Developing a Consumer Health Resource Information Service Program:

CONSUMER
HEALTH
RESOURCE
INFORMATION
SERVICE

A Guide for Faith-based Organizations and Communities

CONSUMER **H**EALTH **R**ESOURCE **I**NFORMATION **S**ERVICE

Reviewed June 2011

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DEVELOPING A CONSUMER HEALTH RESOURCE INFORMATION SERVICE PROGRAM:

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Sponsored by the
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THE PURPOSE OF THIS GUIDE

This manual is intended to serve as a comprehensive guide for communities, churches and other faith-based groups that want to mobilize resources to develop a Consumer Health Resource Information Service (CHRIS) program. The chapters provide a step-by-step process for planning, implementing, and evaluating the program, whether it is being carried out by a single organization or a coalition conducting the program at multiple sites in the community. Lessons learned from our experiences in managing the program from its inception are also included.

The accompanying CHRIS Tool Kit provides electronic files of assessment/evaluation instruments, templates for letters and forms that can be modified to meet the needs of any community, and CHRIS logo graphics. These materials may be duplicated, revised to meet individual organization/community needs, and used for the purpose of conducting a CHRIS program, provided the CHRIS logo is displayed and the following statement appears on all materials:

> The CHRIS program was developed by the Oak Ridge Institute for Science and Education in Oak Ridge, Tennessee with funding from the National Library of Medicine, National Institutes of Health. Printed with permission.

This Guide was written by:
Rose Marie Womble
Carolyn Doty
Diane De Binder
Rose Foster
Oak Ridge Institute for Science and Education

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This guide and the accompanying CHRIS Tool Kit are available on the CHRIS Program Web Site at
http://orise.orau.gov/healthcomm/chris.htm

PREFACE

The church is the only community-based organization that is found in virtually every community in this country. It is able to reach people of all ages, races, and economic backgrounds, and it can strongly influence people's values and personal life choices. Because the church is generally more integrated into the life of individuals and communities than our modern medical establishment, it can better enable people to assume responsibility for their own health.
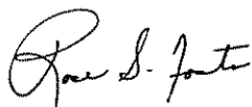
– Health and Welfare Ministries
General Board of Global Ministries
The United Methodist Church

New York, New York

The Consumer Health Resource Information Service (CHRIS) program is a faith-based initiative that began with a concept to draw on the strong ties within the faith-based community to improve access to health information and encourage healthy behaviors. A pilot demonstration project, conducted from October 2002 through March 2004, was sponsored and funded by the National Library of Medicine (NLM), Division of Specialized Information Services (SIS), Office of Outreach and Special Populations, through a cooperative agreement between the U.S. Department of Energy (DOE) and Oak Ridge Associated Universities in Oak Ridge, Tennessee, which manages the Oak Ridge Institute for Science and Education (ORISE) for the DOE. The overwhelming success of the pilot led to replication of the program, with continued NLM support, throughout the state of Tennessee and now the nation.

We, at ORISE, gratefully acknowledge all of the churches/faith-based organizations and their congregational members who have become CHRIS participants; the CHRIS collaborative partners for recognizing the need for such an undertaking to address health disparities and for providing their support and educational resources throughout the pilot project and beyond; and finally to all the ORISE staff members who continue to spend many tireless hours in providing all the management, logistics, resources, writing, and support needed to make this program a success.

We also extend a special note of gratitude to NLM for recognizing the importance of the CHRIS concept and finding it worthy of funding.

Rose S. Foster, Manager
Medical Education and Outreach Group
Oak Ridge Institute for Science and Education

Rose Marie Womble, Project Manager
Medical Education and Outreach Group
Oak Ridge Institute for Science and Education

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I. INTRODUCTION

T he Consumer Health Resource Information Service (CHRIS) program is based on the concept that churches and other faith-based organizations can play an effective role in eliminating or reducing minority health disparities because of their unique positions in the community. This role is strengthened when faith communities collaborate among themselves and with other local, state, and national community service organizations to disseminate quality health information and provide core health-related services.

The CHRIS program is designed to improve access to health information—particularly health issues that disproportionately affect minorities, such as HIV/AIDS, cardiovascular disease, diabetes, immunization, cancer, and infant mortality—in support of the nation's Healthy People 2010 objectives to "increase quality and years of healthy life" and "eliminate health disparities."[1]

The program can be administered either individually (one faith-based organization working within its own membership) or collaboratively (a group of faith-based organizations working together to serve a broader base). Health information access, through the use of NLM online consumer health information resources, is a key component of the program—to inform and influence individual and community decisions that enhance health. Information is communicated through three core services:

- ❖ health education (bimonthly health topics and health education activities and/or workshops),

- ❖ health screenings (on-site blood pressure screenings and free community screenings, such as HIV/AIDS, kidney disease/diabetes, and prostate cancer screenings), and

- ❖ health resources[2] (one-on-one health information and resource development).

Through these three core services, health awareness can be increased and bring about behavioral lifestyle changes in individuals and in communities. The program coordinators receive specialized training on accessing and searching the NLM databases. They then use this training to retrieve consumer health information for the bimonthly health topic presentations, health information dissemination, one-on-one health information sharing, and health education activities/workshops.

The Oak Ridge Institute for Science and Education (ORISE) manages the program for the National Library of Medicine.

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[1] Healthy People 2010. Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. Available at http://www.healthypeople.gov/.

[2] "Health resources" is defined in this context as assistance with identifying and locating available community resources to help meet individuals where they are in addressing health and other life domain needs.

The Role of the Place of Worship in Community Health

Historically, the place of worship has been the cornerstone of the community. It is the place where community members meet regularly and support each other. It is, therefore, the ideal place to access and share information about consumer health and provide consumer health services. For example, the church has played a particularly important role in the lives of African Americans, where ministers or pastors have been viewed as "core leaders" of social change and have been revered for playing an inherent role in the influential success of community health initiatives. Like many faith leaders across America, the black minister or pastor views good health as a primary factor for the overall well-being of the membership and engages in holistic approaches, both in principle and in practice.

It is the goal of the CHRIS program to encourage and inspire faith communities across the nation to strengthen existing health and wellness programs or to develop new ones using the model described in this guide. By developing networks of smart partnerships with one another and local health resources, any faith-based organization can apply the CHRIS model to address consumer health issues of concern in their own communities. This proactive approach increases awareness of health issues, fosters self-empowerment, and strengthens the community's capacity to address health issues at the local level.
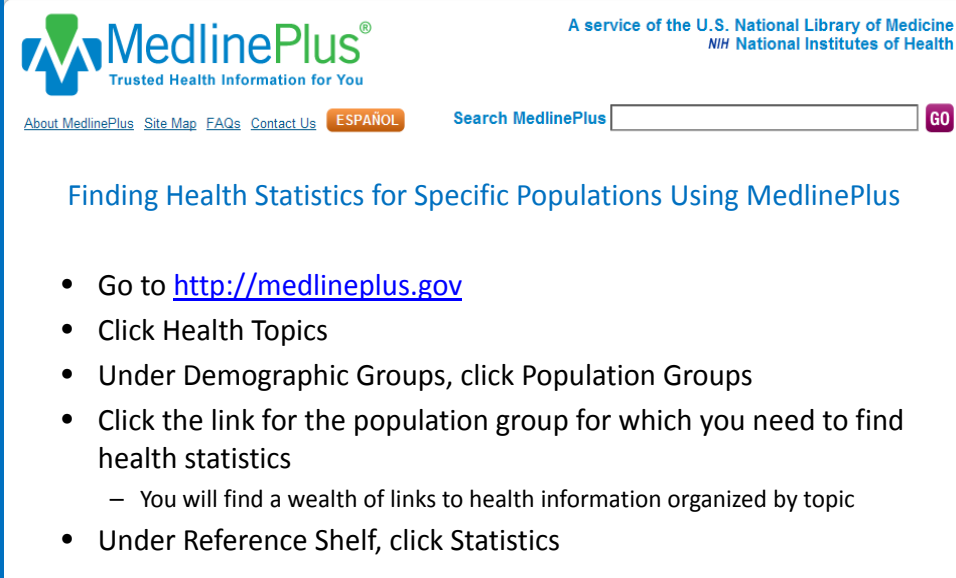
Health Disparities in Minority and Other Populations

Health disparities are defined by the National Institutes of Health (NIH) as diseases, disorders, and conditions that disproportionately affect members of minority or other specific population groups when compared to the general population. Diseases and conditions that affect minorities disproportionately are believed to be caused by a wide range of factors, including biological, cultural, and socio-economic factors; racism; and other factors that may limit access to quality medical care.

