ABSTRACT

Calm Amidst the Storm:
The Role of Religious Health Assets During the COVID-19 Pandemic

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The Religious Health Assets framework was created by Gary Gunderson and James R. Cochrane to call attention to the myriad of ways that public health can optimize the potential for health promotion inherent in religious communities. Throughout the COVID-19 pandemic, the need for such collaboration between religion and public health institutions has come increasingly to the forefront. While previous survey-based studies have been conducted regarding the effect of COVID-19 on congregations, there remains a need to assess pandemic experiences of church leaders with regards to the religious health assets of congregations in respective communities. This qualitative study was designed in order to evaluate how local Christian leaders and congregations in one community have served as assets to public health promotion and implementation throughout the COVID-19 pandemic. After conducting seven semi-structured interviews with local pastors and priests, three key themes emerged: the pandemic as a time for forced adaptations, the church's ability to provide resources to congregants and the community, and the difficulties of pandemic-related decision-making for church leaders. These themes made clear that the primary ways in which churches served as public health assets during the pandemic were by contributing to the "leading causes of life" of their congregants and by providing an important source of human capital.

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CALM AMIDST THE STORM:

THE ROLE OF RELIGIOUS HEALTH ASSETS DURING THE COVID-19 PANDEMIC

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By

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CHAPTER 1

Literature Review

Introduction

Religion and public health are intricately connected by a common concern with the well-being of individual people and populations. Such a strong and deep-rooted connection allows for religion to provide a wide number of assets for physical, emotional, and spiritual health; these assets have been especially important during the COVID-19 pandemic. In the United States, congregations and religious leaders have had to quickly adapt in terms of worship, religious study, and church outreach, and have had to make difficult decisions regarding church gatherings and services. Such drastic changes have greatly impacted the ways in which churches function to serve their congregants, including the promotion of their health and well-being.

In this thesis, I will be conducting a qualitative study in order to determine the ways in which Christian leaders and congregations in Waco, Texas, served as assets to public health throughout the course of the COVID-19 pandemic. To do so, I will be conducting interviews with local ministers and priests and evaluating the interviews based on the Religious Health Assets framework as developed by James R. Cochrane and Gary Gunderson. In Chapter One, I will provide a literature review in order to describe the theoretical framework behind the Religious Health Assets concept as well as to offer an overview of how Christian leaders and communities responded, both positively and negatively, to the COVID-19 pandemic across the United States. In Chapter Two, I will

describe the research methods for conducting the interviews and list the baseline questions that were asked in each interview. In Chapter Three, I will report findings from the interviews according to several emergent themes, propose an overarching theory, and integrate the findings into a framework of religious health assets. Finally, in the Chapter Four, I will offer some conclusions drawn from the study and list a few personal recommendations for public health moving forward. Through this study, I hope to add to the discussion of how the public health and religion sectors have interacted throughout the COVID-19 pandemic, specifically in the Waco community, and summarize how Christian congregations and members of the clergy can better serve as religious health assets.

Religious Health Assets

The concept of Religious Health Assets (RHA) originated with the African Religious Health Assets Program (ARHAP), established in 2002. James R. Cochrane of the University of Cape Town, South Africa, and Gary Gunderson and Deborah McFarland of Emory University in the United States created ARHAP out of a recognition of the crucial role that religious entities could play in public health implementation. In accordance with a developing emphasis placed on community involvement by organizations such as the Christian Medical Commission, the creators of ARHAP wanted to stress the importance of integrating individual treatment within the ecology of the entire community.

Such a shift in focus from the level of the individual to the level of the community challenged the classic paradigm regarding the role of religion in health, whereby religion is assumed to focus primarily on the salvation or redemption of the individual, and can

thus only be potentially significant to the health of individuals. By contrast, the creators of ARHAP believed that religion, as well as public health, are at their core, both "about the health of the whole and health for all, the well-being of people and populations" (Cochrane & Gunderson, 2012, p. 1). This idea led to Cochrane and his colleague Paul Germond to coin the term *healthworld*, an English word meant to serve as a cognate of the Lesothan concept of *bophelo.* Though *bophelo* can broadly be translated as "life" or "health," it denotes individual health as integrated into a well-functioning and healthy society. The term encapsulates health as it is constituted physically as well as spiritually, existing within an intricate "ecology of the individual body in relation to the social body under particular material conditions" (Cochrane, 2007, p. 15). According to the idea of *bophelo*, true health is embodied within complex and overlapping interactions between the individual, the family and homestead, the village, the nation, the earth, and the religious realm (Germond & Cochrane, 2010). The healthworld of an individual, then, exists as the understanding of the "relationship between health, wellness, faith, and deity" in a complex conceptual network of cultural ideas (Holman, 2015, p. 124-161). Thus, religion is inherently connected to healing and health-seeking behaviors, with both integrated into an ultimate goal of comprehensive well-being. Such a common, deep-rooted goal means that religion and the health of the public can and should interact synergistically, with each helping the other to ensure the physical, mental, and spiritual health of communities.

Leading Causes of Life

In accordance with the *healthworld* concept, the founders of ARHAP created the notion of "leading causes of life." While medicine and public health have traditionally

tended to focus solely on pathology and causes of death, ARHAP sought to discover the aspects of life that contribute to a thriving healthworld (Holman, 2015). The authors recognized that while suffering is often quite complex and multifactorial, healing is often the same, embodied within the entire healthworld. For any public health action to truly be successful in both healing and empowerment, it needs to support more than treatment of the proximate illness; it needs to support the "leading causes of life" of coherence, connection, agency, hope, and blessing, each of which can be encouraged and fostered by religious and spiritual involvement.

Coherence provides meaning to life by enabling us to make sense of life events, seeing our story as "comprehensible and not filled merely with wholly random events and inexplicable forces" (Gunderson & Cochrane, 2012, p. 69). Connection provides support to life, allowing individuals to adapt and understand themselves as fundamentally in touch with family, community, country, land, and creation as a whole. Agency allows for an active life, one in which both individuals and communities possess the power to act on the issues that concern them. Blessing allows for one to be grateful for that which has come before and "speaks to the way we find life as worthy heirs of those who have come before us and as good heirs of those to follow" (Gunderson & Pray, 2009). Hope provides a capacity to anticipate and transcend, to "imagine something new and to devise ways to bring it into being marks our lives as human and not merely biological" (Gunderson & Cochrane, 2012, p. 73). Supporting all of the leading causes of life contributes to improving the entire 'healthworld' of both individuals and communities.

Strengths of Religious Congregations

In addition to fostering many of the leading causes of life, religion also positively contributes to the healthworlds of communities through the strengths of congregations and congregational leaders. According to Gunderson and Cochrane, religious congregations provide eight primary strengths: accompanying, convening, connecting, storying, giving sanctuary, blessing, praying, and enduring.

