distribution list was utilized for frequent updates.

Recent efforts to establish new health ministries have not been fruitful and monthly meeting attendance has fallen dramatically. This is due to many factors including health issues of members, aging of volunteer coordinators, and changing church leadership. After serious discussion in the face of the current challenges, the MOV-HMC decided in September 2013 to disband as a formal organization. However, members will continue to meet monthly for lunch and networking and may undertake special projects, such as grief programs at individual churches.

Partnering with the Council has been one of the primary ways the HMI goal to foster relations and collaboration among health ministries and health promotions/health care community has been achieved. The HMI Program Director attended the monthly meetings, and was a resource to the group as they planned and provided Health Ministry Trainings and programs. During this time, with grant funding from the SSJCF and partnering with the International Parish Resource Center, the Health Ministries Association and WVU-P forty (40) Parish Nurses/Faith Community Nurses were trained.

Grant funding to Marietta Memorial Hospital Foundation and MOV-HMC for Health Ministry programming since 2003 comes to **\$132,900**.

The Take-away

Learning and Listening

Observations

Sponsorship of the Health Ministry Initiative has provided insights into opportunities, challenges and best practices of initiative-based grantmaking:

- Health ministry takes many forms — there is no one ideal model, but the models that work respond to needs identified by local church communities and grow as success is experienced.
- A core group of people to implement a project is central for success, just as a coordinator is essential for success when several churches are working together.
- Most faith community nurse programs in our service area are coordinated by dedicated unpaid health ministers and faith community nurses. As pastors and church leadership changes, and as those on faith community nurse teams age and experience declining health and energy, there may not be others willing or available to support or sustain health ministry programs.
- Many churches are changing from traditional parish nurse models to models that promote exercise and nutrition. This is evidenced by the number of churches that sponsor walking programs and those that are providing healthy food choices at parish dinners, as well as recipes for the covered dishes so that those dealing with diabetes or in need of heart healthy choices are aware of calorie and sodium content of the items they are choosing.
- Many churches are collaborating with health care/health promotion agencies to provide education and awareness on a variety of health related issues. WV Extension's Dining with Diabetes program is one such example.
- Health ministry continues to thrive in large urban areas when it is coordinated and supported by hospitals or paid faith community nurses. This is confirmed by Health Ministries Association findings. One example is Good Samaritan Health Ministries in Dayton, Ohio.
- There is value in looking for and responding to opportunities on county, state and national levels, as well as on a diocesan level to impact for change. For real impact for health/change it is important to be active in efforts of advocacy.
- There is a hunger for spiritual nurturing, as evidenced by attendance at spirituality programs.
- Peer to peer learning and discussion is valued and provides opportunities for networking and collaboration.
- Initiatives are complex. Trying to integrate strategic planning, grantmaking, evaluation, networking conferences, social marketing, and policy activities — all with strong stakeholder involvement — is a huge task, involving many different people and multiple activities.



Engagement

Networking and Outreach Continue

Nationally

Through the Health Ministry Initiative connections were made with the Health Ministries Association, the International Parish Nurse Resource Center, and Contemplative Outreach, Ltd. The SSJCF maintained membership in the Health Ministries Association and provided resources to parish nurses and health ministers in our service area.

The HMI Program Director participated in annual conferences, and the SSJCF provided funding for Parish Nurse Trainings facilitated by the International Parish Resource Center. Contemplative Outreach Programs in Centering Prayer, Lectio Divina (Praying with Scripture) and the Welcoming Prayer were provided by Contemplative Outreach commissioned presenters.

Regionally

The SSJCF was represented annually at the Public Policy Forum on Children's Issues, Children's Day at the Legislature, the Healthy WV Summit, and Diocesan Rural Ministry Health Conferences.

The SSJCF Health Ministry Program Director maintained contact with the Mid-Atlantic Chapter of Health Ministries Association, the Diocese of Wheeling-Charleston Health Ministry Office, the Parkersburg Catholic Vicariate, the Wood County Ministerial Alliance and various churches and faith-based groups including FaithLink, and The Mid-Ohio Valley Chapter of the Gabriel Project of WV.

Accomplishments

Participation in national and regional events enabled the SSJCF to keep informed regarding health issues impacting West Virginia and to partner with policy leaders to advocate for needed health education, and policy.

The SSJCF is recognized as a valuable partner in advancing health and wellness.

In September 2013 during legislative interim meetings in Charleston, a public hearing with the Select Committee on Children and Families (made up of members of the West Virginia Senate and House of Delegates) heard from attendees of the Our Children, Our Future Symposium regarding policies that could make a difference in the lives of children and families in WV. During that hearing, SSJCF was recognized as a partner working together with others to put children and families first.

Current Status and Implications

During 2011, the Sisters of St. Joseph Charitable Fund developed a new strategic plan to advance health and wellness in the Mid-Ohio Valley. The 2012-2016 Strategic Plan has three main areas focusing on oral health, healthy lifestyles and health equity. It was determined that the health ministry initiative ideas and concepts should be integrated into all the efforts and focus areas of the Foundation rather than be a stand-alone initiative.

When churches are striving to advance oral health, healthy lifestyles or health equity and are in need of financial resources we will continue to invite them to enter into conversation with the SSJCF.

Many of the grant awards during the Health Ministry Initiative were to programs providing direct service to poor and vulnerable populations in our service area. Recognizing this, SSJCF has put in place the **Basic Needs/Direct Service Grant Program**. This enables us to acknowledge this component of our grantmaking in a more conscious, public and strategic manner by providing material aid to agency programs that address areas of food, personal needs items, and emergency assistance.

