ABSTRACT

The Response of Faith-Based Organizations to COVID-19 and its Impact on the Community

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This thesis explores the response of faith-based organizations to COVID-19 and its impact on the community in Waco, Texas. Although the current zeitgeist of America is characterized by an apparent decline in religiosity, though not spirituality, studies have shown the strengths and positive consequences of faith-based organizations on community health. When COVID-19 arose in 2020, many communities were heavily impacted economically, socially, and personally, with the greatest effects observed in low socioeconomic-status neighborhoods. This was the case in Waco. Accordingly, I have focused on three faith-based and one faith-infused institutions serving this population—Harris Creek Baptist Church, Mosaic Church of Waco, Mission Waco, and Waco Family Medicine (WFM)—evaluating their response to COVID-19 especially how they provided resources to their constituencies and to the larger community. Two of these groups are churches of different denominations and congregational makeup, Mission Waco is a missional organization that focuses on people experiencing homelessness, and WFM is a faith-infused medical care provider in the heart of Waco.

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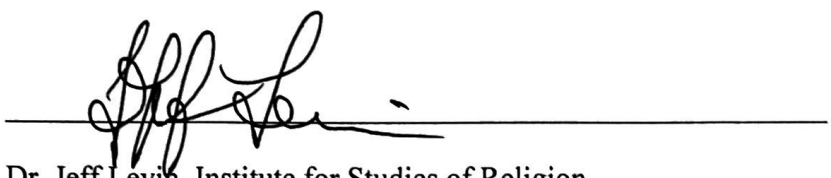

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THE RESPONSE OF FAITH-BASED ORGANIZATIONS TO COVID-19 AND ITS IMPACT ON THE COMMUNITY

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CHAPTER ONE

Introduction

In this thesis, I will be evaluating the response of faith-based organizations in Waco, Texas, to COVID-19, specifically how they were part of the solution and part of the problem, and what they did to alleviate the greatest needs of the community. The medical literature has shown that utilizing the resources of faith-based organizations (FBOs) is necessary tool for public health efforts. This is especially the case over the past couple years, as COVID-19 has left the public health sector in a frenzied state diligently working to track the virus and treat patients. Racial inequities and social injustices have also been apparent throughout the pandemic, impacting which communities experienced the greatest negative impacts, the kind of resources they had access to, and the success or lack of success of vaccination efforts. It is important to document how FBOs contributed to these public health efforts and how FBOs may have worked against such efforts.

In this thesis, I will first provide a brief literature review on the epidemiology of COVID-19, on the role of FBOs during COVID-19, and on the Waco, Texas, community. Second, I will describe three faith-based and one faith-infused organization in Waco and how their leaders have responded to COVID-19. Faith-based organizations are those explicitly based on faith such as missions and churches. These include Harris Creek Baptist Church, Mosaic Church of Waco, and Mission Waco. Faith-infused organizations are official secular organizations that have underlying faith values such as Waco Family Medicine. For the remainder of this thesis, FBOs will be the generalization of both faith-

based and faith-infused organizations. Finally, I will suggest some future directions for partnerships between faith connected organizations and the public health sector.

Epidemiology of COVID-19

Over the past two years, the world experienced a pandemic of infectious disease. Humanity came face to face with death and social disruption, through multiple peaks of incident cases, limitations in social activities and jobs, and overall, a great deal of confusion. The culprit was the SARS-CoV-2 virus, including its multiple variants that continue to emerge.

On December 30, 2019, hospitals in Wuhan, China reported high cases of pneumonia to the World Health Organization (WHO), and a week later, a virus was isolated. It came to be labelled as SARS-CoV-2, causative of the disease known as COVID-19 (Guarner, 2020). It was later deduced that it began in Wuhan's wet market and spread through international travelling (Inglis and Mathee, 2021). From then on, COVID-19 became a true global pandemic as the virus broke into each populated continent. In contrast, the majority of the 2002 SARS-CoV-1 cases (87%) remained in Hong Kong and China and reached only five other countries—Canada, Taiwan, Singapore, America, and Vietnam (Cherry, 2004)—causing only several hundred fatalities.

The Biological Nature of COVID-19

A coronavirus is so named because its protruding proteins create a semblance of a crown or "corona" (Sauer 2021). Out of the four structural proteins found in the virus, the spike (S) protein attaches to the angiotensin-converting enzyme 2 (ACE2) and neuropilin 1 (NRP1) receptors (Inglis and Mathee, 2021) found in the brain, gut, heart, kidney, lung, blood vessels, and testis (Elrashdy et al., 2020). The receptor-binding domains in COVID-19 have electrostatic stabilizing interactions (Elrashdy et al., 2020), which increases the capacity of the S protein to remain in the human body.

The spike (S) protein is also a highly glycosylated protein (Inglis and Mathee, 2021) that interfaces with lipid rafts (Elrashdy et al., 2020). Once it contacts a lipid raft, the S protein primes its entry into a cell by using a transmembrane protease serine 2 (TMPRSS2 or serine protease 10) (Elrashdy et al., 2020). An irreversible conformational change occurs and augments the effect of the S protein (Elrashdy et al., 2020). The tough outer shell of COVID-19 increases the resilience of the virus to external and internal environmental conditions (Goh et al., 2020). Thus, the structure and viability of COVID-19 presents its own infectious nature.

A coronavirus is a single-stranded RNA (+ssRNA) virus, common in animals. One coronavirus that infects humans (HCoV) is a prevalent source of the common cold, pneumonia, and bronchiolitis (Halaji et al., 2020). Seven types of human coronaviruses have been identified: HCoV-NL63, HCoV-OC43, HCoV-HKU1, SARS-CoV, MERS-CoV, and COVID-19 (Halaji et al., 2020). Due to outbreaks in 2002, 2012, and 2019 respectively, SARS-CoV, MERS-CoV, and COVID-19 have become a concern to global health (Guarner, 2020).

SARS stands for severe acute respiratory syndrome, which aptly describes the ultimate cause of death from this emergent disease (Elrashdy et al., 2020). In cases of fatality, an acute respiratory distress syndrome (ARDS) increases the release of chemokines and pre-inflammatory cytokines into the blood stream (Inglis and Mathee, 2021). The high number of cytokines throughout the body causes a multiple organ system failure (MOSF) and ultimately death (Ingles and Mathee, 2021).

Modes of Transmission

The described molecular processes indicate why this virus is so infectious. The virus is capable of both vertical and horizontal transmissions (Elrashdy et al., 2020). Vertical transmission occurs within the tissues of a human host, while horizontal transmission occurs within populations of a host (Elrashdy et al., 2020).

Horizontal transmission includes direct and indirect contact between humans and the virus (Inglis and Mathee, 2021). Direct contact are the coughs, sneezes, and respiratory droplets (Halaji et al., 2020), while indirect contact is the nosocomial transmission via, for example, mobile phones and other kinds of fomites (Halaji et al., 2020). The virus can persist on aluminum, glass, and plastic from a few hours to 9 days (Kumar et al., 2021). Contamination can also occur with improper ventilation and disinfection on these surfaces (Kumar et al., 2021). Since the ACE2 protein receptor is present in the gastric, duodenal, and rectal epithelia tissues, fecal-oral transmission can lead to the GI symptoms of nausea and diarrhea (Halaji et al., 2020).

Early on in the in pandemic, the basic reproduction number (R_0) was found to be 2-3, which indicates that each infected person spreads it to the two or three other people (Inglis and Mathee, 2021). Infected but asymptomatic people function as carriers of the virus and can account for the higher transmission rates (Halaji et al., 2020).

Risk Factors

The susceptibility of humans is two-fold: the relative health factors among each individual and the effects of increased human activity.

For COVID-19, higher rates of cases and higher severity in cases have been linked to people who are over 60 years old and those who have a history of smoking, pre-existing pneumonia, and a co-morbid illness (Halaji et al., 2020). Among genders, behavioral differences, such as the practice of smoking and drinking, and higher rates of co-morbidity of cardiovascular diseases and hypertension indicate a higher number of cases in males than females (Kumar et al., 2021). People with co-morbidities and multiple risk factors have been clearly observed to have higher infectious rates, and old age has been found to be a predictor of high mortality (Kumar et al., 2021). Typical co-morbidities include diabetes, chronic lung disease, chronic heart disease, and an immune-compromised system (Inglis and Matthee, 2021). Each of these increases the susceptibility of a person to COVID-19.

Human activity has also created a foundation in which an emergent infectious disease such as COVID-19 can prosper. Urbanization and increased globalization and social mobility have heightened the movement of people between continents. With higher rates of travel, there is has been an increase in transmission of zoonotic pathogens in general, including as seen with COVID-19 (Barouki et al., 2021). Despite advances in

population health in developing nations, the pandemic has shown the fragile infrastructure of public health throughout the world.

Urbanization particularly has been a key force catalyzing spread of the virus. The capital of the Hubei province, Wuhan, is home to 11 million people (Guarner, 2020). High population density within cities increases the number of human-to-human interactions and complicates implementing preventive measure such as social distancing (Kumar et al., 2021). Many of these densely populated cities also contain slums (Kumar et al., 2021), where there are even higher rates of population density and a greater difference in socioeconomic risk factors. Spatial limitations restrict access to clean water and proper sanitation and necessitate shared community facilities (Kumar et al., 2021), which increases the likelihood of transmission. Thus, there is a direct relationship between with high population densities and high basic reproduction (R_0) (Kumar et al., 2021). This indicates a greater need of resources to be poured into communities with higher population densities and greater socioeconomic disparities in order to combat COVID-19.

Our Due Diligence

For the COVID-19 pandemic, the most widely recommended and effective preventive measures have been containment, mask-wearing, personal hygiene, and vaccination.

Quick diagnosis, isolation, and tracing can produce successful containment compared to mandatory state-wide lockdowns. Preventive measures must begin with efficient contact-tracing (Kretzschmar et al., 2021). It is critical that preventive measures are used in tandem in order to reduce transmission (Kretzschmar et al., 2021). Individuals

can help control the rate of transmission by consistently washing their hands, disinfecting their hands, and wearing their masks (Kampf et al., 2020). These played a major factor of the initial strong response of pandemic in 2020.

Vaccination has been identified as the most critical preventive measure (Moghadas et al., 2020). Since 2020, vaccination has been rolling out first among individuals with the highest need, including healthcare workers, essential workers, and individuals with high risk. The U.S. is currently 65.6% fully vaccinated while 77.0% of the population have received at least one dose (Mayo Clinic, 2022). Texas is 27th in the country with 60.9% fully vaccinated while 71.8% of the population have received at least one dose (Mayo Clinic, 2022). McLennan County is 51.5% fully vaccinated and 59.7% of the county population has received at least one dose.