Specifically, they provide accompaniment through a community that is "walking together, participating in each other's lives as they journey through life"; a place to convene voluntarily as respectful and equal members of a social whole; a place to connect and create "links across which resources, assets, power, and knowledge flow"; a story by which we can understand ourselves; sanctuary to words and deeds; blessing "mediated through the physical human relationships found in a faith forming entity"; prayer that "illuminates the relationship…between religion and liquid modern reality"; and endurance, lasting longer throughout life than other organizations of meeting or gathering (Gunderson & Cochrane, 2012, pp. 106-114).

Congregational leaders in particular also play important roles in the health of their congregations, as they, like public health professionals, "are interested in social-scale, complex, and dynamic patterns or determinants of health and wellbeing over life spans" (Gunderson & Cochrane, 2012, p. 99). The most impactful congregational leaders are those that embody 'boundary leadership," or the ability to connect and transform systems "by building a web of trusted relationships across the boundary zones that keep them apart" (Gunderson & Cochrane, 2012, p. 131). Boundary leaders lead with an openness to the complexity of human experience, embrace participatory knowledge, and exhibit an

empathetic mind. Their existence is crucial to both religion and public health, for if those who are faced with the well-being of communities have a theory of leadership that "is simply contained within their institutional identities," they will be unable to fully account for the healthworlds of individuals and the social whole (Gunderson & Cochrane, 2012, p. 160). Boundary leaders, however, are able to leave their 'silos' of expertise in order to connect and unite different aspects of life, disciplines, and manners of knowing into an integrated social reality in order to more fully encapsulate the entire healthworld.

Asset-Based Approach

With recognition of many of the strengths provided by religion as well as its contributions to leading causes of life, ARHAP began to view religion in a novel manner: as an asset to public health. The group sought to build upon the asset-based approach to community development (ABCD), first developed by John P. Kretzman and John L. McKnight of Northwestern University (Kretzman & McKnight, 1993). Much in accordance with ARHAP's approach to focusing on the positive "leading causes of life" rather than pathology, asset-based community development puts a primary focus on the resources that communities actually possess rather than what they lack. The ABCD concept is intended to mobilize development through the promotion of agency within communities. Unlike a needs assessment, the goal of asset-based development is to leverage the strengths of communities and empower them "by beginning from what they know and do and building on that" (Olivier, 2006, p. 10). The approach "embraces the strong neighborhood-rooted traditions of community organizing, economic development, and neighborhood planning" and works to provide support for communities as they work to recognize and map the individuals, groups, institutions, and resources that can be

utilized for development purposes (Holman, 2015, p. 130). Such a focus on assets does not necessarily lessen or contradict the need of outside resources, or the importance of needs assessments, but rather asserts "that outside resources will be much more effectively used if the local community is itself fully mobilized and invested, and if it can define the agendas for which additional resources must be obtained" (Kretzman & McKnight, 1993, p. 7).

With both the ABCD approach and their theoretical framework of leading causes of life in mind, the founders of ARHAP posited that religious groups could serve as community resources for health promotion. They recognized many of the inherent strengths that congregations provide, not only to those involved, but to the community as a whole, and sought to create a framework by which such strengths could be leveraged to benefit public health. To do so, Gunderson and Cochrane created the Religious Health Assets Matrix, which includes all of the assets, tangible and intangible, proximate and distal, that religion provides to health.

Tangible assets are those that are the most readily identified, including "care groups, congregational programs, NGO-style bodies, campaigns, events, healing movements, religious hospitals, clinics, dispensaries, and intermediary organizations" (Gunderson & Cochrane, 2012, p. 49). One of the primary ways in which tangible religious health assets take shape is through medical-religious partnerships, a method to improve health education, prevention of disease, and disease management within communities through the collaboration of religious congregations with local public health and medical institutions. Often, through the gathering of "individuals who have large social networks, are active in other community organizations, give generously of their

time and money, and typically are viewed by others as trustworthy," religious congregations provide the "ideal starting point" for the initiation of programs designed to improve physical and emotional health (Hale et al., 2018, p. 44). Such partnerships and programs serve as "the practical arm" for optimizing use of such assets, taking advantage of many of the strengths that religion provides to health through direct and tangible action and prevention of disease. However, the implementation of medical-religious programs, as well as tangible religious health assets in general, do not fully encapsulate the wide range of assets to community health provided by congregations and congregational leaders. In order for an effective positive relationship between religion and the health of the public to be truly realized, both tangible and intangible assets of religious groups must all work together in unity toward the promotion of health.

Though intangible religious health assets are often overlooked, they are often greatly connected to the innate strengths of congregations that help to support the leading causes of life and promote the healthworlds of communities. The intangible assets provided by religion include a sense of motivation, trust, resilience, sense-of-meaning, commitment, advocacy, and mobilization for health seeking behaviors and health interventions. These intangible, and often invisible assets, help to make sense of the more tangible assets, revealing "the dimension of religion that is internal to faith-based communities" and the inherent attitudes and motivations that provide the basis for understanding their role in the community (Cochrane, 2006, p. 117). Using fieldwork from Lesotho and Zambia, ARHAP was able to form seven "conceptual clusters" with regards to religious contributions to overall health: spiritual encouragement, compassionate care, moral formation, curative intervention, knowledge giving, material

support, and public engagement (Holman, 2015). These contributions represent the breadth of both tangible and intangible assets to public health and are intended to be used as categories rather than an exhaustive list.

In the end, the religious health assets model is not merely about "cookie cutter solutions," but rather about developing a greater understanding of the ways in which religion contributes to public health (Holman, 2015). It was created with the intention of maximizing the health-promotion potential inherent in religious communities and calling attention to the wide range of ways in which religion can affect public health implementation. With this conceptual framework in mind, I now turn to provide a brief overview of the ways in which religion, and Christianity in particular, contributed to the public health response to COVID-19 in the United States.

COVID-19 and the Christian Response: The Good, the Bad, and the Ugly

If there was any doubt as to the importance of religion to the practice of public health, the COVID-19 pandemic has eliminated it. Though the pandemic has affected nearly every aspect of social life, its impact on religious gatherings and on the practice of religion in general has been one of the most profound. As churches and other places of worship were forced to close their doors to in-person services, the significance of religious messaging and the influence of religious leaders were not diminished. It quickly became clear that the religious response, and specifically the Christian response to COVID-19, would be integral to the fight against the disease in the United States.

Negative Responses

From a public health perspective, the Christian response to the pandemic has been something of a mixed-bag. Following the onset of the pandemic and the initial institution

of shelter-in-place orders, one of the biggest negative responses was resistance to and defiance of public health guidelines by certain churches and church leaders. Even early on in the pandemic, it was known that church services and functions served as potential sources for super spreader events. One of the earliest major COVID-19 clusters worldwide came from South Korea, where over 5,000 cases could be linked to Shincheonji Church and a woman who attended services there in February 2020 (Scarr et al., 2020). In the United States, one of the first major outbreaks occurred at a church choir rehearsal in Washington State on March 10, 2020, after which 52 choir members ended up testing positive with confirmed or suspected COVID-19 (Hamner et al., 2020).

