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

DEVELOPING A CONSUMER HEALTH RESOURCE INFORMATION SERVICE PROGRAM: A GUIDE FOR FAITH-BASED ORGANIZATIONS AND COMMUNITIES

Sponsored by
the National Library of Medicine, National Institutes of Health,
Department of Health and Human Services

This document was prepared for the Specialized Information Services Division, National Library of Medicine, National Institutes of Health, by the Oak Ridge Institute for Science and Education (ORISE) through an interagency agreement with the U.S. Department of Energy (DOE). ORISE is managed by Oak Ridge Associated Universities under Doe contract number DE-AC05-06OR23100.

The Purpose of This Guide

This manual is intended to serve as a comprehensive guide for communities, churches and other faith-based entities 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 entity or a coalition conducting the program at multiple sites in the community. Lessons learned from the CHRIS pilot demonstration project are also included.

The accompanying tool kit provides copies of the letters, forms, training materials, and other related materials used in the pilot project that can be modified to meet the needs of any community. This guide and the accompanying tool kit are also available on the Web at http://www.orau.gov/meo. These materials may be duplicated, revised to meet individual community needs, and used for the purpose of conducting a CHRIS program as long as 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. The pilot demonstration project was funded by 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

With funding from:
The National Library of Medicine
National Institutes of Health

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. The CHRIS pilot project was sponsored and funded by the National Library of Medicine's Division of Specialized Information Services (NLM/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.

We, at ORISE, gratefully acknowledge all churches and congregational members who participated in the pilot project, particularly the parish nurses who were the foundation of the project, acting as coordinators and information specialists for their individual churches to relay the importance of health information to their respective congregational members; the collaborative partners for their support and educational resources and recognizing the need for such an undertaking in addressing health disparities in our community; the ministers for recognizing the need and benefits to their congregational members and their support for continuing the project in their churches; and finally to all the project staff members who coordinated the project and spent many tireless hours in providing all the management, logistics, resources, writing, and support needed to make this project a success.

We also extend a special note of gratitude to Gale Dutcher, head of the NLM/SIS Office of Outreach and Special Populations, for recognizing the importance of the CHRIS concept and finding it worthy of NLM funding.

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

Acknowledgements

Program Sponsor

Gale Dutcher
Head, Office of Outreach and Special Populations
Specialized Information Services Division
National Library of Medicine
National Institutes of Health
6707 Democracy Blvd., Suite 510
Bethesda, MD 20892

CHRIS Pilot Collaborative Partners

Lois Dave and Lisa Faulkner
Chi Eta Phi Nursing Sorority, Inc.
Upsilon Chi Chapter
417 Oak Leaf Circle
Knoxville, TN 37924

Dena Mashburn
Baptist Health System of East Tennessee
Parish Nursing Program
P. O. Box 1788
Knoxville, TN 37901

Micky Roberts and Loretta James-Johnson
Knox County Health Department
Community Planning and Initiatives
140 Dameron Ave.
Knoxville, TN 37917

Dave Johnson
Knoxville Minority Health Coalition
6316 Ridge Rock Lane
Knoxville, TN 37909

Robbie Jackman and Lavenia Butler
Tennessee Department of Health
Office of Minority Health
Cordell Hull Building, 3rd Floor
425 5th Ave. North
Nashville, TN 37243

CHRIS Pilot Project Churches (Pastors and Parish Nurses)

Raymond E. Price, Pastor
Lisa Faulkner, Parish Nurse
Clinton Chapel A.M.E. Zion
546 College St.
Knoxville, TN 37921

George W. C. Lyons, Jr., Senior Pastor
Crystal Ray, Parish Nurse
First Calvary Baptist Church
1750 Delaware Ave.
Knoxville, TN 37921

Eric L. Leake, Pastor
Addie Hudson, Parish Nurse
Greater Warner Tabernacle A.M.E. Zion
3800 Martin Luther King, Jr. Ave.
Knoxville, TN 37914

Daniel H. Taylor and Adam McKee III, Pastors
Lois Johnson, Parish Nurse
Lennon-Seney United Methodist Church
2084 Dandridge Ave.
Knoxville, TN 37914

Richard. S. Brown, Pastor
Betty Blackman, Parish Nurse
Payne Avenue Baptist Church
2714 Martin Luther King, Jr. Ave.
Knoxville, TN 37914

Michel E. Caldwell, Pastor
Lois E. Goodman, Parish Nurse
Rogers Memorial Baptist Church
520 College St.
Knoxville, TN 37921

Principal Investigators

Rose Foster, Manager
Rose Marie Womble, Project Manager
Medical Education and Outreach Group
Oak Ridge Institute for Science and Education
P. O. Box 117, MS-37
Oak Ridge, TN 37831

TABLE OF CONTENTS

PREFACE .... *v*

ACKNOWLEDGEMENTS .... *vi*

I. INTRODUCTION **1**

The Role of the Place of Worship in Community Health 1
Health Disparities in Minority and Other Populations 2
The CHRIS Pilot Demonstration Project: The Model for the CHRIS Program 3
The Framework of the CHRIS Program 4
The Core Services of the CHRIS Program 5
- Consumer Health Education 5
- Consumer Health Screenings 6
- Consumer Health Services 6

Maintaining Confidentiality 7
Approaches 8
- The Collaborative Approach 8
- The Single-entity Approach 8

II. BUILDING A COMMUNITY FRAMEWORK **10**

Developing a Community Profile 10
State and Local Resources 11
Establishing Partnerships 11
- Defining Partnership Roles 12
- Lead Partner Role 12

Partnership Meetings 13
- Partnership Orientation and Team Building 13
- Program Orientation for Program Coordinators, Faith Leaders, and Other Key Staff 13
- Program Coordinator/Faith Leader Meetings 14

Media Campaign 14

III. THE PROGRAM COORDINATOR **15**

Parish Nurse as Program Coordinator 15

Health Educator as Program Coordinator 16

Lay Person as Program Coordinator 16

IV. PROGRAM PLANNING AND IMPLEMENTATION **17**

CHRIS Program Services and Required Resources 17

Program Planning 18

Additional Resources 18

Identifying Sources of Funding 19

Developing a Proposal 19

Developing an Action Plan 20

Program Activities and Timeline 21

Developing a Budget 22

V. TRAINING AND DEVELOPMENT ACTIVITIES **23**

Information Access Training 23

Basic Internet Skills Training 23

NLM Database Training 24

Parish Nurse Training 25

Other Training Activities 26

Other Resources 26

VI. PROGRAM ACTIVITIES **27**

Community Health Assessment 27

Bi-monthly Health Topics 28

Community Health Fair/Health Conference 28

VII. EVALUATING THE PROGRAM **29**

Ethical Issues 29

Evaluation Methods 29

VIII. AFTERWORD **32**

I. INTRODUCTION

The 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 initiative is designed to support the U.S. Department of Health and Human Services (DHHS) Healthy People 2010 goals of increasing quality and years of life and eliminating health disparities.[1] The program improves consumer health information access by disseminating consumer health information through churches and other faith-based entities to address identified health issues that disproportionately affect minorities and other underserved populations. CHRIS addresses health disparities such as HIV/AIDS, cardiovascular disease, diabetes, immunization, cancer, and infant mortality, and can be adapted to address any health issues of concern to any community, large or small.