Minority Health Concerns in the U.S.[3]	
Asthma	African Americans had asthma-related emergency room visits 4.5 times more often than Whites in 2004.
Cancer	Although breast cancer is diagnosed 10% less frequently in African American women than White women, African American women are 34% more likely to die from the disease.
Cardiovascular Disease	Heart disease is the leading cause of death for most racial and ethnic minority groups in the U.S., accounting for 27% of all deaths in 2005.
Diabetes	The prevalence of diabetes is 2.2 times higher in African Americans, and 1.5 times higher in Hispanics than in whites.
HIV/AIDS	Racial and ethnic minorities accounted for 66 percent of newly diagnosed cases of HIV and AIDS in 2006.
Infant Mortality	American Indians/Alaska Natives have more than twice the SIDS mortality rate as non-Hispanic whites.

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[3] Office of Minority Health, U.S. Department of Health & Human Services, <http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlid=9> (`December 17, 2008).

The health concerns outlined in the preceding table are specific examples of minority health disparities in the U.S. However, a wide range of health concerns exists within various ethnic subpopulations and within other population groups such as seniors, teens, and children. Statistics on specific health concerns for specific populations can be quickly and easily obtained from the National Library of Medicine premier consumer health database: MedlinePlus®.

Federal government agencies, national organizations, states, and community organizations are realizing that health disparities can be greatly reduced by providing systematic access to consumer health information and related resources. This effort involves developing innovative and multi-disciplinary approaches to promoting consumer health education that empower individuals to make informed lifestyle choices and healthier decisions.

The Framework of the CHRIS Program

Effective health communication is essential for a successful CHRIS program. Research shows that health communication best supports health promotion when multiple communication channels are used to reach specific population segments with information that is culturally appropriate and relevant to them.[4] Research also shows that the practice of effective health communication raises awareness of both health risks and solutions, and provides the motivation and skills needed to reduce the risks.

The CHRIS program uses multiple communication strategies to inform and influence individual and community decisions that enhance health. It is practical in purpose, grounded in social science applications, and offers a range of services.

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[4] Office of Disease Prevention and Health Promotion, Healthy People 2010, Focus Area 11—Health Communication. http://www.healthypeople.gov/document/HTML/Volume1/11HealthCom.htm/.

The diagram below illustrates the basic framework of the CHRIS program—forming a foundation for the development of a CHRIS program within any faith-based organization and in any community—with the components of:

- Capacity Building
- Training
- Health information Access
- Core Consumer Health Services
- Ongoing Quality Assurance and Evaluation

CHRIS PROGRAM FRAMEWORK

CAPACITY BUILDING
Collaborative/Organizational Partners

TRAINING
Skills Development and NLM Web Resources

HEALTH BELIEF MODEL

Community | **HEALTH INFORMATION ACCESS** | **Faith Groups**

SOCIO-ECOLOGICAL MODEL

CORE CONSUMER HEALTH SERVICES
Health Education—Health Screenings—Health Resources

ANTICIPATED BENEFITS
Health Awareness—Behavioral Lifestyle Changes

Consumer Health Resource Information Service (CHRIS):
A Faith-based Systems Approach to Addressing Minority Health Disparities

All of these components must be in place to reach the anticipated benefits of increased health awareness and behavioral lifestyle changes.

Capacity building consists of collaborating with other people and/or organizations—including local, state, and national organizations—for the purpose of sharing expertise and resources to accomplish a common goal. It also involves selecting the person or persons who will coordinate the program within the organization and/or the community. See the *Building a Community Framework* chapter of this Guide for further information.

Health Information Access refers to access to reliable electronic health information, such as that provided by the National Library of Medicine online consumer health resources (e.g., MedlinePlus and others) and other quality Internet resources. This aspect of the program requires access to a computer and to the Internet for all coordinators.

Training includes Internet skills development (for those who need it) and instruction in accessing and searching recommended online health information resources. Primarily, these resources consist of the online consumer health information resources of the National Library of Medicine. Training materials developed by the Oak Ridge Institute for Science and Education are available to download from the Internet. See the *Training and Development Activities* chapter of this Guide for further information.

The **Core Consumer Health Services** of the CHRIS program consist of consumer health education, health screenings, and health resources. "Health resources" may include health and prevention counseling by a qualified counselor, if one is available; individual health topic consultations provided with care to protect confidentiality; and a health services resource directory. Core services are explained in depth later in this chapter.

Ongoing Quality Assurance and Evaluation are critical to maintaining the value and sustainability of the program, and are further discussed in the *Evaluating the Program* chapter of this Guide.

Approaches

Two different approaches may be used to implement a CHRIS program: a **collaborative approach** or a **single organization approach**—the core components and services are the same and can be facilitated according to the skill levels and resources available. The following diagram illustrates the two approaches.
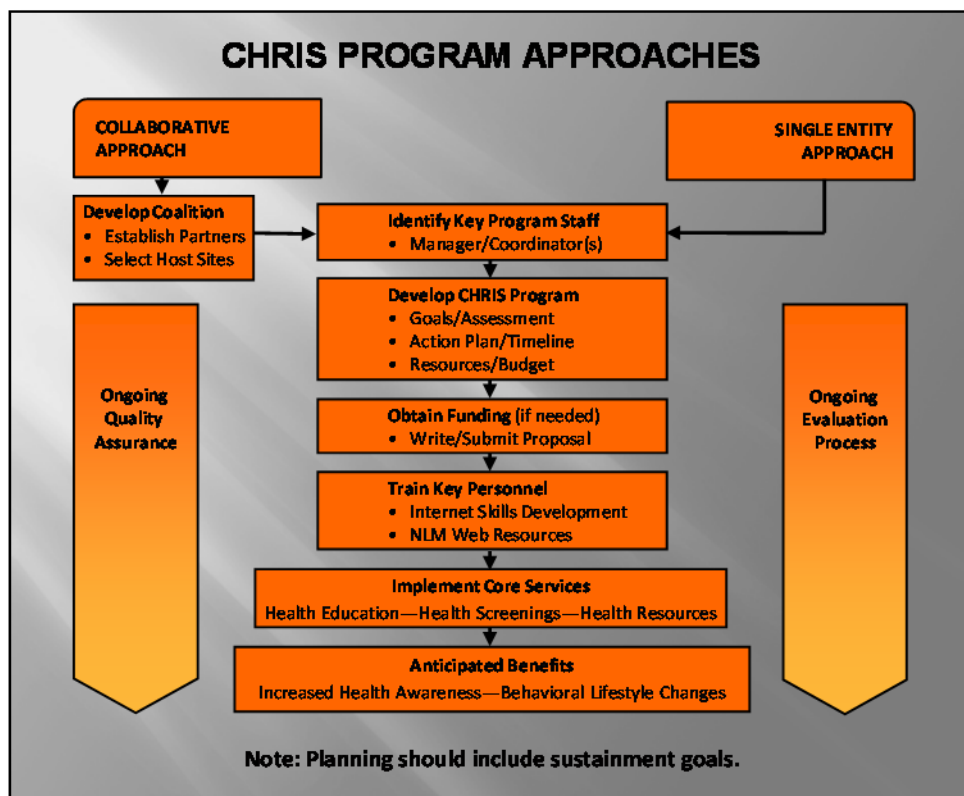
THE COLLABORATIVE APPROACH

The collaborative approach involves a group or coalition of organizations working together to implement the program in multiple locations within the community. The success of a collaborative CHRIS program requires that the program partners, faith leaders, and program coordinators remain connected through effective communication channels to stay abreast of any issues or problems that may arise throughout the program.

THE SINGLE ORGANIZATION APPROACH

In the single organization approach, a single faith-based organization implements the program within its own membership or congregation. The program can be incorporated into an existing health ministry or implemented as a new program.

Whichever approach you choose, the basic framework and the core services are the same. Because human resources vary among faith-based organizations, flexibility is a key consideration. Specific program objectives will depend upon the size of the community and its demographics, the kinds of resources available, and the specific health disparities to be addressed.