As the virus spread and states began placing restrictions upon church gatherings as a means to reduce transmission, some churches resisted, citing the importance of in-person gatherings to the Christian faith. Pastor Rodney Howard-Browne of River Church in Tampa, Florida was arrested after holding in-person services for his church's over 4,000 members and refusing to close the church's Bible school. When defending his actions, Howard-Browne stated that the virus was "blown totally way out of proportion" and the school should remain open because "we are raising up revivalists, not pansies" (Burke, 2020). In some cases, such defiance resulted in the spread of the virus. In April, 2020, more than 70 cases of COVID-19 were associated with one Bethany Slavic Missionary Church in Sacramento, California after congregants decided to meet in groups for Bible study (Burke, 2020).

Resistance to guidelines set in place for churches was only exacerbated by the White House and President Trump, who in an interview on March 24, 2020, stated that it was his goal to have "packed churches all over the country" and have the economy

reopened by Easter Sunday, thus bringing Christianity to the forefront of the contention surrounding the COVID-19 response (Breuninger, 2020). In his insistence to have the pandemic under control by Easter, Trump, perhaps unintentionally, set religion and Christianity in particular at odds with the public health guidelines and lockdowns being put in place. This insinuation that public health practices were completely at odds with religious expression only served to increase the amount of resistance demonstrated by certain churches. That Easter, Life Tabernacle Church in Baton Rouge, Louisiana, held services for more than 2,000 people against state guidelines. In preparation for the services, Rev. Tony Spell, who had previously come under fire for defying state orders, stated that "satan and a virus will not stop [them]" from gathering and that prohibitions against in-person services are "a persecution of the faith" (McKay, 2020; McLaughlin, 2020). Though the majority of churches complied with state and local guidelines, some like Rev. Spell's resisted, believing such guidelines to be a form of oppression at odds with Christianity.

Often in accompaniment with outright defiance of public health guidelines was the spread of dangerous misinformation by Christian leaders. In April, 2020, a time of great uncertainty regarding the virus, evangelical pastor and televangelist Kenneth Copeland stated on a Victory News television program that the novel coronavirus was in fact "a very weak strain of the flu" and that although it had "been around for a long time", researchers just had not "found a way to knock that thing in the head yet" ("This Megachurch Pastor", 2020). As COVID-19 conspiracy theories spread, certain Christian groups became some of the most susceptible. A Pew research poll in April, 2020, showed that 36% of White evangelicals and Black protestants sampled in the United States

believed that the virus was leaked from a lab in Wuhan, China, as compared to 29% of the total sample population (Randall, 2020). Evangelical Christians in particular, especially those with conservative political leanings, seemed to be at an increased risk to adhere to misinformation and conspiracies propagated by anonymous internet troll QAnon, such as the belief that the SARS CoV-2 virus was created as a government bioweapon and the complete denial of the threat of disease (Djupe & Burge, 2020; Morelock & Narita, 2022).

As vaccines against COVID-19 were developed, vaccine resistance and misinformation became prevalent among certain Christian groups. Religious conservatism, often found among evangelical and born-again churches, has been found to be associated with an overall mistrust of science as well as lower levels of vaccine uptake and vaccine knowledge (Corcoran et al., 2021). Religiosity in general has also been negatively associated with acceptance and plans to receive a COVID-19 vaccine (Olagoke, 2021). In data from February, 2021, the Pew Research Center released statistics that showed Protestant Americans, especially evangelical Protestants, to be far more likely to refuse vaccination; 36% of protestants (45% of White-evangelical protestants) expressed that they definitely/probably will not get a COVID-19 vaccine compared to 22% of Roman Catholics, 10% of atheists, 20% of agnostics, and 28% of those unaffiliated with any system of belief (2021).

Resistance to vaccination from evangelical Christians has been attributed to a variety of causes, such as a tradition of miraculous healing that rivals traditional medicine and a general mistrust of human institutions, including government and the scientific community (Dias & Graham, 2021). This mistrust appears to be the driving force behind

associations between the COVID-19 vaccine and end times events, such as the "mark of the beast," a sign of allegiance to the Antichrist and rejection of God as the Creator from the Biblical book of Revelation (Gleeson & Gilbert, 2021). Views of the vaccine as a sign of Satan have become quite influential and have become further intertwined with far-right political ideology. Marjorie Taylor Greene, a Republican member of the House of Representatives from Georgia, echoed such views in a Facebook live stream in March 2021, calling vaccine passports "Biden's mark of the beast" (Choi, 2021). This complex interplay between religious views, conservative political ideology, mistrust of government, and science denialism has become, and still remains, one of the primary sources of vaccine hesitancy throughout the United States.

In addition to serving as a source of false information throughout the pandemic, certain Christian leaders and churches utilized a variety of scare tactics, as well as messages of false hope regarding the source and direction of the pandemic. Oftentimes, such scare tactics served to downplay the physical nature and effects of the virus while attributing its presence to spiritual causes. As has been previously demonstrated by past outbreaks, such as that of AIDS and Ebola, novel pathogens are repeatedly seen by some in the Christian community as a plague or punishment sent by God for unrighteous behavior. In accordance with this unfortunate tradition, Pastor Rick Wiles of *TruNews* stated that COVID-19 is "a plague that is coming upon the earth" as a means for God to "purge a lot of sin off this planet" (Ring, 2020). Similarly, Pastor Steven Andrew of USA Christian Church in San Jose, California, preached that "our safety is at stake since national disobedience of God's laws brings danger and disease" and insinuated that the pandemic will abate only when "the country repents of LGBT, false gods, abortion and

other sins" (Rosen, 2020). While some pastors focused on messages on the pandemic as a sign of the end times and punishment for the world turning its back on God, others gave equally dangerous messages promising a swift end to the pandemic brought about through faith. On the same April, 2020, Victory News telecast in which he downplayed the severity of COVID-19, Pastor Kenneth Copeland exhorted his followers to be unafraid of the virus, calling fear "a magnet of sickness and disease" while simultaneously stating that "every believer" has the power to "lay hands on the sick" and bring about healing ("This Megachurch Pastor," 2020). In another sermon Copeland declared an end to the pandemic and directly addressed the disease in the middle of a prayer, proclaiming, "I execute judgment on you COVID-19," and, "I blow the wind of God on you. You are destroyed forever, and you'll never be back" (Woodward, 2020). By treating the virus as merely spiritual, either as a source of punishment or as a means for God to demonstrate His power, these religious leaders minimized the physical nature of the virus as well as the importance of any public health measures that could be put in place to prevent transmission.