Currently in the United States of America, people who are 5 years old and older are eligible to receive a COVID-19 vaccine from either Moderna, Pfizer, or Johnson Johnson. The table below contains data from the CDC regarding vaccination rates across the U.S., Texas, and McLennan County as of December 1, 2021. The total population is according 2019 data.

	U.S.	**Texas**	**McLennan County**
Total Population	333.0M	29.0M	256,623
At Least One Dose	231.4M	18.5M	137,568
Fully Vaccinated	196.2M	15.8M	120,293
Booster	37.5M	2.6M	19,952

The absence of full uptake of vaccination is a function in part of socioeconomic inequalities and vaccine hesitancy that currently stand in the way of immunization against COVID-19 on a global and national scale, and in Texas.

It has come to light that there are ongoing inequitabilities in access and distribution of COVID-19 vaccines across the world. In one study Tatar et al., 2021), it was shown that 5% of all COVID-19 vaccines have been delivered to 80% of the global population while the remaining 95% of vaccines were in the hands of only 20% of the global population. Low to middle-income countries (LMICs) are left disadvantaged with continuous outbreaks and insubstantial resources to respond (Tatar et al., 2021). The WHO has partnered with Gavi, the Vaccine Alliance, and the Coalition for Epidemic Preparedness Innovations (CEPI) for the COVAX initiative, which pushes for the research, development, and equitable distribution of different vaccines.

In the United States, both individuals and groups of populations have been cautious to receive a COVID-19 vaccine for various reasons involving previous vaccine hesitancy, lower access to medical care, historical medical mistrust, lower awareness, and outward loyalty to a political party (Khubchandani et al., 2021). In June of 2020, Khubchandani et al. (2021) conducted a survey to measure vaccine hesitancy in adult Americans. The results of their study showed that 22% of participants were vaccine hesitant, with higher rates among people from lower household incomes, with racial and ethnic minority backgrounds, from rural areas, and with less education.

Thus, if governments and public health agencies would like to address vaccine hesitancy, it would be pertinent to acknowledge and implement long-term solutions to these socioeconomic inequities. One effective and sustainable tactic may be utilized existing faith-based institutions within at-risk populations and communities.

Role of Faith-Based Organizations

A phrase that we have all heard repeated consistently in the past two years is the that "we are in unprecedented times." The "we" stands for both our communities and individuals, and the "unprecedented times" represent the hefty challenges faced by said communities and individuals. The media and the social zeitgeist have pushed the notion that American society has become more polarized because we have been quick to point fingers and judge those who disagree with us. At the same time, during the pandemic so many people have earnestly worked for justice, service, and equity, showing great resilient and finding purpose in working to strengthen their own communities. We can see this duality play out within the sphere of faith, where both positives and negatives have been observed.

It is clear from experiences over the past two years that faith-based communities may not always align with the agenda of faith-based leaders. For example, a pastor may have received a vaccine, and his or her congregation is against vaccination efforts, which is seen at Harris Creek Baptist Church and discussed later in Chapter 2. Thus, it is important to differentiate between faith-based community (FBCs) made up of individual congregants and faith-based leaders (FBLs) who shepherd and influence the beliefs and practices of their communities.

The current medical literature on the response of faith-based organizations and religious institutions during the COVID-19 pandemic is abundant. A search of the Baylor OneSearch library, for example, with pertinent keywords (faith, religious, response, COVID-19) revealed over 2,200 articles and reviews. The extensiveness of this literature means that the following overview of the relationship among faith-based leaders, faith-

based communities, and COVID-19 response efforts is selective rather than comprehensive.

Faith-Based Leaders and COVID-19

Faith-based leaders (FBLs) oversee their respective organization or institution. There are both strengths and limitations in how FBLs, in general, have responded to the pandemic

Strengths. In faith-health partnerships, FBLs work on four levels: (1) as a source for recruiting participants in clinical trials, (2) delivering health educational workshops, (3) using trained healthcare workers from the FBC to help educate the rest of the congregation, and (4) connecting health-related message to faith readings (Modell and Kardia, 2020). During the pandemic, two strengths in particular have been observed: addressing equitable access and vaccine hesitancy.

Faith-based leaders have been addressing inequities in access to medical care both globally and locally. Regarding the COVAX program mentioned above, FBLs and health leaders have partnered to advocate for ethical management and distribution of vaccines around the world (Sherwood, 2021). As moral leaders, it is undoubtedly appropriate that FBLs participate in this dialogue (Paras, 2021). The inequitable distribution and access of vaccines is an immediate need that will influence the direction and duration of the pandemic. During the pandemic, FBLs have been fighting to see justice and dignity for marginalized communities, both their own and for all such communities (Sherwood, 2021).

In local communities throughout the country, FBLs have been a leader in combating inequities in access to COVID-19 resources among BIPOCs. For example, churches in predominantly minority-based neighborhoods of New York City have partnered with the state health department as well as a healthcare network to increase testing for low-income communities (Kuruvilla, 2020). If public health systems work together with FBLs, they can better deliver sustainable interventions because FBLs are part of, and leaders of, the communities that they are serving (Olivier, 2016). Trust can be more easily built, and sustainable health programs can more easily be implemented (Kegler et al., 2010).

One of the critical issues that many minority communities have faced during the pandemic is vaccine hesitancy. FBLs have been working hard to alleviate this issue in their communities. A few examples:

- Some FBLs have addressed vaccine hesitancy within their communities by producing educational graphics, videos, and resources targeting anxiety about the COVID-19 vaccine (CCIH, 2021).
- The pastor at Word of Life International Church in New York made it his purpose to educate his congregation about all the locations for receiving a COVID-19 vaccine, as well as to assure them of the benefits of the vaccine (Stack, 2021).

- A Latino evangelical minister recognized a need to first acknowledge the anxiety of his community, and then partnered with local health departments to create a vaccination site at his place of worship, with a commitment to continue this after the current pandemic (Salguero and Hauer, 2021).
- FBLs have participated in interfaith work that utilizes pre-existing faith-health infrastructures that FBCs have confidence in (Salguero and Hauer, 2021).

Limitations. The main limitations of FBLs in their collective response to COVID-19 have been the fomenting of political confrontation and the spread of misinformation. Despite the power to do good, FBLs have the same influence to misdirect their congregations (Paras, 2021). This is not solely due to active misinformation or skepticism, but to possibly misplaced motives. For example, although the Pope has declared vaccination as an act of love, some local Roman Catholic bishops in the United States have taken a libertarian stance and pushed for religious freedom to refuse vaccines (Stack, 2021). Even within evangelical churches, both politically and theologically conservative and liberal FBLs have given conflicting messages regarding what is right and wrong when it comes to vaccination and other preventive measures (Wehner, 2021). Informal sources of information from FBLs, besides sermons, can also spread misinformation through religious websites, congregational message boards, and congregational programming (Olagoke et al., 2020).

Faith-Based Communities and COVID-19

Faith-based communities (FBCs) are made up of individuals that are members of congregations and communities under the direction or guidance of FBLs. As with FBLs, these communities have responded both positively and negatively to the pandemic.

Strength. During the pandemic, faith-based communities (FBCs) have contributed positively to the COVID-19 response through communal service and providing hope. Service efforts include such things as delivering food to the hungry and out of work and, in general, promoting health among one's congregation and in the community (Paras, 2021). For example, by bringing groceries to the elderly and people with disabilities, two populations at high risk for COVID-19, FBCs have offered a hand to their neighbors and been sources of compassion. An example from Detroit:

An FBC in Detroit, Michigan, gathered together to host drive-through pantries, organize to-go soup kitchens, purchase free groceries for marginalized groups (unemployed, single parents, the elderly, people with physical disabilities), deliver meals to healthcare workers, and loan out laptops for students (Modell and Kardia, 2020). Thus, they were able both to encourage people and instill hope and to provide health services and improve community welfare directly. It is important to note here the distinction between an FBC and a faith-based institution regarding service. A faith-based institution and its leaders can promote service and encourage the congregation to act, but it is the FBC that directly conducts the brunt work. The physical act of an FBC convening together and working to serve is an important strength and benefit that the faith sector can provide. There is strength in numbers.

The other strength of an FBC is the ability to instill hope. This is something experienced within the psyche of an individual, but it can then influence the momentum of a entire community. Hope is especially needed in the face of despair or and in times of desperation, such as during the pandemic. Thus, when in "unprecedented times" that have overtaxed basic resources (individual health, community health, and global health), hope may be desperately sought after but be in short supply.

In the context of COVID-19, one may differentiate between hope and comfort. Comfort is, ideally, the result of hope in action. If hope is absent, in turn, there may be great discomfort as well as struggle to gain or regain hope. One way to do this is through prayer, which may serve to ease worry and bring about a sense of comfort. Not surprisingly, prayer has been observed to increase during the pandemic (Bentzen, 2020). FBCs especially provided a space for communal prayer and thus help at-risk individuals to find consolation and cope with the seemingly hopeless reality of 2020 and 2021 (Paras, 2021).

Limitations. As among FBLs, FBCs have experienced limitations in their response to COVID-19, even contributing to situations that hinder pandemic response efforts. First, FBCs have adversely affected the tendency of people to misperceive how their health may be affected by COVID-19 such as when the view of vaccine hesitation is perpetuated and heightened by the existing echo chamber. This is related to the concept that psychologists call locus of control, the extent to which individuals perceive that they—or external forces—control their health. In terms of COVID-19, this would impact how an individual deals with the virus and with public health recommendations, such as refusing to socially distance (Felicetti, 2020), wear a mask, or get vaccinated.

In a study to understand if individuals will vaccinate (Olagoke et al., 2020), the authors observed that religiosity positively correlated with a belief in external forces influencing the outcomes of their health and negatively correlated with the intent to get vaccinated (Olagoke et al., 2020). If an individual decided not to vaccinate for COVID-19, there is a chance that it is because they sincerely believed their health is ultimately regulated by their faith and that vaccines will have no long-term beneficial effects. Like the virus itself, these misperceptions are easily transmitted throughout communities.

Throughout the pandemic, personal agendas circulating among FBCs, reflecting the policies, opinions, and decisions individuals expect from their faith-based leaders (FBLs), have been influenced by distrust of mainstream science and wariness of governmental institutions (Dias and Graham, 2021). During the first phase of the pandemic, there were mandatory regulations on institutions—faith-based and secular—directed by the government. Once cases decreased, regulations lifted and went from mandatory to optional in respective FBCs, depending on the views and influence of FBLs (Felicetti, 2021).