The ultimate goal is to deliver vital health services within the community in the three key areas of **consumer health education**, **consumer health screenings**, and **consumer health resources**.

The Core Services of the CHRIS Program

HEALTH EDUCATION

The role of health education in eliminating health disparities cannot be underestimated. The CHRIS concept focuses primarily on consumer health information available on the Internet from the National Library of Medicine (NLM) and other government sources, which are then disseminated in various ways to organization/community members. This information can be supplemented with print and multi-media resources available at libraries, local health departments, and through community organizations.

> *Dissemination of health education through health fairs, workshops, weekly Sunday bulletins, health screenings, and other services has increased due to our collaboration with the CHRIS Project. Also, access to the MedlinePlus health information Web site (NLM/NIH) will aid in our quest.*
>
> *Lois Goodman, Parish Nurse & CHRIS Coordinator*
> *Rogers Memorial Baptist Church*
> *Knoxville, Tennessee*

Your local library is a valuable resource for promoting and/or enhancing your health education efforts. For example, librarians could assist program coordinators with establishing *health literacy* programs. Health literacy is the ability to read, understand, and act on health information. According to the Office of Disease Prevention and Health Promotion, "Persons with limited health literary skills are more likely

to have chronic conditions and are less able to manage them effectively."[5] Specifically, librarians could assist with finding information suitable for individuals with low literacy levels, assess content and readability of materials, and if necessary, help to develop consumer health literacy projects. This could provide an opportunity for the participating library to build trust and encourage health information partnerships with other community-based organizations while promoting information about its outreach projects and services.

Briefly, the following activities comprise the consumer health education component of the CHRIS program. These activities are more fully explained in the *Program Planning and Implementation* chapter of this Guide.

- ❖ Dissemination of trustworthy, reliable health information in easy-to-read language, including health fact sheets and comprehensive prevention messages
- ❖ Bimonthly health topic presentations
- ❖ Brief education sessions/seminars within individual congregations
- ❖ Community-wide health fair/conference

HEALTH SCREENINGS

Health screenings are a way to assess and monitor the health status and needs of a community, while providing immediate feedback to organization/community members. Screenings also encourage participants to develop good health habits and health prevention and maintenance routines.

The following activities form the health screening component of a CHRIS program:

- ❖ **Health assessment survey**—A health assessment survey is a tool to assess many health-related variables such as lifestyle behaviors, socioeconomic status, health access, medical history, and current and imminent health conditions. A complete health assessment instrument, prepared by the Tennessee Office of Minority Health with the Oak Ridge Institute for Science and Education, is available in the CHRIS Tool Kit accompanying this Guide.

- ❖ **Recurring onsite health screenings**—Free blood pressure checks are typically provided at least once a week, often during mid-week church services. They can also be offered in conjunction with the Sunday bimonthly health topic presentations or other activities. Other recurring screenings could include weight, blood glucose, or other screenings based on the needs of the organization members.

- ❖ **Additional health screenings**—Free health screenings for HIV/AIDS, kidney disease/diabetes, prostate cancer, and others can be offered during a health fair or other scheduled educational event for the community.

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[5] Department of Health and Human Services. Office of Disease Prevention and Health Promotion (n.d.) Health Literacy and Health Outcomes. http://www.health.gov/communication/literacy/quickguide.

Also, contact your local health organizations and inquire about their free community outreach and health screening services. Frequently, these organizations are looking for avenues to increase their outreach efforts and welcome the opportunity to provide services in the community.

HEALTH RESOURCES

The Health Resources aspect of the CHRIS program encompasses health information services not covered under the first and second core services. These may include health and prevention counseling, individual health topic consultations, and providing a resource directory of health services available to them in the community. Although time and budget constraints may limit the scope of the consumer health resources you can provide, any additional assistance that can be provided is valuable.

Health and prevention counseling—This service can be offered if a qualified counselor is available. The counselor should have a medical background and maintain a strict covenant of confidentiality. (See "Maintaining Confidentiality" below.) Members should be encouraged to see their health care provider.

Additional points to consider when engaging in health and prevention counseling include the following:

- ❖ The counselor should always remind those being counseled that the information provided is only for the purpose of educating and enabling him or her to make healthier choices. It is not to take the place of visiting his or her health care provider.

- ❖ Keep meticulous records in a secured area—for two specific reasons:
    a) Record information may be used anonymously as both qualitative and quantitative data for evaluation purposes.

    b) Historically, it is good practice for programs and services receiving funding to maintain all programmatic records for a period of three years in case there is an internal audit.

Individual health topic consultations—This service has many of the tenets of health and prevention counseling and involves the same principles for confidentiality and record keeping. These one-on-one consultations provide a significant opportunity for meeting members "where they are" in terms of dealing effectively with their health needs and possibly assisting them, as appropriate, with life domain needs (e.g., food, shelter, clothing) that may be preventing them from getting the health attention they need. One-on-one consultations can take place on site or during a home or hospital visit.

Health services resource directory—Information on available community health resources is always a valuable resource for organization/community members. Social service agencies like the Community Action Committee make it an annual priority to gather information about existing community resources. Program coordinators may want to keep a supply on hand to share with members as needed. If this resource is not available in your community, consider encouraging your health ministry to develop one.

Maintaining Confidentiality

In any exchange of personal information in the health ministry, a covenant of confidentiality is essential. Program coordinators and health and prevention counselors must maintain confidentiality of individual

health information, and release information <u>only</u> with the sole permission of the member, no matter who (pastor/minister, deacon, member, etc.) makes the inquiry. Always ask the member how he or she would like for you to respond to others if asked about their health condition.

The health ministry should also be aware of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which ensures individual confidentiality of personal health information. According to the Office for Civil Rights (OCR), U.S. Department of Education, "the U.S. Department of Health and Human Services issued the Privacy Rule to implement the requirement of HIPAA. The Privacy Rule standards address the use and disclosure of individuals' health information, called 'protected health information.' A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being."

Please read and become familiar with HIPAA by referring to the OCR Privacy Brief, *Summary of the HIPAA Privacy Rule.* http://www.hhs.gov/ocr/privacysummary.pdf

II. BUILDING A COMMUNITY FRAMEWORK

The cornerstone of a faith-based consumer health information and outreach program is the community framework. A wide range of faith-based organizations, health agencies, and other organizations may be interested in forming a coalition to develop and implement this type of program within the larger community. Alternatively, a single faith-based organization may build connections with other organizations to enhance the services it can provide to its own members. State and local agencies often have staff dedicated to community outreach activities that might assist in planning or provide materials or other resources for your CHRIS program.

Regardless of the scope, communities must follow a careful process of assessment and planning to build an effective CHRIS community framework. This process consists of the following steps:

❖ Identify the scope of community/membership needs and health concerns,

❖ Assess the attitudes of the community/membership regarding the identified health concerns to be addressed,

❖ Determine the availability of organization/local resources to meet the identified needs, and

❖ (for the collaborative approach only) Identify potential collaborative partners with similar missions and assess how each might contribute to the program.

Developing a Community Profile

The first step in building a CHRIS community framework is to assess the strengths, needs, and attitudes of the community. Involve the community in the process as early as possible, and keep in mind that diversity can exist, even within specific populations. This assessment can be conducted in several ways:

❖ Review and evaluate available demographic and geographic information.

❖ Identify and assess cultural and social issues based on existing information.

❖ Conduct workshops with local pastors and leaders of other faith-based entities to provide a forum for discussion.

❖ Conduct surveys and/or focus groups to obtain further information about community health needs and attitudes.

Conducting a workshop involving faith leaders and other local participants can be an effective way to provide a forum for discussing ideas and assessing community needs. The workshop can be designed based on the cultural, demographic, and social makeup of a community, the availability of resources within the community, and the extent and nature of the health concerns. Some communities may have a high degree of ethnic, educational, and economic diversity and may involve a range of health disparities. Others may involve one predominant ethnic or minority group or a health issue of concern that warrants special focus or attention.

State and Local Resources

State and local government agencies and community-based organizations can play an important role in contributing to a CHRIS program because they develop many kinds of community initiatives and have experience in identifying and serving community needs and disseminating health information. Government health agencies often have staff with expertise in the areas of health assessment and epidemiology and can provide input in developing a community profile. They also network with non-profit groups in the community. Many community-based organizations, including minority health organizations, specialize in health-related services, while others may have more broad-based missions that may include health issues. Local hospitals often have established parish nursing programs that can provide training, and minority-serving nursing sororities are also excellent resources for finding parish nurses.

