A Whole-Person Ministry

I believe the church needs to be a place of Christ-centered caring. A whole-person health ministry is a way in which the church can care for its members as well as the community in which the church resides. The church has a natural role to care for the health of its people. In the Old Testament, Israel had dietary regulations which benefited her people, spiritually and physically. These practices kept Israel holy and sustained their life. The prophets and writers of wisdom literature wrote against the issues of idleness and sloth. Jesus often showed his compassion through forgiving sins, as well as healing illnesses. Jesus would dine with “sinners” and his disciples and he took time to care for the whole person. In the early church, the apostles dealt with the issue of balancing the ministry geared to the spiritual concerns of people and a ministry that deals with the whole person. The Holy Spirit led the disciples not to ignore the ministry of “waiting on tables,” but rather they appointed leaders to do the work. The church has understood that it needs to be attentive and responsive to the care needs of the community. Much can be written about how medical treatment and holistic care was embodied in the church through the millennia. This holistic ministry was done out of care, grounded in Christ, for the individual. In present day, the church has lost its prominence in caring for the total person—abdicating its responsibility to the state. This is due to things such as modern technology, compartmentalizing of modern people, and increased governmental influence in health care, amongst numerous other reasons.

Creating a whole-person health ministry is one way to encounter what I believe to be one of the largest issues facing the church in America. This problem is the break-down of community amongst our American churches, cities and rural areas—which is seen in the breakdown of our families as well. American tendencies for independent living have led to a
dissolving of community. In our churches, faith life is all too often relegated to one or two hours on Sunday morning. Rather, the hope is that our faith life should be a part of every day, every hour, and every minute of our life. In our tendency to compartmentalize our life, it is easy to miss how our faith life can influence and affect our physical, emotional, and mental state. When problems arise, is it comfortable to flee from people and honest involvement and care from others. Yet, it is community for which hurting, sinful people are truly hungering. A whole person health ministry is a way to break down the walls that sin and unhealthy living can create in community and relationships. In these relationships, the spiritual, or the “two-hour on Sunday” aspect of life is ministered to, as well as the physical, mental, and emotional well-being of the individual.

A whole-person health ministry is also an effective way to build up the body of Christ. Inside the congregation, a health ministry needs volunteers to thrive—these roles were filled with a variety of passions and gifts, most notably Annette Gillespie who served as a healing agent despite her career in mathematics (Hale, & Koenig, 2003, p. 68ff). The opportunity to serve and minister to others provide for avenues of growth for volunteers who put their faith into action. In recruiting volunteers, more members are brought into leadership roles and can explore and learn about their special and important role in the life of the church. Just as the congregation is called a “body” in Scripture, it is important that the congregation be involved from the beginning in the ministry that cares for the totality of the human experience.

**Getting Started**

As mentioned above, it is important to get the support of members of the congregation before a health ministry is started. The congregation should be involved from the beginning of the process. To gain support and to get ideas for who might be good leaders, the pastor must
talk to people, and get to know his members and their needs—this is best done through the current care ministry at Risen Christ. Through this interaction the pastor can refine his vision for the health ministry, and understand where he needs complimenting ideas to bring a vision for ministry together—dependant upon the gifts and passions of those in service and the needs of the community. The pastor will also understand when and where he needs to be an advocate in the process of bringing a health ministry to life. It is hard to determine how long this process may take.

A formal action of starting the discussion of a health ministry will be to present the vision to the board of elders or church council. In this communication, the need for a task force would be conveyed. The process of displaying the need for a health ministry may take multiple months and meetings. As a pastor, I will lead the boards through Scripture, the Confessions, and church history to show the basis and importance of a health ministry. Hopefully, through this process the proper permission and support would be given to form the health-ministry task force within the current Care Ministry. The next move is to appoint (or ask for volunteers) members of the congregation to the task force. This task force would consist of members of the congregation who have shown interest in health ministry, and have gifts they can bring to a planning team. The goal would be to find a good mix of health professionals (nurses, doctors, social workers, counselors, etc.) and others who have interaction with care needs (cancer survivors, those recovering from addictions, etc.). The task force would be given the charge to create ministry and growth opportunities in which the totality of the person would be the target of the ministry. From past conversation, a pastor may be able to know if this group has a comprehensive vision, or he may be helpful—even instrumental—in creating a vision and handing it off to the team. The vision will determine which new ministries to create, or which current ministries need
assistance and guidance in giving care to the whole person. First, the task force should facilitate community building and begin to explore their role as the health ministry task force. This may take a few meetings, or a few months depending on how often the task force meets. Next, the task force will need to formulate critical targets for the church’s work in holistic ministry.