Moreover, SSJCF remains an active participant in the Wood County Ministerial Alliance, the Parkersburg Vicariate Hearts Made Whole Committee which focuses on mental health, and the Our Children Our Future Campaign to end child poverty in WV and participates in various ecumenical activities. Churches and faith-based groups continue to partner with us in addressing the spiritual component of health.

We are grateful for all that has been and is being accomplished by the various churches, agencies, and organizations that collaborated with us during the history of the Health Ministry Initiative. The spirit of the Health Ministry Initiative continues forward and is incorporated in the SSJCF Strategic Framework and in the creative ways churches and agencies are promoting and supporting healthy people in healthy communities..

What Has the Health Ministry Initiative Meant to You? **The Words of Our Partners and Friends**

Our ministry provided genuine opportunities to change lives.

Outreach is never wasted.

Assessing effectiveness of a project using numbers of people served is difficult since needs are too great and varied.

Sadly, collaborative efforts to maintain a viable health ministry program must be discontinued due to lack of volunteers and conviction.

We built bridges. Bridges help those who travel the same path. Time spent building a strong bridge saves time and effort for others, allowing them to pass and move along more quickly and with less expense.

Gabriel Project response and feedback is 90% positive. Clients are thankful, grateful for someone to call. They are touched by our thoughtfulness and are very comfortable with the non-judgmental relationship. Our efforts contribute to the overall well-being of the child as well as the mother.

FaithLink plants seeds knowing that some good is done even if it is not immediately visible.

Health Ministry Council sees that churches are changing. Training has been effective, but there has been a drop in participants in the past two years. There is no choice but to fold. It's sad, but more come to our support luncheons than come to meetings and training. The spirit of HMI lives on. We feel good about what has been done.

Wholistic health is a dream. Our cooperative parish got started in 1972 and now has 30+ churches working together plus 8-9 missions in the same building. Personal support provided by the staff of the Charitable Fund and members of the Council is greatly appreciated.



For Future Reference

A Look at Initiative-based Grantmaking

The Health Ministry Initiative would have benefitted from an integrated action plan with benchmarks, defined outcomes at the start of the initiative, a budget allocation, and an exit strategy in order to have more objectively evaluated its impact. However, from anecdotal and project-based reports from grantees it can be ascertained that the HMI impacted for good on the lives of the people served by the organizations we funded and the programs and trainings provided as well as provided the SSJCF with a remarkable learning opportunity.

Initiative-based grantmaking is a very powerful way for a foundation to achieve its mission. In planning implementation of future initiatives it is important to be aware of both the advantages and costs involved in this type of programming. Here is an overview taken from “The Insiders Guide to Grantmaking” by Joel J. Orosz.

Advantages of Initiative-based Grantmaking

- Imposes a discipline on foundations, challenging them to define a certain problem or set of inter-connected problems and to focus a significant portion of their grantmaking within this set of activities.
- Is generally a long-term proposition providing more security for the grantee. The grantee can focus on doing a better job rather than chasing grants, and the outcomes can be much stronger.
- Aims to do everything in a coordinated fashion. Evaluation and strategic communication are planned from the start to facilitate the transition from pilot to scale. All the elements of the grantmaking cycle are mobilized and integrated so as to multiply the potential for the initiative.
- Foundations become closely involved with their initiative grantees and thus receive a share of the credit when things go well and a share of the blame when they do not. By pooling the abilities of both foundation and grantee, the initiative can create a powerful force for change.
- By focusing on a delimited area, having the patience to continue support for a long time period, the foundation can potentially magnify many times over the impacts it is likely to achieve.
- An initiative can bring to the table many key players to work as a team, that would never have teamed up on their own. An initiative, therefore, can serve as a rallying point around which people and organizations can coalesce for the common good.

Costs of Initiative-based Grantmaking

- Although its advantages are many and formidable, initiative-based grant making also has its costs. If the focusing is faithfully adhered to, the foundation will not be able to pursue other opportunities of such a scale at the same time.
- Initiatives should not, as a rule, consume all of a foundations’ allocated spending in any given year. Setting some upward limit—perhaps one-half or at the most two-thirds of that year’s payout will ensure that the foundation is maintaining flexibility to respond to individual opportunities.
- Initiatives take time to plan and pilot. If all goes as planned, the grants will be poised to leverage exciting outcomes within six or seven years of the start date.
- Initiatives are complex. Trying to integrate strategic planning, grantmaking, evaluation, networking conferences, social marketing, and policy activities — all with strong stakeholder involvement — is a huge task, involving many different people and multiple activities.
- An integrated action plan (IAP) is needed because it lays out what is slated to happen, when it is scheduled to happen, and whose responsibility it is to make it happen. For all these activities, the IAP includes a timeline and budget. A logic model employing visual elements can depict how all the parts will unfold. Ordinarily it would include: context, inputs, processes, outcomes, and impacts. A logic model allows for both a linear understanding of how an initiative will unfold and more complex interpretations.
- One of the basic tenets of initiative management is that all activities should be coordinated and that most should begin at the same time. Formative evaluation should begin as close to the start of the initiative as possible. A base-line evaluation survey, must be done before any grants are made, so as to set a meaningful fixed mark against which summative evaluation can be conducted later.
- Foundations should never try to undertake initiatives if they cannot spare program officers to concentrate on them, never attempt them if they cannot marshal all the elements needed to complete them; never launch them if they cannot afford them.
- Initiatives are effective only when they are exhaustive, and they are exhaustive only when they are intensive, comprehensive and expensive.

If a foundation has the resources and the determination, initiatives can make remarkable impacts: they can change the world.



May God bless us with
the personal joy of knowing
that we have acted out of love,
that we have done our best,
and that we have served God
with all our hearts.

Amen.

From "Together We Pray" by Carmen L. Caltagirone



Sisters of St. Joseph Charitable Fund

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