Establishing Partnerships for a Collaborative CHRIS Program

The organization of a CHRIS collaborative partnership depends on the size of the target community, the scope of the health disparities to be addressed, and the community resources available. In most communities, the partnership will consist of several faith-based organizations and one or more local, state, or national health agencies. Grassroots advocacy organizations may also be involved. Some organizations may not be able to play any more than an advisory role; however, each partner can participate and contribute to the program as their time and resources will allow.

Finding the right combination of partners is key to the success of a CHRIS collaborative partnership. The partnership must be one that can build trust in the community and can show evidence of success and a commitment to the sustainability of the program. Although social services organizations often pool their resources around available funding, the existence of funding within an organization should not be the driving criterion for creating a partnership. The first priority of the partnership should be to have similar missions that will serve the needs of the community.

Many community-based organizations and resources should be considered when establishing partnerships. Local health care facilities, libraries, adult educators, and health associations can be excellent partners and sources of information. The National Center on Minority Health and Health Disparities (NCMHD), a part of the National Institutes of Health (NIH), funds biomedical and behavioral research centers around the country that enroll a significant number of students from health disparity populations. The purpose of the centers is to develop research capacity in the institutions and to promote participation and training in biomedical and behavioral research among health disparity populations. These centers can provide valuable resources for a CHRIS collaborative partnership, especially if one of the centers is located nearby. A list of these institutions and more information about the program may be obtained at the following Web address: http://ncmhd.nih.gov. The Health Resources and Services Administration (HRSA) also funds centers at health professions schools that strengthen the national capacity to train students from minority groups that are under-represented in these health professions and build a more diverse health care workforce. A list of these centers can be found at http://bhpr.hrsa.gov/diversity/coe/04grantees.htm.

DEFINING PARTNERSHIP ROLES

The role of each organization or agency in a CHRIS collaborative partnership is largely dependent upon its role in the community and the resources it brings to the process. Roles should be clearly defined in a letter of agreement or letter of collaboration, including the organization/agency that will function as the lead partner, signed by key representatives of each agency. Some of the partners, because of their infrastructure capabilities, are better able to provide or facilitate program direction and management. Others have unique access or technical expertise to facilitate the effective dissemination of information. Each partner can make a specific and essential contribution to the initiative.

THE LEAD PARTNER

The lead partner will have the responsibility of responding to situations on behalf of both the program and the partnership when immediate decisions need to be made and can be made in a way not harmful to the integrity of the partnership agreement.

> **The Lead Partner**
>
> **The Oak Ridge Institute for Science and Education (ORISE) served as the lead partner for the CHRIS pilot project and provided program guidance as well as financial management support. ORISE is well-respected in the community and has the experience and infrastructure to effectively develop and implement a CHRIS program.**

There are organizations that specialize in managing financial resources and implementing certain components of community outreach initiatives. When such organizations are included in the partnership, the role of the intermediary organization should be clearly established and outlined in a written contract.

Although a CHRIS program can be implemented in individual organizations without the benefit of a lead or intermediary organization/agency, it would benefit from the resources of such organizations, particularly in a large city.

Partnership Meetings

Whether the program is implemented within a single organization or by a community-wide partnership, program meetings are critical to successful implementation and should be held at least bimonthly. To facilitate and ensure full participation, be flexible. Meetings can be conducted via teleconference if necessary, or the meeting location can be rotated. Assignment of alternate representatives can prevent participation from becoming overly demanding and time consuming for any one individual. Following are brief descriptions of the types of meetings to be held.

PARTNERSHIP ORIENTATION AND TEAM BUILDING

An orientation session where community-wide partners and/or team members can learn more about each other's strengths, philosophy, and management style is essential. It is also important to draft a clear mission statement at this time to make sure that consensus exists regarding the goals of the program and to initiate the process of team building. Team building is a process whereby the members of a diverse group can learn to work together more effectively to develop and achieve shared goals. The composition of the team and its goals are largely determined by the scope of the task at hand. The purpose of team building is to ensure that the group maximizes its potential and works as a unit. When a team does not function well as a unit, sub-teams will start to form and diminish the effectiveness of the team effort. Therefore, cohesiveness of the team unit is essential for achieving a common goal. Team building capitalizes on the uniqueness and value of each contributing group member to build strong alliances.

Building an effective team consists of the following basic steps:

- ❖ Define the overall shared mission of the team.
- ❖ Identify reasons why a team approach is desirable for achieving the common goal.
- ❖ Identify skills, attitudes, strengths, and weaknesses of team members.
- ❖ Address gaps in team communication and capabilities, as needed.

PROGRAM ORIENTATION FOR PROGRAM COORDINATORS, FAITH LEADERS, AND KEY STAFF

Within a community-wide partnership, the lead partner should schedule a meeting first with the program coordinators and faith-based leaders of the selected host sites for program orientation and review of program coordinator responsibilities. This will be the first meeting with this group and much consideration to time should be given when scheduling, as many will have full-time jobs. Take this opportunity to present a PowerPoint presentation overview with a full scope of the program and allow time for questions, encouraging responses and comments.

PROGRAM COORDINATOR/FAITH LEADER MEETINGS

Community-wide CHRIS programs (using the collaborative approach) will involve a number of program coordinators working together. Periodic meetings should be planned—quarterly, or more frequently if needed—for the program coordinators to share experiences, ideas, and other relevant program information. This will allow each program coordinator to develop a consumer health ministry for his/her faith organization that is unique, yet consistent with the overall model. Moreover, it will provide opportunities for the coordinators to build a valuable network for sharing experiences and learning from each other, while establishing good relationships and building trust. Holding meetings alternately at each of the host sites will provide flexibility. When possible, faith leaders should also attend these meetings. It is very important that they stay informed of the program's progress, but please keep in mind that they often maintain hectic schedules. Agenda items should be prioritized in the event that the faith leaders cannot stay for the entire meeting. If attendance is not possible, the program coordinator should meet with his/her faith leader afterward and provide a briefing of the meeting.

Program coordinators should consider forming committees for planning major shared activities. It is very important that each coordinator share as much responsibility as possible in planning and facilitating the event(s) so that no one person feels overly stressed or overwhelmed. Delegation is also important.

The Site Selection Process

Funding limitations may necessitate selection of churches or other faith-based organizations (hereinafter referred to as "places of worship") from among many who are interested in participating in a CHRIS program. Therefore, a selection process must be utilized. This process consists of two elements:

        1) Recruiting interested places of worship within a defined community and

        2) Screening them to select those that are best suited to the program.

RECRUITMENT

Recruitment can be implemented in various ways, depending upon the size and demographics of the community. In many communities, places of worship already have coalitions formed to facilitate their health ministries in high-risk areas or other areas of need, particularly in the inner city. Grassroots organizations as well as local government agencies often track the outreach activities of places of worship and can make recommendations for recruitment. Another way to recruit is to mail out letters of invitation based on a set of demographic and geographic criteria. Then, the interested places of worship can be further screened to select those that are most suitable for participation.

VISITATION AND NOMINATION

To facilitate the selection process, visiting each site to inspect the facilities and interview the ministers/leaders for project participation is very important. A profile of each site can be developed based on information obtained during the site visit and minister/leader interview. In this way, the most appropriate places of worship can be selected for the best outcome of the program.

SELECTION CRITERIA

The development of specific criteria for site selection ensures that the initial program in a community will be successful and serve as a model for possible further involvement of other places of worship once the program has been established. The selection process should be developed based on consideration of the following general criteria:

- ❖ Geographical considerations
- ❖ Size of the place of worship's active congregation
- ❖ Level of present involvement of active health ministry (e.g., health fairs, health screenings, HIV/AIDS outreach services)
- ❖ Availability of an active or retired nurse as part of the membership
- ❖ Availability of adequate and secured space for complete computer workstation unit
- ❖ Ability of church to commit to some level of monetary support to the program
- ❖ Leadership commitment to sustain the project

It may be helpful to use the selection criteria that were used for the CHRIS demonstration pilot project as a guide. This list can be adapted to meet the needs of your community.

