

# Faith Community Strategy

**Accountability Guide  
2021-2022**





“Therefore, as we have opportunity, let us do good to all people, especially to those who belong to the family of believers.”

Galatians 6:10 NIV

# A Message from Faith Community Strategy

Leaders,

Thank you for participating with mission and ministry’s faith community strategy team to collaborate with our faith communities.

The purpose of the faith community initiative is to create a framework for collaboration between AdventHealth and the faith communities surrounding each of our facilities. We anticipate that these collaborations will result in deeper and more meaningful relationships that will foster understanding of the communities we serve, realize the benefits of sharing resources with each other and promote a greater sense of wholeness for our staff (through meaningful collaboration), our patients and the faith communities themselves.

We hope this experience adds value to your role as you join us on this journey of discovery. Together, we will consider the whole-person care model and how it informs this initiative. We will provide the tools necessary to assist you in understanding your communities, identify opportunities for effective networking and identify successful avenues for collaboration and engagement. Finally, we will assist you in the development of the faith community strategic plan for your hospital/entity.

We greatly appreciate your significant contribution of making your faith community strategic plan a success.

Sincerely,  
Ted & Carla



Ted Hamilton, MD  
Chief Mission Integration Officer



Carla Park, PhD  
Executive Director, Faith Community Strategy

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# Accountability

## Introduction

The accountability for faith community strategy is, at first glance, very simple:

The mission leader of each campus will provide a one-page strategic plan for collaborating with faith communities (houses of worship and other faith-based entities) in the primary service areas of the campus. The strategic plan will be based on a uniform template (see page 38 in this handbook; also available on the faith community strategy team site on AdventHealth Connect).

In completing the template, take into consideration tools and resources provided (GIS<sup>1</sup> mapping, list of churches) as you have conversations with colleagues, community leaders and clergy. You will identify between one and five goals, the tactics for completing those goals and metrics. The template identifies four categories of working with faith communities: understanding, networking, collaboration and engagement. Each goal that you identify for the one-page faith community strategic plan will fall within at least one of these categories.

You will begin implementation of the strategic plan in 2022.

# Q&A

The following **Q&A** will address various questions you might have related to this accountability:

**Q:** What is required at the end of the year for this accountability?

**A:** A one-page strategic plan. (Template is on page 38; also on AdventHealth Connect).

**Q:** Is there anything specific that I must include in the strategic plan?

**A:** Yes. This plan should take what you are doing now and show how you plan to take that to the next level (in 2022) and/or invite you to create something new. We encourage you to participate in the ongoing discussions, collaborate with community benefit/marketing and consider tools we provide as you think through the development of your goals.

**Q:** What is the reason for all the tools (list of churches, GIS mapping, worksheets, etc.)?

**A:** We are providing as many tools as you might need to develop your goals. We are trying to move forward systematically so that the organization has a common understanding in relation to faith communities (a faith community is a faith-based entity such as houses of worship and other faith-based entities) and uses similar tools and processes (for example, to begin with understanding).

**Q:** What is the reason for the monthly discussions, including those bringing additional team members together?

**A:** We are discussing ideas with each other in case there are best practices and/or resources that we can share (prevents reinventing the wheel). Mission leaders are invited to monthly meetings to share ideas, resources and strategies.

**A:** For two of those meetings (July 12 and October 11, 2021), you are invited to bring your team members (anyone beyond mission leaders/chaplains that you would like involved in the conversation regarding your specific entity, such as CEO/COO, community benefit, marketing, local clergy, representatives from the conference, etc.), since on those months you will be divided into chat rooms according to your hospital/entity. This gives you the opportunity to work on the strategic plan together, while also hearing what others are doing. Let us know what members you would like to invite, and we will orient and prepare them for the July and October meetings.

<sup>1</sup> Geographic Information System

**Q:** Why are we in conversation with team members from community benefit and marketing?

**A:** These collaborative conversations help everyone move along the same path in terms of faith community endeavors.

**Q:** How will this relate to the MIPR (Mission Integration Peer Review) process?

**A:** You will include the one-page faith community strategic plan within the Community portion of the MIPR.

**Q:** How does this accountability relate to the overall goals of AdventHealth?

**A:** “Never discharge a patient” encourages all of us to think through the question of how AdventHealth might connect patients and faith communities.

**Q:** How does this relate to whole-person care?

**A:** It brings the “whole” community as a potential resource and builds stronger communities since faith communities are integral to the strength and fabric of the whole community.

**Q:** How does the whole-person care model inform this accountability?

**A:** The four categories for this accountability (understanding, networking, collaboration, engagement) come from the model (see page 11; also on AdventHealth Connect).

**Q:** If my hospital already has an advisory committee, do I need to create an additional one for this accountability?

**A:** No. Use whatever avenue reflects the collaborative endeavor. We simply ask that you not build your strategic plan in isolation from others at your hospital/entity or without collaboration with local clergy or faith community partners.