One unintended result was a disempowerment of FBLs who oftentimes were forced to go against their own best judgment in responding to their congregation (Dias and Graham, 2021). If an FBL were to support and implement a COVID-19 response policy that differed with the opinion of the FBC, it could cause disruption to the point of division with the congregation (Wehner, 2021). This happened throughout the country, including in the Waco community such as when congregations opposed mask policies and vaccination efforts by the church. In addition to the separation between FBCs and FBLs, faith-based leaders also faced potential loss of attendance and donations from their

faith-based communities (Stack, 2021). Again, this was observed both nationally and in Waco. For an organization or institution to exist, religious or secular, requires membership and financial backing, which suggests that disempowering FBLs and disrupting FBCs are an ongoing threat to dissolve a respective FBOs.

Waco

Within the Waco, Texas, community, we can observe the complex interplay among marginalized communities, faith-based organizations, and the public health sector. This complexity has impacted on COVID-19 response efforts within Waco.

COVID-19 in Waco, Texas, and McClennan County

According to the City of Waco, there were over 69,000 total cases of COVID-19 and 861 total fatalities (COVID Waco, 2022).

Demographics

According to the 2019 U.S. Census, the population of the city of Waco is around 140,000 people. 12% of the population is aged over 65 years old. The racial background of Waco is 43.3% non-Hispanic white, 32% Latino, and 21.2% African American.

Within McLennan County, 22% of the population reports poor health, 34% has adult obesity, 16% has food insecurity, and 18% of the adult population is uninsured. There is one primary care physician for every 1,360 individuals—just above the national recommendation of one primary care physician for every 1000 individuals (U.S. Census, 2019). According to 2010-2015 data from the CDC, the median life span of the population living in zip codes in west Waco is about 80-85 years old while the median

life span for those in central and east Waco ranges from 70-75 years old (Tejada-Vera et.al., 2020). There is a 10-year difference between different parts of the county depending on the side of the highway an individual may be living on.

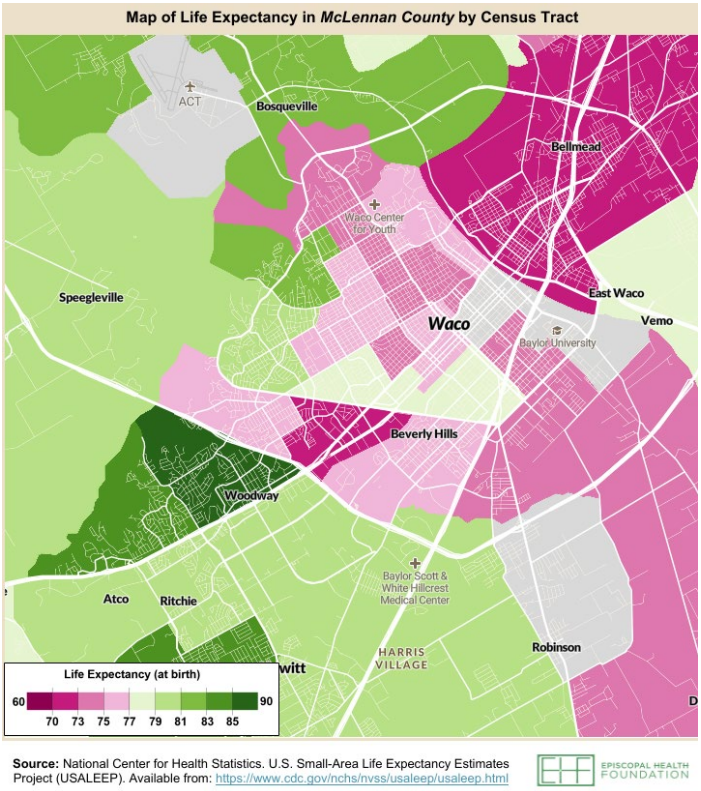

Figure 1: Life Expectancy by Zip Codes in McLennan County (USALEEP, 2020)

Outlined by the U.S. Department of Health and Human Services (HHS) (Assistant Secretary for Planning and Evaluation, 2020), the 2020 poverty guidelines for the 48 contiguous states range from $12,760 to $44,120 for a single-person household to an eight-persons household respectively. According to the data from the Census Bureau for 2020 (U.S. Census Bureau, 2020), 25.3% of the population in Waco lives under the relative poverty level for America with a median household income of $40,349. However, when the median income level for McLennan County is broken down even further, there is a clear distribution of higher income in the west side of Waco

comparatively to central and east side of Waco. The differences are quite sharp as the highest median income zip code ranges from $67,000 to $83,000 while the lowest median income zip code ranges from $7,000 to $22,000.

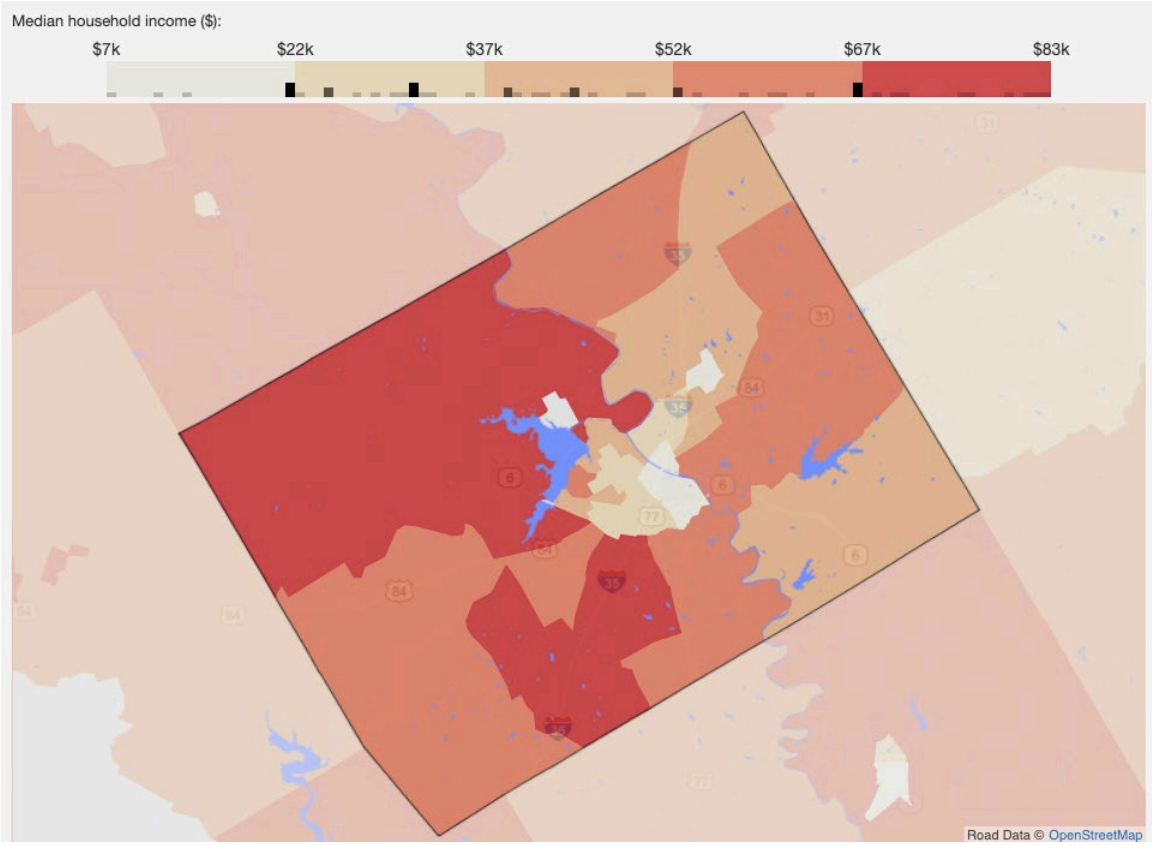

Figure 2: Median Income levels divided by zip code according to Statistical Atlas, which receives data from the U.S. Consensus Bureau

In a Health Needs Assessment of McLennan County (Center for Community Research and Development, 2019), there were three needs found:

1. Better healthcare access, such as consistent coverage for health insurance;
2. Better lifestyle and healthy behaviors, such as addressing challenges for healthy diet (i.e., food deserts); and

3. Better healthcare coverage for women. The assessment found that uninsured women were half as likely to receive a well-women exam compared to insured women.

Thus, we must recognize the disparities in health prevalent in Waco when it comes to COVID-19 and public health efforts. This is where faith-based organizations come in because they are the gate between health policy and the disadvantaged communities. If there were to be real changes regarding health disparities, faith leaders and communities must be acknowledged and considered as partners.

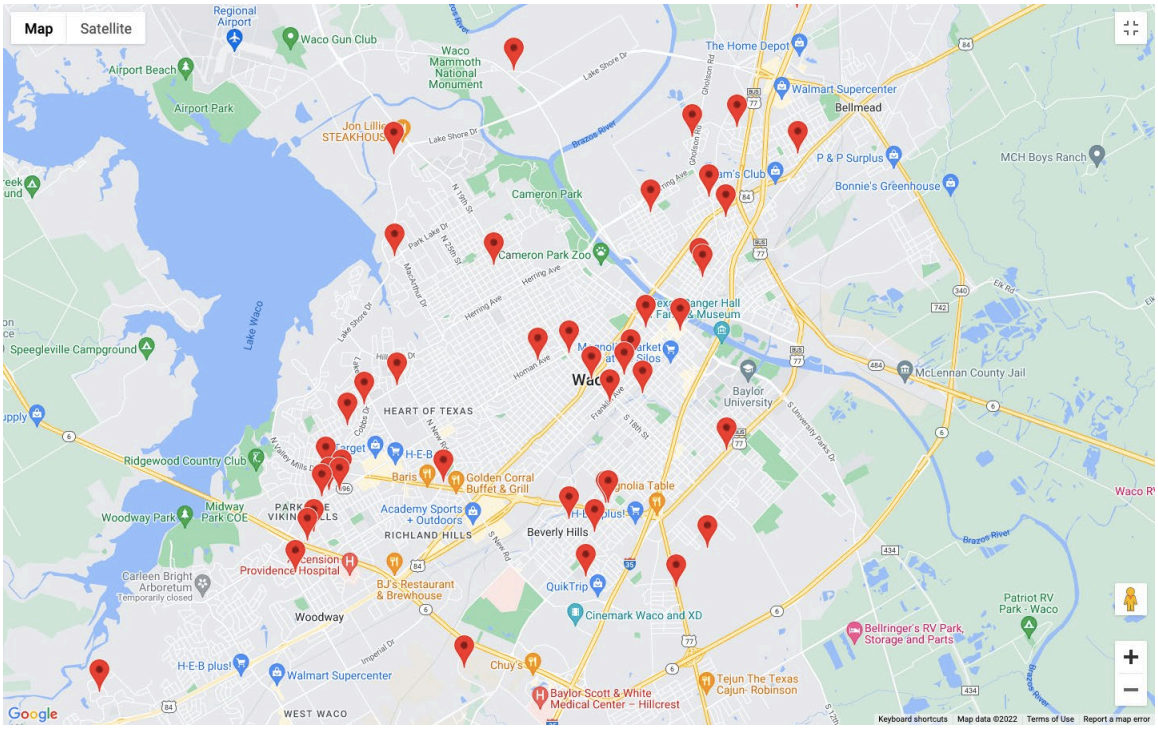

Figure 3: This is a brief overview of churches in Waco, Texas via Google Maps.