Consumer Health Resource Information Service (CHRIS)
Pilot Demonstration Project

Church Selection Criteria

Six churches were selected to participate in the original CHRIS pilot demonstration project, based on the following criteria:

1. Predominantly African American places of worship in the inner city of Knoxville, Tennessee.

2. Selected sites will participate in the Baptist Health System of East Tennessee's Parish Nursing Program.

3. Selected sites must have an active membership total of at least 100.

4. Selected sites must have adequate space for computer equipment and operation.

5. Selected sites must have security measures for protection of computer equipment.

6. Selected sites must be willing to support parish nurses in efforts of project service delivery (e.g., allow the nurse to have primary access to the project's computer equipment and provide access to the building in which the project's computer is located outside of normal operating hours when needed).

7. Selected sites must be willing to provide at least 10 minutes prior to delivery of the sermon for delivery of a health topic relating to health disparities once every other month.

8. Selected sites must have an existing health ministry (e.g., health screenings, participation in health fairs, outreach, etc.) and a parish nurse or an active nurse as a current member.

9. Selected sites must be willing to adapt a plan to continue the project when the funding cycle ends.

10. Selected sites must be in agreement to participate fully in prescribed services outlined in the CHRIS Project (e.g. designate adequate and appropriate time for bi-monthly delivery of health topics and agree to health screenings and other related activities as prescribed in project format).

The Media Campaign

The launching of special initiatives like the CHRIS program usually merit special recognition by the media. ORISE used several approaches to launch the pilot project, including sending press releases to local newspapers and holding a special kickoff ceremony to which local and state dignitaries were invited and a representative from the National Library of Medicine, the funding agency, attended. At the ceremony, both the local county and city mayors declared that day of celebration as "CHRIS Project" day in the city of Knoxville.

Below are some further suggestions for mass media approaches that will help get the word out in the community about program implementation and future activities:

- ❖ Ask a local radio station to announce information about the program. Public service announcements are generally free of charge.
- ❖ Make appearances on TV and radio talk shows.
- ❖ Provide news announcements for the local papers.
- ❖ Provide news announcements through local area faith-based organizations and community colleges.
- ❖ Use the Internet to send information via listservs and other mailing lists.

III. THE PROGRAM COORDINATOR

L eadership for a CHRIS program within a single faith-based organization will come primarily from a designated program coordinator, who will work closely with the faith leader to schedule activities. This person will either be working solely within their own organization or, if a part of a collaborative CHRIS program, also within a larger community framework with other program coordinators. This section primarily addresses the role of the program coordinator within a single faith-based organization.

Responsibilities of the program coordinator include establishing a health and wellness team to facilitate program activities, managing any media campaign(s), monitoring program activities, facilitating the information gathering/dissemination process, and overseeing evaluation of the program. If funding has been obtained by a separate agency, this person will also write any reports required by that agency.

> *NOTE: For collaborative, community-wide CHRIS programs, a representative from the lead agency should serve as a program manager to bring together and coordinate the activities of the individual program coordinators at the host sites. In this case, the program manager should direct the media campaign(s). Additionally, the program manager will coordinate meetings with the collaborative partners and with the program coordinators and faith leaders at the host sites, coordinate on-site visits to host facilities, monitor program activities, facilitate the consumer health information gathering/ dissemination process, compile program documentation information, evaluate the program, and write the required reports to the funder.*

Depending upon the scope of the program and the availability of resources, the program coordinator may be a parish nurse, a health educator, or even a lay person with the appropriate background and level of training. It is also important to note that no single person can effectively manage the program and facilitate all the activities on his or her own—it requires a team effort!

The Parish Nurse as Program Coordinator

Since the early Christian church, parish nurses have been very influential in the development of modern day congregational health. They are professionally trained in the areas of health promotion and disease prevention and can easily coordinate and manage program activities and services. The Health Ministries Association, Inc. (www.hmassoc.org), the professional membership organization representing parish nurses, publishes standards for the practice of parish nursing.[6] If your organization does not have a

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[6] Health Ministries Association/American Nurses Association (1998). *Scope and Standards of Parish Nursing Practice*. Washington, D.C.

parish nurse, any nurse who is interested in participating can become a certified parish nurse. Parish nurse training is offered throughout the United States, and the American Nurses Association (ANA) (www.ana.org) provides information on certification. It is also important to note that anyone can attend parish nurse training.

> *The CHRIS project has been a very rewarding, as well as challenging, experience. It has been exciting to have the opportunity to develop a new program and find new ways that the parish nurse role can have an impact on the health care of our community. We believe that providing care and education through the faith community can have a tremendous impact on the overall health of our community.*
>
> *Dena Mashburn, RN, MS, NP-C*
> *Parish Nurse Program Coordinator*

The ANA describes parish nursing as a "specialized practice of professional nursing that focuses on the promotion of health within the context of the values, beliefs, and practices of a faith community, and is based on the belief that health is a process that includes spiritual, emotional, physical, and social dimensions of a person." A parish nurse makes an ideal CHRIS program coordinator because he or she naturally provides the interface between the faith-based organization and the members regarding health issues. Additionally, parish nurses are typically trusted members of the community who can communicate effectively with members of their congregations. Regular nurses who take on the role of Parish nurse may find that adapting and learning the specific role of a parish nurse—and planning their parish nurse activities around their schedules—can be a challenge, but it is very rewarding.

The Health Educator as Program Coordinator

Health educators typically design, conduct, and evaluate activities that help improve health. They are very capable and practiced in the areas of implementing consumer health education and promotion programs, and many have specific areas of health education expertise. To compensate for any lack of knowledge, they often maintain cooperative working relationships with other professionals who are qualified in a specific area, an approach that can also be used by any program coordinator to enhance program services. [Resource: National Commission for Health Education Credentialing]

The Qualified Lay Person as Program Coordinator

The lay program coordinator, although he or she does not have the special training or skills of a nurse or health educator, should be someone who has a strong interest in both individual and community health promotion and awareness. This person should also have a strong connection to community resources and be skilled at organizing people and activities. These individuals can use their contacts to schedule health educators, nurses, and other health providers as volunteers to assist with program activities—as can parish nurses and health educators as well.

IV. PROGRAM PLANNING AND IMPLEMENTATION

F acilitating a diverse group of partners consisting of both health professionals and lay members in a community-wide endeavor requires high-level leadership as well as excellent organizational and human relations skills. It also requires the ability to effectively utilize and manage limited budgets and to closely track and evaluate the program's progress and document lessons learned. Such careful attention to program detail is essential for the success and continuation of the program. Although fewer people are involved, the same is true for a single organization implementing a CHRIS program within its membership.

CHRIS Program Activities and Required Resources

The program coordinator should meet with the faith leader and the health ministry team to determine the organization's health priority areas and specific program needs. Conducting a health assessment survey of the membership as a preliminary activity will assist the team in making those determinations. One such instrument, prepared specifically for the CHRIS program, is included in the CHRIS Tool Kit accompanying this Guide.

Program activities should be consistent with the three core service areas of health education, health screenings, and health resources. Below is a matrix showing suggested activities within each core service area and the resources required to carry out those activities.

Core Service Area	Program Activities	Required Resources
Health Education	• Bimonthly health topic presentations • Consumer health topic sheets • MedlinePlus® interactive health tutorials • Health education workshops/seminars	• Personal computer • Internet access • Copy machine
Health Screenings	• Weekly blood pressure screenings • Weekly weight checks • Health Fair (HIV/AIDS, diabetes, kidney disease, etc.)	• Digital blood pressure monitor • Digital weight scale • Activity area
Health Resources	• Individual health information sharing[7] • Resource development (e.g., food, shelter, clothing)	• Private office space

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[7] Health information from NLM databases and other online resources used for information only and as a basis for discussion with the person's doctor. In all medical matters, it is suggested that the person consult with their doctor.

Access to Internet resources is essential for the development and dissemination of up-to-date health information. Therefore, a computer and Internet access are vital to carrying out the objectives of the program. Organizations that do not have adequate funding to provide computers and Internet access will need to look for other resources in the community. Libraries and community centers often have computers for public use.

As you plan your program activities, it is essential to include plans and methods for evaluation, ensuring that objectives are reasonable and measurable for evaluation purposes. Ongoing program evaluation is essential to provide useful feedback to sponsors, the health and wellness team, and the membership. It is also an important method of determining which activities are working and how best to improve them (source: National Minority AIDS Council. *Program Evaluation*.) The *Evaluating the Program* chapter of this Guide provides further information about evaluation methods and instruments. Try to remain flexible when planning your activities to allow for modification as necessary to achieve program objectives.

