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Religious institutions have historically been an essential resource in African American communities and can serve as indispensable partners during a public health crisis. The purpose of this perspective is to establish African American churches, mosques, and temples as essential for an immediate, comprehensive, and sustained response to the elevated risk for and spread of COVID-19 among African Americans. *Ethn Dis.* 2020;30(3):425-428; doi:10.18865/ed.30.3.425

**Keywords:** COVID-19; Coronavirus; African Americans; Religious Institutions; Religiosity

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## INTRODUCTION

The coronavirus disease 2019 (COVID-19) pandemic has disrupted health, economic, and social institutions in the United States. Communities across the nation have been affected; however, the challenges associated with COVID-19 have been substantial for African American households and neighborhoods. The level of mortality from COVID-19 among this population is excessively high,<sup>1</sup> and African Americans are also likely to be disproportionately affected by disruptions in employment, education, and social services associated with this unprecedented public health crisis. The confluence of health, economic and social challenges associated with COVID-19 may have devastating effects for African American communities; these impacts may linger well after the epidemic is eventually contained and mitigated. Advances in biomedical research and medicine alone were insufficient to improve the poor health prospects of African Americans before COVID-19 and will likely be inadequate during and after this pandemic.

Religious institutions have historically been an essential resource in African American communities<sup>2</sup> and can serve as indispensable partners during this crisis. The purpose of this perspective is to establish African American churches, mosques, and temples as essential for an immediate, comprehensive, and sustained response to the elevated risk for and spread of COVID-19 among African Americans.

## ROLE OF RELIGIOUS INSTITUTIONS IN AFRICAN AMERICAN COMMUNITIES

Religion and its related institutions have played a central role in the development of African American communities and recent data suggest that both continue to be important. A recent report from the Pew Research Center indicated that three out of every four African Americans in their study responded that religion was important to them and nearly half of these individuals (47%) attended church weekly.<sup>3</sup> Religious institutions have historically been safe havens for African Americans where

they receive affirmative spiritual messages and social support that bolster coping resources in the face of difficult periods and circumstances.<sup>4,5</sup> Religion in health science is primarily considered to be a resource for coping as it is seen as a source of comfort and strength. This idea can be found in numerous studies with data presenting an inverse association between religious coping or religious service attendance and chronic disease progression or mortality.<sup>6</sup>

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Remarkably, very little of this work has specified how religious coping and attending religious services can address the poor health outcomes and prospects of African Americans. The influence of African American faith communities extends beyond individual worshipers; these religious institutions have assets and competencies that can be mobilized to address acute health crises like COVID-19 as

well as its persistent sequelae.

African American religious institutions have been the cornerstones of many communities<sup>5</sup> and this rich history has allowed religious institutions to amass substantial economic, human, political and social capital. These resources, along with the organizational capacity of African American religious institutions, can be aligned to respond to COVID-19 in a manner similar to the West African faith leaders during the Ebola epidemic.<sup>7</sup> African religious institutions provided leadership in the formation of coalitions including governments and international health agencies that were central components of a coordinated and comprehensive effort to reduce and eventually eliminate the spread of the ebolavirus in Guinea, Liberia, and Sierra Leone.<sup>7,8</sup>

### **CRISIS MANAGEMENT LED BY AFRICAN AMERICAN FAITH LEADERS**

African American religious institutions have considerable experience with crisis management as they have led responses to natural disasters like Hurricane Katrina and man-made catastrophes like the Flint Water Crisis. African American faith leaders and their congregations have longstanding ties with the communities they serve as well as financial, government, and social agencies. Religious leaders and their organizations are well-positioned to advise, participate and direct emergency efforts in the most vulnerable

communities. African American religious institutions have considerable organizational capacity and physical space to make necessities like food, clothing, and disinfecting supplies available to residents of communities characterized by high unemployment and limited public transportation. African American faith communities comprise a multitude of potential volunteers who can engage in benevolent but critical activities such as staffing emergency food pantries and delivering meals to elderly or community members with compromised immune systems. These vast resources can be pooled, leveraged, and mobilized during the early stages of an epidemic to “stand in the gap” to offset scarcity created by “shelter-in-place” orders. However, this potential often goes unrealized because African American religious institutions are often undervalued and underutilized in early emergency response efforts.

### **NETWORKS FOR INNOVATIVE APPROACHES**

The benevolence of African American religious institutions is noble and noteworthy; however, these organizations also have knowledge, competencies, and networks that can contribute to the creation of innovative approaches to address some of the ancillary, yet monumental challenges associated with COVID-19. Social distancing is a primary way to slow the spread of this novel coronavirus in the absence of a reliable treatment or vaccine, thereby forcing providers of

critical public services to shut down.

Several months are needed to develop and test potential COVID-19 therapies, and it is likely that employers, schools, and social service agencies will operate at a limited capacity during this period. African American religious institutions can lead the effort to supplement social and educational programs with modest support from governmental and other local stakeholders. The legacy of structural racism compelled African American religious institutions to develop ministries to supplement underfunded schools and community service organizations. These programs, initially designed to improve opportunities for upward mobility for congregation members, can be scaled up with an investment of public resources to provide education, social, and basic health services to vulnerable communities during a health crisis.

African American religious institutions can also contribute to public health practice during the COVID-19 epidemic. Avoiding crowds, wearing masks, and diligent hand-washing are the primary ways to prevent the spread of a highly infectious virus transmitted through respiratory droplets when there is no treatment or vaccine. These behavioral changes are discordant with American traditions and environments and African American religious leaders and their congregations can be key actors in community health promotion efforts. For nearly three decades, African American churches have been sites for numerous lifestyle

intervention programs to encourage parishioners to eat healthier, be more physically active, or follow disease management protocols.<sup>2</sup> Thus, religious institutions can lead health promotion efforts related to COVID-19 because they have deep community ties and considerable experience overcoming the challenges associated with behavioral change.

The centerpiece of most African American worship services involves a sermon or homily encouraging

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congregants to change their attitudes, perceptions and behaviors to align with those described in sacred texts. African American churches, mosques, and temples have demonstrated the trials and triumphs of behavior change over the past few months as they have sought new ways to stay connected to their members without the benefit of traditional in-person religious services and meetings. The COVID-19 epidemic has disrupted operations and traditions in African American religious institutions; however, their continued commit-

ment to their mission and ministries have enhanced their community credibility, making them indispensable for an organized response to any public health threat.

## CONCLUSION

African American religious institutions can be key actors in efforts to address disparities in COVID-19 infection and death. Their deep reservoir of assets, extensive networks within and across communities, and variety of program and services make them vital to any effective response to COVID-19 in African American communities. African American religious institutions can play critical roles in public and population health systems during and after this unprecedented pandemic. One can argue that “these are the times that try men’s souls”<sup>9</sup> and it is time to engage those institutions charged with caring for them.

## ACKNOWLEDGMENT

Dr. Bruce was supported, in part by grants from the National Institute on Aging (3K02AG059140-02S1) and the National Heart Lung and Blood Institute (HH-SN268201800012I, 1R25HL126145)

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## Perspective: COVID-19-African American Churches - Bruce

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