Faith

Faith is an important part of the life of Wacoans, as throughout Central Texas. In 2010, there were over 378 churches in McLennan County, distributed across numerous Christian denominations and other religions (Association of Religion Data Archives, 2010). Much of the existing community outreach and response to the COVID-19 pandemic has been led by church congregation or by organizations that have a faith background. The integration of faith-based groups into community-wide efforts of various kinds is deeply tied within Waco and is apparent in the COVID-19 response. Currently, for example, some churches have COVID-19 vaccination centers at their location in coalition with the public health department and the municipal government.

In Chapter Two, I will describe the COVID-19 response of selected faith-based organizations in Waco. This includes case histories of documenting ongoing efforts at Harris Creek Baptist Church, Mission Waco, Waco Family Medicine, and Mosaic Church of Waco, exploring the challenges they have faced during COVID-19, and noting how they responded to those challenges. This information was elicited through interviews with respective leaders within each organization.

CHAPTER TWO

Case Histories of Waco Faith-Based Institutions

In this chapter, I will be summarizing interviews with respective leaders with Mission Waco, Harris Creek Baptist Church, Mosaic Church of Waco, and Waco Family Medicine. I had the great fortune to speak with major leaders from each organization or institution: the president and executive director of Mission Waco, John Calaway; an elder of Harris Creek, Dr. Bill Neilson; the pastor of Mosaic, Slim Thompson; and a family clinician, Dr. Lauren Barron. During each interview, I elicited information on their mission and values, their programs, and how COVID-19 impacted their organization.

Mission Waco is distinct from the others as it functions as a local support system for the destitute and needy by covering a wide range of needs. They are greatly faith-driven in their purpose and the programs. Harris Creek is a large Baptist church that has been around since the late nineteenth century and has grown exponentially in the past several years after a young pastor from Dallas took over. Since my time here at Baylor, they have grown to be a powerhouse church with an emphasis of gospel-centered and community-focused outreach. Mosaic Church of Waco is a three-year-old church plant from Grace Church with no distinct ties to any denomination. They have a focus on multiculturalism and a clear mission to be in East Waco, which is the lowest income by zip code in the Waco area. Waco Family Medicine differs from the rest of the entities that I have covered because it is not explicitly or formally faith-driven nor faith-centered; however, as my interview with Dr. Barron will reveal, the physicians and the larger workforce have a deep basis of faith for in which they practice and serve.

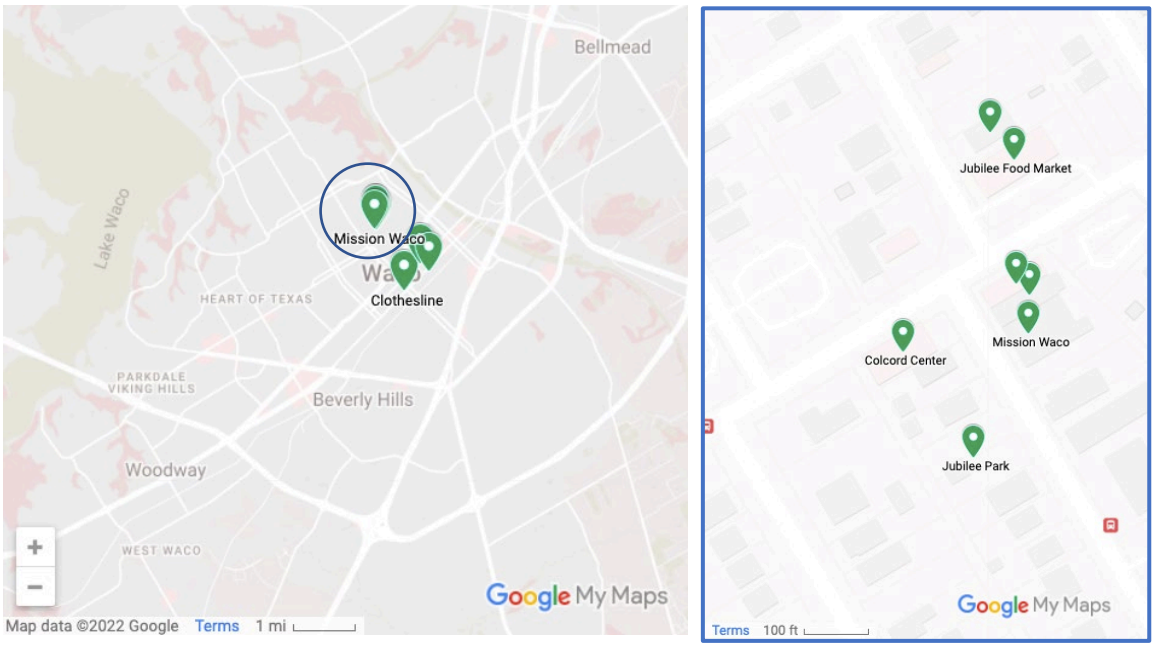

Figure 4: Mission Waco and its program locations via Google Maps

Mission Waco

Mission, Values, and Background

Mission Waco started as a relationship-based ministry in 1978 by a couple, Jimmy and Janet Dorrell, who wanted to address the needs in their local neighborhoods after being exposed to poverty around the world. The ministry formed into a nonprofit faith-based organization, Cross Culture Experiences, Inc., with the goal to help students from Baylor University understand what it means to love the marginalized. In 1993, Mission Waco expanded to empower people from the low socioeconomic statues through the creation of businesses such as the Jubilee Center. From 1993 to 1994 was also a time for Mission Waco to begin addressing the homelessness people were experiencing, and they founded male and female homeless shelters. In 2005, Mission Waco started to address the health needs in the community by creating the first Mission Waco Health

Clinic that served acute care. Another jump in expansion happened in 2012 when Mission Waco changed to Mission Waco, Mission World, Inc., as more and more international projects and partnerships were initiated.

Year by year, Mission Waco expanded into more programs, listed below, as leaders sought to address disparities through the lens of faith. Regardless of the type of program, religion and faith have been strongly tied as either an explicit or implicit part of the program. More often than not, there has always been an explicit faith component ingrained into vision or mission of the project, whether through discussions about faith, using faith-based curriculum, or distinct statements based on scripture. Thus, Mission Waco stands as a community-based ministry system.

Mission Waco's mission is to empower, equip, and engage. Its values are shown through the ways these three functions are carried out. Each program or activity has been in the pursuit of socioeconomic equity for the people of Waco and has been focused on raising up local leaders to serve their own community. As mentioned above, faith is particularly present throughout all three parts of their mission.

For Mission Waco, to empower means to empower the poor and marginalized through a faith-based and relationship-based service. The focus towards the poor is also rooted in Christian teachings. Equipment is for mobilizing Christians appropriately and compassionately, which is feasible because they are part of a Texas Christian development network with 600 churches. Mission Waco seeks to engage systemic issues such as economic, health, education, and racial disparities. Their ultimate purpose is to enable the poor to flourish autonomously.

Programs

Mission Waco has an extensive list of programs that they run in the community. Each program is categorized as either "Adults and Family," "Youth," "Children," "Social Enterprise," or "Mission World." These names signify the target populations of the programs.

For Adults and Family, Mission Waco provides the Christmas Toy Store, Meyer Center Social Services, Manna House Residential Treatment Program, which provides treatment and recovery from addiction (drug or alcohol), the Ark Apartments, which is a faith-based, affordable housing community, My Brother's Keeper Homeless Shelter, Friday Morning Breakfast (FMB), and the Jubilee Theatre. To address creative needs within the community, they also include classes called Urban Acts, which empowers adults and families through theater, Urban Movements, which empowers adults and families through dance, Urban Melodies, which empowers adults and families through music, and Urban Expressions and the Summer Art Camp, which empowers adults and families through art. To further address homeless and addition, Mission Waco provides transitional housing such as the Gorman House, which is an extension of My Brother's Keeper, and the Lighthouse 512 Recovery House. They also have Mpowerment Job Training, which is a pre-employment service for adults and young adults. This is also available for Youths. Mission Waco provides healthcare for people without health insurance through the Mission Waco Health Clinic services.

Some of the limitations of these services are the frequency and kinds of services they can provide. Selective services require appointments while others are on a "first come, first served" basis. The overall health services that Mission Waco offers include acute care medical services, dental services, orthopedic, rehabilitation services, vision

screening, Tuberculosis testing, psychiatric services, and ENT services. Mission Waco also provides legal help through their Mission Waco Legal Assistance Program (MWLAP) services, which includes direct legal advice (i.e., immigration, barriers to employment, housing, wills and estates), Third Thursday Legal Clinic (consultations), legal workshops (educational programs), and holistic advocacy (social workers).

For Youth, Mission Waco focuses on programs for summer, afterschool, and weekend activities. Their summer day camp is called Fun(damentals). They also provide traveling opportunities, which could not occur during the summer of 2021. These include an Out-of-State Trip and Camp of the Hills in Marble Falls. The After School Program programing is structured with blocks for Academic Time, SAT/ACT Tutoring, elective classes (arts, STEM, book clubs, adventures), Free Time, Bible Study, and service opportunities (i.e., King's Club). Aside from these activities, Mission Waco also conducts the Mpowerment Youth Job Training for the youth, which is a cross with Adults & Families.

For Children, Mission Waco mainly addresses afterschool activities and nutrition. The afterschool and summer activities include the Day Camp, Camp of Hills in Marble Falls (also mentioned in the program for Youth), Creative Arts (also available for Adults and Families), and Barron's Branch, which is an after-school program at a specific apartment complex. Beyond these activities is the Kids Café for which Mission Waco is a partner through the Feeding America program. It provides free meals and snacks to children from low-income families. There are also an After School Program and King's Club, which are Bible clubs at low-income apartment complexes.

For the Social Enterprise portion of Mission Waco, these are programs specifically run by people in the community for the community. The main goal of these businesses is to provide a steady income for individuals as well as endorse healthy lifestyles. These include the World Cup Café & Fair Trade Market, Jubilee Food Market, the Colcord Center (local business shopping center), the Clotheslines and Voucher Center, Jubilee Theatre, Urban REAP (Renewable Energy and Agricultural Project), Chapel at Meyer Center, which can be used as an affordable wedding venue, Jubilee Park in a residential area, and the Climbing Wall.