**Q:** Where are the forms I need to complete and submit?

**A:** See the next page and pages 37 and 38 for full-sized forms (also on AdventHealth Connect).

## Faith Community Strategic Plan Template

(See pages 37 and 38 for full-sized forms; also available on AdventHealth Connect)

**2021 Faith Community Accountability Template**

HOSPITAL/ENTITY NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Other hospital(s)/entity(ies) that share this faith community strategic plan (either because they have no primary service areas of their own or are working to the exact plan of the primary hospital): \_\_\_\_\_

REQUIRED	OPTIONAL
Mission Leader:	Mission Leader:
C-Suite:	Clergy:
Community Benefit:	Adventist Conferences (Regional/State):
	Others:

**CHECKLIST:**

- Worksheets reviewed/discussed (completion of these)
- First draft of one-page strategic plan (email to Carla.P)
- One-page strategic plan completed (email to Carla.P)

**Instructions for completing the faith community strateg**  
 one and five goals for understanding, networking, collaborc  
 communities in the areas of the hospital. Start with what y  
 you can move that to the next level. We will provide sever  
 discussions, etc.). Identify tactics and metrics for your ide  
 please. Worksheets are provided in the appendix, if desi

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Faith Community

**Strategic Plan Template**

**FAITH COMMUNITY STRATEGIC PLAN**  
 (SEE APPENDIX A FOR SAMPLE)

**IDENTIFY THE CATEGORY OF EACH GOAL AS:**  
 U = Understanding    C = Collaborating  
 N = Networking        E = Engagement

GOALS (No more than 5)	TACTICS	METRICS	U, N, C, E

**GOAL:** A specific achievement that you want to accomplish  
**TACTIC:** A specific action needed to achieve the goal  
**METRIC:** The measurement/metric that shows that the tactic was accomplished (must be measurable and achievable)

**CATEGORIES:**  
**Understanding:** An action that helps in understanding the local area, history, churches, needs, etc. This can happen in a number of ways: reading books, news, reviewing the CHNA, learning from the GIS mapping, touring the #10s, etc.  
**Network:** Anything that helps build connection and networking between team members, the faith communities (houses of worship, faith-based entities) and the hospital, the faith communities with each other, or faith communities with the community.  
**Collaboration:** Any endeavor done together toward the same goal.  
**Engagement:** Collaboration that is sustainable and is able to move forward "on its own" or in a consistent and predictable manner.

C-Suite Approval of Faith Community Strategic Plan: \_\_\_\_\_  
 Mission Leader Approval of Faith Community Strategic Plan: \_\_\_\_\_  
 Community Benefit Approval of Faith Community Strategic Plan: \_\_\_\_\_

38  
 Faith Community Accountability Handbook for Mission Integration



## Whole-Person Care Model

# Whole-Person Care Model

The whole-person care model is an aspirational vision for whole-person care, with four aspects that build on each other and progress to the synergist and exponential effect of wholeness. It highlights the relational component throughout, beginning with understanding the dignity and depth of each story, moving to relationship through spaces of connection, progressing to collaboration for mutual/achievable goals, and culminating in the experience of wholeness and well-being that is integrated into life/culture and is sustainable.

