



NATIONAL BAPTIST CONVENTION
OF AMERICA INTERNATIONAL, INC.

TOOLKIT
HOW TO
START
A
HEALTH
AWARENESS
TEAM
IN THE
LOCAL CHURCH

REV. SAMUEL C. TOLBERT, JR., MDIV., PRESIDENT
REV. S.C. DIXON, GENERAL SECRETARY
REV. DR. KENNETH R. KEMP, HAT DIRECTOR

Table of Contents

A Special Thank You	4
HAT Contributing Authors	4
SECTION 1: The Evolution of the Health Awareness Team Concept	5
SECTION 2: The Purpose of The Health Awareness Team.....	6
SECTION 3: The Accomplishments of HAT on a National and Local Basis.....	6
SECTION 4: How You Can Establish a HAT at Your Church.....	7
SECTION 5: Four Areas of Focus for the NBCA HAT	8
SECTION 6: Health Awareness Team – Lay Health Advocacy Process.....	10

A Special Thank You

President Samuel C. Tolbert, Jr. and the NBCA Cabinet would like to thank Dr. Kenneth Kemp and the Health Awareness Team for all they have accomplished on behalf of NBCA. Additionally, a special thank you is extended to the HAT contributing authors of this toolkit.

Health Awareness Team Contributing Authors

Dr. Derick Young
Associate Director

Sister Dolores B. Scott, MEd
Resource Development Coordinator

Dr. Cosette Whitmore
Assistant Director of Healthcare Advocacy/Treasurer

Sister Vanessa Mason, MSN RN
Assistant Director, Disaster Relief

Rev. Dr. Kenneth Kemp
Director

Section 1

The Evolution of the Health Awareness Team Concept

In 2014, under the leadership of President Samuel C. Tolbert, Jr., the Health Awareness Team (HAT) concept was advanced to augment and enhance the mission of what was previously referred to as the Nurses Auxiliary of the National Baptist Convention of America International, Incorporated (NBCA). Previous to this, HAT had focused primarily on providing emergency assistance during meetings of the Convention, which was a time-honored and worthwhile objective; however, President Tolbert envisioned an expanded role for the HAT, to include advocacy for universal healthcare, health maintenance, and disaster relief. Given the current healthcare environment and the great need for improved healthcare for all of God's children, both at home and abroad, President Tolbert directed that the new leader of HAT, Rev. Dr. Kenneth R. Kemp, a physician and pastor, develop a comprehensive approach to improving the healthcare of NBCA member churches. In August 2014, Dr. Kemp developed a concept which now serves as the governing policy for the HAT of NBCA. In an effort to make this concept accessible to all member churches, this booklet was developed.

Section 2

The Purpose of The Health Awareness Team

The mission of HAT is to provide basic emergency assistance and disseminate general information to promote health. Along with enhancing the spirit, HAT seeks to enhance the mind and body.

The vision of HAT is to develop greater health awareness and improve healthy life habits among members of NBCA. Ultimately, we seek to provide basic general information, screening, organizational structure, and advocacy for healthcare that will result in greater quality and quantity of life on earth as our members strive toward eternal life in glory.

This toolkit seeks to make the mission and vision of HAT accessible to all NBCA member churches on a local and regional basis.

Section 3

The Accomplishments of HAT on a National and Local Basis

Over the last three years, HAT has engaged the services of national experts on diseases that disproportionately affect African Americans to inform and educate members of NBCA at national meetings. These experts have provided information on hypertension, diabetes, stroke, and heart disease, to name a few. In addition, HAT has conducted healthcare screenings among NBCA members, focusing primarily on hypertension and obesity, two chronic diseases

that disproportionately affect African Americans. The Director of HAT has participated in international discussions on the control of the EBOLA virus, enhancement of healthcare delivery internationally, and disaster relief in the United States. Further, HAT has disseminated information to NBCA members, primarily during national convention meetings, on numerous illnesses, health maintenance, and universal access to healthcare.