Positive Responses

Despite many of the negative responses of specific churches and church leaders, which tended to dominate press coverage throughout the pandemic, there have been ways in which the church has responded positively and contributed to the promotion of public health. For all of the churches that defied public health guidelines, the large majority were compliant with the restrictions, with some even seeing the pandemic as an opportunity to adapt and change for the better. In spite of much of the uncertainty brought about by COVID-19, many churches and leaders "welcomed the disruption to pre-

existing routines and rhythms" as a means to create "new traditions" and opportunities (Johnston, 2022, p. 388). The majority of churches were forced to transition, at least for a time, to online services, which allowed for pastors to "re-think the structure and content of worship services" (Johnston, 2022, p. 389). According to one interview-based study of United Methodist pastors in North Carolina, the transition to online services allowed the majority of churches (69%) to reach a wider audience and increase participation (Johnston, 2022). In this way, church closures provided places of worship with an opportunity for a missional shift; while the "traditional mission focus was to get the 'world' into the church," the shift to online services necessitated an increased focus on getting the church out and into the "world" (Pillay, 2020, p. 266-275). Though such a transition was undoubtedly very difficult, many of the churches that observed health recommendations and embraced guidelines were able to take advantage of the "new normal," working to increase participation, evangelize, and fulfill their mission, albeit in a novel manner.

In addition to complying with restrictions and guidelines, many church leaders became voices of support with regards to public health and vaccination rollout. In doing so, the church was broadly able to accomplish its prophetic role of calling congregants out of their complacency to herald "the advent of a global challenge that calls for our immediate attention and engagement" (Levin, 2022, p. 16). Without a doubt, one of the most influential voices of public support for vaccination came from Pope Francis, who on many separate occasions called getting vaccinated "an act of love" and a "moral obligation" (Watkins, 2021; NPR, 2022). The Pope has also sought to slow the dissemination of misinformation through patience and understanding, remarking that

"fake news has to be refuted, but individual persons must always be respected, for they believe it often without full awareness or responsibility," while talking to a Catholic COVID-19 fact-checking group (Associated Press, 2022). Other church leaders, such as Pastor Terris King of Liberty Grace Church of God in Baltimore, have called on congregants to combat the challenge of the pandemic through adhering to public health guidelines (Sokolow, 2020). To them, public health guidelines put in place such as mask-wearing were not signs of fear, weakness, or a lack of trust in God, but instead a means to meet the adversity of COVID-19 with sacrifice and brotherly love.

On an individual basis, connection to a religion served to counter one of the most devastating side effects of the pandemic: a global mental health crisis. The uncertain, unsettling, and often isolating times brought about by COVID-19 resulted in the World Health Organization reporting a 25% increase in the presence of anxiety worldwide throughout the first year of the pandemic (WHO, 2022). Nearly 4 in 10 surveyed U.S. adults reported an anxiety-related or depressive disorder during the pandemic, with many reporting direct impacts on well-being such as difficulty sleeping (36%), eating (32%), increases in alcohol or substance use (12%), and worsening chronic conditions (12%) (Panchal et al., 2021). Such a rise in mental health morbidity seemed to correspond to a concurrent strengthening of religious faith in the United States, with 28% of surveyed Americans reporting that the pandemic served to strengthen their faith, as opposed to 4% reporting weaker faith (Pew Research Center, 2021). This trend is representative of the fact that people tend to turn toward religion as a means to cope with adversity and crises (Bentzen, 2021). For many, a turn toward religion resulted in better mental health outcomes and provided a sense of stability throughout the pandemic. This is in

accordance with the pastoral role of churches and church leaders, as many were able to serve as a source of caring, compassion, comfort, strength, and hope amidst the uncertainty (Levin, 2022).

Specifically in the early days of the pandemic, religious individuals were shown to suffer less negative mental health effects and distress, although it must be stated that such "protection" against the distress brought about by COVID-19 seemed to be something of a double-edged sword; religious individuals were also less likely to show concern for the pandemic and support for public health measures (Schnabel & Schieman, 2021). Connection to religion may have also had effects beyond the mental and the spiritual, as religiosity has been shown to directly affect physiology and psychology, strengthening host resistance and resilience as well as diminishing the effects of disorders such as depression and anxiety (Levin, 2020). Overall, however, religion worked to provide a sense of security and comfort for many throughout the pandemic. Though such a sense of comfort may have led to some devaluing the seriousness of the crisis at hand, personal expressions of religion served to protect mental health by serving as a means to provide stability and cope with the uncertainty.

Many churches and Christian communities were also able to partner with faith-based nonprofits and organizations within their local communities to provide much needed resources, financial support, and volunteerism throughout the course of the pandemic. Though the sanctuaries may have been closed, churches across the country were able to use their parking lots as sites for testing and blood drives, as well as open church facilities as day care centers for the children of healthcare workers (Bailey, 2020). Many communities of faith found creative ways to assist in the fight against COVID-19,

such as Crossroads Church in Bluefield, West Virginia, where congregants were able to come together and produce 3D-printed personal protective equipment for healthcare workers (Bailey, 2020). As another example, the Potter's House church in Dallas similarly supported healthcare workers by preparing more than a thousand meals in the church kitchen to donate to local hospitals (Ferenandez, 2020). Churches and congregations also became an important source of charitable giving throughout the pandemic. The Latter-Day Saints church, for example, committed over $20 million to UNICEF, helping to provide water, sanitation, and hygiene services for the organization's global COVID-19 response (UNICEF, 2021). Through providing much needed money and resources, churches themselves were able to serve as a positive resource for mitigating COVID-19 and its effects.

Numerous churches and church leaders were also able to realize their ethical role throughout the pandemic, to "speak out against hate" and encourage followers to "act according to the moral commandments of their respective traditions" (Levin, 2022, p. 15). One way in which this role was fulfilled was through churches speaking out against the rise in anti-Asian hate and violence during the pandemic. According to Stop AAPI Hate, more than 11,500 hate incidents against Asian-Americans were reported from March, 2020, to March, 2022 (2022). Such an increase in racist incidents was likely due, in large part, to the blame levied against China by President Trump and others, referring to SARS-CoV-2 as the "Chinese Virus" and insinuating its complicity in causing the pandemic. In 2020 alone, reported incidents against Asian-Americans increased by almost 150% in major U.S. cities, with some cities, such as New York, experiencing

increases in anti-Asian hate crimes as drastic as 1900% when compared to previous years (Farivar, 2021; Donlevy, 2020).