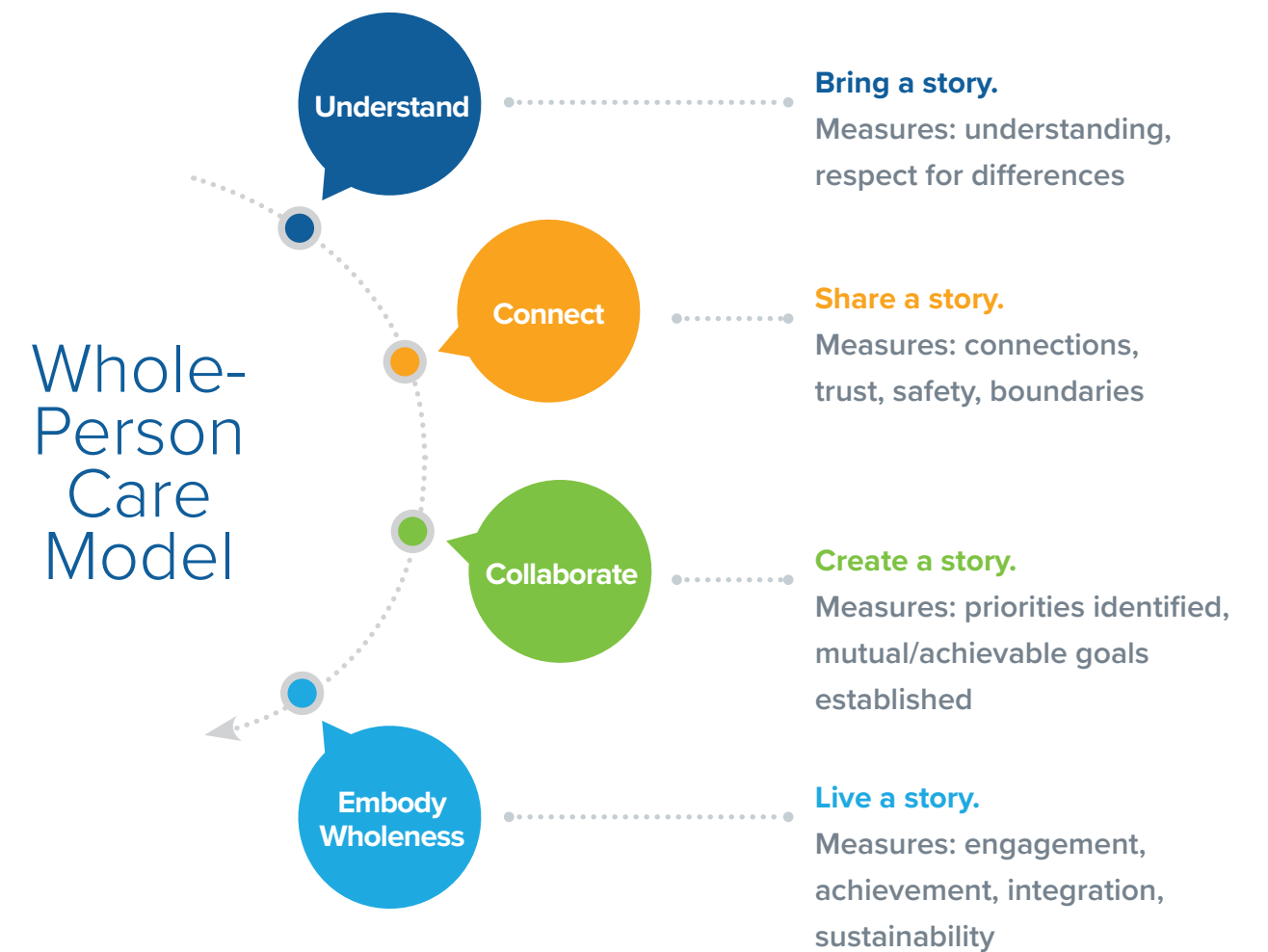
“Extending the Healing Ministry of Christ” Whole-Person Care Model				
Phases	<b>Understand</b> <i>Bring a story</i>	<b>Connect</b> <i>Share a story</i>	<b>Collaborate</b> <i>Create a story</i>	<b>Embody Wholeness</b> <i>Live a story</i>
People	Background and history	Unique and relevant aspects of life	Goals for health and well-being	Integration into life and culture
AdventHealth	<b>We value every person (and all aspects):</b> <ul style="list-style-type: none"> <li>Body, mind, spirit, community, culture</li> </ul> <b>We integrate healthy lifestyle principles</b> <b>We provide excellent equitable and fair treatment</b>	<b>We create spaces of connection through:</b> <ul style="list-style-type: none"> <li>Empathy and compassion</li> <li>Safety and love</li> </ul> <b>We promise to:</b> <ul style="list-style-type: none"> <li>Make It Easy</li> <li>Own It</li> </ul>	<b>We collaborate:</b> <ul style="list-style-type: none"> <li>Explore what matters most (includes needs for love, joy, peace)</li> <li>Set mutual/achievable goals</li> <li>Deliver anticipated outcomes</li> </ul>	<b>We expect synergistic and exponential results:</b> <ul style="list-style-type: none"> <li>Goals met</li> <li>Integration into culture</li> <li>Sustainable</li> </ul>
Results	My whole life matters, is valued and respected	I am in relationship, heard and feel safe	I am at peace with the outcomes that are possible	Wholeness outcomes embedded into life; deeper sense of well-being; I feel whole
Measures	Understanding, respect for differences	Connection, trust, safety, boundaries	Priorities identified, mutual/achievable goals established	Engagement, achievement, integration, sustainability

“I have come that they might have life and have it more abundantly.” John 10:10

The mission of AdventHealth is Extending the Healing Ministry of Christ. This whole-person care model identifies the process of how we do that. The purpose of this model is threefold:

- Integrate AdventHealth missional culture throughout the organization
- Inspire education and training, research and brand positioning
- Inform the clinical, operational and relational interface

## In other words, notice:





## Mission & Ministry Integration

“I have come that they might have life and have it more abundantly.”