Section 4

How You Can Establish a HAT at Your Church

The work of HAT is too important to be concentrated at the national level only. There are regional and local health awareness teams that are doing great work throughout the country, and we want to be sure that you are equipped to do the same! While it may seem daunting at first, building a HAT only requires three persons: one person to be the visionary and advocate, one person to be the facilitator in the delivery of information and services, and one person to be the administrator to make sure that appropriate records and documents are maintained. In most churches, the visionary advocate will be the pastor and/or the pastor's designee. The facilitator or Lay Health Advocate, on the other hand, should not be the pastor, but a person with an interest in the mission and vision of HAT, and the administrator should be another person with a passion for the purpose of HAT who is adept in record keeping. That, along with prayer and dedication, is all you need to get started!!!

Section 5

Four Areas of Focus for the NBCA HAT

The NBCA HAT has developed four areas of focus that may help guide you as you move forward to develop your local HAT. The four areas of focus are as follows:

I. Emergency Responsiveness and Health Preservation

This includes providing basic emergency aid for the President and members of the NBCA during meetings, investigating and being sensitive to the accessibility needs of members with disabilities, and ensuring adequacy of emergency preparedness planning of venues selected to host NBCA meetings.

II. Health Maintenance and Disease Management

This includes providing general information on a wide variety of illnesses, focusing primarily on health disparities among African Americans. The initiative provides information on preventive health measures among African Americans, particularly with regard to those illnesses that are over-represented in the African American community. Some of these illnesses include: HIV/AIDS, hypertension, diabetes mellitus, coronary artery disease, kidney disease, prostate cancer, asthma, colon cancer, and schizophrenia, to name a few. Information is also provided on areas that are not commonly discussed among African Americans, including making advance directives, care at the end-of-earthly life, immunizations, other geriatric considerations, and healthy eating habits.

III. Healthcare Advocacy

John the Evangelist wrote in 3 John 1:2, “Beloved I wish above all things that thou mayest prosper and be in good health, even as thy soul prospereth.” Also Proverbs 17:22 says, “A merry heart doeth good like a medicine...” These scriptures point to the importance of good health and judicious use of medicine in the life of the believer. We believe that it is within the will of God that all His children have access to affordable healthcare for a healthy and long life. Furthermore, we believe that it is shameful to allow persons to suffer when there are available means to eliminate or mitigate that suffering. To that end, we will advocate for affordable healthcare for the sick and the suffering regardless of socioeconomic status, race, creed, or color. We will use our national and international influence to advocate for universal access to affordable healthcare.

IV. Disaster Relief

Natural disasters result in massive disease and illness and often healthcare providers are needed to assist in disaster relief. Because the NBCA is a national organization which operates under the auspices of a benevolent savior, it is consistent with our purpose to provide humanitarian relief in cases of widespread disease and injury. Knowing that there are several well established organizations which make disaster relief their primary focus, the HAT does not attempt to be a primary provider of such services. Rather, we collaborate with other organizations to help relieve suffering wherever it may be.

Section 6

Health Awareness Team – Lay Health Advocacy Process

We believe that it is within the will of God that all His children have access to affordable healthcare for a healthy and long life. Furthermore, we believe that it is shameful to allow persons to suffer when there are available means to eliminate or mitigate that suffering.

To that end, we will advocate for affordable healthcare for the sick and the suffering regardless of socioeconomic status, race, creed, or color.

Rev. Dr. K. R. Kemp, MD 2014

Developing an effective Health Awareness Team (HAT) for your congregation and community residents can be challenging and will require some planning strategies. If effective planning is done in the beginning, it will provide a foundation for the entire program and produce meaningful results. Below is a Lay Health Advocacy Model that will aid in developing your HAT ministry.

First, you may be asking, “Who is a Lay Health Advocate?” A Lay Health Advocate is anyone within the faith community that promotes the holistic well-being of the people in its congregation and/or community. Ultimately, the goal of the Lay Health Advocate is to promote health and well-being in the church and in the surrounding community. Lay Health Advocates are members of a local church who volunteer their services to provide information about health care and encourage healthy lifestyles among members of the congregation and community. They also serve as the “health care connection” between members of the congregation and other health care resources and services in the community.

There is no limit to what the combined efforts of the community and a church congregation can do if they assess the needs of the membership and of the community and uncover the resources and gifts available to address these needs. The Lay Health Advocacy Process is a step-by-step process for implementing health ministry educational programs. As with all processes, its purpose is to provide a solid foundation in hopes of sustaining program efforts. The steps are as follows:

Step One: Alert leaders and congregational members and obtain approval.

