

What Are Health Disparities?

The National Institutes of Health defines **Health disparities** as diseases, disorders, and conditions that disproportionately affect members of minority or other specific population groups when compared to the general population.

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.

Identified health disparities that affect racial and ethnic minorities in the U.S. are:

- Cardiovascular Disease
- Cancer Screening and Management
- Diabetes
- HIV/AIDS
- Infant Mortality
- Immunizations



"The beauty of the CHRIS program is that it's tailored to provide information that addresses a wide array of health issues within a faith entity. Good, reliable health information goes a long way towards the prevention of many health problems, and the National Library of Medicine's consumer health databases are trusted sources."

Martha (Marti) R. Szczur
Former Associate Deputy Director
Specialized Information Services Division
National Library of Medicine

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FOR MORE INFORMATION about the CHRIS faith-based approach to addressing minority health disparities in your community, please contact:

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CONSUMER HEALTH RESOURCE INFORMATION SERVICE



A Faith-Based Approach to Addressing Health Disparities

PROGRAM DESCRIPTION

The CHRIS program is a faith-based initiative designed to support the U.S. Department of Health and Human Services' Healthy People 2010 goals of increasing quality and years of life and eliminating health disparities. Sponsored by the National Library of Medicine, the program addresses these goals primarily by improving health information access to address identified health issues that disproportionately affect minorities, such as HIV/AIDS, cardiovascular disease, diabetes, immunization, cancer, and infant mortality.

The Oak Ridge Institute for Science and Education (ORISE) in Oak Ridge, Tennessee designed the CHRIS program and several related resources to assist with program replication: *Developing a Consumer Health Resource Information Service Program: A Guide for Faith-based Organizations and Communities*, with an accompanying Tool Kit, and a workshop entitled Consumer Health Activities and Services Workshop, designed to enhance capacity skills for CHRIS program service delivery. The guide and tool kit are available on the Internet at <http://orise.orau.gov/healthcomm/chris-guide-toolkit.htm>. The workshop materials will soon be available on the Internet as well.



Implementing a CHRIS PROGRAM in Your Community

Primary Service Components

The framework for a CHRIS program consists of three core service areas: **health education**, **health screenings**, and **health services**.

Specific 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 within the community.

PROGRAM ACTIVITIES

Program activities revolve around health information access. These may include:

- Community health assessment
- Health awareness topics (during services)
- Fact sheet distribution
- Health fair/conference
- Individual health/prevention counseling
- Health services resource directory
- Facilitation of access to reliable health information on the Internet, such as the National Library of Medicine's MedlinePlus®

APPROACHES

Collaborative approach

The CHRIS pilot demonstration was a large-scale project using the collaborative approach, in which multiple churches served as host sites for service delivery. This approach is best for a group of organizations working together to implement the program in multiple locations.

Single-entity approach

The program design can be modified to fit the capacity of a single entity, large or small, to implement the program within its own organization. It can be incorporated into an existing health ministry or implemented as a new program.

Whatever the approach, the core components and services of the program are the same and can be facilitated according to the skill levels and resources available. A program coordinator will provide primary leadership. This person can be a parish nurse, a health educator, or a lay person with the appropriate background and level of training.