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 information about consumer health education and 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 practice.

The goal of the CHRIS program is to encourage and inspire faith communities across the country to implement this initiative. 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.

[1] National Institutes of Health: NIH Strategic Plan to Reduce Health Disparities. Slide 7: Definition of Health Disparities. http://www.niaid.nih.gov/director/healthdis.htm.

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 factors, cultural factors, socio-economic factors, racism, and other factors that may limit access to quality medical care. However, federal government agencies, national organizations, states, and community organizations are realizing that health disparities can be greatly reduced by providing communities, large or small, with access to systematic consumer health information and related resources. This effort involves developing innovative and multi-disciplinary approaches to promote consumer health education that empower individuals to make informed lifestyle choices and healthier decisions.

Minority Health Concerns in the U.S.	
Asthma	African Americans are 3 times more likely than whites to be hospitalized for related complications.
Cancer	African Americans are 30 percent more likely to die of cancer than whites. The incidence of certain cancers is also higher in Asian, Hispanic, and Hawaiian populations than in the white population.
Cardiovascular Disease	Heart disease is the leading cause of death for all racial and minority groups.
Diabetes	The prevalence of diabetes is 2.3 times higher in American Indians, 2 times higher in African Americans, and 1.5 times higher in Hispanics than in whites.
HIV/AIDS	The incidence of HIV/AIDS is 24 times higher in African American females than in white females.
Infant Mortality	The infant death rate is twice as high among American Indians, African Americans, and Alaska natives as among whites.

The health concerns outlined in the table above are specific examples of minority health disparities in the U.S. However, a wide range of health concerns exist within various sub-populations. Statistics on specific diseases and populations can be obtained from the National Library of Medicine's premier consumer health database: MedlinePlus®.

Finding Statistics on Specific Diseases and Populations Using MedlinePlus

Go to http://medlineplus.gov and click **Health Topics**. From the list of **Demographic Groups** click Population Groups and then scroll down the page to find the group for which you need to find health statistics. Any link you click will take you to a wealth of links to health information under different topics, including "Statistics." Scroll down the page to the Statistics section and follow those links.

The CHRIS Pilot Demonstration Project: The Model for the CHRIS Program

Developed in 2002, the CHRIS pilot demonstration project was built on the results of a half-day workshop, which was organized by the HIV/AIDS community health educator of the Knox County Health Department (KCHD) in Knoxville, Tennessee. HIV/AIDS had been identified as a major health concern in the inner-city community and KCHD wanted to help. Choosing to work through the faith community, KCHD approached the Oak Ridge Institute for Science and Education (ORISE) in Oak Ridge, Tennessee and requested assistance in developing and delivering an HIV/AIDS information workshop for ministers and pastors of Knoxville's inner-city churches.

The CHRIS Pilot Project

The CHRIS pilot project served three inner-city communities in Knoxville, Tennessee, a city of approximately 175,000, and involved six predominantly African American churches. Knoxville is located in a part of the country that has strong religious roots.

ORISE approached the National Library of Medicine (NLM) of the National Institutes of Health and received funding for the project. The overwhelming success of this partnership, combined with the mission of NLM to increase access to consumer health information resources, moved ORISE to conceptualize the CHRIS program and led to the development of the CHRIS demonstration pilot project. Funding was received from NLM through a cooperative agreement between the U.S. Department of Energy (DOE) and Oak Ridge Associated Universities (ORAU), which manages ORISE for DOE.

The pilot project, which was developed and coordinated by ORISE as the lead partner among six local and state agencies, focused on six inner-city churches in Knoxville with predominantly African American congregations, and consisted of providing training and resources for parish nurses to serve as providers of consumer health information to church members. The parish nurses delivered bi-monthly consumer health education topics and disseminated consumer health information from the NLM's medical health databases and Internet resources from other federal agencies. They also provided secondary services to the congregations, such as health screenings and weekly blood pressure checks.

The results of the pilot project were overwhelmingly positive, and encouraging feedback was received from all involved to continue the CHRIS initiative. This guide is a result of those efforts.

