The Black Church and Public Health: A Key Partnership for Theory Driven COVID-19 Recovery Efforts

Natasha R. Brown1, Candice L. Alick2, Alexis G. Heaston3, Shanada Monestime4, and Nicolette Powe5

Abstract
The COVID-19 epidemic has negatively impacted the Black community in the United States. Despite current disease mitigation efforts, work is still needed to ensure that Black individuals living in the United States understand their risks regarding COVID-19 infection whether vaccinated or unvaccinated. Thus, the current article posits that the Black church, in concert with public health practitioners, is a venue through which theoretically based health messages should be designed and disseminated regarding COVID-19 recovery efforts. The Health Belief Model and the Harm Reduction approach are posed as theoretical frameworks to facilitate the design of such messages.

Keywords
COVID, community health, health promotion, underserved communities, church

Chances and faith-based organizations are a trusted resource for Black communities in the United States and have a potentially influential role amidst coronavirus-19 (COVID-19) recovery efforts.1 Research conducted at the beginning of the COVID-19 pandemic in the United States, revealed Black respondents (45.9%) reported less worry regarding potential infection compared to white people (32.0%) and members of other racial/ethnic groups (35.3%).2 Despite this initial optimism, the Black community has undoubtedly been negatively impacted by the current pandemic.3 Researchers have argued that the devastating impact of COVID-19 among Black people can be traced to pre-existing health and social conditions4,5 including being employed at jobs in which they cannot work from home, such as essential industries with high levels of public interaction.6 Currently much of the efforts to combat COVID-19 have transitioned to vaccination uptake (including boosters) as state-at-home orders and restrictions have been lifted. However, for Black Americans, it is necessary to continue to focus on both risk reducing behaviors (ie, social distancing, hand sanitizing, and mask wearing) as well as vaccination education.

Amid a nationwide COVID-19 vaccine and booster roll-out, guidance is needed to ensure one of the most vulnerable groups of the U.S. population has information to facilitate informed decisions. According to the Centers for Disease Control and Prevention (CDC) as of April 7, 2022, approximately 42% (41.5%) of Black Americans aged 18 and older in the United States are fully vaccinated; with 47.5% of this group having received at least 1 dose of the COVID-19 vaccine.7 Although vaccination efforts are in progress, COVID-19 variants, including the highly contagious Omicron variant are slated to impact the unvaccinated population the hardest and could be particularly harmful to those of African American descent.8 Efforts to reduce COVID-19 disparities should involve Black churches as these organizations are committed to their congregations, have been previously utilized in health education efforts,9 and have been proven

1Indiana University Northwest, Gary, IN, USA
2University of North Carolina at Chapel Hill, Chapel Hill, NC, USA
3Tennessee State University, Nashville, TN, USA
4Miami Cancer Institute, Baptist Health South Florida, Miami, FL, USA
5Youngstown State University, Youngstown, OH, USA

Corresponding Author:
Natasha R. Brown, Indiana University Northwest, 3400 Broadway, Gary, IN 46410, USA.
Email: brownnar@iun.edu

Creative Commons Non Commercial CC BY-NC: This article is distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 License (https://creativecommons.org/licenses/by-nc/4.0/) which permits non-commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the SAGE and Open Access pages (https://us.sagepub.com/en-us/nam/open-access-at-sage).
successful in encouraging church members and the larger community to support health initiatives.\textsuperscript{10} Public health partnerships with faith-based organizations are an avenue to consider when addressing COVID-19 related disparities as churches are typically embedded within the local community and often perceived as trustworthy health information sources.\textsuperscript{11} Given these reasons, the objective of this essay is to explain how Black churches, in concert with local public health officials, are feasible vehicles to disseminate theoretically based health messages to mitigate COVID-19 infections. These church-public health partnerships can also provide information to allow informed vaccine decision-making among Black people living in the United States.

**Effective Faith-Based Interventions**

In the United States, Black people attend church more than any other racial/ethnic group.\textsuperscript{12} Previous research has linked regular church attendance to healthy behavior such as blood pressure screening, dental cleanings, and pap smears.\textsuperscript{13} A review of church-based health interventions also revealed that faith-based health promotion programs can be effective, particularly regarding heart health, dietary improvement, weight loss, as well as improving cancer knowledge and increasing cancer screening rates.\textsuperscript{14} Consequentially, faith-based organizations can be effective in addressing the COVID-19 crisis.