Funding the Program

IDENTIFYING FUNDING SOURCES

In today's competitive market for diminishing program dollars, both private and federal funding sources encourage collaboration among community-based organizations. Now, more than ever, faith-based organizations and communities that are interested in implementing a CHRIS program should build upon collaborative partnerships that already exist and reach out to other organizations and individuals that will foster a strong community outreach infrastructure.

Researching and identifying appropriate funding sources requires a great deal of time and focus. However, this kind of sustained effort and commitment are essential for successful program development and continuation. Funding can be obtained through federal, state, and local agencies, corporations and foundations (community and private), as well as from private contributions.

In recent years, global efforts to promote health and prevent disease have generated millions of dollars for program funding. In developing funding opportunities, faith-based organizations must also take time to start and/or rekindle relationships with city, county, and state officials, making them even more aware of their commitment to addressing minority health disparities and other health issues of concern. Once short-term funding is secured, it is important to immediately focus on funding sources that will sustain the program for three or more years. In the meantime, the organization could use an existing ministry to provide the financial support necessary to establish the program.

Developing a Proposal

The first step in achieving grant funding is developing a well-written proposal based on sound program planning.[8] Therefore, the bulk of time during the initial phase of proposal development should be spent on developing the program and researching/identifying funding sources.

Although proposal writing can seem overwhelming for the novice, many resources are available that can assist with the organization and development of an award-winning proposal. A list of such resources can be found in the CHRIS Tool Kit.

First, be certain that the program is in the current interest of the funder, and keep in mind that a funder's interest may change over time. Proposals are evaluated not only on merit, but the applicant's ability to follow instructions. Be sure to adhere to all guidelines and follow the funder's required format closely. Generally, a well-written proposal will contain the following components:

- ❖ Cover Letter (overview of funding request)
- ❖ Executive Summary
- ❖ Statement of Need/Social Problem
- ❖ Program Description (include clearly stated goals and objectives)
- ❖ Method/Work Plan
- ❖ Evaluation Plan
- ❖ Budget
- ❖ Other Funding (if applicable)
- ❖ Sustainability Plan
- ❖ Organization Information
- ❖ Appendices/Addenda

Develop a checklist to keep track of all proposal components and requirements, including page limits, number of copies, and the method of submission. Critique the proposal objectively, and ask others to read it and provide feedback. Seek technical assistance from the funder, if necessary, to answer any questions you may have. Finally, meet the application deadline. Applications that are submitted after the deadline are often not considered.

Developing a Budget

After the community's or membership's needs and priorities and the methods for carrying them out have been established and agreed upon by the participating parties, the next step is to develop a

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[8] *Non-profit guides: Grant-writing tools for non-profit organizations.* http://npguides.org/guide/components.htm (December 18, 2008)

budget. Preparation of a detailed budget ensures that realistic steps are taken to seek adequate resources that will sustain the program. The budget narrative should contain a line item budget that outlines all cost items and contains a description for each, including in-kind services—voluntary services that will be provided—expressed as a monetary value.

It is customary to include compensation for the program coordinator in the budget, as planning and implementing CHRIS program activities requires much time and effort. The amount of compensation varies, dependent upon the organization's financial resources. A CHRIS program that is integrated into an existing health ministry will have lower costs than one that is implemented without the benefit of an existing program. The highest program cost is the purchase of a computer and Internet access, unless those items are already available.

Program coordinators can easily expend up to forty hours or more per month on program-related activities. For those who have regular full-time jobs, this adds to an already full schedule. Each faith leader should have a private discussion with his/her program coordinator to amicably decide on a fair salary. Extra hours should be built into the budget as well to allow for additional work that may be required for a program-related activity and/or special support services.

Additional Program Planning Resources

In addition to this Guide and its accompanying CHRIS Tool Kit, we recommend the following resources to assist you in your planning efforts:

❖ *Congregational Health: How to Make Your Congregation a Health-Aware Community*—contains practical information to establish and/or enhance any health ministry. [9]

❖ *Working with Religious Congregations: A Guide for Health Professionals*—provides information on contacting/recruiting congregation members, training volunteer teams, implementing cardiovascular disease (CVD) prevention programs, sustaining momentum, and monitoring/evaluating congregation-based programs. [10]

❖ The National Minority AIDS Council (NMAC) *Organizational Effectiveness Series*—a series of fourteen books containing an abundance of technical assistance information geared to managing community-based organizations including leadership skills development, program development, and program evaluation.[11]

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[9] Mauk, Kristen, et al. *Congregational Health: How to Make Your Congregation a Health-Aware Community* (2003). Hilton Publishing, Roscoe, IL.

[10] National Institutes of Health, National Heart, Lung, and Blood Institute (1997). *Working With Religious Congregations: A Guide for Health Professionals.* Washington, D.C. http://www.nhlbi.nih.gov/health/prof/heart/other/church.pdf.

[11] National Minority AIDS Council. *Organizational Effectiveness Series.* Washington, D.C. Available from http://www.nmac.org/index/oes-english. Also available in Spanish.

❖ *Healthy People in Healthy Communities: A Community Planning Guide Using Healthy People 2010*—a guide for community health planning based on the Department of Health and Human Services "Healthy People 2010" initiative.[12]

❖ The Foundation Center < http://foundationcenter.org/>—provides a free online Foundation Finder that lists foundations by state. An online directory of funders is also available for a subscription fee.

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[12] Department of Health and Human Services, Office of Disease Prevention and Health Promotion (2001). *Healthy People in Healthy Communities: A Community Planning Guide Using Healthy People 2010.* Washington, D.C. Available at http://healthypeople.gov/Publications/HealthyCommunities2001/default.htm.

V. TRAINING AND DEVELOPMENT ACTIVITIES

P rofessional development is a key component of the CHRIS program. The core tasks of health education and information dissemination require the development or enhancement of skills in the areas of electronic information access and information delivery. Program coordinators and anyone else working closely with the program and researching health information for dissemination to the members should develop or strengthen skills in the following areas:

- ❖ Accessing the NLM free online consumer health resources (e.g., MedlinePlus)
- ❖ Developing Internet skills (as needed)
- ❖ Facilitating a health and wellness program

> *"Upsilon Chi Chapter's involvement with the CHRIS Project has been a great learning experience for all involved. The nurses involved have participated in computer training, parish nurse training, HIV/AIDS training and the Healthy Heart training in order to be of greater services to the community… Because of this, we have noted increased health awareness among our church members and a willingness to seek help sooner."*
>
> *Lois Dave*
> *Upsilon Chi Chapter*
> *Chi Eta Phi [Nursing] Sorority, Inc.*

Specialized training materials developed specifically for the CHRIS program are available on the CHRIS Web site at http://orise.orau.gov/healthcomm/chris.htm. Additional resources for training are provided in the CHRIS Tool Kit.

The National Library of Medicine: Web Resources for Faith-Based Health Ministries

The National Library of Medicine (NLM) stresses the importance of electronic consumer health information as being crucial in addressing health disparities, from the perspectives of both individual consumers and health professionals. To that end, NLM has developed a number of Internet resources that are free of charge and easy to navigate, to provide everyone with access to valuable health information.

The National Library of Medicine: Web Resources for Faith-Based Ministries was specifically designed and developed for the CHRIS program by the Oak Ridge Institute for Science and Education (originator of the CHRIS program) in Oak Ridge, Tennessee. This self-study course is designed to do the following.

- ❖ Increase awareness of the availability and value of the NLM free medical, toxicological, and environmental health databases and other quality resources on the Internet.

❖ Provide CHRIS program coordinators with tools for the integration of current medical and behavioral knowledge with the beliefs and practices of a faith community to promote health and to prevent or minimize illness.

The manual is available on the CHRIS Web site at http://orise.orau.gov/healthcomm/chris.htm. It includes step-by-step instructions for accessing each of the selected online databases, exercises in searching the databases using realistic scenarios, and information on additional Internet health information resources selected for their quality and relevant content.