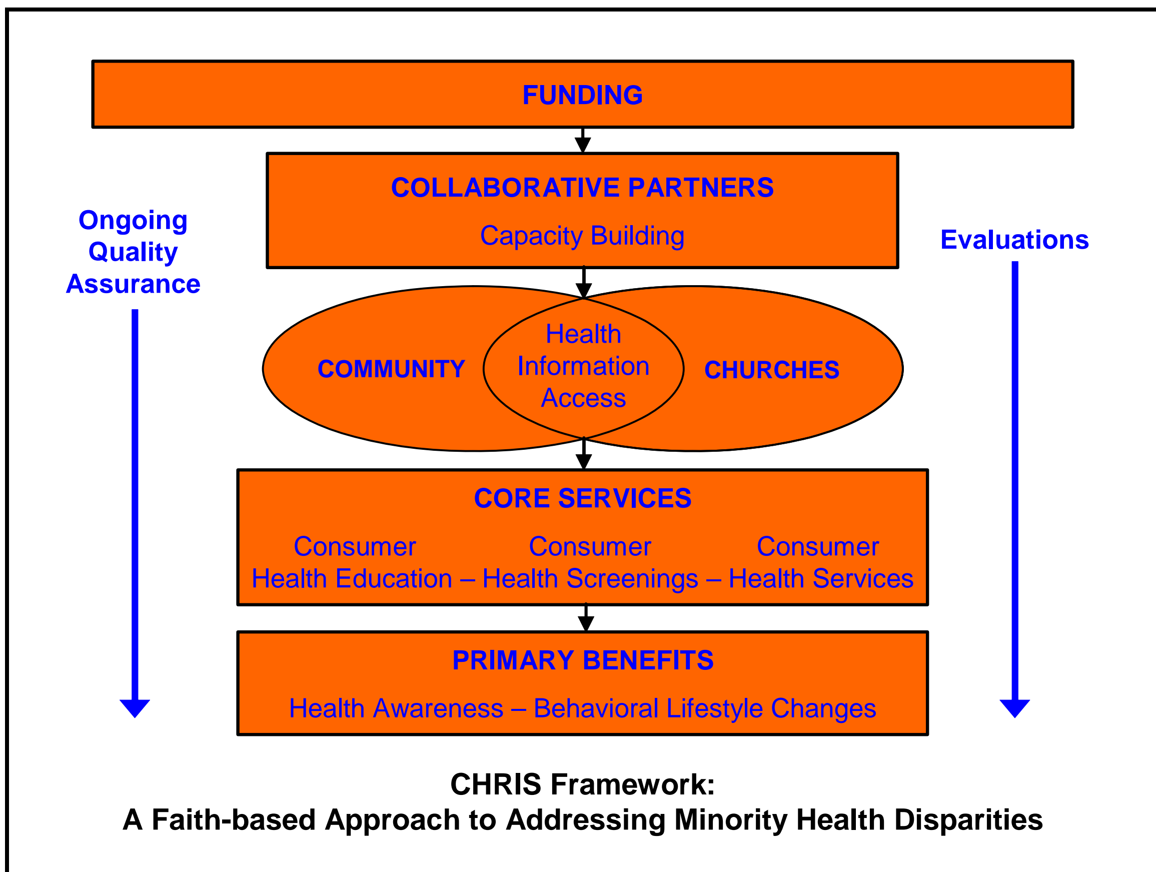
The CHRIS Project has intensified our efforts to target health concerns that intersect the lives of many of our congregation's members. Through the efforts of our parish nurse, we are able to educate members about significant health issues which many have already raised with their personal physicians as a result of our efforts. Moreover, when church members have questions regarding health matters, it is of great benefit for them to speak with the parish nurse and obtain information from various Web sites about their health topic.

The Reverend George W.C. Lyons, Jr., M.Div, Senior Pastor, First Calvary Baptist Church, Knoxville, Tennessee

The Framework of the CHRIS Program

As a consumer health communication endeavor, the CHRIS initiative was designed to encompass the use of communication strategies to inform and influence individual and community decisions that enhance health. It is practical in purpose, grounded in social science applications, offers a range of services, and utilizes a perpetual evaluation system. It incorporates elements of the processes of capacity building, community organization, health information access, and health-related services.

The diagram below illustrates this basic framework, which serves as the foundation for the development of a CHRIS program in any community.



CHRIS Framework:
A Faith-based Approach to Addressing Minority Health Disparities

Capacity building consists of collaborating with other organizations for the purpose of sharing expertise and resources to accomplish a common goal.

Community organization is the task of mobilizing and empowering the community and its institutions to implement the consumer health project initiative.

Consumer health information access includes access to reliable electronic health information, such as that provided by the National Library of Medicine's online health resources. In order to facilitate this

access, each of the participating churches in the pilot project was provided a computer and Internet service, as well as training on searching NLM's databases and other quality Internet resources. These resources enabled them to more easily disseminate quality health education information to their members and the community.

Consumer health-related services include dissemination of health information (health education), health assessments/screenings, and other health services. These core services of the CHRIS program are more fully discussed in the following section.

In summary, research shows that health communication best supports health promotion when multiple communication channels are used to reach specific audience segments with information that is appropriate and relevant to them.[2] 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 these risks.

The Core Services of the CHRIS Program

Consumer Health Education

The role of health education in eliminating health disparities cannot be underestimated. Many resources are available for parish nurses and other community health educators who are willing to find innovative ways to disseminate information within the community. The CHRIS concept focuses primarily on consumer health Internet resources available through the National Library of Medicine (NLM) and other government sources. However, many other print and multi-media resources are available at libraries, local health departments, and through community organizations that can be accessed and adapted to the needs of your community. The following are the consumer health education components, which form the core of the program:

- Dissemination of reliable health information in easy-to-read language, including health fact sheets and comprehensive prevention messages
- Internet access for faith-based organizations
- Internet training for general retrieval of consumer health resources
- Training to access MedlinePlus consumer health information, including the Interactive Health Tutorials

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
Rogers Memorial Baptist Church.

[2] Office of Disease Prevention and Health Promotion, Healthy People 2010

- Monitoring of health issues (e.g., CDC reports, online health information sources)
- Bi-monthly health topic presentations
- Hosting of a community health fair/conference

The local library is a valuable resource that could promote and/or enhance your health education efforts. For example, librarians could assist the program coordinators with establishing health literacy programs. Health literacy is the ability to read, understand, and act on health information. Low literacy is a public health issue that impacts one in every three people living in the United States. Specifically, the librarians could assess material content and evaluate readability of materials, assist with finding information suitable for individuals with low literacy levels, and if necessary, help to develop consumer health literacy projects. The partnership could be an opportunity for the libraries to build trust and encourage health information partnerships with other community-based organizations while promoting information about its outreach projects and services.

Consumer Health Screenings

Health screenings are a way to assess and monitor the health status and needs of a community, while providing immediate feedback to parishioners and 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.

- **Onsite screenings** – For the pilot project, parish nurses provided blood pressure checks at least once a week, mostly during mid-week church services. Members of the health ministry also assisted with providing blood pressure checks on the Sunday of the bi-monthly topic delivery.

- **Additional health screenings** – Parish nurses who participated in the pilot project often contacted other community-based organizations to facilitate free onsite health screenings for their membership such as HIV/AIDS, kidney disease/diabetes, and prostate cancer screenings.

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

Consumer Health Services

Although time and budget constraints may limit the scope of the consumer health services you can provide, whatever services can be provided, according to the needs of the community and the resources available, are valuable. Here are a few suggestions:

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.)

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.

Health services resources directory – Information on available community health resources is always a valuable resource for the membership. 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 only 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.

