

# ENGAGE: Ministry Health Plan



CANADIAN BAPTISTS  
OF ATLANTIC CANADA

## Welcome to the Engage: Ministry Health Plan!

The purpose of ENGAGE is to give you, the pastoral leader, a tool to understand best practices and annually measure and evaluate your level of ministry health. Using the four strategic Health quadrants (Spiritual, Emotional, Physical and Leadership) as well as providing a frame work for a balanced continuing education paradigm, our hope is that this will give both pastor and congregation a sense of best practices during the season of ministry together.

The **Ministry Health Plan (MHP)** is primarily a self-assessment tool and will not be monitored. Only the “**Engage: MHP Participation Sheet**” will be submitted and monitored. This sheet will need the signature of a trusted mentor/colleague after you have gone over the material that is contained in your MHP. Having a mentor/leadership team around you for accountability is critical to the overall success of this journey. If you don't have a mentor and would like one, please contact our office.

For those who choose to participate, you acknowledge that you are committed to best practices. You will receive acknowledgement of participation and completion of **Engage: Ministry Health Plan**. To participate, please send us the “MHP Participation Sheet” by January 31<sup>st</sup>. Also, please send in the follow up “Continuing Education Inventory” by December 15<sup>th</sup>. The Canadian Baptists of Atlantic Canada will then issue an acknowledgement of your participation and completion of **ENGAGE: Ministry Health Plan**.

## SECTION 1- SPIRITUAL HEALTH PLAN

What are the areas of spiritual growth you plan to work on this year? These are only suggestions. You may have more to add to the list. Please let us know on the final page what we can be adding here

- |                                       |   |  |  |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Love         | <input type="checkbox"/> Gentleness             | <input type="checkbox"/> Solitude            | <input type="checkbox"/> Humility            |
| <input type="checkbox"/> Joy          | <input type="checkbox"/> Self-control           | <input type="checkbox"/> Submission          | <input type="checkbox"/> Study               |
| <input type="checkbox"/> Peace        | <input type="checkbox"/> Meditation             | <input type="checkbox"/> Service             | <input type="checkbox"/> Theological reading |
| <input type="checkbox"/> Patience     | <input type="checkbox"/> Prayer                 | <input type="checkbox"/> Confession          | <input type="checkbox"/> Sabbath Rest        |
| <input type="checkbox"/> Kindness     | <input type="checkbox"/> Fasting                | <input type="checkbox"/> Personal Reflection | <input type="checkbox"/> Silence             |
| <input type="checkbox"/> Goodness     | <input type="checkbox"/> Trusting Relationships | <input type="checkbox"/> Guidance            | <input type="checkbox"/> Simplicity          |
| <input type="checkbox"/> Faithfulness | <input type="checkbox"/> Giving/Tithing         | <input type="checkbox"/> Celebration         | <input type="checkbox"/> Other               |

What is your plan to address this/these areas in your life?

Book(s) to read:

- \_\_\_\_\_
- \_\_\_\_\_

Retreat: \_\_\_\_\_

Workshop/Webinar: \_\_\_\_\_

Other: \_\_\_\_\_

How do you plan on experiencing God this year? Circle a few possibilities or add your own.



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Who is going to hold you accountable to your Spiritual health goals?

- Mentor       Leadership Team       Other \_\_\_\_\_

## SECTION 2 – EMOTIONAL HEALTH PLAN

**Self-Awareness:** Honestly score yourself on a scale of 1 to 10 (1 being low, 10 being high) \*A definition of Self Awareness can be found at the end of this document.

**How loved do I feel right now in my primary relationships?**

- 1 2 3 4 5 6 7 8 9 10

**How am I at giving love?**

- 1 2 3 4 5 6 7 8 9 10

**How much joy do I feel?**

- 1 2 3 4 5 6 7 8 9 10

**Where would you rate your self-awareness?**

- 1 2 3 4 5 6 7 8 9 10

**Where would others rate your self-awareness?**

- 1 2 3 4 5 6 7 8 9 10

What is your plan to increase your self-awareness this year?

- EQI evaluation     Read a Book     Take part in a 360     Attend a seminar/workshop     Ted Talk

**Relationships: Give some thought to the primary relationships and how healthy they are.**

If you could change the tone of one relationship you have in your family, it would be: \_\_\_\_\_

If you could change the tone of one relationship you have at church, it would be: \_\_\_\_\_

If you could identify two highs and lows in relationships what would they be?

- Highs: 1. \_\_\_\_\_  
2. \_\_\_\_\_

- Lows: 1. \_\_\_\_\_  
2. \_\_\_\_\_

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**What would your plan be to address these relationships and improve other relationships as well?**

Book(s) to read:

- \_\_\_\_\_
- \_\_\_\_\_

Retreat: \_\_\_\_\_

Workshop/Webinar: \_\_\_\_\_

Other: \_\_\_\_\_

**Emotionally Healthy Spirituality (EHS)**

Have you ever been involved in an EHS Group?  YES  NO

Are you planning on being involved in an EHS Group in the future?  YES  NO

**How do you typically deal with the day to day stress of ministry?**

Do you have a hobby?  YES  NO

What is your hobby? \_\_\_\_\_

What hobby would you like to take up? \_\_\_\_\_

**Who is going to hold you accountable to your Emotional Health goals?**

Mentor

Leadership Team

Other

## SECTION 3 – PHYSICAL HEALTH PLAN

**On a scale of 1 to 5 (1 being low 5 being high) please rate yourself on the follow questions by checking the number value**

How Physically Healthy do you feel?