The other half of the mission of Mission Waco is the growing Mission World effort that seeks to empower low- to middle-income countries around the world. Its programs include Lunch & Learns, Exposure Trips, which are global mission trips to partners in Mexico City, Haiti, and India (please note that these are currently on hold), School sponsorship in Haiti, the Clean Water initiative, which has funded 455 wells and 500 bucket filters thus far, Women's Incubator Business program, Global Microcredit, which trains young adults and adults around the world on how to make money, Wings for Women, which provides access to feminine products, and healing wounds of trauma training

Introduction of Interviewee

For Mission Waco, I interviewed John Calaway, the president and executive director of the organization. We met at Mission Waco's World Cup Café and went over how the organization was impacted by COVID-19 as well as their response within the community. We briefly discussed the effect of COVID-19 at an internal level among the

leadership within the organization and shifts in mentality towards conducting a community program.

What were some of the short-term and long-term goals of Mission Waco pre-COVID-19? How did it change because of COVID-19?

Due to the fact that John Calaway is the executive director, he could not speak on specific goals for each of the programs as the program managers and directors work more independently to ensure its efficiency. He informed me that each program has its own goals and works towards them autonomously. However, there are greater goals that the organization as a whole recognizes that they are pushing to achieve over a certain period of time. One of these greater goals was to increase literacy among students by 30%, for which they increased programming and curriculum in their afterschool, summer, weekend activities for the children and youth.

As the director, he did speak on his overarching goal for Mission Waco, which was the investment of staff. The purpose was to optimize the organization as well as equipping the Wacoans they hired. Four years ago, the executive board created a 5-year plan for leadership development. Part of the leadership development included raising the salary of the staff in order to increase the minimum wage of Waco. Because they have been hiring people who live directly from the East Waco neighborhoods, they have been directly affecting the socioeconomic standards of the community. Another overarching goal was to strengthen the internal infrastructure by creating and purchasing new emails, a new Microsoft system, and new equipment. By pivoting to a digital format, they hoped to function more efficiently and cohesively.

Unfortunately, COVID-19 arrived in the middle of their 5-year plan. President Calaway stated that sticking to the 5-year-plan and planning for another five years seemed fruitless at the start of the pandemic due to the ever-changing nature of policy and waves of infection. Thus, adjusting to the pandemic meant that he had to set more immediate priorities. As months passed and society learned more about COVID-19, he could plan three months, six months, and more recently, a year in advance. These were shorter time frames in which they could not necessarily focus on longitudinal goals but rather figure out how to move one step at a time.

To all of his staff, who are at a 97% vaccination rate, he instructed them to think 30 days out and have 30-day goals. Starting in the fall of 2021, after the Delta wave, they could start 60-day goals. After January of 2022, he encouraged his leaders to organize 6-month to 1-year goals. Though seemingly tired from the constraints of COVID-19 on the operation of the organization, he showed signs of hope and relief now that he could plan longer-term goals.

How did COVID-19 impact Mission Waco?

President Calaway frankly informed me that no program from Mission Waco was left unscathed by COVID-19. He stated,

> "COVID-19 destroyed all of the programs. When we went into a shutdown mode, things needed to be prioritized. We had to set priorities program by program. The question was what was essential? At first, the government helped designate what was essential—and what was not essential such as the educational programs, the theater, the weekly breakfast, and our café. Our essential services were the grocery store, curbside café, and clinic. Once the government lifted restrictions in

May to June of 2020, those decisions fell on me and the leadership. Decision-fatigue was and is very real."

The immediate impacts of COVID-19 were greatly on these "non-essential" programs. The educational programs had to go online, which only now have recently gone fully open. The creative arts after-school programming had to close and turn their focus to online learning. Students could no longer volunteer for King's Club. They had to cancel their summer trip. The clinics could not provide services from specialists and could only provide primary care. Urban REAP, a garden that promotes compost, aquaponics, and educational opportunities on environmental practices, had to shut down, which President Calaway admitted was the wrong move in hindsight.

The World Cup Café was moved to a food truck and curbside pickup, which had a high negative financial impact. This is important because as a non-profit, the salaries of staffers across Mission Waco are dependent on the revenue of their Social Enterprise businesses.

Throughout the past two years, President Calaway was able to maintain flexibility to some extent due to grace and blessings given. Though the café suffered financial blows, they were able to maintain revenue streams from other major businesses that had been set up well prior to the pandemic. Mission Waco also received good monetary contributions, personal protective equipment (PPE) for staffers, and city grants. These outside helps were unexpected but greatly appreciated as they helped maintain staff and run programs. Two mighty forces behind these blessings were the reputation of fruitfully helping the destitute flourish and the partnerships that have been built over the past forty years.

Another blessing that President Calaway witnessed in the past two years of COVID-19 was the room to be creative. Because the infrastructure had to be changed as the pandemic shook up all the programs, the staff could relocate to new and different programs. President Calaway added that some of the staff members found a new passion and other staff members had the opportunity to pursue their true interests. He could also finally pull the trigger for a new website, as everything became more digitally based. He reminded me that this was in the initial 5-year leadership development plan, and all the employees were excited to see the upgrade. The greatest impact was the online shopping option for the Fair Trade Market as it opened up the customer pool from solely in-person.

As stated earlier, the biggest target population for Mission Waco is the people who experience homelessness. At the start of the pandemic, all programs for this demographic had to be shut down. President Calaway made it clear that the highest negative impact of COVID-19 has been an increase in the homeless population and the increase in mental health issues and increased number of patients from this population. Thus, Mission Waco pivoted to ensure an attentive care for them.

The shelter and the Meyer Center for Social Services became a 24/7 hybrid model. Classes, counselors, case managers, job trainers, and social workers were available free of charge. They moved this service to the children's building, which turned into The Rock for people living in homelessness. Partnering with the local government, Mission Waco provided quarantine spaces in hotels for COVID positive patients. These were immediate needs as consequences from COVID-19, and Mission Waco responded with immediate actions.

How did COVID-19 impact the mission and vision of Mission Waco?

The mission nor vision did not change. Only the method did. At this point, President Calaway went into detail on how it has been as a leader of a major organization throughout the pandemic.

He stated, "An organization is only as good as the staff. So, as president, I brought a calibrated challenge to the staff. We had to be creative to support the programs we run. We had to critically look at each program to evaluate and see if it was fulfilling its purpose. I couldn't let the staff just say 'no' because it was the easy thing to do. Say 'maybe' first. Only if it was necessary, we shut programs and waited to see if it can be brought back as months passed. I also couldn't see far ahead. Everything became prioritized, and I had to personally look at things at a bird's eye-view of myself and delegate out tasks. What do I have to do? What should I do? What can other's do? These were the questions I asked of myself as well as my staff members. But of course, there were some people who did not thrive in this environment. They grew fatigued because there was a constant evaluation and decision of finance or operations."

President Calaway further went on to explain two tactics he depended on: the peace-index and the 70:30. The components of the peace-index are people, place, provision, and personal health, and each are on a scale of 0 (least healthiest) to 100 (most healthiest). By knowing what the lead indicator for peace was, he could conduct a regular assessment of his staff and of himself. Because one factor can affect everything else, he made sure to stop and pause to see where his staff were on the peace-index.

He used the 70:30 model for an evaluation of a single day. The 70 represents the 70% of the day that should be driven by a calling or passion while the 30 represents the busywork, draining tasks, and need for help. By staff members taking a 70:30 trend assessment, he could tend to the needs of his staff and program.

As President Calaway discussed these leadership methods, it was clear that he deeply cared for the wellbeing of the staff members of Mission Waco. Caring for the wellbeing was not only pertinent in operationally serving the greater Waco, but for Calaway, it also seemed like a sacred view of each individual. Because Mission Waco directly hires people from the local neighborhoods, it was clear that by internally serving the staff and workers, he was also serving Waco.

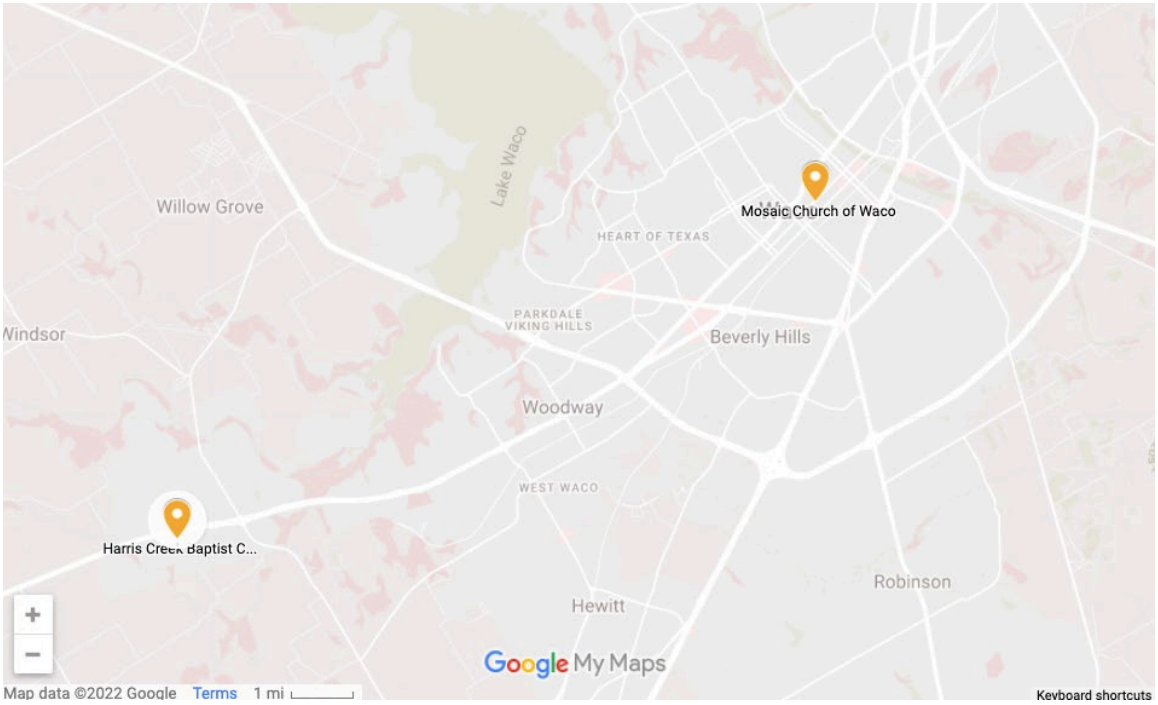

Figure 5: Harris Creek Baptist Church via Google Maps

Harris Creek Baptist Church

Mission, Values, and Background

Harris Creek Baptist Church is considered to be one of the oldest churches in Waco, Texas, as it was officially constituted in 1879. In 1904, they became full members of the Waco Baptist Association. The home church of Aquilla and Delila Jones started in McGregor, Texas and moved into new facilities at around 1872. A new building was founded on the same site in 1977 until another big move to a new facility on Highway 84 in 2007. Jonathan Pokluda came in as the new lead pastor in 2019 from Dallas, Texas, where he previously led The Porch, a massive young adult program at Watermark Community Church.