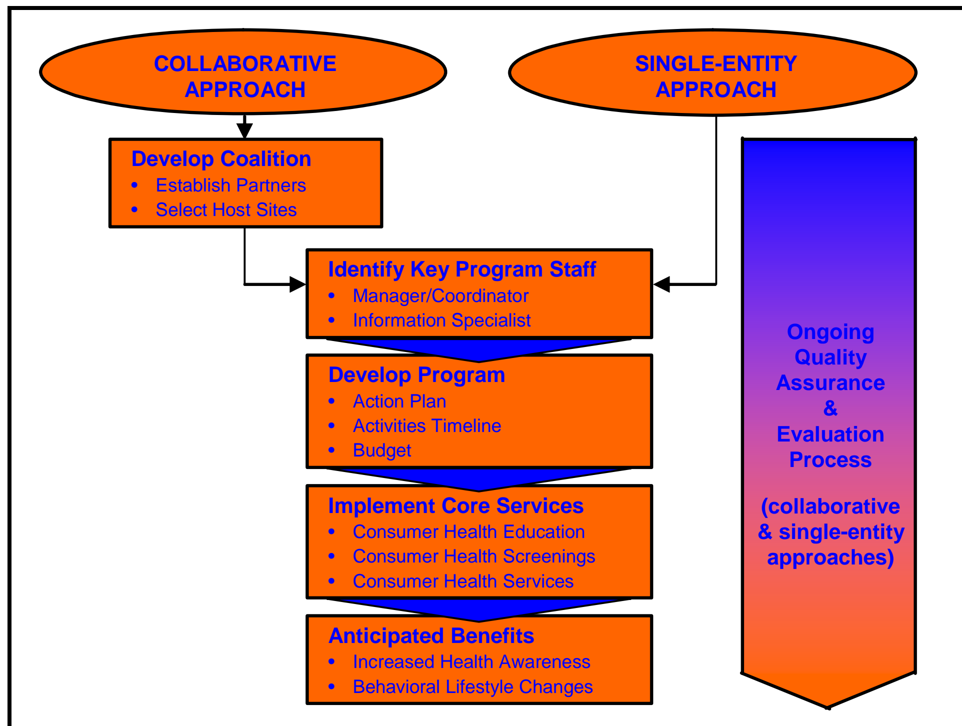
The health ministry should also be aware of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which ensures individual confidentiality of personal health information. According to the Office of Civil Rights (OCR), "the U.S. Department of Health and Human Services issued the Privacy 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

Approaches

Two different approaches may be used to implement a CHRIS program: a **collaborative approach** or a **single-entity approach**—the core components and services are the same and can be facilitated according to the skill levels and resources available. Because human resources vary among faith-based organizations, flexibility is a key consideration. The diagram that follows illustrates the steps to putting a CHRIS program in place.

Approaches to Implementing a CHRIS Program



The Collaborative Approach

In the collaborative approach, such as that used in the CHRIS pilot project, a group or coalition of organizations work 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-entity Approach

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

Whichever approach you choose—whether the program is being implemented by a coalition of organizations working together with two or more host facilities, or by a single organization implementing the program within its own membership—the basic framework and the core services are the same. 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 critical services within the community in the three key areas of **consumer health education**, **consumer health screenings**, and **consumer health services**, as described on pages five, six, and seven.

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 local resources to meet the needs of the community/membership, 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 ethnic and other 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 facilitating 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, and minority-serving nursing sororities are also excellent resources.

> *The Knox County Health Department proudly supports the commitment and dedication of those associated with the CHRIS project's effort toward assuring a healthier lifestyle in the African American communities. As a collaborative partner—along with the Tennessee Office of Minority Health, the Knoxville Regional Minority Health Coalition, Baptist Hospital Systems Parish Nurse Program and the Chi Eta Phi nurses—together, we have managed to broaden the range of healthier lifestyle opportunities within communities of need.*
>
> *Mark Jones, Director*
> *Knox County Health Department*

To assist in the facilitation of the CHRIS pilot project, the Knox County Health Department played a major role by identifying lead churches from among the FAITH (Faith-based African American Initiatives to Reduce HIV/AIDS) Coalition, based on established criteria. This agency also provided participating nurses with train-the-trainer workshops on testing and screening, and facilitated AIDS 101 training classes through the American Red Cross. The Tennessee Department of Health's Office of Minority Health also assisted the project by providing information for distribution, co-developing the community health assessment, and providing input for the inner-city health conference. The Baptist Health System of East Tennessee Parish Nursing Program also played a primary role by providing information, resources, and training to the parish nurses who participated in the pilot project.

Establishing Partnerships

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 program 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, which should be 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 that facilitates the effective dissemination of information. The CHRIS pilot project partners assumed roles that allowed each one to make a specific and essential contribution to the initiative.

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.

Lead Partner Role

Although a CHRIS program can be implemented in individual churches or other faith-based entities and without the benefit of a lead or intermediary organization, it would benefit from the resources of such organizations, particularly in a large city. The lead partner's authority should be established early on in the program to make decisions on behalf of the program in the absence of the partnership. The lead agency will need to have the responsibility to respond 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.

Some faith-based organizations use the services of other organizations that specialize in managing financial resources and implementing certain components of community outreach. When such organizations are included in the partnership, the role of the intermediary organization should be clearly established and outlined in a written contract.

Partnership Meetings

Program partnership meetings, which are critical to the program's implementation, should be held at least bi-monthly. To facilitate and ensure full participation, these meetings can be conducted via teleconference if necessary, or the meeting location can be rotated.

> **Lesson Learned:** Flexibility as to the location of partner meetings can often increase participation. Also, partners should assign two representatives to the program; this will prevent collaboration from being overly demanding and time consuming for any one individual. Further, it will provide the opportunity for partners to fully participate at scheduled meetings.

Partnership Orientation and Team Building

An orientation session where 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 Other Key Staff

The lead partner should schedule a meeting 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

Faith-based programs that are modeled after the pilot project (collaborative approach) will involve a number of program coordinators working together. Periodic meetings should be planned 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. The meetings can be quarterly or more frequent, if needed. Holding meetings alternately at each of the host sites will also be great for a change of venue. 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.

Lesson Learned: Program coordinators should consider forming committees for planning major activities. This task can take on many facets and roles for implementation. It is very important that each of the coordinators share as much responsibility as possible in coordinating the event(s), so that no one person feels overly stressed or overwhelmed. Delegation is key.

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. 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

Leadership for a CHRIS program, in the single-entity approach, will come primarily from a program coordinator, who will work closely with the faith-based leader to schedule activities. This person must have adequate time to set aside for the program and should be effective in mobilizing members and managing resources. Responsibilities of the program coordinator include managing any media campaigns, monitoring program activities, facilitating the information gathering/presentation process, evaluating the program, and writing any reports required by the funder. The program coordinator should develop a health and wellness team to facilitate the program activities. No single person can effectively manage the program and facilitate all the activities on his or her own.