1  2  3  4  5

How tired do feel when you wake up in the morning?

1  2  3  4  5

If you were invited to go on a hike or a walk would you go?

1  2  3  4  5

**In the coming year, I need to ....**

Lose weight

Walk more

Go to bed earlier

Proactive Heathy Steps (massage)

Lower my blood pressure

Join a gym

Wake up earlier

Lower my cholesterol

Lower my blood sugar

Change my diet (eat healthier)

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**What is your plan to accomplish the above item(s) you selected?**

What is the goal? \_\_\_\_\_

What do I need to meet the goal? \_\_\_\_\_

When will I complete the goal? \_\_\_\_\_

**Who is going to hold you accountable to your Physical Health goals?**

Mentor

Leadership Team

Other

## SECTION 4 – LEADERSHIP HEALTH PLAN

**Let's talk about Sabbaticals.**

Have you had a Sabbatical in the last 7 years?

YES

NO

Have you raised the idea of a Sabbatical with you Church Leadership?

YES

NO

**What is your job description? Write down 5 or 6 main categories.**

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 6. \_\_\_\_\_

**Does your current church have an annual job evaluation?**

YES  NO

**If so can you briefly describe it here?**

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## What areas do you feel you are competent in?

- |                                     |  |  |   |
|-------------------------------------|--|--|---|
| <input type="checkbox"/> Theology   | <input type="checkbox"/> Pastoral Care   | <input type="checkbox"/> Cultural IQ   | <input type="checkbox"/> Time Management                        |
| <input type="checkbox"/> Preaching  | <input type="checkbox"/> Discipleship    | <input type="checkbox"/> Personal Call | <input type="checkbox"/> Conflict Resolution/Hard Conversations |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Vision Planning | <input type="checkbox"/> Evangelism    | <input type="checkbox"/> Leading Worship                        |

## What area do you need to focus on in the next 365 days?

- |                                     |  |  |   |
|-------------------------------------|--|--|---|
| <input type="checkbox"/> Theology   | <input type="checkbox"/> Pastoral Care   | <input type="checkbox"/> Cultural IQ   | <input type="checkbox"/> Time Management                        |
| <input type="checkbox"/> Preaching  | <input type="checkbox"/> Discipleship    | <input type="checkbox"/> Personal Call | <input type="checkbox"/> Conflict Resolution/Hard Conversations |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Vision Planning | <input type="checkbox"/> Evangelism    | <input type="checkbox"/> Leading Worship                        |

## How will you address the above focus?

Book(s) to read:

- \_\_\_\_\_
- \_\_\_\_\_

Coach/Counsel: \_\_\_\_\_

Workshop/Webinar/Conference: \_\_\_\_\_

Other: \_\_\_\_\_

## What about the congregation you serve . . .

Does your congregation have a Mission Statement?  YES  NO

If so, can you state it here?

- \_\_\_\_\_

Does your congregation have a clear understanding of the role they are to carry out in the Kingdom?

YES  NO

Does your congregation have a Vision Statement with the key priorities of how the Mission gets accomplished?

YES  NO

If so, can you state it here?

- \_\_\_\_\_

Does your congregation have a Strategic Plan (Goals) as to how they will accomplish the Mission/Vision?

YES  NO

If so can you give broad strokes of it here?

- \_\_\_\_\_
- \_\_\_\_\_

If you don't currently have a Mission Statement, Vision Statement, and Strategic Plan what is one step you can take to address that?

- \_\_\_\_\_

**\*Don't forget to complete and email the ENGAGE:MHP Participation Sheet**

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## Self Awareness

To learn more about Self Awareness and Emotional Intelligent (EQi) you may want to check out a few of these resources.

- Michael Hyatt has a great pod cast on becoming a self-aware leader here: <https://michaelhyatt.com/podcast-self-aware/>
- Steven Stein's book "The EQ Edge"
- Bradberry & Greaves "Emotional Intelligence 2.0" (this even includes an Emotional Intelligence test)
- There are also YouTube and Ted Talks on EQi

## EQi & 360 Evaluation

Through the CBAC offices you can have a EQi profile done, this can be arranged through Wendy Jones and may carry a cost.

A 360 is a full assessment done with the input of colleagues, family and friends to give you a broader picture about how others perceive you. This is not at this time offered through the CBAC office but can websites can be found that administer and interpret the data collected. You can expect there to be a cost associated with this assessment.

## Proactive Health Actions

Along with taking time to care for yourself emotionally and spiritually you may want to look at activities that you can engage in that help with you physically. These may include Massage, pedicures, regular checkups with your family Doctor at 40, 50 and 60.