**Black Church Leadership and Structure**

Church organizational structure and leaders position the Black church as a relevant entity to reach the target population. Black pastors acknowledge their influential role in promoting and modeling healthy behavior as well as the importance of faith-based programs in improving health among congregants.\textsuperscript{10,15} For instance, diabetes prevention programs have been translated to faith-settings and have been proven to be successful in achieving weight loss and lowering fasting glucose levels among Black congregants.\textsuperscript{16} Body and Soul, a church-based nutrition intervention, used existing church organizational structures and practices to significantly increase fruit and vegetable intake among participants.\textsuperscript{17} Important components of this intervention included speaking about fruit and vegetable intake in sermons and discussing healthful eating regularly. Similar techniques could be employed to address reducing COVID-19 infections. The organizational members and structures of Black churches (eg, pastors, health ministries, etc.) in conjunction with the information and messaging expertise of public health practitioners should be utilized to address COVID-19 information dissemination and subsequent behavioral change as it has been used previously to address other health issues.

**Current Health Messages From Black Churches**

During the COVID-19 pandemic, many face-to-face church services initially transitioned to online modalities due to statewide mandates related to social distancing. Many obstacles were presented with the transitioning to virtual services: (1) differences in experiences when compared to traditional in-person services; (2) loss of revenue to cover church expenses; and (3) limited technological capacity.\textsuperscript{18} However, many pastors of predominantly Black churches stood firm that services would remain in the virtual format due to COVID-19 concerns. Rev. Reginald Sharpe, Jr. of Fellowship Missionary Baptist Church in Chicago, Illinois stated the following during a virtual service on Sunday, May 17, 2020, regarding when in-person services at his predominately Black congregation would resume: “The church is still open; the building is closed. You don’t have to call us. You don’t have to e-mail me. You don’t have to DM me, we ain’t comin’ back up in here until it is absolutely safe.”\textsuperscript{19} Declarative statements from Black pastors sent appropriate health messages about the seriousness of COVID-19 to both parishioners and the larger Black community who depend on the church for other resources outside of spiritual guidance. The opportunity to capitalize off the shared mission of both Black churches and the public health community to continue to protect Black Americans, is now.

**Black Churches Still Serving During the Pandemic**

Some Black churches have already used their platforms to provide COVID-19 information but also serve as a model for appropriate behavior during the pandemic.\textsuperscript{20} The utilization of social media platforms by Black churches to communicate with their congregations helps to reduce health risk. Many congregations have held church services via Facebook Live, Zoom, and outside of the sanctuary, where members can listen in their cars on the radio, or sit in lawn chairs while social distancing.\textsuperscript{21} At the time of this writing, Black people in the United States are likely to attend church service in various modalities including in-person, virtual, or sometimes alternating between the 2 modalities.\textsuperscript{22} Providing testing, presenting vaccine information, as well as serving as vaccination sites sends several health messages: (1) COVID-19 continues to be a real health concern and (2) your local Black church (whether in-person or virtual) is still a resource. Public health experts can help Black churches expand their commitment and effectiveness in combating the spread of
COVID-19 among Black Americans by aiding with health message design.