Harris Creek Baptist Church has a similar global take on their mission statement as Mission Waco, but through the lens of a church body. Their mission and value lie in "engaging the lost, equipping the saints, empower members of service." Those who are currently not of faith are considered to be the lost, and by engaging in these people means fulfilling the Great Commission from the New Testament (Matthew 28:19) Equipping the saints means providing the congregation with scriptural training on their faith and practices. Empowerment for service is a recognition and uplifting of individual's role in serving the greater community.

Programs

Harris Creek provides different ministries for adults, college students, youth, and kids. For each of these population groups, they conduct Life Groups, which are small groups of community. Sunday services are also separated by generation.

For adults, there are three main ministries: Life Groups, sisterhood and men's ministry, and marriage ministry. For college students, there are two main ministries: Life Groups and specific young adult service sessions. For youth, there are three main ministries: Mountaintop, which are weekly gatherings and a space for Life Groups, Mountaintop Gathering, which are monthly gatherings, and Life groups. For kids, there are two main ministries: Create (birth-preschool), Navigate (kindergarten – 3rd grade), and Integrate (4th-5th grade).

Harris Creek also provides specific resources for their congregation. Life Groups resources include a Decision-making guide, Peacemaker guide, and a Life map (stories, issues, where God has moved). Re:generation is a grief sharing group and a "12-step Christ-centered recovery discipleship program."

Harris Creek also lists different service opportunities that are preexisting in Waco, Texas, for their members and keeps track via sign-up forms. They are connected to Mission Waco through the Jubilee food market, Clinic professional volunteers, Urban REAP volunteer, an after-school program for children, and an after-school program for the youth. They are connected to CARITAS through the food pantry, Hidden Treasures Warehouse, and the Hidden Treasures Thrift Store. They are connected to Care Net, an organization that cares for women who are pregnant, through different opportunities for a Care net volunteer, childcare, class instructor, client advocate, spiritual counselor, and an intern (long-term commitment).

Harris Creek also is connected to Unbound, an organization that targets human trafficking in the Waco area, through different opportunities for juvenile detention center outreach volunteer, middle school prevention group volunteer, general prevention group volunteer, crisis response dispatch volunteer, survivor/high-risk mentor, and Unbound college. They are connected to Compassion Waco, an organization that addresses hunger, homelessness, basic needs of the Waco community. These opportunities include children's programming as an after-school care helper, computer room monitors, and a special event volunteer; adult programming as budget/employment co-partners and computer room monitors; and being an apartment host. Lastly, they are connected to Arrow, an organization that cares for children who have experienced abuse, trauma, instability through baby-sitting, respite care, foster care, and adoption. These opportunities include individuals being able to foster or adopt, babysit foster kids, or become respite providers.

Introduction of Interviewee

For Harris Creek Baptist Church, I interviewed an elder of the church, Dr. Bill Neilson. As an elder, he attempts to structure the church governance as it was done in the New Testament as well as oversee the spiritual direction of the church, doctrinal matters, and major financial decisions.

What were some of the short-term and long-term goals of Harris Creek pre-COVID-19?

The goals of Harris Creek are three-fold: church community, Waco community, and financial ties.

To address the church community, Harris Creek emphasizes Life Groups because of the immense size of the congregation. As Dr. Neilson stated, “The bigger you get, the smaller you have to get.” Thus, Life Groups have 8 to 10 people and are structured to act like a home church. The weekly Sunday service is mainly for corporate worship where people come together to conduct bigger service. Life Groups also meet weekly but are more intimate where each member must hold the others accountable, confess their sins to each, and encourage a spiritual life. The point of these groups is to conduct life together. The example Dr. Neilson explained to me was someone in a Life Group was diagnosed with amyotrophic lateral sclerosis or ALS and the other members of the group funded a wheelchair for him.

The short-term goal for Harris Creek is to address this church community even further. As they have a well-equipped and highly developed online service, they must address the online viewers. Is the online service a supplement for a church or is it their church? Dr. Neilson feels the responsibility to serve them. Because they do know the contact information of the individuals that view their online services, Harris Creek has been attempting to get online watchers to email the church to inform the leaders on what they are doing.

To address the Waco Community, they have the multiple mission partners that I listed above. This aligns with their last part of their mission statement: “empower members to service.” Their purpose is to become integral to Waco to the point of co-dependency, the positive sense of the term. It is also an expectation that everyone must serve either in the church or the Waco community.

Their long-term and financial goals are tied to addressing the Waco community. Harris Creek was six million dollars in debt but has since paid it off in December of 2021. Due to this debt, they could not invest in the community prior to paying it off. Now that the debt is cleared, they have started to plan long-term goals in utilizing their money to reach Waco and the world and figuring out what the best use of their resources should look like.

The question they are asking themselves is what the church will look like in Waco moving forward. One active step is that Harris Creek is getting ready to build a local center for foster care through Isaiah 117 House, a national organization, with matching donations that church members have been giving. They recognize the importance of affiliating with existing programs, rather than duplicating another organization from scratch, and they see the value in providing volunteers and contributing financially.

How did COVID-19 impact Harris Creek?

Right before the pandemic, a Dallas connection donated new top-of-the-line camera equipment. Thus, with COVID-19, they were able to move to online quickly. They poured energy into making the online presence personal. The impact of these things was that the church quickly reached international corners. In fact, at the peak of COVID-19, they had over ten-thousand viewers.

This international outreach is one of the blessings that came with COVID-19 for Harris Creek Baptist Church. The church also saw an increased number of baptisms and financial giving from the congregation and outside donors. According to Dr. Neilson, "The gospel reaches the lost. When you minister to them, God saves the lost." Thus, they assessed and organized an infrastructure for small groups since it became the most

important ministry. It became critical to push Life Groups as well making sure they were conducted in an appropriate manner.

At the start of the pandemic, the greatest challenge that Harris Creek faced was the process of being faithful and doing church despite the fact that the mandate of the government was to not meet in large gatherings. When the mandate was lifted, the church implemented masking guidelines, but leadership also experienced higher amounts of stress and decision fatigue. As the pandemic progressed, Dr. Neilson witnessed an increase in mental health issues among the congregation for which they started a grief group (Re:generation ministry).

Another important challenge for Harris Creek was the political nature of vaccination. Dr. Neilson noted,

> "Once, Pastor JP [Jonathan Pokluda] made a statement that he received the vaccination. That following evening, he received dozens—if not hundreds—of angry emails. Some were threatening. So, we had to increase security. We also thought about creating a space in the front lobby for an info booth. In our congregation, we have Dr. Kelly Ylitalo, a respected epidemiologist. She could have had a table where she answered questions and concerns about the COVID-19 vaccine. However, after what happened with JP, we did not want to put a target on Dr. Ylitalo. So, we have a way for any member in the congregation to call for information regarding the vaccine."

How did COVID-19 impact the mission and vision of Harris Creek?

Dr. Neilson plainly informed me that while goals of the church did not change, the scope of the ministry did change. This includes Life Groups, their online presence, and their service to Waco now that they are freed from their debt.

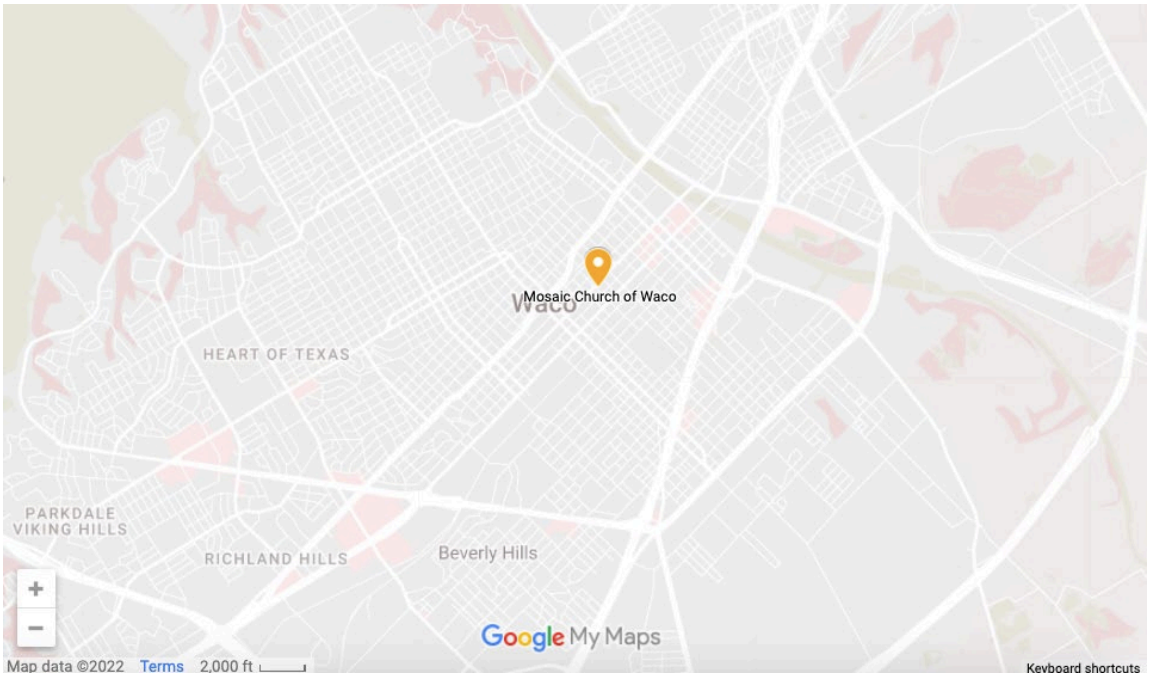

Figure 6: Mosaic Church of Waco via Google Maps

Mosaic Church of Waco

Mission and Values

Mosaic Church's mission statement is to adore Christ, apply the gospel, and act in mercy and justice. This means that the church gathers in worship, makes disciples of all nations, and serves the people. The Gospel underlies each of these three missions as a primary motivator. There is also a unique focus in celebrating diversity and the multitude of cultures and languages.

Programs

As a three-year-old church plant from the Grace Church of Waco, Mosaic's main and only programming outside of their Sunday services is their weekly small groups. Though they have an allocated time for youth and kids, the Sunday services also have an intergenerational aspect at the beginning and ending. They also are continuing to build their leadership. Currently, there are two pastors who take care of the entire church, Slim Thompson and Malcolm Foley, and one elder who works with them.

Introduction of Interviewee

For Mosaic Church of Waco, I interviewed one of the co-pastors, Slim Johnson. I should also add that although I am not an official member of the church, I have been consistently attending for over six months now. This was the first time I sat down with the pastor to discuss the church.