John 10:10

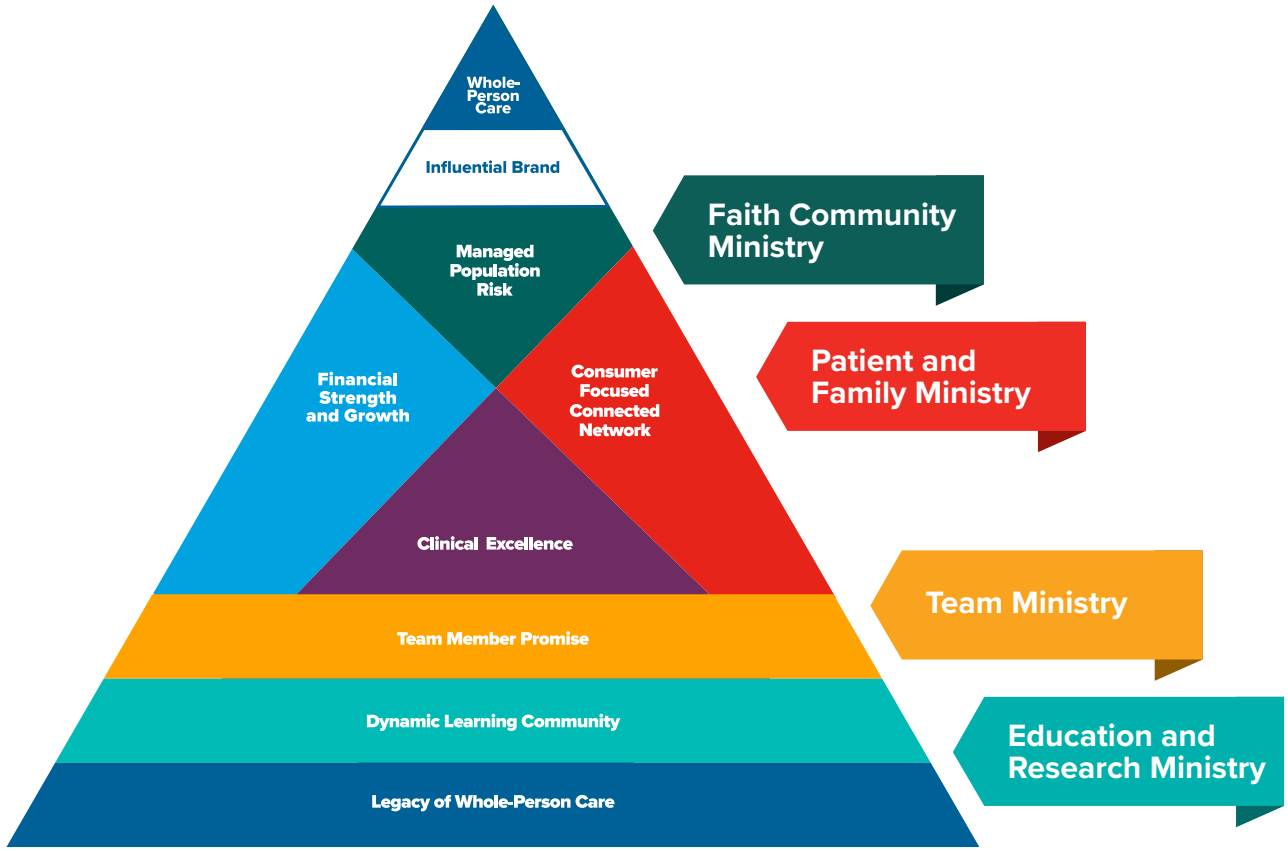




# Mission and Ministry Integration with AdventHealth Operations

The 2030 vision of AdventHealth identifies whole-person care as its foundation and its ultimate outcome. In between these are a variety of other aspirations and goals. Next to this pyramid are the missional areas that correspond to the 2030 vision. More specifically, Faith Community Ministry corresponds with Managed Population Risk.

Every encounter is a spiritual encounter.



Spiritual support is a shared responsibility.

# Mission and Ministry Ecosystem

The mission ecosystem identifies four priorities, one of which is Faith Community Ministry.



# Faith Community Ministry

The four categories upon which faith community strategy is built arise from the four categories of the whole-person care model: understanding, networking (connect), collaboration and engagement (experience wholeness), and also provide the four categories for the goals (on the strategic plan).



Understanding	Networking	Collaboration	Community Engagement
<ul style="list-style-type: none"> <li>Demographics</li> <li>CHNA/Community Plans</li> <li>Asset Mapping</li> <li>GIS Mapping</li> <li>History of Community</li> <li>Equities/Inequities Identified</li> </ul>	<ul style="list-style-type: none"> <li>AdventHealth C-Suite, Pastoral Care Community Benefit</li> <li>Faith Communities State/Regional SDA Conferences and Multi-Faith Groups</li> <li>Not-for-Profit Organizations</li> </ul>	<ul style="list-style-type: none"> <li>Faith Community Partners</li> <li>Clergy Wholeness</li> <li>Congregational Wholeness</li> <li>Resource Sharing</li> <li>Mutual/Achievable Goals</li> <li>Collaborative Wholistic Plan</li> </ul>	<ul style="list-style-type: none"> <li>Collaborative Plan Carried Out</li> <li>Ongoing Assessment</li> <li>Community Resource Spot</li> <li>Never Discharge a Patient</li> </ul>



## Understanding

“Each of you should use whatever gift you have received to serve others, as faithful stewards of God’s grace in its various forms.”

