

The Role of Faith in Community Health

Rev. Paul L. Anderson

There is so much that can be written concerning the role of faith communities in the health of populations, and how these communities build trust and successfully improve community health. The “Faith Community” is so diverse and so vast; therefore, I will focus my perspective on the Christian community, with which I am most familiar. There is a passage found in the Judeo-Christian scriptures that reads: “Beloved, I wish above all things that thou mayest prosper and be in health, even as thy soul prospereth” (3 John 1:2 KJV). It is through and by the reading of sacred text in the Christian tradition that I am informed of God’s highest ideas for humanity. It is my belief that God desires life to be healthy and fulfilling in all areas.

I have been affiliated with the Christian faith, and particularly with the African American/Black Baptist Church, since my birth. My orientation has been with the church as a center of influence and information to both congregation and community. Individuals and families who live for decades with the Church at the center of their lives often build a generational sense of safety and well-being associated with their faith community. The Church has been a reliable conduit for health information in particular through the years, largely due to the presence of Health and Wellness ministries. These are teams of individuals in the medical and health care community (mental and physical health as well as spiritual) who also attend the Church

and provide health education, meals, transportation, and other health-related needs of their fellow congregants.

The COVID-19 pandemic was only the most recent opportunity for the faith community to demonstrate its role in the health of populations, and how these communities build trust and successfully improve community health. Immediately after North Carolina Governor Roy Cooper gave the cease-to-gather order for public assembly, the faith community went to work. We began having virtual meetings to find answers to questions like: What is COVID-19? How is it transmitted? How can we protect ourselves from exposure? How do we stop the transmission of this virus? How do we share this information with our congregations and the general public? Initially, there was a learning curve for the use of virtual meeting platforms, which were new for numerous congregations. We were fortunate enough to meet with senior staff from the North Carolina Department of Health and Human Services, along with the governor, to better understand the big picture [1]. We had additional meetings with elected officials from the federal and local levels to better understand how the vaccine would be administered and which populations would be vaccinated first when the vaccine was made available. We also had meetings with scientists and researchers about the vaccines and their benefits based upon human trials or the lack thereof. After receiv-

numerous government failures), we’ve come to mistrust the very institutions we need. Our “performance-based” mistrust of institutions has created a cynicism about them.

When institutions are healthy, they play a crucial role in shaping the people around them. They become the background that enables us to live well. When they are weak or problematic, we suffer. The challenges lie in discerning how to address our problematic institutional landscape—we recognize the way in which our institutions can and should be serving our communities, but how can we encourage and lean into that truth?

One way to start this shift is simple, yet significant. We typically think about organizational structure through org charts—a very static, mechanistic approach. What if we changed this to better align our organizational thinking with our communities? Could we shift our thinking to organic terms—a mindset that more closely matches how we consider our own communities—and tend to institutions as such, considering their growth, decay, and need to be pruned and cared for? This requires a great deal of intentionality and innovation on the part of leaders of institutions, and the result—a thriving institution that better mimics our own com-

munities—is well worth the commitment. We need to tend to our institutions as crucial ingredients of a healthy ecosystem in order for human beings to be healthy and live well.

Our Call as Institutions

To serve those around us in the way in which we are called, we must first develop a sense of trust among our community members and take care to maintain it. This isn’t easy, but it’s necessary. We see so much cynicism around institutions because there is such little trust. With this in mind, we have important work to do to rebuild and sustain trust. Trust can be broken in just a moment, but it takes infinitely longer to rebuild. The policies, practices, and relationships of our institutions must intentionally work to preserve and cultivate trust, because rebuilding trust after it has been broken is a far more difficult task.

Populations need institutions that are bearers of trust and bearers of hope. Trust is cultivated through the alignment of words and deeds, so our institutions and institutional leaders must articulate this ideal and embody this commitment through transparency in all practices and relationships.

In order to build better trust and ultimately ensure better

ing and synthesizing the information, we began sharing it with our faith communities on a frequent basis. We created and shared fact sheets of data points that would allow everyone to know what was appropriate for their individual situation. Research conducted during the pandemic has supported the effectiveness of this work, particularly for Black churchgoers [2].

This sharing of information is not new in faith communities, which for decades have effectively shared health information on blood donations; sickle cell anemia; dementia; diabetes; prostate, breast, cervical, and colon cancers; physical fitness; nutrition; learning disabilities; exercise; heart disease; law enforcement; public policy; public administration; and more. Many other houses of faith take this or a similar approach to engaging parishioners with accurate and useful health information. While all these efforts were being made, however, the influence of partisan politics simultaneously made our efforts much more difficult. Distortions of facts stigmatized and even endangered persons most at risk for hospitalization and death and discouraged vaccination and the seeking of care for symptoms. More people were using the internet as their sole source of information, which was a new challenge for many faith communities. We focused on sharing the information we gathered from experts, and thanks to the precedent of trust and reliability that had been set in many faith communities our congregations and communities were receptive. We encouraged face coverings and disinfected highly trafficked areas, especially as we went back to in-person worship services. As the COVID-19 vaccine became available, many faith communities organized

and partnered with health care providers to inform and ensure access for their congregants [3]. This was what I saw as the turning point in the message crafted through and by the faith community. The reliable voices (churches and faith-based social welfare organizations) spoke to the current situation and had an impact, as they had done so many times before. NCMJ

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health for those we serve, we must remain focused on mission. The more missionally focused we are, the greater the focus on the big picture: shaping the conditions of daily life by nurturing the aspects of our lives that impact our well-being.

I believe that institutions are the very fabric of our society. They are necessary and, when led organically and with a focus on mission and a clear sense of purpose, they have the power to make our communities and our lives better. They are the foundation that helps people thrive, and the visibility of these institutions draws communities to the work they do and the impact they make. Paying close attention to caring

for institutions, renewing ones that exist, and starting new ones is critical to forming people of character and wisdom and supporting flourishing societies and healthy people. This begins with an intentional commitment, from each of us, to build and cultivate hope-bearing institutions that contribute to us all living healthier lives. NCMJ

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