> **NOTE: If you are using the collaborative approach**, a representative from the lead agency or organization should serve as program manager to bring together and coordinate the activities of the program coordinators at the host sites. In this case, the program manager should direct the media campaigns. Additionally, the program manager will coordinate meetings with collaborative partners and with the program coordinators and faith leaders at the host sites, coordinate onsite visits to host facilities, monitor program activities, facilitate the consumer health information gathering and presentation 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.

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 very 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.[3] If your organization does not have a parish nurse, a regular nurse who is interested in participating can become a certified

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

parish nurse. Parish nurse training is offered throughout the United States, and the American Nurses Association (www.ana.org) provides information on certification. It is also important to note that anyone can attend parish nurse training.

The American Nurses Association 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." The parish nurses form the foundation of a CHRIS program because they provide the interface between the faith-based organization and the members regarding health issues. They are typically trusted members of the community who can communicate effectively with members of their congregations. Therefore, they provide the ideal vehicle for consumer health education and services.

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

Parish nurses may find that adapting and learning the specific role of a parish nurse—as opposed to the nursing jobs to which they are accustomed—can be a challenge. They typically have regular jobs and must plan their parish nurse activities around their schedules.

Lesson Learned: It may be helpful to hold a workshop as part of the initial parish nurse training that focuses on the tasks and functions that are specific to the CHRIS program and to plan training activities on non-workdays whenever possible.

Health Educator as Program Coordinator

These individuals 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 deficiencies in knowledge or service areas, they will often maintain cooperative working relationships with other professionals that are qualified in a specific area, an approach that can also be used by parish nurses for the enhancement of program services.

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 and health providers as volunteers to assist with program activities—as can parish nurses and health educators as well.

IV. PROGRAM PLANNING AND IMPLEMENTATION

Facilitating a diverse group of partners consisting of both health professionals and lay members requires high-level leadership, 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 lessons learned. Such careful attention to program detail is essential for the success and continuation of the program. Although the number of partners may be fewer, the same is true for a single entity implementing a CHRIS program within its membership.

CHRIS Program Services and Required Resources

Primary Services	• Bi-monthly health disparity topic[4] • Information dissemination[5] • Internet access to consumer health information • Consumer health topic sheets[6] • Online monitoring of consumer health issues • MedlinePlus interactive health tutorials
Secondary Services	• Weekly blood pressure screenings • Individual health consultations[7] • House calls and/or visits • Hospital calls and/or visits
Required Equipment and Resources	• Personal computer • Internet access (dial-up, broadband, or wireless) • Private office space • Digital weight scales • Digital blood pressure monitor
Required Training	• Parish nurse training[8] (optional) • NLM Internet skills development training[9] • NLM online database training[10]

[4] Delivered by the parish nurse or qualified lay health person within the faith-based organization, or a qualified health educator from community organizations.
[5] MedlinePlus health topic sheets and other related Internet consumer health resources.
[6] MedlinePlus health topic sheets
[7] Health information obtained from the parish nurse from NLM databases used for information only and as a basis for discussion with your doctor. In all medical matters, it is suggested that you consult with your physician.
[8] Requirement for nurses only.
[9] For project information specialists without basic internet skills. Training manual available in tool kit.
[10] For all project information specialists. Training manual available in tool kit.

Program Planning

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. Activities and services should be consistent with the core service areas of health education, health screenings, and health services.

When planning activities and services, an essential part of the planning process is to include plans and methods for program evaluation. The main goal of an evaluation is to provide useful feedback to various audiences that include sponsors, the health and wellness team, and the membership. Ideally, evaluation is an ongoing process that begins with program start-up and remains an integral part of program activities throughout the life of the program. Moreover, the evaluation process is critical for health and wellness programs because it is an important method in determining which activities and services are working and how best to improve them (source: National Minority AIDS Council. *Program Evaluation*.). Chapter VII of *Program Evaluation*, Evaluating the Program, provides additional information on research and evaluation methods. The accompanying tool kit provides samples of evaluation forms used to measure activities in the pilot project.

Another essential part of the planning activities is to keep in mind that faith leaders have great demands on their time. However, their support is critical to the success of the program. When the faith leader cannot attend key program events, such as kickoff meetings and related program meetings, an associate who can represent the leader should be appointed to make decisions on his/her behalf.

Additional Resources

In addition to this Guide, the book entitled *Congregational Health: How to Make Your Congregation a Health-Aware Community*[11] is a valuable resource that is full of practical information to establish and/or enhance any health ministry. *Working with Religious Congregations: A Guide for Health Professionals*[12] is another excellent resource.

The National Minority AIDS Council's (NMAC) Organizational Effectiveness Series[13] is also a valuable resource. This series of manuals contains an abundance of technical assistance information geared to managing community-based organizations, leadership skills development, program evaluation, and much more. For more information about these publications, go to http://www.nmac.org, click the publications button at the top of the

[11] Mauk, Kristen, et al. *Congregational Health: How to Make Your Congregation a Health-Aware Community (2003).* Hilton Publishing, Roscoe, IL.
[12] National Institutes of Health, National Heart, Lung, and Blood Institute (1997). *Working With Religious Congregations: A Guide for Health Professionals*. Washington, D.C. www.nhlbi.nih.gov/health/prof/heart/other/church.htm
[13] National Minority AIDS Council. *Organizational Effectiveness Series* (undated). Washington, D.C.

page, and follow the link to the Online Publication Download Library. Find "Organizational Effectiveness Series (OES) Publications" on the list and click the link to download the publications. The Department of Health and Human Services has also published a guide for community health planning, *Healthy People in Healthy Communities: A Community Guide Using Healthy People 2010,*[14] available on the healthypeople.gov Web site: http://www.healthypeople.gov/Publications/HealthyCommunities2001/default.htm.

Identifying Sources of Funding

In today's competitive market for diminishing program dollars, both private and federal funding sources encourage collaboration among community-based entities. 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.

This is also an opportunity to reach out to other individuals and organizations that will foster a strong community health outreach infrastructure. One way to do this, even as a single entity, is to think about extending an invitation to other local faith-based groups to participate in some capacity. Researching and identifying appropriate funding sources require 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/private), as well as from private contributions. The CHRIS Program Tool Kit included with this Guide contains resources for grant writing and a list of foundations that provide funding for community health projects.

In recent years, global efforts to promote health and prevent disease have generated millions of dollars for program funding. Additionally, the current presidential administration encourages these organizations to financially support faith-based initiatives. 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 the proposal. A well-written proposal is an essential component of the grant-seeking process. 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, such as those listed in the accompanying Tool Kit. It is also important to note that writing the proposal is just one step in the process. A good proposal is based on sound program

[14] 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. www.healthypeople.gov/Publications/HealthyCommunities2001/default.htm

planning.[15] The bulk of time during the initial phase should be spent developing the program and researching/identifying appropriate funding sources.