**Next Steps for Black Churches**

We argue for the establishment of additional formal and collaborative partnerships between churches and public health professionals to do the following: (1) develop and disseminate messages regarding how to reduce risk of COVID-19 infection, (2) facilitate informed decision-making regarding vaccine (including boosters) uptake, and (3) discuss risk of COVID-19 infection after reaching full vaccination status. Unfortunately, messages and information disseminated by the CDC and other public health organizations have not translated to reduction in infection and vaccination uptake among Black Americans and grassroots organizations have had issues securing funding to reach their local communities. Utilization of public health professionals in conjunction with more trusted entities, like the Black church, is important as the closure and phased re-opening efforts of Black churches will continue to impact parishioners, particularly older Black Americans who are among the most vulnerable and rely on the Black church as a resource. In the initial months of the COVID-19 pandemic in the United States, public health researchers and Black churches joined forces to assess emergency preparedness via listserv/social media postings and assessed the impact of those messages via measurements of reach/engagement, feasibility, and acceptability. Moving forward, public health professionals can still facilitate designing theoretically based messages and supplement dissemination strategies within the Black community. In addition to current messages addressing COVID-19, Black churches may: (1) host information sessions; (2) include messages in bulletins, on calling posts, and on social media accounts; (3) incorporate messages into other church initiatives (eg, during feeding the hungry/unhoused or prison ministry visits); and/or (4) provide space for local health departments who provide health services related and unrelated to COVID-19. Each of these will send clear messages on the church’s stance on COVID-19. To increase the effectiveness of these messages, using theoretical frameworks in the development and dissemination is critical. Based upon previous research, 2 frameworks that could be utilized in this process include the Health Belief Model and the Harm Reduction Approach.

**Theoretical Messaging to be Used by Black Churches**

The HBM outlines several factors that seek to predict why people will take action to reduce a potential health risk: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. The HBM articulates the relationship between perceived threat and health behavior. Given the current pandemic, perceived threat could be comprised of many of the following factors: perceived health status as well as the likelihood of engaging in behavior to reduce the risk of spreading the disease including (a) utilizing protective equipment (such as face coverings and hand sanitization products), (b) practicing appropriate social distancing, (c) engaging in effective hand wash hygiene, and (d) taking the COVID-19 vaccine. For example, the perceived barriers and benefits of masking, social distancing, and/or vaccine update (outcome behaviors) among individuals could be evaluated. According to a meta-analysis of studies guided by HBM, messages that focus on perceived benefits and perceived barriers are associated with the enaction of preventative behaviors regarding a health threat such as COVID-19.

Messages designed utilizing the HBM as a framework would provide guidance for those considering the resumption activities outside of work, particularly as most states have loosened or fully removed statewide mask mandates. Messages focused on providing accurate disease information as well as those articulating risks associated with contracting the disease are predicted to increase preventative behaviors (eg, social distancing, wearing masks, quarantining, and taking the COVID-19 vaccine). These types of messages could be utilized by church health ministries to reach their parishioners as well as the local community the church serves. Input from public health professionals can also help address barriers to preventative behaviors through message design.

The Harm Reduction Approach is a public health strategy that allows individuals to continue engaging in risky behaviors but provides ways to reduce negative health outcomes associated with those activities. Early work utilizing this approach was focused reducing risky health behaviors amidst the HIV/AIDS pandemic. Messages designed utilizing the Harm Reduction Approach would offer guidance for those who continue to work in essential industries as well as those who have been vaccinated.

Messages developed from the Harm Reduction approach would provide guidance individuals who choose or are required engage in behaviors that put them at risk for COVID-19 infection. For example, individuals who work in essential industries can continue to take action (including taking a vaccine, wearing a mask, and practicing good hand hygiene) to reduce their risk of infection. Moreover, individuals who would like to resume regular social activities such as eating out could take actions such as visiting restaurants at non-peak times or opting to eat outside or ordering takeout. Information about resuming social activities as well as attendance at in-person church events, could be disseminated by church health ministries. Public health professionals could help churches design targeted messages to resonate with church and community members to assist them in making socialization and work-related decisions.
while being informed of the risk of doing so, even if they are fully vaccinated, as breakthrough cases are expected and have been reported.\textsuperscript{7}

The HBM and Harm Reduction Approach have been posed as key theoretical approaches to assist with COVID-19 risk reduction.\textsuperscript{9,11} However, the establishment of strong church-public health partnerships are integral in ensuring such messages are crafted and disseminated in a way to influence the target audience through a trusted voice in the Black community, the Black church. Scholars have articulated the benefits, challenges, and best practices regarding public health practitioner and church partnerships.\textsuperscript{10,12} Thus, it is imperative that health messages stemming from the church, in rhetoric and practice, reinforce messages from public health experts during a pandemic that continues to disproportionately impact the Black community.