What were some of the short-term and long-term goals of Mosaic Waco pre-COVID-19?

For Pastor Slim, the greatest short-term goal for Mosaic was to survive and to not die out as a church plant. There has been steady growth since the beginning as the church continues to change locations to accommodate the rising numbers in their congregation. At the very beginning, the church was just between Pastor Slim's and Pastor Foley's families who gathered at one of their homes to worship God on Sunday mornings. Now, they are located at Mission Waco's Meyer Center Chapel with a gathering of around a hundred people. They have also been slowly filling out the internal staff of the church to create and maintain necessary programs such as children's service, online service, small groups, and other forms of discipleship. The long-term goal of Mosaic Waco is to

become a church-planting congregation. For example, at the creation of Mosaic, they wanted to help start a Spanish speaking church in Bellmead within five-years.

How did COVID-19 impact Mosaic Waco?

Mosaic was originally located in a school in East Waco. They were intentionally set in this location to have a congregation full of East Wacoans and actively serve in the community. With COVID-19, they were forced out of the school, which they had to find a new building. Prior to coming to the Meyer Center, the church gathered in an open field and conducted worship and Sunday service outside. The greatest challenge to these changing locations has been the difficultly in seeing the people and being an active presence in East Waco.

The long-term goals became a question mark as well. For Pastor Slim, it did not seem sensical to make long-term plans as such plans could be disrupted easily within days and months, as shown during this past year. As a church-planter, the leaders depended on routine that provided consistency and established impact. With COVID-19, they experienced decision-fatigue and a dissociation to this routine. Decisions have become more difficult after the mandate was lifted, and the leadership had to evaluate the direction they wanted to go in. Were they willing to be different? What churches did they want to associate themselves with? Pastor Slim had to address these overarching questions as well as what it meant practically.

When I asked about blessings that pandemic may have surprisingly brought, Pastor Slim explained, “It forced us to re-evaluate what is actually needed, such as providing online services for those who are sick or traveling. It also made us deconstruct the church and question our deepest problems. This pushed our dependency to solely on God.”

Mosaic Waco created a medical advisory team, as the pastors were not trained for this role. By listening to their advice and recommendations, they conducted small groups over Zoom at first and then outdoors. Once vaccines became readily available, the small groups came together in person. Mosaic is 90% vaccinated.

Mosaic also found new ways to act in mercy and in justice in East Waco. They found programs that were going well in the community and joined them such as Restoration Haven that supports schools and nonprofits. Pastor Slim also pointed out the difficult access to food that many East Wacoans struggled with, so he and his church went door-to-door to help with groceries.

He also noticed several challenges that the greater community faced. During 2020, there were social issues related to the COVID-19 response that came to light and stirred up intra-denominational troubles. There has been a polarization over wearing masks and getting vaccinated. He has seen church members who went to online services and stayed online. Some people suffered by becoming isolated in this way. There was death and loneliness in the community. The elementary school, JH Hines, and Waco ISD in general were not prepared for COVID-19. There was a disproportionate number of students who did not have the means to learn virtually. Even now, the schools are not doing much better. The best they did was giving hotspots for students who did not have

WIFI. Mosaic and their leadership have made an effort to respond to these needs within the capacity they could.

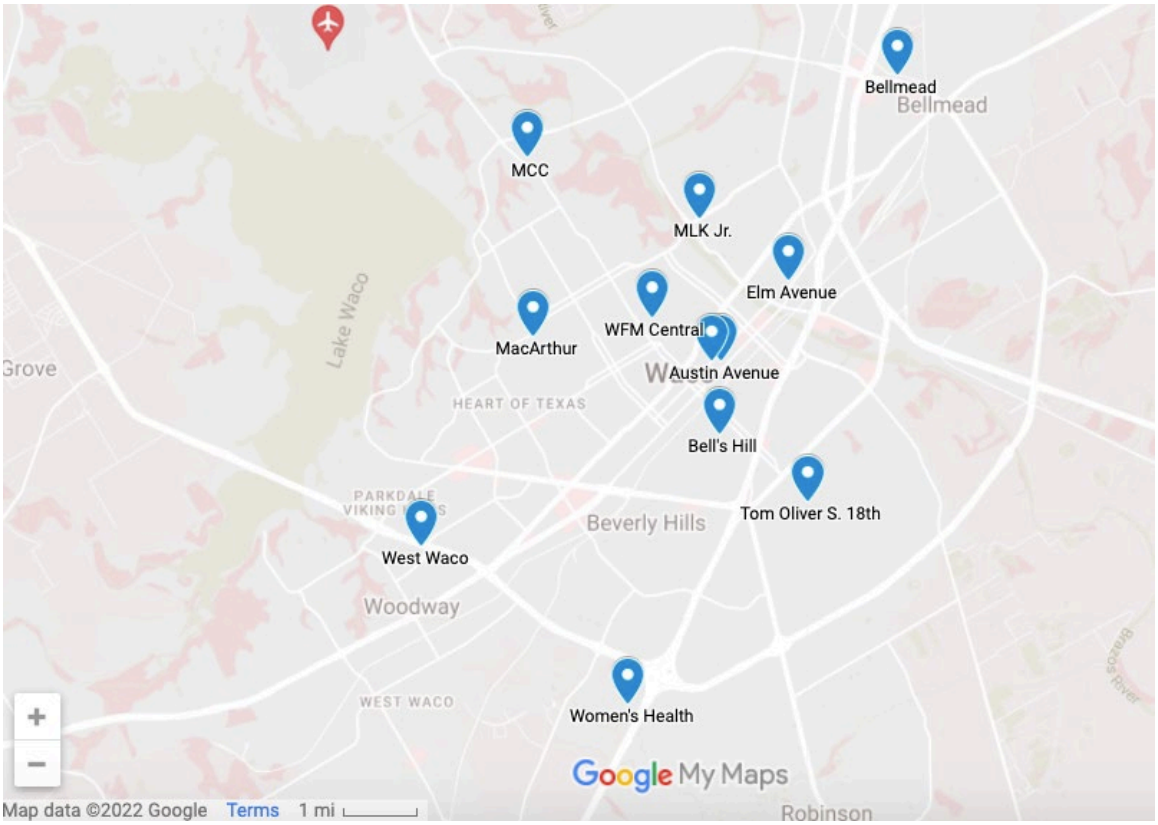

Figure 7: Waco Family Medicine's clinical locations via Google Maps

Waco Family Medicine

Mission, Values, and Background

In 1969, the McLennan County Medical Society created Waco Family Medicine as a way to acknowledge and address the lack of doctors and primary care access for the community. It started as a partnership between business, political, and medical leaders. It has now become a Federally Qualified Health Center (FQHC), which is an official designation of the services provided. It acknowledges the population group that WFM treats, gives opportunities for income-based sliding fee scales, and qualifies WFM for

Medicare and Medicaid reimbursements. Essentially, it gives WFM the ability to take in uninsured patients because they are being fiscally rewarded in taking in patients who only have Medicare and Medicaid. Prior to the 2020 unification, Waco Family Medicine functioned as two main entities: Waco Family Health Center and the Waco Family Medicine Residency Program.

The passion behind Waco Family Medicine (WFM) can be wrapped up in the statement of "Hearts as Big as Texas: Making Primary Care Accessible for McLennan and Bell Counties." The official mission statement is the following,

> "[T]o increase access to high quality, comprehensive primary and preventative health care for the vulnerable of the Heart of Texas and to provide an excellent educational, training, and research environment in the medical, dental, and behavioral health fields."

Although WFM is not a faith-based institution, there are many people of faith especially within the administration who have committed their work to the underserved and to indigent patients. Dr. Jackson Griggs, the CEO, is upfront about the influence faith has on how he perceives medicine and service. He sees the underlying requirement of love for good and true care for patients and those with low resources and access to care. Although these are not explicit in the statutes of Waco Family Medicine, he quotes two scriptures as the drivers of his work, which is the system:

"And he said to him, 'You shall love the Lord your God with all your heart and with all your soul and with all your mind. This is the great and first commandment. And a second is like it: You shall love your neighbor as yourself. One these two commandments depend all the Law and the Prophets.'" (Matthew 22:37-40)

"If I speak in the tongues of men and of angels, but have not love, I am a noisy gong or a clanging cymbal. And if I have prophetic powers and understand all mysteries and all knowledge, and if I have all faith, so as to remove mountains, but have not love, I am nothing. If I give away all I have, and if I deliver u my body to be burned, but have not love, I gain nothing." (1 Corinthians 13:1-3)

Thus, Waco Family Medicine is a faith-infuse organization rather than official faith-based one.

Services

Medical Services include prenatal care, women's health, well child checkups and immunizations, minor surgeries, and chronic care management. These are covered throughout fourteen clinic sites. Dental Services include dental exams, prenatal dental care, pediatric dentistry, dentures and partial dentures, fillings root canals and extractions, gum disease, and routine cleaning. Behavioral Health Counseling services address depression, anxiety, ADHD, school behavior, trauma, life adjustment issues, grief, stress, and relationship problems.

WFM also has pharmaceutical services. Financial assistance programs include Good Health Card, Family Planning Program, Title V Program (maternal and child health), Medicaid/CHIP/CHIP Perinate, Medicare Part D, Affordable Care Act, and Healthy Texas Women. The Lab and Radiology Services cover hematology, chemistry, serology, microbiology, molecular, urinalysis, and POCT. Radiology includes ultrasound, X-ray, bone density testing, CT scans, and non-invasive vascular testing.

Introduction of Interviewee

For Waco Family Medicine, I interviewed Dr. Lauren Barron, one of their family practitioners. She has been my professor and mentor throughout my time at Baylor. She is currently the director of the Medical Humanities Program at Baylor University and is the inaugural Michael E. DeBakey, M.D., Selma DeBakey and Lois DeBakey Chair for Medical Humanities. She is beloved by students and invests into each of them with great passion.

How has COVID-19 impacted Waco Family Medicine?

Much of the impact on Waco Family Medicine has been the kind of response that was immediately prompted by the outbreak, as a healthcare facility. Although there were many obstacles (i.e., laws) before the pandemic, tele-health is now booming. It has been a help to patients who would not have been able to receive care even before COVID-19 and is a safer service for patients. WFM has also provided tent clinics where its providers have been able to see patients outside of the clinics. This includes the pharmaceutical side as well. They started curbside delivery, which means that patients have easier access to prescriptions. The clinics have been increasingly flexible day to day as well. Especially during surges, they have been able to reroute clinics effectively. WFM leaders and clinicians have also been vocal and active in the community through hosting Facebook live and speaking at different events. All in all, the services and practice of care has become more centered around the needs of the patients.