This led to several Christian denominations releasing statements against such hate and violence; the United Methodist Church condemned "the systemic trend of anti-Asian American animosity brought on during the COVID-19 pandemic" and emphasized the belief that "all persons are of equal value in the sight of God and that racism is a rejection of the teachings of Jesus Christ" (Devadhar et al., 2021, p. 3). Similarly, the Disciples of Christ condemned such violence and racism and called for the church to stand in solidarity with Asian-American Christians and community leaders" in order to hold "elected officials accountable for their words and inaction" (Williams, 2021). A number of individual church leaders also spoke out against anti-Asian violence such as San Francisco Archbishop Salvatore J. Cordileone, who held a special service as a means to "pray for an end to violence and racism particularly against Asians, for healing for our nation, and for the flourishing of peace and justice in our land" (Arlington Catholic Herald, 2021). Given the vast influence that churches and Christian leaders hold over moral and ethical formation in the United States, statements and services against hate held by both faith-community leaders and religious organizations were proffered with the hope of decreasing the scapegoating and violence that proliferated throughout the course of the pandemic.

When taken as a whole, the Christian response to the pandemic in the United States varied greatly between denominations, churches, and individual church leaders. While there are many instances of Christian groups defying public health orders, contributing to vaccine resistance and misinformation, resorting to a variety of scare

tactics, and spreading messages of false hope with regards to COVID-19, it is also quite apparent that Christianity was broadly able to contribute to pandemic response by fulfilling its pastoral, ethical, and prophetic roles and providing physical, spiritual, and emotional resources to the surrounding community.

Conclusion

It is abundantly clear that the COVID-19 pandemic affected the entire healthworlds of many across the United States and the world. In addition to the hundreds of millions of people who have been infected, COVID-19 and the ensuing public health response has physically separated people from their families, communities, and livelihoods. Amidst the vast uncertainty of the pandemic, churches in the United States responded in very different fashions, with some acting in accordance with public health recommendations and some in direct opposition to them. Despite the wide range of responses, however, one consistency remained: the pandemic forced churches across the United States to consider the importance of public health, the relation of faith to public health practices, and how to best serve the healthworlds of their congregants. With public health at the forefront of churches' decision-making, the COVID-19 pandemic provides an opportune time to reconsider the concept of Religious Health Assets.

There thus remains a need both to assess the ways in which aspects of the Religious Health Assets framework, such as strengths of congregations, changed and evolved throughout the course of the pandemic, as well as to determine which assets, whether tangible or intangible, were best used to further the mission of public health. That is what this study aims to accomplish: to add to the discussion of the relationship between religion and public health and determine the ways in which Christian leaders and

congregations have served as assets to public health throughout the COVID-19 pandemic, from the point of view of church leaders themselves. In this way, the study seeks to capitalize on the momentum provided by the pandemic in order to help inform how religion and public health can better work together and increase positive contributions to the well-being of people and communities now and in the future—that is, to maximize the good, and discourage the bad and the ugly.

CHAPTER 2

Methodology

Restatement of Purpose

Before describing specific methodology used in this study, it will first be helpful to reiterate its principal aim: to determine the ways that Christian church leaders and congregations in Waco, Texas, have served as health assets during the course of the COVID-19 pandemic. The study will therefore be structured around the concept of Religious Health Assets as developed by ARHAP, with the RHA framework providing the basis for interview questions, coding of interview data, and data analysis. From the interview data collected, the study will apply the broad theory of Religious Health Assets to the particular setting of Christian congregations in Waco, Texas, during the COVID-19 pandemic. Thus, this study does not seek to generate theory, but rather to apply an existing theoretical framework to a specific context through qualitative interview data. The methodology of the study can be summarized as follows:

1) Conducting interviews with 7 church leaders of various Christian denominations in Waco, Texas.
2) Transcribing interviews and engaging in open-coding techniques.
3) Selective-coding the interview transcripts in order to generate broad categories and overarching themes.
4) Incorporating and evaluating the themes into a framework based on the Religious Health Assets model.

Subject Selection

Participants in this study were identified by email contact, through which they were able to accept the interview request and also schedule the time, date, and location of their interview. The participants were given the option of in-person or Zoom interviews. Email requests were sent using purposive sampling techniques, particularly maximum variation sampling, in order to ensure that interviews would be conducted with church leaders representing different Christian denominations in Waco.

Interviews

Interviews were conducted between September and November of 2022 with 7 church leaders in Waco, Texas. The participants represented several different Christian denominations: one was associated with the Roman Catholic church, one with the Presbyterian Church (U.S.A.), one with the Episcopal church, one with the Baptist church, one with the Evangelical Lutheran Church of America, and two were non-denominational. The length of experience of participants within their current congregation varied between 3-12 years, with some arriving at their present position just before the start of the pandemic. The participants also represented congregations of various sizes, from 150 active members to approximately 800.

The interviews were conducted following a semi-structured design in which each participant was asked questions according to a specific list (see APPENDIX), and then asked follow-up questions based on their initial responses. Before the start of the interview, each participant verbally consented to recording. All interviews were recorded, either using the Zoom screen-record function or a handheld recording device for in-

person interviews. After the interviews, the recordings were transcribed and coded through open coding and selective coding techniques.

Open Coding

In qualitative research, most studies "begin data analysis by coding, or breaking down and splitting up the data" (Oktay, 2012, p. 52-71). Though there are many different types of coding techniques, this study specifically utilizes open coding, a method that creates codes based on the data themselves rather than grouping data under predetermined codes. Transcribed interviews were coded line-by-line using substantive codes, or those used in "the words and ideas of the respondents," as well as theoretical codes, or those emerging from theoretical concepts identified in the data by the analyst (Oktay, 2012, p. 52-71). Once the interviews were coded line-by-line, the codes were then grouped according to "broader concepts and categories" (Oktay, 2012, p. 52-71). Each code was associated with a specific theoretical concept, which was then placed into one of a number of different categories.

Selective Coding

After categories were developed through open coding, selective coding was used as a means of "identifying a 'core' category or categories and then relating the other important categories and concepts to this core category" (Oktay, 2012). In this study, three core categories, or themes, were identified. The themes were then enveloped into an overarching theory that "posited relationships among categories" and sought to summarize the data according to the RHA framework. Both the core categories and the theory will be explored further in the following two chapters.

Limitations and Biases

In accordance with other qualitative methods of research, this study is subject to a number of limitations. At all stages of this study, from data gathering to data analysis, the validity of this study is inherently limited by the subjective observations of the researcher. Throughout the study, however, steps were taken in order to remove researcher bias, increase objectivity, and ground the conclusions in the data, including the semi-structured nature of the interviews as well as the techniques of open and selective coding. Another recognized limitation in this study is that all of the churches interviewed complied with city and state regulations regarding in-person services and masking requirements. Thus, while there are churches in Waco that fought against such restrictions and continue to actively advocate against practices such as vaccination, no such churches that were contacted accepted the request for an interview.