In preparing for the final phase of proposal development (the actual writing), 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. Also, be sure to adhere to all guidelines and follow the format closely. Proposals are evaluated not only on merit, but the applicant's ability to follow instructions.
Generally, a well-written proposal will contain the following components:

- Executive Summary
- Statement of Need/Social Problem
- Program Description (include goals and objectives)
- Method/Work Plan
- Evaluation Plan
- Future Funding Plan
- Budget/Budget Narrative
- Program Timeline/Activities Chart
- Organization Information
- Conclusion
- Appendices/Addenda

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 regarding the proposal. Develop a checklist to keep track of all proposal components and requirements, including page limits, number of copies, and the method of submission to meet the application deadline. Applications submitted after the deadline are often not considered.

Developing an Action Plan

Once the CHRIS partnerships and the scope of the program have been established and funding has been obtained, an action plan will need to be developed that outlines the specific activities to be carried out. This plan should include determining the specific tasks to achieve the program objective, assignment of responsibility for each task, and a timeline for performance of the tasks. The CHRIS Pilot Project Objectives below provide a guideline for establishing your program tasks. Remember, the broad objective of the CHRIS program is to disseminate consumer health information that specifically addresses health disparities through churches and other faith-based organizations.

---

[15] The Foundation Center. *Online Orientation to the Grantseeking Process*. http://fdncenter.org/learn/orient/intro1.html.

CHRIS Pilot Project Objectives

- To identify six inner-city churches in the Knoxville, Tennessee area to serve as host sites for the project.
- To provide parish nurses with training on how to access Internet health information from the National Library of Medicine's databases and other federal agencies and national organizations.
- To provide health education presentations on the six identified health disparities—one every two months—to 100 or more African American members attending each of the six identified inner-city churches, for a total of 600 or more members.
- To provide health screening services, including the Community Health Assessment Survey for at least 50 members from each church.
- To organize a health conference in the inner city that will focus on the six identified health disparities that disproportionately affect African Americans.
- To conduct at least two member surveys to assess of feelings and satisfaction regarding the program materials, information, and services.
- To meet with participating ministers/pastors and/or representatives quarterly to measure feelings and satisfaction regarding program materials, information, and services.
- To provide two HIV/AIDS testing and counseling services in the six identified inner-city churches.
- To purchase an Internet service, complete computer workstation, and related supplies for each participating inner-city church.

Program Activities and Timeline

A well-planned program requires an outline of program activities and a timeline. The activities and tasks in the CHRIS demonstration pilot were planned for a 15-month period. Major activities included a community health assessment survey, periodic health screenings, and a city-wide health conference. These activities are described in more detail in the Program Activities section of this guide.

Try to remain flexible when developing your activities and tasks, as this will allow for modification as necessary to achieve the program objective. It is also important to ensure that activities and tasks are reasonable and measurable for evaluation purposes.

Developing a Budget

Developing a budget is the next step in the planning process after the membership's or the community's needs, priorities, and methods are identified and agreed upon by the participating parties. 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 item. It should also include in-kind services as part of the expenditures. In-kind services are voluntary services that are provided and are expressed in a monetary value in the line-item budget.

The program coordinator's salary (if the service is not voluntary) should be incorporated into the budget to ensure that the parish nurse is compensated financially in some capacity. Salaries vary and depend upon the organization's financial resources. Justification for compensation is due to the fact that planning and implementing CHRIS program activities, in conjunction with the health ministry, requires much time and effort.

Lesson Learned: The program coordinators can easily expend up to forty hours a month (or more) on program related activities. For the program coordinators that have regular full-time jobs, this amounts to even more work hours during the course of a month. It is recommended that each minister has a private discussion with his program coordinator to amicably decide on a fair salary. Also, some extra hours should be built into the budget because from time to time, additional work may result because of a program-related activity and/or special support services from the health ministry.

A CHRIS program that is integrated into an existing health ministry will have lower costs than that implemented without the benefit of an existing program. The highest program cost is the purchase of a computer and the monthly Internet access charge. If your organization already has these resources, your expenses will be much lower. The sample budget below shows all costs that might be incurred.

Sample Budget

Item	Total
Internet Service Provider ($264 per year)	$ 264
Telephone Service ($160 month x 12)	1,920
Computer Technical Support/Supplies	1,000
Special Programs/Health Ministry	2,500
Supplies (e.g., medical equipment, paper, ink cartridge)	1,000
Travel/Conferences*	1,500
	$8,184

*Optional—can be included for program coordinators to attend special conferences

V. Training and Development Activities

Professional development and the utilization of online resources are key components of the CHRIS program. The core tasks of health education and information dissemination require the development of skills in the areas of information access and parish nursing. The CHRIS program has developed specialized training in the areas of information access and provides materials for basic Internet skills training for those who require additional training in this area.

> *"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 increase health awareness among our church members and a willingness to seek help sooner."*
>
> *Lois Dave*
> *Upsilon Chi Chapter*

Information Access Training

The NLM stresses the importance of electronic consumer health information as being crucial in addressing health disparities, both from the individual and the professional perspectives. One of the primary functions of the CHRIS program is to disseminate consumer health information that specifically addresses minority health disparities. Therefore, developing the capacity within each organization to efficiently and effectively access and retrieve electronic consumer health information will have a significant impact on the success of the program.

The program coordinator will play a crucial role in accomplishing this task throughout the program. Therefore, it is highly recommended that this person receive the NLM database training for accessing and searching medical and environmental health databases on the Internet. Annually, NLM provides free database training at its main campus in Bethesda, Maryland, and at various sites around the country. A training schedule is available at the following Web address: http://nnlm.gov/mar/online/schedule.html. NLM also has a regional network of medical libraries, and the regional library representatives may be able to assist with needed training. Further information may be obtained by contacting NLM at 1-888-346-3656. For those who are unfamiliar with Internet searching in general, Internet skills development training is also recommended. The CHRIS tool kit contains the Internet skills and NLM database training manuals, as well as additional training resources in the section titled *Online Resources for Training and Reference*.

Basic Internet Skills Training

Access to Internet resources is essential for the development and dissemination of up-to-date health information. The program coordinator may have varying levels of computer skills, depending upon the kinds of health

ministries their faith organizations have undertaken. Many have small computer centers and tutorials for members developed by members or other volunteers. Others may have little or no access to computers. Because the program coordinator forms the foundation of a faith-based health information outreach program, computer access and training are essential. Organizations that do not have adequate funding to provide computers and computer training for program coordinators will need to look for other resources in the community. Libraries and community centers often have computers for public use, and local government agencies or organizations may offer free or low-cost introductory computer courses.

