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When Duty Calls. A Faith & Health Collaborative Response to COVID 19 and Social Justice: A Commentary

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WHEN DUTY CALLS: A FAITH & HEALTH COLLABORATIVE RESPONSE TO COVID 19 AND SOCIAL JUSTICE

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We provide information pertaining to an interdisciplinary collaboration in West Central Florida that launched a faith & wellness teleconference intervention in March 2020 in response to the COVID-19 crisis. The collaborative partners engaged from across the 4-county region upon community lockdowns in response to the COVID-19 crisis and later addressed calls for social justice due to the deaths of George Floyd and other African Americans. For 17-weeks Christian and Muslim faith leaders provided live messages of hope along with community partners providing wellness (mental health and wellbeing) focused strategies for coping with the crisis. Thematic analysis of anecdotal comments revealed themes of community collaboration, systemic racism, faith leader needs and others. The concluding public health implications include the importance of academic public health community engagement efforts for building trust, increasing inclusivity, taking action, and overcoming obstacles to community intervention planning in times of crisis.

Introduction | Community health partnerships are essential in times of crisis to help counter the anxiety that can exacerbate structural health inequities for vulnerable populations.[1] At the onset of the SARS-COV-2 (i.e., COVID-19) crisis, populations were faced with unprecedented challenges due to extended periods of isolation.[2] These challenges included fear, abuse, government mistrust, job losses, lack of access to food and shelter, loneliness, depression, suicidal ideation, and substance abuse.[3-5] Overlapping with this crisis was the national call to address social justice and systemic racism that stemmed from the protests over the police killings of George Floyd, Breonna Taylor and other African Americans across the United States.[6] The African American community's fight against racism and health inequities extends back centuries, and a tipping point has been reached driving the current social movements and calls for societal level change.[7] Public health officials had called for action against racism in years past and those calls were renewed with advocates across the nation.[8] Social movements are needed to drive change through collective action and mobilization when racial and health inequities persist at community to national levels.[9] Progress is needed to improve health equity for African Americans in the United States, and as Congressman John Lewis noted before his death, we can "…redeem the soul of our nation, build a stronger nation and one at peace in our global society."[10]

Anchor institutions, such as regional universities and colleges, can serve as conveners to bring organizations together to address some of the systemic racism and health inequity challenges that escalate during such times.[11] These conveners have the opportunity to facilitate institutional and local bridges (e.g., establishing connections not previously present) between faith-based organizations, corporations, law enforcement, healthcare, behavioral health, and local non-profits to generate new ideas, actions, education, and advocacy for improving social, racial and health equity at community levels.[12,13]

Theoretical Basis | The foundational theoretical underpinnings for this initiative are centered around community development and social capital. Theories of community development emphasize the importance of "structure, power and shared meaning."[14] Understanding and managing these three elements are imperative for community coalitions to function and achieve desired outcomes. Also, the theory of social capital comes into play.[15] This theory focuses on the establishment of networks based on dynamic links that build trust, reciprocity and relational embeddedness between individuals and organizations involved in community partnerships and coalition work.[16] Application of these theories led to a collective impact of mobilizing community resources.[17] This included having a common agenda, shared measurement, mutually reinforcing activities, continuous

communication, and backbone support—all of which were solidified over a 2-year period.[18] Last, in lieu of the diversity of the participants, an institutional perspective helped guide the collaboration, ensure distribution of power and bridge partner's interests given differences in norms, values and organizational origins from community, religion, academia, and governmental structures.[19] A hybrid logic of trust emerged with academic public health serving as the convener and a unifying voice.[20] Collectively these theories (e.g., community development, social capital and institutional theory) provided direction for this initiative.

Discussion | This article is a leadership reflection of one emergent community mental health and substance abuse partnership in West Central Florida (Community & Faith Leaders Coalition) that had been evolving over the two years prior to March 2020, when the COVID-19 community lockdowns started. The coalition covered four Florida counties (Hillsborough, Pinellas, Pasco, and Hernando). The call to action was answered by leaders from places of worship, academic institutions, law enforcement, behavioral health, healthcare, and engaged the voices of congressional aids and local government at the onset. This group served not only as a resource for marginalized populations but also as an agent of change.