CHAPTER 3

Interview-Based Findings

This chapter presents findings from the interviews conducted with local pastors in Waco, Texas. Through use of both open and selective coding, three primary themes were identified in the interview data, each with associated content sub-categories. The primary themes include:

1. Forced Adaptations for Churches and Church Leaders
2. Provision of Physical, Spiritual, and Emotional Resources
3. Difficulties of Pandemic-Related Decision-Making

Theme #1: Forced Adaptations for Churches and Church Leaders

Initial Changes to Worship

One of the biggest and most universal changes that churches experienced throughout the pandemic was the shift to online services. All of the churches whose leaders were interviewed complied with the initial government mandates and stopped in-person services in March, 2020. Despite this restriction, each church was able to continue its services by switching to online services during the lockdown. For some churches, such a transition was easier than it was for others. While some already had the technological know-how and capability to adequately stream, others took great lengths to heavily invest in streaming technology. The Episcopalian minister described all of the changes his church had to make, stating:

> We went from having an iPhone and a tripod . . . to very quickly figuring out how to do multiple camera angles . . . to now . . . having a room that's in the church tower that's really an AV control room. We had cameras placed, [set up] microphones, and installed strong Wi-Fi so that we could live stream from that space.

Though technology posed a great challenge, the Presbyterian minister called it "just a symptom of the new definition of what it means to be present." The main concern for many of the church leaders was creating a feeling of continuity, community, and embodied worship in an online environment. Thus, many of the investments, adaptations, and experiments with regards to online worship technology were directed toward maintaining a sense of normalcy and togetherness. The change also had a great impact on the church leaders themselves, with many of them feeling the concept of preaching to an empty room and cameras to be "ludicrous" and "weird." One non-denominational minister described his personal difficulty of making the transition, remarking:

> We are a super social and gregarious church. We are very let's hug, let's shake hands, let's get together, let's eat, all of the stuff that during COVID you're not supposed to do. That's really the stuff that we are really good at. We are a warm and welcoming church and we had to just try to be aware of the situation as it is happening, and realize, you know, we can't be all that right now. And that felt so unnatural to me to not hug people and get in their space and try and keep it 3-foot distance or a 6-foot distance.

In accordance with this sentiment, all of the ministers throughout the pandemic had to adjust to the "unnatural" new normal of online services and attempt to maintain a sense of community despite the significant changes to worship.

The Return to In-Person Services

Though all of the churches transitioned online at about the same time, there was a great amount of variation in the time they returned to in-person services, with some beginning to return in the Summer of 2020 and some in the Spring of 2021. Several of the churches were able to adjust to outdoor services in fields and parking lots as a way to more safely gather in person. As one of the non-denominational ministers recounted: "the first thing we did as a church was in August [of 2020]. It was an outdoor drive-in service as sort of a test to see how that would do, and it was miserably hot, but everyone was so excited to be together." While the return to a sense of normalcy was important for everyone, the ability to gather in person, even if it was outdoors, was especially significant for a number of churches, as worship is ultimately, as the Catholic priest put it, "very much about a personal encounter with Jesus Christ."

As the pandemic progressed and churches began to re-open, the transition to online services during the lockdown brought about lasting, long-term changes to how churches and congregations viewed worship, some of which were broadly viewed as positive and some viewed as negative. One positive change was that many of the interviewed church leaders planned to keep online services as an option to their congregations post-pandemic. With the technological capacity built up during the initial outbreak, many churches were able to stream services over Facebook Live or Zoom in ways that they had not been able to before. The pastors cited a multiplicity of reasons why they planned to make the change permanent, from being able to reach homebound people unable to attend worship, to reaching former members who had moved across the country, to connecting with more people in the community. Despite such benefits to

continuing online services, there was also a general sense that the continuation of worship online would ultimately de-emphasize the importance of gathering in-person. Several of the church leaders noticed that once in-person services did resume, many of their congregants would still choose the online option. As the Baptist minister remarked:

> When the world shuts down for a while and people get in the rhythm of doing brunch at home and watching church online, there's definitely people who wanted to stay in that rhythm once we did open back up. It felt nice [for people] to gather with [their] family and have a slow Sunday morning and so the consistency of coming to church changed, just in general of like how often people come.

Such a change posed a problem for many churches, especially for churches with strict liturgical practices and participatory worship, such as Catholic and Episcopalian congregations. The Catholic Priest voiced this concern, saying that "the Catholic Church has a very strong teaching on keeping the Lord's day holy, attending mass on Sundays and all of that. And I think that what the pandemic did to a degree . . . was make people think that was less important." Thus, while many of the ministers recognized the benefits of online worship, many felt the need to stress to their congregations the importance of returning in person when they felt comfortable doing so.

Changes to Sacramental Practices

In addition to shifts in liturgical practices and worship occasioned by the transition to online services, many of the interviewed church leaders spoke to the difficulty of adapting sacramental practices, such as Holy Communion, to the "new normal" of the pandemic. The significance of this change varied greatly by denomination. As the Catholic priest explained:

> Sacraments are very important to the Catholic Church. It's easier, in a way, for a non-catholic church that is non-sacramental, and the stress is more on the word of God. You can do that over TV and Internet very easily but you cannot hear confessions over the Internet, you cannot baptize a child over the Internet, you cannot celebrate the Eucharist. . . . You can celebrate the mass of people, you can watch a TV mass, but it is not the same as being there in person. That's not so much of an impact on another congregation that is not sacramental and that is dependent primarily on listening to the Word and preaching.

Overall, churches with a great amount of emphasis on the importance of the Sacraments, such as the Catholic church, felt that they had a greater amount of difficulty adapting their services to an online environment. Protestant churches that follow a fixed and structured liturgy in which communion plays a central part also had more difficulty moving services online. The Episcopalian minister observed with regards to his congregation:

> Our worship is very embodied; it is very participatory with high congregational involvement. It's, I say something you say something, it's call and response and the central part of our worship service is coming forward to receive holy communion. So the fact that we couldn't do that for a really long time is really significant.

While all of the ministers spoke to the ways in which they had to adapt with regards to communion, adopting practices such as switching to premade communion packets, only taking the bread and leaving out the wine, as well as personally delivering communion packets to those stuck in their homes, the importance of shift of this sacramental practice varied by congregation and denomination.

Changes to Church Congregations

As church leaders began to transition back to in-person services in late 2020 and 2021, many noticed significant changes to their congregations. For some churches, a significant portion of the congregation had been lost. One Baptist pastor, whose church relies primarily on a congregation of college students and young adults, remarked that the lockdown prevented them from doing a large part of their college outreach ministry. When the church decided to return to in-person, they found that a large section of their congregation had either graduated or started attending churches that reopened sooner. Other churches, however, found that their congregations had grown during the lockdown. The Episcopalian minister stated:

> When we got back in person we found that a lot of new people had joined throughout the pandemic; they had found us online. . . . It turns out that because everyone had a hall pass church wise . . . they used that as a time to explore. So when we started meeting outdoors and then indoors a lot of people we had never seen before showed up.