1 Peter 4:10 (NIV)

# Understanding

There are various ways to increase understanding of faith communities and the larger communities in which they are embedded.



## Where to find:

**Community Health Needs Assessment (CHNA):** Each hospital is required to have a CHNA. It is located on the hospital website.

**Community Health Plan (CHP):** The CHP is also located on the hospital website.

**Asset Mapping:** City/county online searches will provide this information.

**Demographics:** This information is located in the GIS map.

**History of the Community:** Become familiar with the history of the community, as well as the houses of worship within it. Read books or listen to podcasts that provide information on the history and culture of the community.

*Drive around the community to observe the sites that are historically and culturally significant, the location of community centers and the dynamics of the people and living conditions. (Become better acquainted with the more disadvantaged areas and people.)*

Using the tools listed above, mission leaders and hospital representatives will be able to identify the following:

- Disadvantaged areas in the primary service areas (PSAs) of the hospital
- Priority issues to be addressed by the hospital
- Community assets
- Locations of focus (i.e., north, south, east, west)
- Demographics in the areas of focus
- ZIP codes of focus



## Networking

# Networking

Why is networking important? It is the cultivation of meaningful relationships and the exchange of information and/or services to the benefit of the parties involved. In other words, AdventHealth seeks to develop mutually beneficial relationships with faith communities, not-for-profit organizations, government agencies and officials and strategically aligned businesses in order to strengthen our communities at every level of engagement. As a part of strengthening the community, we will identify disadvantaged neighborhoods and bring best practices to bear in making a positive difference in the lives of those in need.

## Three Types of Conversations

### AdventHealth

- C-Suite, mission, community benefit, marketing

### Faith Communities

- Clergy
- State and regional Seventh-day Adventist Conferences
- Multi-faith groups

### Larger Community

- Not-for-profit organizations
- Local government agencies
- Businesses



# Networking Questions to Consider

## AdventHealth Internal Network

Who is in your network? Will medical professionals have any role in faith community work?

## Faith Community Partners

Who will be your faith community partners? Will you engage Adventist conferences? What additional resources are needed?

## Not-for-Profit Organizations

What NPOs do you plan on engaging?

## Government Agencies

What community leadership is important to the faith community work?

## Businesses

What businesses are important to the faith community work?



## Collaboration

“For just as each of us has one body with many members, and these members do not all have the same function, so in Christ we, though many, form one body, and each member belongs to all the others.”

Romans 12:4-5

# Collaboration

On this journey, mission leaders and faith community partners will share resources, set mutual/achievable goals (with tactics and metrics) and collaborate on wholistic plans for the benefit of the communities they serve.

**AdventHealth Collaborators:** Consider collaborating with the leader of the medical group to establish a mutual/achievable plan for provider-based activities.

**Faith Community Partners:** Describe the type of collaborative efforts you envision.

**Clergy Wholeness:** Is there anything you would like to do in this area? If so, what?

**Congregational Wholeness:** Is there anything you would like to do in this area? If so, what?

**Resource Sharing:** What are the shareable resources between AdventHealth and faith community partners, clergy and/or congregations?

**Mutual/Achievable Goals:** Review goals to ensure they are mutual and achievable and that you have considered what matters most to all involved.

## Collaboration with Community Benefit Team

Community benefit and community relations are valuable partners in the accountability to help strengthen the health and well-being of the communities. Community team members can provide crucial data in the form of Community Health Needs Assessments (CHNAs) that every hospital is required by law to make public. CHNAs inform decision-making and approach to communities and are especially valuable as you craft your faith community strategic plan. Collaboration with community team members is key as you engage in the process of understanding, networking, collaboration and engagement in your communities. Often, there will be existing relationships with not-for-profit organizations in the community. Before reaching out, please check with your community team members to learn about existing relationships and share your plans and ideas to collaborate with various community partners. The expectation is that you will be in frequent contact with community team members to facilitate discussions to ensure regular updates and alignment of efforts.

## Guidelines for Collaboration

- Discuss what matters most (top priorities) to the entities involved.
- Identify between one and five goals that have the following characteristics:
  - Contributes to one of the four areas (understanding, networking, collaborating and engaging)
  - Mutual (all entities agree on the goal)
  - Achievable (can be accomplished within the time frame and with the available resources)

- Feel free to start with what you are doing currently and ask how you can move that to the next level.
- Identify tactics and metrics for your identified goals (tactics and metrics are defined below).
- Consider several available tools provided for this purpose: church list, GIS mapping, networking discussions, etc.
- Consider reviewing/discussing the worksheets that are provided (see appendix).