For the purpose of assessing and enhancing the basic Internet and computer competency skills of the program coordinator, the tool kit contains a computer skills assessment form and the electronic version of the training course, *Basic Health Information on the World Wide Web: An Internet Skills Development Workshop*.

NLM Database Training

The NLM-sponsored training course, *The National Library of Medicine: Web Resources for Faith-Based Health Ministries*, was designed specifically for the CHRIS program by the Oak Ridge Institute for Science and Education in Oak Ridge, Tennessee, originator of the CHRIS program. The link to an electronic version of this training manual is contained in the CHRIS Program Tool Kit which accompanies this Guide. This course is designed to:

- ❖ Increase awareness of the availability and value of NLM's free medical, toxicological, and environmental health databases and other quality resources on the Internet.
- ❖ Provide the 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 as wholeness and to prevent or minimize illness.

The training provides trainees with the opportunity to learn the content of each database, as well as additional Internet resources, using realistic scenarios. Class materials consist of a manual containing copies of all overheads used in the course, step-by-step instructions for accessing each database, and handouts that provide information on other quality Internet resources.

Medical databases covered in depth in the NLM training course include MedlinePlus®, ClinicalTrials.gov, and MEDLINE/PubMed®. MedlinePlus is a comprehensive consumer health information resource, including full-text documents on more than 700 medical topics, interactive tutorials, drug information, a medical encyclopedia, medical dictionaries, and directories of libraries, hospitals, and health care professionals. ClinicalTrials.gov provides patients, family members, health care professionals, and members of the public easy access to information on clinical research studies for a wide range of diseases and conditions. MEDLINE®/PubMed® is a database containing more than 14 million references to journal articles published in 4,800 journals in the fields of medicine and the life sciences. The six health disparities targeted by the CHRIS pilot program (cancer, cardiovascular disease, diabetes, HIV/AIDS,

immunizations, and infant mortality) are each highlighted as research topics in the medical database exercises.

Other databases covered in the training course included AIDSinfo, DIRLINE®, and NLM Gateway. AIDSinfo is a Department of Health and Human Services Web site that provides the latest federally approved information for HIV/AIDS clinical research, treatment and prevention, and medical practice guidelines for consumers and health care providers. DIRLINE® is an NLM database containing location and descriptive information on health information organizations. NLM Gateway provides a single access point on the Internet for multiple information resources of NLM.

The training course also includes databases that contain information on health problems associated with environmental exposures. These include the TOXNET ® databases, TOXMAP, Haz-Map, Household Products, and Tox Town. TOXNET® encompasses a wide range of specialized toxicology and environmental health databases, including the Hazardous Substances Data Bank (HSDB), which focuses on the toxicology of potentially hazardous chemicals. TOXMAP is a Web site that uses maps of the United States to show the amount and location of toxic chemicals released to the environment and the populations living in the areas of release.

Haz-Map is an occupational health database designed for health and safety professionals and for consumers seeking information about the health effects of exposure to chemicals at work. Household Products is a consumer's guide that provides information on the potential health effects of chemicals contained in more than 5,000 common household products used inside and around the home. Tox Town is an interactive guide to commonly encountered toxic substances that exist in the daily environment. The CHRIS tool kit also contains additional NLM resources, including links for special populations.

Parish Nurse Training

Parish nursing is a specialized practice that encompasses holistic approach tenets in addressing both the spiritual and physical health needs of a church membership, and was a core component of the demonstration pilot. Nurses participating in the CHRIS pilot project were provided with training by the Baptist Health System Parish Nursing Program of East Tennessee, a collaborative partner of the CHRIS program. Components of the four-day curriculum included spiritual care and the nursing process, wellness/health promotion, managing your practice, and family/systems counseling. Similar training programs are available throughout the country (see Section III for additional information on parish nursing).

Lesson Learned: One lesson learned from the demonstration pilot is to invite ministers/pastors to this particular training. Parish nursing is still an unfamiliar concept to many churches. The training will give both the parish nurses and ministers/pastors an opportunity to receive feedback from others who have existing programs and to ask questions about setting up a parish nurse program. See the CHRIS tool kit for parish nurse responsibilities and guidelines.

Other Training Activities

In addition to basic Internet skills training and NLM database training, those who are implementing a CHRIS program may require refresher courses and other training, depending upon their background and the scope of the program. One such course is a two-day HIV/AIDS prevention and counseling course sponsored by the Red Cross.

Other Resources

An additional resource that may be used in conjunction with the CHRIS Replication Manual is the CDCynergy multimedia CD co-developed by The Centers for Disease Control and Prevention (CDC) and ORISE. The CD-ROM can be used for planning, managing, and evaluating public health communication programs. This innovative tool is used to guide and assist users in designing health communication interventions within a public health framework. The Society for Public Health Education (SOPHE) and its chapters are the official CDCynergy workshop sponsors and have a national network of trained CDCynergy specialists throughout the country with expertise in social marketing and health education. Contact a CDCynergy national network trainer for more information, or to schedule training in your area, contact bpomietto@sophe.org. To obtain to CDCynergy CD, visit the SOPHE Web site at http://www.sophe.org/. Additional online resources are provided in the CHRIS tool kit.

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 for the CHRIS program. The primary CHRIS pilot project activities included a community health assessment to identify health issues in the community, bi-monthly health topics delivered to the congregations by their parish nurses, and a city-wide health conference/health fair.

Community Health Assessment

One of the goals of a CHRIS program is to develop a profile of the current health conditions and concerns of the target audience. A community health assessment can be developed around a core set of health conditions based on the needs and demographics of a community. The purpose of a community health assessment is to identify, develop, and enhance programmatic areas that are conducive to decreasing health disparities and improving the quality of life among members and their respective communities. This kind of information is used for evaluating and planning specific health-related services within the host sites and may be useful for developing similar programs at other local organizations. Local and state health departments may have data that complement the health survey or aid in its design.