Online services provided churchgoers with the ability to "sample" from different churches and allowed more flexibility with regards to finding a church that fit their needs, preferences, and beliefs. Because of this, however, churches and church leaders were forced to adapt their practices to accommodate and welcome in newcomers. As the same Episcopalian minister explained:

> We now have this episcopal church that is filled with non-Episcopalians. . so we have to be very intentional about not assuming that people know what we are doing . . . and tell people why we do what we do. . . . We emerged from the pandemic as a new congregation. . . . That is one thing that we had to be intentional about: helping people to build relationships and reconnect after what felt like a long hibernation.

Thus, once in person services resumed, church leaders faced the task of integrating those who had only found the church online into the community: creating new classes to explain the beliefs of the denomination, hosting community building events outside of regular worship, and overall adapting practices in such a way as to better serve their post-pandemic congregations.

Changes to Pastoral Care

One effect of the pandemic that many of the church leaders found problematic and frustrating was the inability to administer pastoral care in a typical fashion. Many of the ministers found themselves trapped in tricky situations, where they felt an obligation to serve and visit their elderly and homebound congregants, but at the same time did not want to risk jeopardizing the health of such people. The Lutheran minister described this difficulty, as well as the difficulty of providing adequate end of life care, saying:

> Our elderly folks that were in nursing homes and couldn't be visited, that was really difficult, and it was difficult for people to not be able to go see their loved ones. And, you know, we did have people pass away in the hospital that their loved ones weren't allowed to be in there. There were a couple of occasions where I was with this person who was dying . . . in full PPE [Personal Protective Equipment] and the family was in Zoom. Those were really raw moments for me.

The ministers also found it difficult to identify what kind of physical, spiritual, and emotional needs their congregants had during the pandemic. The Presbyterian minister worked to establish a group of church deacons that were in charge of creating "a database where they kept track of their contacts and the needs that people had" in the congregation. Some church leaders faced specific difficulties in determining their congregants' views about the pandemic and comfort level with regards to pastoral

support. The Baptist pastor explained that "pastoral care from a virtual standpoint was challenging: challenging to know the needs of the congregation and to try to develop a better system of feedback so we could know those needs and then work with individuals in what they were comfortable with." Church leaders, wanting to provide pastoral care to congregants in a time when they needed it most while also wanting to ensure the health, safety, and comfort of congregants, attempted to adapt the ways in which they provided care. Thus, throughout the pandemic, pastors had to remain intentional about fulfilling the needs of their congregations in ways that were safe with regard to public health guidelines.

New Roles for Church Leaders

The pandemic forced church leaders into a number of new roles. Not only did they have to learn to navigate worship, church education, and pastoral care in a virtual environment during the lockdown, but they also had to learn how to become leaders and decision makers with regards to public health. The Presbyterian pastor described the change in responsibility succinctly, stating, "I think now the reality for many pastors is that you are in charge of twice of what you were prior to the pandemic." This newfound responsibility, coinciding with a complete shift in normal tasks and duties, caused some of the church leaders to feel overwhelmed and unable to adequately perform their job. The Baptist minister lamented, "I think one of the things [I struggled with] was why am I getting paid to do this job because I feel like I can't really do the job." On top of the felt need to lead their congregation through a very dark time both emotionally and spiritually, pastors were forced to make difficult public health decisions in a very contentious political environment. Because of this, church leaders became quickly aware that they

were to play an important role in pandemic response. The Episcopalian minister spoke to his own personal recognition of the role he played in building trust in public health within his congregation, explaining:

> It was not my experience up until this point that the local congregation had anything to do with public health—other than providing soap in the bathrooms—but it's not something that I ever thought I would be managing. But there was so much uncertainty and confusion at the beginning of the pandemic that for me and the other leadership at the church—because of the help and resources provided by the bishop— to be able to communicate this is where we are, we are going to get through this, here are the spiritual resources, here are the health resources, we take this seriously, this is why we take this seriously. And I think that did build trust in the congregation.

Throughout the pandemic, pastors were able to recognize that they, too, were to serve a role in pandemic response. As the Episcolalian minister alluded to, the church holds power as a trusted source of information for many in the community. This made the way in which church leaders responded to the pandemic crucial in determining the public health practices, views, and level of trust of their congregation.

Importance of Adaptability and Experimentation

Overall, when reflecting back on the changes that their churches had to make throughout the pandemic, many of the church leaders were able to speak positively about the ways such forced adaptations were able to increase their own personal flexibility and the flexibility of their congregations. The Lutheran minister remarked:

> One of the biggest jokes about Lutherans is that we don't like change. I guess that can be a joke about any church, but we had to learn how to be flexible: learning how to do new things, learning how to do things online and in different formats, trying to get people involved in different ways, and trying events that we hadn't done before.

During the unstable and uncertain times of the pandemic, many churches attempted to find new and inventive ways to connect with people and, as the Episcopalian minister put it, "increase the relational glue." While some pastors launched new cross-congregational online Bible studies in collaboration with other churches in the area, some churches began to work new practices into the schedule, such as a daily prayer online with their congregants, and many created new community-building events that could be safely hosted outdoors. One non-denominational pastor spoke of the potential that the forced adaptations and experimentations had on improving his church's ministry, stating:

> The other thing that I think it was really helpful for, is that it forced us to consider what does church look like outside of Sunday morning. Too many churches, us included, think of Sunday morning as the most important hour of the week, and it is important, . . . but there's other hours in the week where we can be focusing on and should be. And so I think that's where we started to try and figure out like how can we adjust to having not just Sunday morning discipleship, but Monday discipleship, and Tuesday discipleship and things like that. We created groups that met in different neighborhoods instead of always meeting at one location and we did a lot of stuff outside. . . . It forced us to go smaller in the sense of getting in the small groups.

Thus, as it did for so many individuals, the pandemic served as the perfect opportunity for churches to reset, change their practices and traditions for the better, and reemphasize the importance of their worship, discipleship, and community. Though all were forced to significantly change the ways in which they engaged in worship, sacramental practices, pastoral care, and ministry as a whole, many churches "emerged from the pandemic as a new congregation," more willing to experiment, adapt, and better serve the community.

Theme #2: Provision of Physical, Spiritual, and Emotional Resources

Establishing a Sense of Hope Amidst Fear

One of the largest effects of the pandemic that pastors felt that they needed to address was widespread fear and anxiety. The church leaders recognized the multi-layered and multi-faceted nature of fear during the pandemic: fear of the virus, fear of not being able to be present for family members, fear of economic instability, and fear of political insecurity. As pastors, many of those interviewed felt the need to navigate a way to establish a true sense of hope without minimizing the seriousness of the virus. For, as one of the non-denominational pastors recounted:

> We've never been through like a world war . . . but this was something like that on that scale where everyone was afraid, everyone was unsure, and then you had all these people who, whether they were in Waco or some other place, would say that they were fearless and they died.