Participants in an intersectoral coalition such as this are going to have different assumptions, beliefs and approaches to community action. Therefore, consensus among groups' members needs to occur.[21]

All in-person meetings and functions in the region ceased immediately in mid-March due to the spread of the virus, and all communication shifted to virtual tools. At the beginning of the crisis, a rapid technology assessment was made to determine the best application to deliver the weekly intervention during the COVID-19 lockdowns. A key coalition decision was to put forth a programmatic intervention that embodied the cultural and traditional practices of its faith partners. The format that developed was a once a week, one-hour teleconference with morning sessions that included a welcome address by a local public health professor followed by an invocation from a faith leader from the Christian or Muslim faith from the four counties. At the onset of the crisis, a community update message would follow coming from local congressional aides with information on federal and state support that was being processed to help the unemployed and small businesses. Later, other presenters were from local law enforcement and non-profit organizations that discussed services and resources, such as food pantries, homelessness support, mental health support groups, rural community housing, physical wellbeing, and managed care community engagement.

Resources or additional coping mechanisms were shared including local government information on grants, a non-profit food distribution program, specific coping ideas for veterans, and information on youth virtual peer support. Each session concluded with a question & answer session to provide information to community members, followed by a closing prayer from a faith leader.

Thematic Analysis | After 17-weeks of chairing the teleconferences, several themes emerged based on topics discussed by faith leaders, community partners and participants. Table 1 lists the themes and select quotes with further descriptions provided below.

Table 1. Teleconference Themes and Associated Sample Comments from Leadership Team Members and Participants

Themes	Comments	Comment Source
Community collaboration	"It has served as an incubator for collaborative initiatives to meet the ever increasing needs of our communities."	Methodist pastor
	"A great arena to connect community partners and members to resources that strengthens the community as a whole!"	Health system community engagement professional
	"... how the communities were stepping up and sharing how to utilize the resources, having faith that their resources could meet the needs."	Youth mental health advocate
	"As a mental health professional, I have enjoyed participating in the weekly Lifeline Faith and Wellness Teleconferences over the	College mental health professional

	past several months. These events have allowed me to connect with and to learn about the efforts and interventions to help people in the faith communities where our students live..."	
Systemic racism	"I found the teleconference a viable platform for faith leaders, educators, and community stakeholders to convene and address systemic racism which affects housing, clothing, shelter, healthcare, employment, education, and even our faith communities."	Baptist pastor
	"...we all came together and are continuing to work together to make nor only our county culturally competent, but our respective communities."	Health system behavioral health analyst
	"a wonderful platform that encourages inclusivity and openness, while embracing tough conversations such as racial relations and mental health."	Health system community engagement professional
	"This project introduced me to faith leaders whom I'm now working with on a grant proposal on the topic of anti-racism."	Religious studies professor
	"If you want to know how to treat black people, treat them like they are white."	Retired Air Force Chief Master Sergeant
	"The event of the George Floyd lynching was like a trauma trigger for two of the African American men who were on the leadership team (one a college professor and the other a 29-year Air Force veteran). Discussions took place on several teleconferences that followed about the pain of the history of slavery and the need to teach their male African American children to "cower down" when involved in police relations."	Chief Master Sergeant- see above
Inspiration	"It has served as a environment of hope beyond the reality of COVID 19 and social perils we face as a human race."	Methodist pastor
	"This weekly program has facilitated both interfaith and inter-religious religious dialogue."	Religious studies professor
	"...also these events have touched me personally as the message of hope has been uplifting. What began as a collaborative effort to share information about programs and resources, has become a tool for selfcare for me personally."	College mental health professional
Information sharing	"You can hear inspirational talks from faith-based leaders and network with colleagues..."	Behavioral health advocacy executive

	"...the diverse array of speakers was impressive and brought so much value to the participants on the call."	Youth mental health advocate
Loss of connection with congregation	"...when my church building was closed, the Faith and Wellness Teleconference helped me and my community reconnect to faith leaders through a visual platform that provided much comfort and hope to get us through."	Behavioral health consumer affairs executive
Stress, anxiety, or depression	"Almost daily, the COVID-19 pandemic brings many uncertainties that has increased my stress and at times causes unwarranted anxiety. The weekly Faith and Wellness Teleconference provides as reassurance, tools and skills that relieve stress."	Behavioral health consumer affairs executive
	"...everyone leaves in a more positive manner than when they first attend. Every week I hear so many people say how much they needed to hear what everyone has to say and how much better they feel."	Health system behavioral health analyst
Faith leader needs	"Faith leaders are doing much of the hard work connecting people to physical and emotional resources and this work is under-acknowledged."	Religious studies professor
	"Personally, it has served as one of my weekly resources for encouragement and inspiration as a pastor and community leader in these uncertain times."	Methodist Pastor