The following medical NLM resources are included in the manual with search exercises that highlight the six health disparities targeted by the CHRIS program (cancer, cardiovascular disease, diabetes, HIV/AIDS, immunizations, and infant mortality):

❖ **MEDLINE/PubMed**—access to more than 18 million references to journal articles published in 5,200 journals in the fields of medicine and the life sciences

❖ **MedlinePlus**—a consumer health information resource, including full-text documents on over 750 medical topics, information on drugs, a medical encyclopedia, medical dictionaries, and directories of libraries, hospitals, and health care professionals

❖ **ClinicalTrials.gov**—regularly updated information about federally and privately supported clinical research for a wide range of diseases and conditions, including locations and phone numbers for more details

❖ **AIDS*info***—a Department of Health and Human Services Web site that provides the latest federally approved information on HIV/AIDS clinical research, treatment and prevention, and medical practice guidelines for consumers and health care providers in English and Spanish

❖ **DIRLINE**—an online directory of more than 8,000 health-related organizations offering information and referral for many diseases and conditions

The manual also includes resources that contain information on health problems associated with exposure to toxic chemicals in the environment. Search exercises are included with these resources as well:

❖ **Hazardous Substances Data Bank (HSDB)**—comprehensive, peer-reviewed toxicological data for over 5,000 chemicals

❖ **Haz-Map**—an occupational toxicology database that links job tasks to occupational diseases and their symptoms

❖ **Tox Town**—an interactive guide to commonly encountered toxic substances and environmental health risks

❖ **Household Products Database**—human health effects information on over 7,000 brand-name consumer products

❖ **TOXMAP**—a Geographic Information System that uses maps of the United States to help users visually explore data from the Environmental Protection Agency's Toxics Release Inventory

Also covered, with search exercises, is a Web-based system that will search multiple NLM resources at one time:

❖ **NLM Gateway**—a Web-based search interface that allows users to search simultaneously in multiple NLM retrieval systems, providing "one-stop searching" for many of NLM's information resources and databases

The following additional resources of special interest are included without search exercises:

❖ **NIHSeniorHealth**—a Web site for older adults designed for maximum accessibility to aging-related health information

❖ **Women's Health Resources**—selected links to Internet resources of special interest to women based on current research priorities

❖ **Multi-Cultural Resources for Health Information**—selected links to multi-cultural Internet resources with a focus on addressing cultural and linguistic competency in health care

❖ **Special Populations: Emergency and Disaster Preparedness**—provides practical information on how special populations (i.e. disabled, seniors, hearing or visually impaired, children) can prepare for an emergency

❖ **NLM's Enviro-Health Links**—selected links to Internet resources on toxicology and environmental health issues of special interest

Navigating the World Wide Web for Health Information: Tools for Success

This optional self-study guide is intended only for those who are unfamiliar or uncomfortable with the Internet and/or with computers in general. The CHRIS CHRIS Tool Kit also contains a computer skills assessment form to assist in determining basic Internet and computer competency skills.

The *Tools for Success* workbook includes basic information about computers, the Internet, navigation, searching, and printing and saving Internet files. It is available on the CHRIS Web site at http://orise.orau.gov/healthcomm/chris.htm.

Parish Nurse Training

Conducting health education activities in the context of a faith-based organization requires special skills in meeting the physical, emotional, and spiritual needs of the whole person. This is the foundation of parish nursing, a specialized practice that encompasses a holistic approach in addressing both the spiritual and health needs of a congregation. A local school or hospital with a parish nursing program is a good resource for this training. The typical four-day curriculum includes spiritual care and the nursing process, wellness and health promotion, managing your practice, and family/systems counseling at an average cost of approximately $200 per person.

Parish nurse training is excellent even for non-nurses and faith leaders, who should be encouraged to attend. The training provides an opportunity to meet and talk with others who have health ministry programs and learn from them.

Additional Training Resources

Depending on the scope of the program, additional training may be needed or desirable. The following resources offer valuable educational possibilities:

- ❖ **The American Red Cross**—The Red Cross, well-known for **CPR** and **First Aid** education, also offers a two-day course in **HIV/AIDS prevention and counseling**. For further information visit a local Red Cross office or visit the Web site at http://www.redcross.org/SERVICES/hss/.

- ❖ **CDCynergy**—CDCynergy is a multimedia CD-ROM available from the Centers for Disease Control and Prevention (CDC) that guides users in designing health communication interventions within a public framework and can be used for planning, managing, and evaluating public health communication programs. The Society for Public Health Education (SOPHE) and its chapters are official sponsors of CDCynergy workshops and have a national network of trained specialists with expertise in social marketing and health education. To request a CDCynergy workshop in your area or to order a CDCynergy CD-ROM, visit the SOPHE Web site at http://www.sophe.org and find CDCynergy under **Projects** in the navigation sidebar.

VI. PROGRAM ACTIVITIES

A wide range of activities can be designed to meet the needs of a specific community, depending on its size and available funding. The primary activities of the CHRIS program include a community health assessment to identify key health issues in the community, bimonthly health topic presentations delivered to the congregation during services or other regularly scheduled activities, health screenings, and health education activities (e.g., health workshops/seminars or a city-wide health fair).

The Community Health Assessment

The purpose of a community health assessment is to identify and develop a profile of the current health conditions and concerns within the community and use that information to plan CHRIS program activities that are conducive to decreasing identified health disparities and improving the quality of life among the members. The CHRIS Tool Kit contains a survey instrument developed specifically for the CHRIS program for this purpose. If the team prefers to design their own, it should include questions on the topics listed below. Local and state health departments may have data that complement the health survey or aid in its design.

- ❖ Demographic information (e.g., marital, economic, and educational status)
- ❖ Access to health insurance and health facilities
- ❖ Lifestyle and health habits
- ❖ Preventive care habits, including routine physical exams and screenings
- ❖ General health status
- ❖ Specific heath conditions addressed in CHRIS (e.g., cancer screening and management, HIV/AIDS, infant mortality, diabetes, cardiovascular disease)
- ❖ Health information interests

IMPORTANT NOTE: Participation in the community health assessment must be voluntary and confidential, and all information must be obtained and tallied anonymously.

Health Topic Presentations

A key health education activity of the CHRIS program is the presentation of six health topics to be presented to the members at least bimonthly during regular services and/or other regularly scheduled activities. Individual topics should focus on each of the six identified health conditions that disproportionately affect minorities (e.g., cancer screening and management, HIV/AIDS, infant mortality, diabetes, cardiovascular disease). Follow-up health topics on related and/or secondary conditions can be added based on the needs and interests of the members.

The presentation should be brief—a 5- to 10-minute summary—and should include information on related risk factors and/or leading health indicators of the disease or condition. For example, a presentation on diabetes could include the factors of obesity, physical inactivity, and increasing age.

> *Although the CHRIS program only requires bimonthly health topics, Reverend Price asked if they could be done monthly. The rewards come after each presentation when members come to me with lots of questions and comments. Several members have told their own personal experiences regarding health treatments and situations. This has encouraged other members to get regular check-ups and health screenings."*
>
> *Lisa Faulkner, RN, CN*
> *Parish Nurse*

We recommend using **MedlinePlus** as the primary source of information for health topic presentations. Not only does MedlinePlus contain extensive information on more than 750 diseases and conditions, but it includes lists of hospitals and physicians, a medical encyclopedia and a medical dictionary, information on prescription and nonprescription drugs, current health news, and links to thousands of clinical trials––and it is updated daily. In addition, MedlinePlus now provides health information in more than 40 languages.

Health topic handouts should be prepared ahead of time and made available following the service. They can be handed out by members of the health ministry team as people are leaving or they can be available on a designated table at the exit. It is very easy to print topic sheets directly from MedlinePlus by clicking the "Printer-friendly version" link to the right of the page title as shown below.

Health Screenings

Health screenings are preventive tests that can help to detect diseases or conditions early. Collaborating with local health organizations to plan free screenings can be a valuable service of the CHRIS program. Screenings can easily be offered in conjunction with health topic presentations or at any time during the week on a regular basis. Additionally, it is helpful to provide record cards so that members can keep track of their blood pressure readings and share them with their doctors.

Health Resources

The Health Resources aspect of the CHRIS program encompasses health information services not covered under the first and second core services. These include one-on-one consultations to provide members with personalized consumer health information and resource development for life domain needs (e.g., food, shelter, clothes) that may be influencing health or preventing someone from getting the health attention they need—meeting members "where they are" in dealing effectively with their health needs. For example, if someone has a life domain need outside of health that is strained, then health becomes secondary until other needs are attended. Once those needs are met, there is a possibility that health becomes primary. One-on-one consultations can take place on site or within a home or hospital visit.