To formulate these critical targets, the task force will need to collect information about the health needs of the church and community. To obtain this information, the task-force could use tools such as the Health Ministry Self-Study for Congregations created by Wheat Ridge Ministries. There are other on-line tools or the task force may create their own. I would suggest that the task force first collect information within the congregation. In beginning with the church, community would be built and perhaps more support for implementing the health ministry would be garnered. Secondly, the task force will collect information from the community outside of the congregation—specifically local clinics, doctors, and hospitals. This is necessary because a ministry which reaches the community is for the general good of the community, but also as a possible method of outreach. This process should take no more than 3 months.

The next step for the task force is to assess the data. They may look at the information as a whole, but also split the data between what was gathered from the church and the data received from the community. The task force is entrusted to create a plan to meet the needs of the church and community, based on the data received. Although the task force may have their own assessment of the needs, the plan must connect to the needs as displayed by the collected data. The goal would be that the plan would take care of immediate concerns, but also have a long-range plan for 5-10 years into the future. The task force should take ample time (2-3 months) to pray about a plan and construct it. The plan would then be presented to the church
council or board of elders, or whichever group has oversight with this task force. If the plan is approved by the governing body, I would schedule and plan for a special Sunday service. This worship service would be purposeful and directed at promoting, informing, and encouraging the start up this new ministry. The worship service would have pointed liturgy, a topical sermon related to this ministry, connected hymnody, and prayers for healing our whole-bodies through Word and Sacrament. After the service, the task force would have an opportunity to share their vision and plan. The task force would also create a mechanism from which they could obtain feedback from the congregation. The task force may make adjustments to their plan if congregational feedback deemed it necessary. The scope of the ministry plan would determine where the plan would go next. If the plan required major funding for a parish nurse or other significant programming, *the plan may need to be brought before the congregation as a vote.* If the plan is much more simple and inexpensive like an education plan, the idea may just need to be communicated at a voting meeting.

Once proper permission has been granted, it is time to implement the plan. The task force needs to be sure they make good use of resources to market, communicate details, recruit volunteers, and carry-out their plan. It is important that this task force communicates through the normal tools such as the bulletin, newsletter, worship announcements, and prayers. The task force should meet regularly like any other board. These meetings allow them to continue to vision, plan, implement and evaluate. In meeting regularly, the team should always discuss a vision for the future. Also, the task force must be willing to honestly evaluate the ministry and its effectiveness. The data for the evaluation should come from the task force itself, any volunteers working at events, and those for whom the specific ministry is carried out.

**Implications for the Congregation**
This section will address the implications, or possible ways ideas from the book *Healing Bodies and Souls: A Practical Guide for Congregations* can be put into ministries at Risen Christ Lutheran Church. These areas include education, practice and leadership, worship and preaching, counseling, hospital calls, and various other avenues.

**Education**

In talking with the church and task force about a health ministry, a pastor will naturally *educate himself* about the needs of the church and community. The pastor then has an opportunity to articulate and teach his congregation about health issues in the community in correlation with the task force. The pastor should also educate the church’s members how they can care for each other and how the church can help the community.

The education needs to be inclusive in that it incorporates all genders, ethnic groups, social-economic groups, and ages. The education should lead to shaping the whole person, as well as equipping the member to help and serve Risen Christ Lutheran Church and the Davenport community. One way this will happen is to provide resources which discuss the issues and to form a library which contains such resources. A parish nurse would be a key addition that will make this ministry lively and effective. The parish nurse or health minister is a valuable person to educate and care for the church and community. The parish nurse would also be a key person in assessing the health needs of the community and caring for these needs by arranging for health screenings (e.g., blood pressure and Life Line) and promoting healthy habits among the members of Risen Christ Lutheran Church (e.g., better fellowship snack offerings and healthy eating tips).