**Declaration of Conflicting Interests**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

**Funding**

The author(s) received no financial support for the research, authorship, and/or publication of this article.

**ORCID iD**

Natasha R. Brown https://orcid.org/0000-0003-1467-237X

**References**

1. Bruce MA. COVID-19 and African American religious institutions. *Ethn Dis.* 2020;30(3):425-428. doi:10.18865/ed.30.3.425

2. Wolf M, Serper M, Opsasnick L, et al. Awareness, attitudes, and actions related to COVID-19 among adults with chronic conditions at the onset of the U.S. outbreak: a cross-sectional survey. *Ann Intern Med.* 2020;173(2):100-109. doi:10.7326/m20-1239

3. Price-Haywood EG, Burton J, Fort D, Seoane L. Hospitalization and mortality among Black patients and white patients with covid-19. *N Engl J Med.* 2020;382(26):2534-2543. doi:10.1056/NEJMs.a2011686

4. Laster Pirtle WN. Racial capitalism: a fundamental cause of novel coronavirus (COVID-19) pandemic inequities in the United States. *Health Educ Behav.* 2020;47(4):504-508. doi:10.1177/1090198120922942

5. Yancy CW. COVID-19 and African Americans. *JAMA.* 2020;323(19):1891-1892. doi:10.1001/jama.2020.6548

6. Gould E, Shierholz H. Not everybody can work from home: Black and Hispanic workers are much less likely to be able to telework. March 20, 2020. Accessed July 28, 2020. https://www.epi.org/blog/black-and-hispanic-workers-are-much-less-likely-to-be-able-to-work-from-home/

7. Centers for Disease Prevention and Control. COVID data tracker. Accessed April 7, 2022. https://covid.cdc.gov/covid-data-tracker/#/vaccination-demographics-trends

8. Kavanagh K. Omicron more infectious in younger people, people of African ethnicity, study states. *Infection Control Today.* December 23, 2021. Accessed March 31, 2022. https://www.infectioncontroltoday.com/view/omicron-more-infectious-in-younger-people-people-of-african-ethnicity-study-states

9. Resnicow K, Jackson A, Braithwaite R, et al. Healthy body/healthy spirit: a church-based nutrition and physical activity intervention. *Health Educ Res.* 2002;17(5):562-573. doi:10.1093/her/17.5.562

10. Lumpkins CY, Greiner KA, Daley C, Mabachi NM, Neuhaus K. Promoting healthy behavior from the pulpit: clergy share their perspectives on effective health communication in the African American church. *J Relig Health.* 2013;52(4):1093-1107. doi:10.1007/s10943-011-9533-1

11. Blackstock U. Use local organizations to reach black communities. *The Washington Post.* May 27, 2020. Accessed June 20, 2022. https://www.washingtonpost.com/opinions/2020/03/20/coronavirus-is-upending-society-here-are-ideas-mitigate-its-impact/?arc404=true#Blackstock

12. Pew Research Center. Attendance at religious services by race/ethnicity - religion in America: U.S. religious data, demographics and statistics. 2020. Accessed June 23, 2021. https://www.pewforum.org/religious-landscape-study/compare/attendance-at-religious-services/by/racial-and-ethnic-composition/

13. Felix Aaron K, Levine D, Burstin HR. African American church participation and health care practices. *J Gen Intern Med.* 2003;18(11):908-913. doi:10.1046/j.1525-1497.2003.20936.x

14. DeHaven MJ, Hunter IB, Wilder L, Walton JW, Berry J. Health programs in faith-based organizations: are they effective? *Am J Public Health.* 2004;94(6):1030-1036. doi:10.2105/ajph.94.6.1030

15. Gross TT, Story CR, Harvey IS, Alsopp M, Whitt-Glover M. “As a community, we need to be more health conscious”: pastors’ perceptions on the health status of the Black church and African-American communities. *J Racial Ethn Health Disparities.* 2018;5(3):570-579. doi:10.1007/s40615-017-0401-x

16. Sattin RW, Williams LB, Dias J, et al. Community trial of a faith-based lifestyle intervention to prevent diabetes Among African-Americans. *J Community Health.* 2016;41(1):87-96. doi:10.1007/s10900-015-0071-8