Some of the major difficulties have been compassion fatigue among clinicians and leadership as there has been an increased amount of stress. This was apparent during surges as it created strains on everyone. Due to the constant changes in information, the communication to all employees was a challenge. Along with that, there has been information fatigue among clinicians who need to stay updated regarding the virus and treatments. They have also witnessed mistrust in medicine from some of the patient population. Also, when WFM required vaccination, there were employees who left.

How did COVID-19 impact the mission and vision of Waco Family Medicine?

"Mission has stayed the same." This was the simple answer that Dr. Barron gave me when I asked her the question. For those who work at Waco Family Medicine, there is a deep calling to care for the underserved. With the overwhelming chaos of COVID-19, this conviction was unwavering among the providers and was a steady reminder of their purpose in their work as healthcare professionals. Therefore, despite being overworked and low on resources, WFM was still able to care for the community and see tangible effects. It seemed as if the mission of needing to make primary care more accessible was only augmented throughout the course of COVID-19.

Comparing the Faith-Based Organizations

Mission and Values

The underlying theme of the mission and values between the churches was similar, but they had different methods of delivery. I chose two different churches in size, domination, reputation, and congregational makeup. For Harris Creek, it is located twenty-five minutes from downtown Waco, is considered a fairly large church with over a thousand in weekly attendance, and is a powerhouse in terms of funding and history. Mosaic Waco is located in the chapel of Mission Waco, which is in downtown Waco, and is still growing in size as a church-plant. Nevertheless, the underlying theme of mission and values between the churches are very similar.

Harris Creek's "Engage the lost, equip the saints, and empower members of service," and Mosaic Church's "Adore Christ, apply the gospel, and act in mercy and justice" both hold to the scriptural calling of the Great Commission by Jesus Christ to spread the gospel. Both also hold firmly to service as a key cornerstone of the work of the church. Thus, we see both faith and service as the building blocks for both churches.

One of the greatest distinctions beyond these external features that I found between the two churches was how they applied themselves to the Waco community. Despite major hurdles that both churches have been going through in the past three years—one as a church-plant and one under great debt— the two hold deeply onto serving the poor. Mosaic Waco is more hands-on with respect to day-to-day concerns. Their purpose is to be directly located in East Waco. During the pandemic, they went door-to-door to provide groceries. They preach and embody diversity, equity, and inclusion. Harris Creek, by contrast, while also heavily encouraging their members to

serve and providing an accessible way to reach those opportunities, with their debt now finally covered they are in the process of moving forward to fund existing projects and centers in Waco. Thus, their calling is to provide the manpower and financial resources for other organizations. Both churches share a commitment to support and serve Waco. They see an inherent calling as faith-based institutions to do so and have found ways in which their congregations can best carry it out.

Mental Health

Among all entities, the staff and leadership experienced mental health effects such as exhaustion which manifested in decision and information fatigue. In spite of this, leaders and staffers have taken on greater responsibilities either voluntarily or mandatorily. One of the greatest effects of COVID-19 seen in all organizations has been an increase of stress and a layering of additional responsibility onto the staff and leadership.

Decision and information fatigue have been terms that are thrown around since the start of the pandemic. From descriptions of the virus to instructions on how to respond, both providers and laypeople have been constantly receiving data and guidelines from a plethora of avenues and people. This bombardment of information shapes the decisions needed and the decisions made during a state of an emergency and currently, as we taper off into a new normal. For those in charge, it means that plans frequently changed, and flexibility was forced upon the leadership. Among all the speakers I spoke to, each recognized the mental exhaustion that came from this both on themselves and on their colleagues or workers. Thus, there was heightened stress across the board.

The staff and leaders have also gone extra lengths to work, serve, and preserve their organization. Whether they were assigned more responsibilities or personally volunteered more of their time, people have been doing more. I assume the heightened stress increased the pressure on the organizations, which means there was high intensity from external and internal factors. However, it seems to be unsustainable for the two stressors to coexist for much longer than they already have. Providers and leaders have experienced more mental exhaustion; it is unknown whether they have the energy and capacity to take on more responsibilities. Each interviewee, for one, seemed eager to have a fully vaccinated community and organization where at least that one source of worry and mental exhaustion could be resolved, and thus with a larger pool of workers their responsibilities could be better distributed. The year of 2022 seemed hopeful for things to slow back down and enter more of a routine.

Overall, each organization actively worked to help their target population either spiritually, fiscally, or medically. Harris Creek worked to actively bolster the mental health of their congregation in response to COVID-19. Mission Waco worked to actively sustain and support the homeless population as well as its staffers in response to COVID-19. Mosaic Waco worked to actively serve East Wacoans in response to COVID-19. Waco Family Medicine ramped up their patient-centered care and services in response to COVID-19.

CHAPTER 3

Conclusion

Before the COVID-19 pandemic, there was a large medical literature regarding the connections between faith-based organizations and faith-infused organizations (FBOs), public health agencies, and population-health efforts. FBOs have been allied in beneficial partnerships for decades, encouraging positive lifestyle and health behaviors, providing health-related social resources, and enhancing coping behavior that has benefited many communities (Chatters, 2000). FBOs have been identified as a great resource for the destitute and needy, especially providing preexisting access to populations at risk that may not have access to conventional health promotion resources (Peterson, et. al., 2002). With the pandemic, the importance of FBOs for public health efforts has stepped up to be foundational for community health efforts, not just peripheral.

This is evident with Mission Waco, Harris Creek Baptist Church, Mosaic Church of Waco, and Waco Family Medicine. Each of these organizations has either inadvertent or explicit underlying values rooted in faith and an overall deep passion to serve those who have the greatest needs. Mission Waco quickly addressed the concerns of the homeless at the beginning onslaught of COVID-19, and throughout the first year, as they reoriented their programs to ensure the viability of staff's jobs and salaries. Since they have made it a priority to hire individuals directly from the Waco neighborhoods that they serve. For Harris Creek Baptist Church, they were able to expand their reach nationally and internationally through the technological advances brought about during COVID-19. Not only did they engage their congregation in existing infrastructures and

community programs, but they have started new avenues to fund and support such organizations. As a newer institution with an equity-focus, Mosaic Church of Waco conducted smaller scale, grass-root programs to uplift the community. Waco Family Medicine changed many of the traditional routes of physician-patient encounters so that healthcare could be even more accessible to the community. Not one institution lost focus on their original mission and purpose, where at least one component was to serve the underserved. The original purpose was reinvigorated during these overwhelming times.

Limitations

One of the limitations of this study has been the timing of the interviews relative to COVID-19. Interviews were conduct late 2021 and early 2022 when the highest peaks of COVID-19 had already passed. All these institutions had started to plan for a quasi-return to normal with no masks and the programs that existed before the pandemic. About half of the comments that I received from the speakers related to the exhaustion and burnout that the year and a half pandemic brought upon the leaders of their respective organizations. The other comments offered a lens of hopefulness to finally leave behind COVID-19 and move on to reconnect with the community. Thus, the timing of the interviews was during a gray season where there may have been some recency bias. Still, each of their organizations has conducted great and impactful community outreach and service, and this was necessitated by the disruption of longitudinal plans, isolation of individuals, and chronic overwork resulting from COVID-19. In observing this and speaking to these leaders, I gained greater insight into how COVID-19 impacted these organizations and how their leadership responded to COVID-19 specifically for the teams that they lead.

Another limitation is that the interviews were one-sided in that they focused on those who provide service and care. It would have also been useful to interview community members to evaluate the impact and effects of each of the organization's programs. This could have been a helpful juxtaposition to ensure that the aims of each FBO was met fully. However, I did receive some insight about this issue from my interview with Dr. Barron at Waco Family Medicine, notably on how WFM sought to pivot to better respond to both internal (organizational) and external (community) needs.

A final limitation has been the constraint of interviewing leaders of only a couple of Protestant churches. It would have been helpful to interview a Catholic church, a Hindu temple, a Jewish synagogue, or other faith-oriented groups in Waco, in order to gain an even greater understanding of how the broader faith community her responded to COVID-19.

Future Implications

If and when future pandemics or public health crises occur, the strongest direction FBOs can go is by entering into coalitions of such groups within the community. Regarding the responses of the four organizations, each had worked independently despite a need for manpower, resources, and support. This kind of response is reasonable as COVID-19 caused great confusion for organizations, faith-based and secular alike, and pushed leadership to prioritize the greatest and most immediate needs. At the top of this list, by necessity, was institutional survival through the pandemic, including supporting existing members and internal staff. Nonetheless, if organizational leaders had worked better together across the city to hear each other's burdens and provide support in

whatever manner they can, it might have prevented such heavy burnout as well as a wider reach to the most needy in the community.

Such efforts would require some adaptability, profession of vulnerability, and a state of mind focused beyond mere survival. Some level of multi-institutional collaboration, even to a small extent, even just once, is probably ubiquitous among local organizations such as the four in this study, but during the pandemic each group tended to go it alone. In the future, each organization should find others to trust and depend upon. A broad faith-based or faith-oriented coalition of community organizations would be vital so that if the next pandemic becomes imminent, those partnerships can kick in.

In line with a coalition of the community, more complete data collection and record-keeping is critical for responding to an event like COVID-19. Systematic information should be present on membership, community engagement activities and programming, the greatest needs observed by the organization, the greatest needs existing within the community, and the strategies or programs that in the past have proven to work or not work. Although this may be tedious, such record-keeping—begun now—can help FBOs focus on specific priorities from the start of a crisis rather than getting overwhelmed by needing to marshal an initial immediate response. This would be helpful once the dust slightly settles during a crisis and hopefully would help bolster the original purpose and mission among those who are serving.

Another possibility for decreasing burnout and maintaining the energy among leadership and staff members would be to have an internal support system for leaders, providers, and staff. Similar to the effects of a coalition of the community, this internal support system would ensure openness among the internal teams who are actively and

constantly serving. This system would be catered to the cultures of each FBO and address the mental and emotional health of leadership and staff members in an appropriate manner. Religious institutions could have ongoing support groups for the leadership so that administrative burdens are in the open and shared. For missional organizations such as Mission Waco and medical care systems such as Waco Family Medicine this structure might look entirely different.

Even though COVID-19 brought great tragedy physically, emotionally, and mentally, there were clear blessings throughout the past few years that would not be as evident without the pandemic. By exposing cracks within the system, the pandemic pushed organizations and institutions to acknowledge issues and implement the proper solutions accordingly (i.e., the reorganization of Mission Waco staff). The Waco community also did not stop to serve the underserved and pour resources and time into public health efforts as seen by Waco Family Medicine, Mission Waco, Mosaic Church of Waco, and Harris Creek Baptist Church. This—prioritizing the needs of the community and doing their best to support—was the existing strength of Waco and its faith-based and faith-infused organizations. Whether it has been apparent or hidden, the connection between Waco and its community organizations is undeniably powerful.

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