**Practice and Leadership**
A pastor can lead through actions as well as words. A pastor can display a healthy life by exercising, healthy eating, abstaining from unhealthy activity (e.g., over consumption of alcohol), and by living a balanced life between work, family, and personal care. The pastor can be an advocate for healthy living amongst the church members. This can be done in various areas such as promoting healthy food at events and limiting access to things such as soda and coffee. The pastor could support schedules for staff and volunteers which keep them from becoming exhausted or burned-out. The pastor may be able to address policies that promote health or educate against policies that hinder health.

Visual and general support for the health ministry task force and any staff member that works with the health ministry will be very important. A pastor’s support will increase the possibility of success for a ministry effort. One task is to meet regularly with the task force by attending the meetings. Through this interaction, a pastor will stay updated about the needs of the community and the progress of the ministry area. The pastor should try to attend as many health ministry activities (i.e., health fairs, blood drives, healing services) to participate and show support for the ministry taking place. In this way, he serves as an advocate that is pushing the ministry forward. These events are also a great way to meet citizens of the community that may not be members of the church.

Worship and Preaching

The area of corporate worship and preaching is a valuable place for whole person ministry to take place. In God’s words in the Divine Service, people hear God’s forgiveness of sins, the ultimate healing. At worship, the parishioner receives the body and blood of the Great Healer. The context exists for healing – spiritually, physically, mentally, and emotionally – to be proclaimed. A special healing service can be provided monthly, quarterly, or as the
congregational deems needed. The pastor’s preaching can also reflect a care for the whole person. As Lutherans, we do a good job of preaching the Second Article of the Apostles’ Creed. We preach justification, but often times shy away from preaching the sanctified or “whole” life. This type of sermon would be a natural fit in any healing service or service in which the whole-person health ministry is going to be highlighted. Also, if the congregation is attached to a whole-person health ministry, a pastor needs to preach on the subject on a regular basis.

Counseling

In ministering to the whole person, a natural connection exists between worship and preaching and the act of counseling. When a pastor understands holistic ministry, they will care for the mental, emotional, and physical states as well as the spiritual. If the opportunity allows, the parish nurse, deaconess, other care staff, or volunteers will also serve an important role in counseling the member. Obviously none of these servants can do evasive medical work, but lifting the person in prayer and showing care can do a lot for holistic healing. Also, incorporating members of the health ministry task force into shut-in visits and other counseling can add support for the individual in need. This counseling program could become an overarching ministry of Risen Christ Lutheran Church that develops into its own counseling center. This could entail offerings that would address marriage ministry (marriage preparation, marriage enrichment, marriage intervention, marriage rehabilitation, and divorce care), grief counseling, and depression.

Hospital Calls

Hospital calls would still be an integral part of our ministry, along with small group care; however, these visits would be more purposefully directed at the whole-person health. The purpose of hospital calls would be founded on the connection between the person’s current
health condition as well as nurturing their current spiritual disposition. To do this the pastoral staff would offer the private rite of anointing and prayer, as established by the Board of Elders under the direction of Lutheran Church—Missouri Synod’s existing rites. Other individuals in the care ministry would then be able to offer this ministry along with their support and encouragement to the whole-person—body, spirit, and mind.

Other Avenues

There are a multitude of other areas that this ministry could reach out in that doesn’t imply a specific need, but that meets people where they are in life. These offerings could be done through various athletic programs—expanding and directing our current offering of softball and basketball. Facilities could be used to offer aerobic classes (Zumba or the like) as well as activities that lead into worship or Bible study. Stress and time management classes could be regularly offered to the community that gave practical ways to minister to the whole-person. Walking and running groups could be a way to develop new small groups that meet the needs of individuals. The options are limited only be the creativity, needs, and volunteers of Risen Christ Lutheran Church.

Summary

Risen Christ Lutheran Church stands at the threshold of a new and exciting ministry. There are manifold opportunities for us to minister to the needs of our members as well as serving as an outreach to the Davenport community. To do this we will need to take up once again the passion for the whole-person health and minister to the social, emotional, physical, and spiritual needs of individuals.
Resources