Community Health Fair/Health Conference

One way to involve the community in a CHRIS program is to conduct a community health fair or conference. This activity serves two major purposes: (1) to further increase awareness about NLM and its resources and (2) to bring together community physicians, nurses, other health care professionals, community health educators, and local officials with an interest in addressing health disparities.

The health fair should include, at a minimum, workshops or seminars on health disparity topics, health screenings, and printed information on all of the identified health disparities.

A collaborative CHRIS program will have the resources to expand on the basic requirements and do even more. The CHRIS pilot project community-wide health fair had the following objectives:

❖ Examine cultural issues that impact the health of African Americans

❖ Provide community physicians, nurses, other health care professionals, and community health educators with effective strategies for

   o addressing the identified health disparities and other emerging health issues

   o increasing community awareness about the identified health disparities

   o networking and discussing best practices for addressing the identified health disparities

❖ Provide community physicians, nurses, and other health care professionals with health education workshops for continuing education credits

Health Education Workshops/Seminars

If resources are simply not available for a community-wide health fair, a series of health education workshops/seminars can be offered instead. They would include the same elements of a health fair (health screenings, health education, printed information, etc.), but cover only one or two topics at a time.

VII. EVALUATING THE PROGRAM

P rogram evaluation, in its broadest definition, is the systematic collection of information regarding a program's activities or services. Program evaluation should be an integral part of program planning, yet it is often one of the last elements considered in the planning and development process. When program evaluation is a part of the initial design, it can help define goals and objectives in terms of measurable indicators and outcomes. Program evaluation is necessary and if performed effectively can objectively highlight the program's strengths and weaknesses and serve as a useful guide for program management. Program evaluation is also necessary to provide documentation about successful programming and provide evidence for replication in other communities. Ultimately, a good program evaluation is necessary for program sustainment. Key stakeholders and funding sources want to know if the program is worthy of continued funding.[13]

Ethical Issues

Faith-based health and wellness ministries are built on trust. Data collection methods used in the evaluation process should never violate that trust. It is of paramount importance that program evaluators ensure the confidentiality of program participants. All data collection methods should be confidential and results should be reported summarily at the group level. If case histories with identifying information are used, the identifying information must be removed to guarantee anonymity.[14]

Evaluation Methods

There are two basic evaluation methods that are useful for measuring a program's effectiveness: **formative** (or "process") and **summative** ("impact" or "outcome"). The analysis for each can contain "qualitative" or "quantitative" data or a combination of both.

- ❖ **Qualitative** research typically consists of observation, interviewing, and document review to collect data
- ❖ **Quantitative** research typically uses only numerical data.

At a minimum, staff should conduct a process evaluation of the program to document activities and services and assess how to improve service delivery. To justify funding, some form of impact or outcome evaluation is necessary as well to present outcome findings to the funder(s). Ideally, there should be a combination of the two as, together, they answer the two basic questions intrinsic to program implementation: "What services are provided?" and "How effective are those services?"

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[13] *A Guide to Developing Community-Based Family Support Programs*. Ann S. Epstein, Mary Larner and Robert Halpern, High/Scope Education Research Foundation. Page 227.

[14] Ibid. Page 235.

FORMATIVE (PROCESS) EVALUATION METHOD

The formative evaluation method is ideal for new programs as it measures how successful the program is and how it could be improved. Qualitative and quantitative measures include assessing the completion of objectives and tasks, recording lessons learned, and assessing the overall feelings of those involved in the collaboration. For example, the process evaluation of a new service activity will include documenting information about the type and quality of service, tracking the number of members attending or receiving the service, recording oral and/or written participant comments about the service, and recording thoughts and conclusions from your own observations.

FORMATIVE EVALUATION MEASURES

Some of the measures listed here are specific to the collaborative approach in which multiple program coordinators, faith leaders, and congregations are involved. However, they could easily be adapted to a CHRIS program within a single organization. The evaluation instruments needed to carry out these measures are included in the CHRIS Tool Kit.

- ❖ **Community Health Assessment Survey**—Information collected from this survey, administered during the planning stages of the program, provides a baseline for setting the goals and objectives of the program and evaluating progress toward reaching those goals and objectives.

- ❖ **Biweekly Activity Reports**—Documenting program activities in detail ensures that activities are budgeted appropriately and are consistent with the program scope and objectives. In the collaborative approach, these reports are submitted to the lead partner by the program coordinators.

- ❖ **Quarterly Reports**—The purpose of quarterly reports is to provide valuable feedback and information on lessons learned and overall accomplishments.

- ❖ **Monitoring and Observation**—Recording and/or documenting overall activities and services.

- ❖ **Anecdotal Comments**—Recording and/or documenting comments and/or testimonies about the program.

- ❖ **Host Site Visits**—In a collaborative CHRIS program, personal visits to the host sites help the lead partner to stay connected with program activities and progress.

- ❖ **Personal Contact**—Regular meetings and teleconferences with faith leaders and program coordinators, although they can be difficult to schedule, are essential to the success of the program. Within a single organization, the meetings will be with the health ministry team.

SUMMATIVE (IMPACT OR OUTCOME) EVALUATION METHOD

The summative evaluation is conducted at the conclusion of a program to assess short-term and long-term benefits of the program.

SUMMATIVE EVALUATION MEASURES

- ❖ **Exit Interview Surveys**—The lead partner in a collaborative CHRIS program distributes these surveys to the collaborative partnership, the program coordinators, the faith leader, and the

individual memberships to collect valuable information and anecdotal comments for future planning.

Long-term Evaluation

CHRIS programs that are conducted as part of health disparity intervention research projects involving chronic diseases and long-term behavioral changes need long-term evaluation to assess significant impacts and outcomes of the interventions. Research methods such as **translational research** and **community-based participatory research** have specific evaluation processes associated with them. Many funding sources are embracing these methods to evaluate the long-term effectiveness of health intervention approaches. Collaboration with universities, public health departments, or other research organizations involved in long-term research can enhance the CHRIS program and provide a vehicle for long-term funding.

❖ **Translational research**—clinical investigation in which knowledge obtained from basic research is translated into diagnostic or therapeutic interventions that can be applied to the treatment or prevention of disease or frailty.

❖ **Community-based participatory research**—a collaborative process involving researchers and community representatives. Community-based participatory research engages community members, employs local knowledge in the understanding of health problems and the design of interventions, and invests community members in the processes and products of research. As a result, community members are invested in the dissemination and use of the research findings and ultimately in the reduction of health disparities.

Additional Evaluation Resources

❖ National Minority AIDS Council

     o *Organizational Effectiveness Series*
       http://www.nmac.org/index/oes-english

❖ The National Network of Libraries of Medicine

     o *Measuring the Difference: Guide to Planning and Evaluating Health Information Outreach*
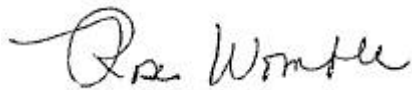   http://nnlm.gov/evaluation

VIII. AFTERWORD

The strength and success of the CHRIS program, as it is being replicated across the nation, will depend heavily on volunteers. From within each faith-based organization, it will take the commitment and dedication of members to volunteer time for the program's activities and services, whether providing a bimonthly health topic, taking blood pressure readings, cleaning the facility after a health education workshop, or transporting members for special health screenings. From outside the faith entity, it will take both intangible and tangible resources, such as the commitment of the local health department to share the expertise of its staff, the collaboration of other community-based health agencies to coordinate activities, the commitment of neighborhood organizations to share meeting space for related activities/events, or simply the volunteer efforts of individuals to lend their time and talents.

The spirit of volunteerism can be seen as the traditional involvement or backbone of the community. Many faith-based initiatives are developed through that spirit of interconnectedness. Time and time again, people from various organizations within and outside of a community dedicate time, talent, and resources that provide needed services in the community.

Many opportunities exist to volunteer time and talent for a CHRIS program. Whatever an individual or organization does to volunteer time and services, all efforts will go toward the national goal of addressing minority health disparities.

Best of luck,

Rose Marie Womble
CHRIS Program Founder and Project Manager
Oak Ridge Institute for Science and Education