Community Collaboration

Four participants offered comments on community collaboration and this was most important at the outset when the crisis was at its early peak and community members were scrambling to find where they could get access to government assistance. A comment from the Methodist pastor about the "incubator" mechanism that this intervention became was indicative of how it provided an opportunity to link faith leaders from different geographic areas and from Christian and Muslim communities.

Faith Leader Needs

While only two comments were received on faith leader needs, they were important. There was a recognition of the need for greater acknowledgement of the impact that faith leaders have in their communities. Secondly, one of the faith leaders noted how the intervention served as an internal motivator to help him in navigating uncertain times. On this point scholars have indicated that there is a long history of the positive impact of faith on mental health and wellbeing, which was a focus of this intervention.[22,23]

Systemic Racism

For the second half of the first 17-weekly teleconferences, the topic of systemic and structural racism became a priority each week. There was a need for a collaborative focus that led to the start of a subgroup effort to develop an agenda for eradicating systemic racism and development of a new academia-faith community-based research proposal. These efforts were viewed as an opportunity for "embracing the tough conversations" on racism.

Finally, the public display of George Floyd's death created a great deal of emotional pain for many participants and the entire leadership team. Comments from one key leader is not only symbolic of how intense that pain was felt, but the trauma effect that reverberated with every faith leader, veteran, law enforcement member, and community member

involved in the teleconference. There was heightened tension, raw emotion, and a new sense of purpose with the sudden public acknowledgement of a dual public health crisis (COVID-19 and racial injustice) to be addressed locally and nationally.

At a time when community members needed hope, the collective of faith leaders from the Christian and Islamic communities delivered thoughtful and uplifting messages of unity, peace and perseverance. Their contributions, on a consistent weekly regional virtual platform, much akin to leading congregational worship services, provided connections, inspiration, and at least anecdotally, momentary relief of the stress and anxiety community members were experiencing during this crisis.

This intervention led to an important expansion of coalition bonds that continue today. New community partner relationships have formed involving multiple healthcare providers, engagement in social justice initiatives, and faith leaders connected across the four-county region.

Conclusion | Academic public health leadership is needed in our communities. As Dempsey noted, university community engagement holds the power to help local communities solve complex social problems, but active involvement of faculty (albeit virtual or in-person) is needed to build trust, eliminate the "campus-community divide" conflict, and identify mutually beneficial goals.[24] The theoretical basis described earlier in this article was established before the crisis occurred and it provided an awareness of the need for empowerment of community partners and bringing together faith-based and secular leaders in the time of need. Traditional public health intervention planning models could not be applied to meet the needs of the community because efforts needed to be put in place immediately. The leadership team learned how fast action could be taken to accelerate the decision-making in a time of crisis, avoiding the paralysis of trying to make fully informed choices.[25]

Efforts such as these can serve as a blueprint for actions to improve the health in our communities from a cultural, physical, spiritual, and mental health perspective. To do so, some ideas for action are as follows:

- First, the power of building personal trust in public health is critical. It enables progress in research and practice and strengthens community interventions that can reduce racial health inequities for our communities through stronger public health driven campus-community partnerships.
- Second, increased inclusivity in community partnerships is important to welcome everyone to the table. A focus on inclusivity can strengthen community empowerment, advocacy efforts and the community's capacity to respond during a public health crisis.[26]
- Third, acknowledging the importance of taking action, it is important to recognize advocates such as Dr. Martin Luther King, Jr., Congressman John Lewis and others who took nonviolent direct action to effect change in the nation.[27] Anecdotally this informal coalition took action and helped alleviate isolation, loneliness, and fear for those that participated at the time this dual public health crisis emerged.

To quote Dr. Cornel West, in the closing of his seminal work, *Race Matters*, "None of us alone can save the nation or the world. But each of us can make a positive difference if we commit ourselves to do so."[28] If each of us seeks out an opportunity to engage, start a conversation, or participate in a partnership, then together we can do our part to strengthen our communities and help heal a nation.

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