## Tactics

Tactics are actions or strategies that are carefully planned and executed to achieve specific goals. Some examples of tactics include (see Appendix A, page 40):

- Approach
- Organization
- Methods
- Logistics
- Plans
- Administration

## Metrics

Metrics are parameters or measures of assessment used to measure, compare and/or track performance. You can do this by identifying a metric for every tactic.





## Engagement

“And let us consider how we may spur one another on toward love and good deeds, not giving up meeting together, as some are in the habit of doing, but encouraging one another—and all the more as you see the Day approaching.”

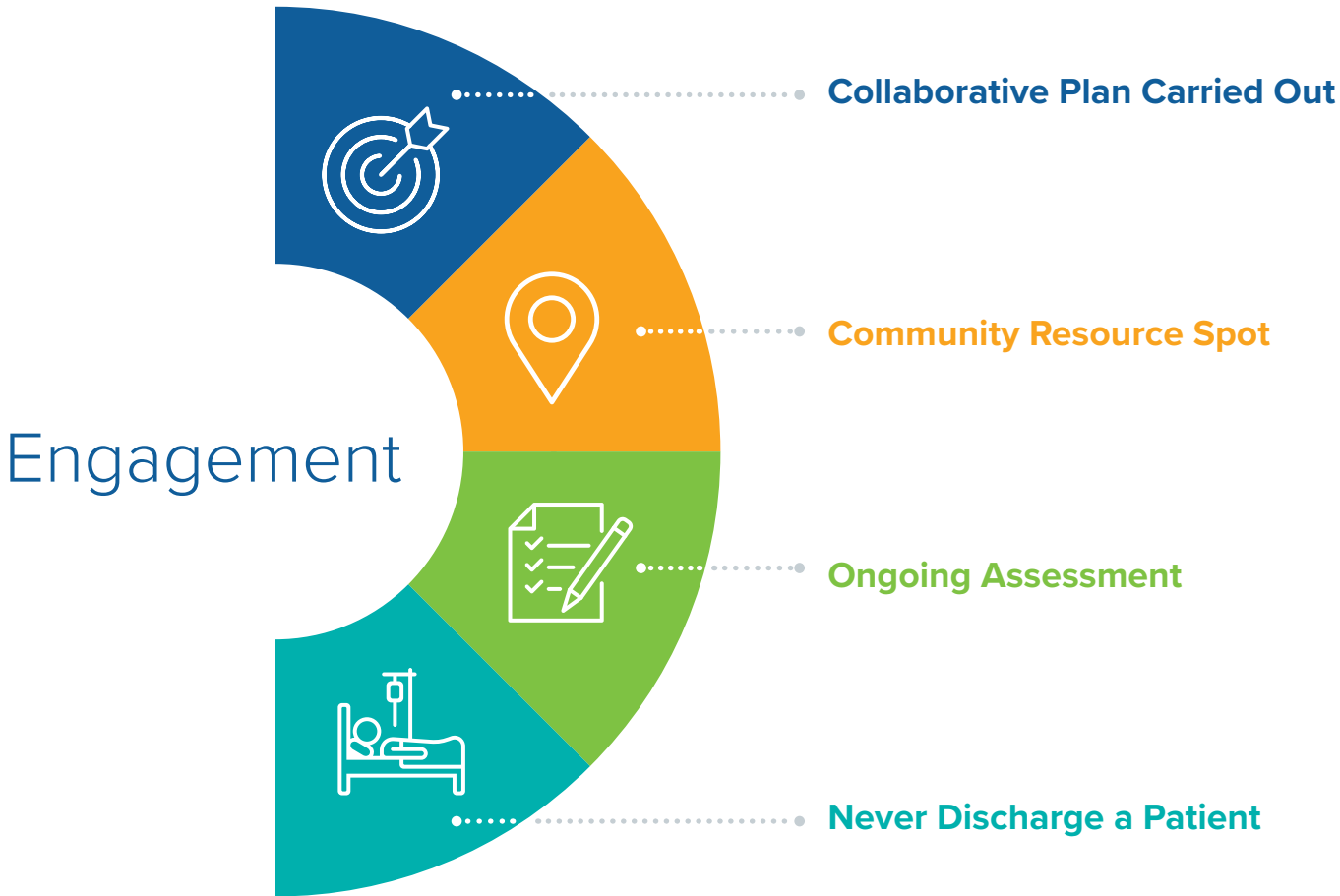
Hebrews 10:24-25



# Engagement

You have taken steps to understand your community. You have identified avenues of networking. You have identified mutual/achievable goals through collaboration and written your faith community strategic plan. You are now ready to engage with your community and implement the collaborative wholistic plan that you developed with your faith community partners.