17. Resnicow K, Campbell M, Carr C, et al. Body and soul. A faith-based lifestyle intervention to prevent diabetes Among African-Americans. *Am J Public Health.* 2018;108(6):e1-e9. doi:10.2105/ajph.2017.304329

18. Pew Research Center. How COVID-19 has impacted the Black church. 2020. Accessed December 16, 2020. https://www.barna.com/research/covid-19-impacted-black-church/

19. Fellowship Chicago. “More Gifts In The Fire” Pastor Reginald W. Sharpe Jr. May 17, 2020 Accessed May 18, 2020. *YouTube.* May 17, 2020. https://www.youtube.com/watch?v=_uDWUiJwZuQ

20. Simpson S. A pandemic strikes: Black churches go above, beyond. *Northwest Arkansas Democrat Gazette.* March 28, 2021. Accessed September 7, 2021. https://www.nwaonline.com/news/2021/mar/28/black-churches-go-above-beyond/

21. Burke LV. COVID-19: Black churches employ innovation to worship during a pandemic. *New York Amsterdam News.* April 2, 2020. Accessed September 6, 2021. http://amsterdamnews.
22. Nortey J. More houses of worship are returning to normal operations, but in person attendance is unchanged since fall. Pew Research Center. March 22, 2022. Accessed April 1, 2022. https://www.pewresearch.org/fact-tank/2022/03/22/more-houses-of-worship-are-returning-to-normal-operations-but-in-person-attendance-is-unchanged-since-fall/

23. Brown N. Black, Hispanic Americans lag in COVID-19 vaccination as outreach efforts struggle. Reuters. March 10, 2021. Accessed September 7, 2021. https://www.reuters.com/article/us-health-coronavirus-vaccines-outreach/black-hispanic-americans-lag-in-covid-19-vaccination-as-outreach-efforts-struggle-idUSKBN2B2161

24. DeSouza F, Parker CB, Spearman-McCarthy EV, Duncan GN, Myers Black RM. Coping with racism: a perspective of COVID-19 church closures on the mental health of African Americans. J Racial Ethn Health Disparities. 2021;8(1):7-11. doi:10.1007/s40615-020-00887-4

25. Brewer LC, Asiedu GB, Jones C, et al. Emergency preparedness and risk communication among African American churches: leveraging a community-based participatory research partnership COVID-19 initiative. Prev Chronic Dis. 2020;17:200408. doi:10.5888/pcd17.200408

26. Rosenstock IM. Historical origins of the health belief model. Health Educ Monogr. 1974;2(4):328-335. doi:10.1177/109019817400200403

27. Des Jarlais DC, Friedman SR, Ward TP. Harm reduction: a public health response to the AIDS epidemic among injecting drug users. Annu Rev Public Health. 1993;14(1):413-450. doi:10.1146/annurev.pub.14.050193.002213

28. Carpenter CJ. A meta-analysis of the effectiveness of health belief model variables in predicting behavior. Health Commun. 2010;25(8):661-669. doi:10.1080/10410236.2010.521906

29. Hawk M, Coulter RWS, Egan JE, et al. Harm reduction principles for healthcare settings. Harm Reduct J. 2017;14(1):70. doi:10.1186/s12954-017-0196-4

30. Carico RR, Sheppard J, Thomas CB. Community pharmacists and communication in the time of COVID-19: applying the health belief model. Res Social Adm Pharm. 2020;17(1):1984-1987. doi:10.1016/j.sapharm.2020.03.017

31. Kutscher E, Green RE. A harm-reduction approach to Coronavirus Disease 2019 (COVID-19)-safer socializing. JAMA Health Forum. 2020;1(6):e200656.

32. Jackson RS, Reddick B. The African American church and university partnerships: establishing lasting collaborations. Health Educ Behav. 1999;26(5):663-674. doi:10.1177/10901981992600507

33. Kegler MC, Hall SM, Kiser M. Facilitators, challenges, and collaborative activities in faith and health partnerships to address health disparities. Health Educ Behav. 2010;37(5):665-679. doi:10.1177/1090198110363882