This might include pastors, ministers, deacons' boards, trustees, bishops, members, gatekeepers custodians, and anyone else that is in a leadership and/or supporting position. At a minimum, the approval of the pastor will be required. The visionary support of the pastor is integral to the development of the program and should be the first step in the process. Be prepared to make a formal presentation if requested.

Step Two: Identify some areas of health that are of concern within the church and community.

This would possibly entail exploring various health issues (data and facts) for the church and/or community in which it is to be implemented. This may also involve sharing your ideas with a small number of congregational members and community

residents, as well as health and human service agencies prior to promoting the need for the program. Specify the health areas (cancer, diabetes, obesity, teen pregnancy, tobacco, etc.) for the program based upon gathered facts.

Step Three: Develop your church team.

After obtaining approval from the pastor and other key leaders as required, it is important to obtain volunteers to help implement the program. This is key to the overall success of the program. One must be diligent in identifying volunteers that are genuinely interested in the program, and are willing to give time and/or resources to facilitate the program's success. Also, make sure you directly ask volunteers to participate and give them a specified definition to their involvement, including a specified term of service if necessary, recognizing that there will be varying degrees of support based on availability, ability, and willingness. Some volunteers may offer resources, but not time. Others may serve as advocates through testimonials or other forms of information dissemination. The main thing to remember is that if the program is to be successful, it must be a team effort, with all members working together to reach a common goal.

Step Four: Establish basic operational guidelines.

Decide when, where, and what time meetings will be held. Identify and clarify roles based

upon the strengths and interests of the volunteers, church and community. It may be necessary to establish formal officers, such as a Chairperson or Director, Secretary, and Treasurer. However, the most important thing is to make sure that the volunteers serve in areas of their giftedness. This will enhance their comfort, commitment, and dedication.

Step Five: Conduct a health awareness team training and education session.

The persons implementing the HAT program will need to be educated to facilitate cohesion of effort. This is very important, as all members need to be knowledgeable about the issue so that they will be confident in helping to educate the congregation and community. Furthermore, a competent and confident team will engender confidence among the targeted audience. When developing this training, it may be helpful to contact your state's public health agency to acquire comprehensive health educator assistance. Alternatively, the NBCA HAT can offer assistance in identifying health issues that disproportionately affect African Americans and offer tips on setting up your training program.

Step Six: Develop a plan of action.

This step establishes what the program will look like, as well as how will it be accomplished in your local church. As part of the plan of action development, establish a vision and mission

statement for your local program, specifying what your local church would like to see occur as a result of the HAT initiative. Be sure to include your pastor in this integral step. Based upon the vision and mission, develop measurable goals and objectives with specified times for completion. Afterwards, develop activities to support the goals and objectives. Make sure you specify where and when these activities are to be completed, identifying resources and potential partners, such as local businesses, health and human services organizations, other non-profit organizations, and governmental officials, to facilitate the success of the program.

As you develop your plan of action, be sure you identify measurable parameters that can be used to periodically evaluate the success of the program.

An example of a plan of action that incorporates the above principles is as follows:

- *Vision Statement:* Healthy people attending a healthy church.
- *Mission Statement:* To improve the health of congregational members and community residents.
- *Goal:* Prevent the initiation of tobacco use among youth and adults for the purpose of preventing lung cancer.

- *Objective:* By September 30, 2017, host two educational sessions on the harmful impact of tobacco for congregational members and community residents.
- *Activity:* The media team member will develop a flyer to announce the educational program to be held in the church fellowship hall.
- *Activity:* Assign two team members to identify community resources available and invite community partners to aid in developing and implementing the program.
- *Evaluation:* Number of sessions held, resources identified and partners participating.

Step Seven: Conduct a baseline survey to assess knowledge, beliefs and attitudes about health in general.

This involves developing a set of questions that asks church members about their health behaviors...what they eat, how they exercise, and if they smoke. It may also ask what screenings they may have had. If possible, develop the survey to be taken in less than 20 minutes to finish, and to be given to men and women aged 18 and older. The survey should be before any HAT program activities are started and the results should be shared.

Step Eight: Implement the plan of action, which means conduct your program.

Simply review what has been developed by the team (goals, objectives, activities) and follow it to accomplish all tasks. Make sure to communicate the plan with all members and the community; which may be done formally or informally.