As you set your plan in motion, you will want to conduct assessments along the way to assure sustainability. Consider who will monitor the goals, tactics and metrics throughout 2022 and beyond. Do you plan to develop any community resource spots? If so, how many? Consider the connection between AdventHealth patients and the faith community plan. Identify avenues for making your plan sustainable.





## Strategic Plan Template

“If any of you lacks wisdom, let him ask of God, who gives to all liberally and without reproach, and it will be given to him.”

James 1:5 (NIV)



# 2021 Faith Community Accountability Template

**HOSPITAL/ENTITY NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Other hospital(s)/entity(ies) that share this faith community strategic plan (either because they have no primary service areas of their own or are working to the exact plan of the primary hospital): \_\_\_\_\_

REQUIRED	OPTIONAL
Mission Leader:	Mission Leader:
C-Suite:	Clergy:
Community Benefit:	Adventist Conferences (Regional/State):
	Others:

## CHECKLIST:

- Worksheets reviewed/discussed (completion of these is not required)
- First draft** of one-page strategic plan (email to [Carla.Park@AdventHealth.com](mailto:Carla.Park@AdventHealth.com) by 9/13/21)
- One-page strategic plan **completed** (email to [Carla.Park@AdventHealth.com](mailto:Carla.Park@AdventHealth.com) by 11/15/21)

**Instructions for completing the faith community strategic plan (next page):** Identify between one and five goals for understanding, networking, collaborating and engaging the faith communities in the areas of the hospital. Start with what you are doing currently and ask how you can move that to the next level. We will provide several tools (GIS mapping, networking discussions, etc.). Identify tactics and metrics for your identified goals. No more than one page, please. Worksheets are provided in the appendix, if desired.

# Strategic Plan Template

**FAITH COMMUNITY STRATEGIC PLAN**  
(SEE APPENDIX A FOR SAMPLE)

**IDENTIFY THE CATEGORY OF EACH GOAL AS:**  
**U** = Understanding      **C** = Collaborating  
**N** = Networking        **E** = Engagement

GOALS (No more than 5)	TACTICS	METRICS	U, N, C, E

**GOAL:** A specific achievement that you want to accomplish.

**TACTIC:** A specific action needed to achieve the goal.

**METRIC:** The measurement/metric that shows that the tactic was accomplished (must be measurable and achievable).

**CATEGORIES:**

**Understanding:** An action that helps in understanding the local area, history, churches, needs, etc. This can happen in a number of ways: reading books, news, reviewing the CHNA, learning from the GIS mapping, touring the area, etc.

**Network:** Anything that helps build connection and networking between team members, the faith

communities (houses of worship, faith-based entities) and the hospital, the faith communities with each other, or faith communities with the community.

**Collaboration:** Any endeavor done together toward the same goal.

**Engagement:** Collaboration that is sustainable and is able to move forward "on its own" or in a consistent and predictable manner.

C-Suite Approval of Faith Community Strategic Plan: \_\_\_\_\_

Mission Leader Approval of Faith Community Strategic Plan: \_\_\_\_\_

Community Benefit Approval of Faith Community Strategic Plan: \_\_\_\_\_



# Appendix A

## SAMPLE FAITH COMMUNITY STRATEGIC PLAN

### IDENTIFY THE CATEGORY OF EACH GOAL AS:

U = Understanding      C = Collaborating  
N = Networking        E = Engagement

GOALS (No more than 5)	TACTICS	METRICS	U, N, C, E
1) Better understand the local community	1a) Mission leaders, senior chaplains and community benefit (CB) rep spend 1-2 hours traveling the local area, with CB rep highlighting the CHNA priority areas 1b) Read about local history	1a) Tour takes place 1b) Book ( <i>Devil in the Grove</i> ) read by Mission Leaders	U
2) Identify four churches to partner with and build a network among them	2a) Identify and make contact with identified churches 2b) Develop avenue for the identified churches to know and connect with each other	2a) Churches identified and contact made 2b) Network established	N
3) Develop a mobile health unit that will spend time at each of the church partner locations	3a) Identify areas (CHNA priorities) in greatest need of a mobile health unit 3b) Work with the physician group to develop a mobile health unit 3c) Assist identified churches in how to reach out to the community to prepare for the arrival of the mobile health unit	2a) Churches identified and contact made 2b) Network established	C, E

**Note:** Make sure you work in collaboration with community benefit as you identify the goals. You do not have to have a goal in each category. If you are at the beginning of engaging with faith communities (mostly churches), you might have goals that are all within the U (understanding) and N (networking) categories. The reason the third goal above fits into both C and E (collaboration and engagement) is that it is a collaborative effort AND it is sustainable.