Participation in the community health assessment must be voluntary and confidential, and all information should be obtained and tallied anonymously. The assessment should be designed to include questions on the following topics:

- Demographic information, such as marital, economic, and educational status
- Access to insurance and health facilities
- Lifestyle and health habits
- Preventative care habits, including routine physical exams and screening
- General health status
- Specific health conditions addressed in CHRIS
- Health information interests

The objective of the CHRIS pilot project survey was to collect information about the current health condition of at least 300 adult (age 18 and above) members, which involved 50 members from each of the six participating congregations. Specific health conditions assessed in the questionnaire included HIV/AIDS, cancer screening and management, respiratory disease, diabetes, and cardiovascular disease. Although the results of the assessment were not available until late in the pilot project, it served to provide specific information on the community for further outreach and education efforts. For example, the survey revealed that the rates of diabetes, hypertension, and asthma were greater than in the national

African American populations for certain age groups. Also, the rate of HIV/AIDS testing was greater in the CHRIS population.

Bi-Monthly Health Topics

Using MedlinePlus as the primary source of information, the parish nurses developed health topics in an appropriate format for delivery to the congregations. Each session focused on a different health disparity topic. Because no formal community health assessment had been conducted in the community at that time, the topics focused on the general health disparities identified by the Department of Health and Human Services for the African American population.

Community Health Fair/Health Conference

One way to involve the community in a CHRIS program is to conduct a community health fair or conference. A component of the CHRIS pilot project was an inner-city health fair entitled "entitled "Our Health Is In Our Hands" that was held at a participating church. The purpose of the conference was: (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 concerns, including: HIV/AIDS, cancer, immunizations, diabetes, cardiovascular disease, and infant mortality.

The conference objectives were to:

- Examine cultural issues that impact the health of African Americans.
- Provide community physicians, nurses, other health care professionals, and community educators with effective strategies for addressing the identified health disparities and other emerging health issues.
- Provide community physicians, nurses, other health care professionals, and community educators with effective strategies for increasing community awareness about the identified health disparities.
- Provide community physicians, nurses, other health care professionals, and community educators with an opportunity to network and discuss best practices for addressing the identified health disparities.
- Provide community physicians, nurses, and other health care professionals with health education workshops for continuing education (CE) credits.

> *"Although the CHRIS program only requires bi-monthly 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*

VII. Evaluating the Program

Program 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.[16]

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 only at the group level or in the event of case histories with identifying information removed to guarantee anonymity.[17]

Evaluation Methods

There are two evaluation methods that are useful for measuring a program's effectiveness: formative and summative. The analysis for each can contain qualitative or quantitative data or a combination of both. Qualitative research typically uses observation, interviewing, and document review to collect data as opposed to quantitative research that typically uses only numerical measurements for data sets.

Formative (or process) evaluations are typically conducted for new programs, as was the case in the CHRIS pilot project. This method shows how successful the program is and how it could be improved. Essentially it is a detailed process of observation, documentation, and the self-analysis of activities and services. For example, observing a new service activity will include documenting information about the type and quality of the service, tracking the number of members attending or receiving the service, recording oral and/or written participant comments and/or feedback, and later having a staff discussion on ways to enhance, modify, and/or discontinue activities and/or services based on the information obtained.

---

[16] A Guide to Developing Community-Based Family Support Programs, Ann S. Epstein, Mary Larner and Robert Halpern, High/Scope Education Research Foundation, page 227.
[17] Ibid. Page 235.

Information received from this process can identify areas that need improvement, provide useful feedback about the activity or service, and allow for objective modifications as necessary without comprising the integrity of the program objectives.

CHRIS Pilot Project Evaluation

The formative evaluation was used for the CHRIS pilot project. The process allowed for a thorough review and measure of the implementation process. Qualitative and quantitative measures used included assessing the completion of objectives and tasks, recording lessons learned, and assessing the overall feelings of the collaborative partnership experience. Tracking documentation used to complete both a mid-year and year-end report included the bi-weekly and quarterly activity reporting information, observational notes, anecdotal comments from the partnership surveys and ministerial/parish nurse assessment surveys, and data information from the inner-city health conference. All tracking instruments are included in the CHRIS Tool Kit.

The following CHRIS program components are especially useful for larger programs coordinated by a lead partner or agency; however, some of these measures could be easily adapted to a single-entity program.

- **Bi-Weekly Activity Sheets.** Bi-weekly activity sheets documented program activities in detail and ensured that activities were budgeted appropriately and consistent with the program scope and objectives.
- **Host Site Visitations.** Host site visitations were a way for program partners, especially the lead partner, to stay connected with program activities and progress.
- **Personal Contact with Ministers/Pastors and Parish Nurses.** Regular meetings and teleconferences were often difficult to schedule but were essential to the success of the program.
- **Monthly Status Reports.** Monthly status reports provided an update on program activities and reported lessons learned and accomplishments.

Summative (outcome) evaluations are conducted once a program has been successfully implemented to assess any short-term and long-term benefits of the program. This evaluation method measures concrete achievements and provides a way of "summing" up the activities of the program and answering the basic question of whether or not the intended objectives were achieved. For example, if an objective was to conduct blood pressure checks twice a week for at least thirty members for a period of six months, and the

measured outcome shows that fifty members were checked with a measured improvement in more than half of the blood pressure readings, it is clear that not only was the objective achieved, but it was surpassed.

At a minimum, programs should include a formative evaluation as a way to document activities and services and assess how to improve service delivery. To justify funding, programs will generally have to engage in some form of summative evaluation as well, to present outcome findings to the funder(s). Ideally, there should be a combination of formative and summative approaches. Together, they answer the two basic questions intrinsic to program implementation: “What services are provided?” and “How effective are those services?” The more comprehensive and complete the evaluation, the better it will also be able to answer the complex set of questions that arise from implementing a complex program (Epstein et al, 1995).

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 will have specific evaluation processes associated with the research design.

Many funding sources are embracing methods such as translational research and community-based participatory research to evaluate the long-term effectiveness of health intervention approaches, and communities are encouraged to design programs that will support these efforts when possible. Collaboration with universities, public health departments, or other research organizations who are involved in research activities can enhance the program and provide a vehicle for long-term funding. Additional information is provided on research and evaluation methods in Chapter VII, “Evaluating the Program.”

Translational research is 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 is a collaborative process involving researchers and community representatives. It 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.

Several sources are mentioned in the accompanying tool kit that will assist with the evaluation process, such as the National Minority AIDS Council (NMAC) and the National Network of Libraries of Medicine (NN/LM). The NMAC (www.nmac.org) organization has a number of free evaluation tools and other non-profit management resources that are a part of its “Organizational Effectiveness Series.” The resources can be accessed online or by calling the organization’s toll-free number. The NN/LM has developed an online guide called, “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 the faith entity, it will take the commitment and dedication of members to volunteer time for many of the program's activities and services, whether it is providing bi-monthly health topics, 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 their 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 Project Manager
Oak Ridge Institute for Science and Education