# Appendix B

## Worksheets

### Understanding the Community – Worksheet *(areas to consider; suggested, not required)*

Suggested metric: Understanding/knowledge of community

CHNA/CHP	What are the top priority issues of the hospital? (See CHNA or GIS map).	
Asset Mapping	What are the important community assets in the PSAs of the hospital?	
Demos-graphics	What area(s) around the hospital do you want to focus on (specific ZIP codes, hotspots, etc.)?	
	Identify the demographics of the locations chosen in the question above (see GIS map).	
GIS Mapping	What faith communities (type and number) are in the community of your hospital (see GIS map)?	
History of Community	What news events, books or other events are important to understand in order to work well with this community?	
Equity/Inequity	What are the primary equities/inequities to consider (gained through reviewing demographics, CHNA/CHP, asset mapping, GIS mapping and history of community)?	

### Networking – Worksheet *(areas to consider; suggested, not required)*

Suggested metric: Networking is intentional and consistent

AdventHealth Internal Network	What internal people will be in your network (hospital executives, pastoral care, community benefit/impact)? Will you have an advisory committee?	
	Who is the leader of the medical group or contact person who coordinates provider-based activities? The physician group requests that you obtain and review hospital protocol for how to include your physicians (each hospital has one).	
Faith Community Partners	Do you plan on engaging the Adventist conferences (regional and state)? What faith communities do you want to partner/collaborate with? Suggestion: have at least one hub of four faith communities that represent a variety of faiths.	
	What additional resources do you need (roles, budget, materials, programs, etc.)?	

## Networking *continued*

Non-Profit Organizations	What not-for-profit organizations (NPOs) in the PSA of the hospital do you want to engage with for purposes of collaboration?	
Government Agencies	What community leadership is important to your faith community work (mayor, city commissioner, county, etc.)?	
	Describe contact or anticipated contact with the above community leadership.	
Businesses	What businesses in the PSA of the hospital do you think should be established for purposes of collaboration?	
	Identify current and/or anticipated contact with the above businesses.	

## Collaboration – Worksheet (areas to consider; suggested, not required)

Suggested metric: Evidence of collaboration with mutual/achievable goals established

AdventHealth Collaborators	Collaborate with the leader of your medical group to establish a mutual/achievable plan for provider-based activities (mobile medical unit, organized on-site medical services, etc.). Note: Consider establishing a “standing order.”	
Faith Community Partners	For faith community partners, describe the type of collaborative efforts you would like with them.	
Clergy Wholeness	Is there anything you would like to do in the area of clergy wholeness? If so, what?	
Congregational Wholeness	Is there anything you would like to do in the area of congregational wholeness? If so, what is it?	
Resource Sharing	What are the shareable resources between AdventHealth and faith community partners, clergy and/or congregations?	
Mutual/Achievable Goals	Review goals above to ensure they are mutual/achievable for: <ul style="list-style-type: none"> <li>Faith community partners</li> <li>Clergy wholeness</li> <li>Congregational wholeness</li> </ul>	

## Community Engagement – Worksheet (Note: this takes place mostly within 2022)

Suggested metric: Sustainability

Collaborative Plan Carried Out	Strategic plan is identified and submitted with appropriate signatures and collaboration is established.	
Ongoing Assessment	In what ways will you assure sustainability?	
	Who will monitor the goals, tactics and metrics throughout 2022? In the future?	
Community Resource Spot	Do you plan to develop any community resource spots? If so, how many?	
Never Discharge a Patient	Identify the connections between AdventHealth patients and the faith community plan.	



# Appendix C

## Characteristics of a Healthy Faith Community

### Mission/Vision

Serving the community is part of the mission statement/mission of the faith community. It is how they operate and what they think about.

### Clergy

The lead pastor/clergy:

- Is committed to personal wholeness and flourishing in order to effectively lead others.
- Has a personal mission and vision for helping the faith community engage with the community around it.

### Activities

Activities of the faith community follow the mission and vision of service to the community. There is evidence that the faith community is involved in serving others outside their immediate faith community.

### Connection

There is evidence that the faith community values three types of connection:

- Between members
- With people in the community
- With other faith communities

### Leadership

There is involvement of Millennial and Gen Z generations in leadership (40 years old and younger). This gives evidence of mentoring and acceptance of new ideas.









# Thank You

We would like to recognize and give special thanks to the following for their collaboration in this initiative:

**Julie Zaiback-Aldinger, MPH**

AdventHealth Corporate Services  
Executive Director,  
Community Advocacy and Health Equity

**Vicmael Arroyo**

AdventHealth Central Florida Division  
Faith Community Coordinator

**Russ Butler, PhD**

AdventHealth University  
Professor of Biology

**Craig Gillen**

AdventHealth University  
GIS Manager

**Sarah Heintzelman**

AdventHealth Corporate Services  
Community Benefit Manager

**Teri Mulvey**

AdventHealth Corporate Services  
Operations Manager, Faith Community Strategy



900 Hope Way, Altamonte Springs, FL 32714