Overall, church leaders were cognizant of a prevailing sense that "fear" was often equated with following public health guidelines and wanted to stress to their congregations, not necessarily fearlessness, but the source of true spiritual hope in Christ. One method that pastors used to provide such guidance was by communicating theological direction and context for the pandemic to their congregations through videos and emails. The same non-denominational pastor spoke of the use of social media to spread hope, stating: "I tried to over communicate. . . . We use social media quite a bit, and I started putting out a video every week just to help lift people spirits" as well as provide "spiritual service to people [by saying] you know God is good. He's gonna pull us through this one way or the other." Stressing the sovereignty of God, the pastor wanted his church to be "that voice that says you know it's gonna be OK. . . . And this is

not out of God‘s control and we are going to move forward.” Similarly, the Episcopalian minister sent out weekly emails to his congregation during the lockdown, describing its purpose as follows:

> The purpose of that email is to provide a little bit of theological reflection on what’s happening, what are the resources in our tradition in the book of common prayer and in the Bible. . . . Pandemics were very familiar to people in the Bible; there’s a lot of stuff in there about the “pestilence that stalks by day.” . . . So we could direct people to those resources, remind people of the hope we have in Christ and that these things are not new.

By directing people to the Bible and providing reminders of God’s sovereign control, the pastors did not seek to minimize the pandemic, but rather provide their congregations with a sense of stability and coherence throughout a very chaotic time. As the Lutheran minister stated succinctly: “church is never closed.” In light of the fear and uncertainty brought about by COVID-19, church leaders aimed to help their congregants make sense of the pandemic. Thus, many of them worked to contextualize it within a hopeful Christian message and sought to remain a stable and constant source of spiritual and emotional support.

Providing a Sense of Normalcy Amidst Pandemic Fatigue

As the pandemic wore on, churches were met with an obstacle faced by many throughout the latter part of the lockdowns: pandemic fatigue. People became unsettled with what was commonly referred to as the “new normal” of online meetings and work, remaining at home for all but essential services, and having all interactions mediated through PPE, and became anxious to return to the “old normal.” As the Presbyterian minister described with regards to online services:

> People got tired. People got really sick of it. I think people struggled with saying we've been in the Zoom "room" for 9 months and we've been there every week and we don't want to be there anymore; we want to be back in church. And so there was this window of time where we weren't quite welcoming people back into the space but they had to bow out because technologically they were just exhausted.

Furthermore, after the initial shock of the pandemic had worn off and people became somewhat desensitized to its effects, one of the nondenominational pastors noticed that "it felt like at some point society was just like we're done with this and we're not really listening."

One of the ways in which churches attempted to combat such pandemic fatigue as well as the general feeling of turbulence was to establish a sense of normalcy in their online services and community events. For example, the Presbyterian minister made a concerted effort to release all of the church's online and recorded services from within the sanctuary so that the congregation could "identify [the pastor] as being in that space" and the church could attempt to "[hold] a line of calm for people when things just sort of stayed anxious." Similarly, the Episcopalian minister made it a point to host all of the church's outdoor services with the entrance to the church as a backdrop, making " it feel like even though they were worshiping outside, it was still reverent." The Presbyterian church also made the decision to continue offering two online services at their normal times, because even though the entire congregation could fit into the same Zoom "room," the minister decided that since people had "so few choices during a pandemic, the very least [they] could do was keep the worship times the same." The same minister also recounted a story about a little girl who wanted to recreate the standard liturgical

welcome for the church from Zoom, speaking to the ways in which the entire congregation came together to establish a sense of normalcy:

> What that little girl did for a solid year was get a little bowl and a pitcher and she would welcome everyone, [saying] welcome home children of God. And I think some people would talk to you about that. They would say that it wasn't just the pastors that made us feel like we were together, everyone was doing their part.

In this way and others, the church attempted to remain a place of stability, providing some semblance of security, reliability, and permanence in a time where everyone felt unsettled, anxious, and out-of-place. Although pandemic fatigue and frustration grew as time went on, the church came together in difficult moments, working to provide a constant source of strength and normalcy for its congregants.

Opportunity to be a Good Neighbor

For several of the pastors interviewed, the church served an important role throughout the pandemic: to model what it means to be a good Christian neighbor. Generally, when the pastors spoke of this role, they connected it with the importance of making sacrifices such as mask-wearing, remaining online, and, overall, following stricter interpretations of public health guidance as a way of protecting the vulnerable in the community. The Lutheran minister spoke of the church's role as community ambassadors, stating:

> I think in some ways our church became sort of ambassadors of what it means to be a good neighbor. . . . We still have very vulnerable people in our congregation, and we are trying to protect other people, and we are trying to protect the community. So I think in some ways they sort of became ambassadors for that, whether in their workplaces, or wherever, because the church is where they were.

In this way, churches were able to provide a moral impetus and obligation for public health practices, equating mask-wearing and other public health practices as the safest and best way to care for and love one's neighbor. For some churches, such as that of the Baptist minister interviewed, this conviction ended up being quite costly. The church's decision to remain online far after many churches in the area had reopened "cost [them] from a numbers standpoint, both people and financially" even though they felt "people were very thankful that [they] did that and made that hard decision." Other churches, however, were able to see great benefits to their community by modeling Christian neighborliness. Through the church's demonstration of such care and love of neighbor, the Episcopalian minister believed the congregation was able to emerge from the pandemic with a deeper level of connection, togetherness, and trust within the community, recounting:

> There were people, many times, who came to me and said thank you so much for communicating with us; thank you for requiring masks; thank you for caring for those who are immuno suppressed or at high-risk; thank you for the leadership that you've given us through this process and thank you for telling us what you're doing while you're doing it. . . . I think that we came through it like you do any hard time you go through, with a sense of deeper connection.

By emphasizing the moral connection of loving one's neighbor to mask-wearing and the observance of other public health guidelines, churches worked to legitimize such public health practices in the eyes of their congregants. Through strong leadership demonstrated by many church leaders, churches were able to serve as a resource to public health, increasing trust and connections between Christianity and the health of the public.

Support for the Community

In addition to modeling neighborliness through the observance of public health protocols, churches also found ways to care for and serve the surrounding community, even in the presence of strict restrictions on some of their regular programs. The Baptist pastor and his church, in collaboration with other churches in the Waco area, were able to establish a food pantry during the height of the pandemic and distribute food to people in need. Speaking of this effort, the pastor recalled:

> The biggest thing we were a part of is we got together with a couple of churches . . and helped do a food pantry. And we did that for about 8 months. . . . We collected food for it and we also had volunteers. We would pack up the food two days a week and then we'd have people go deliver food to people.

The same pastor also spoke to the difficulties of continuing established community service programs, stating that "the food pantry was great, but then our other partners, none of those folks could do outreach or have things in person, so it also just felt like that was on hold." In the words of one of the non-denominational pastors, the pandemic "stiff-armed [them] as to what [they] thought about how [they] were going to serve." Like the food pantry, however, many churches were able to find new ways to support the community during the pandemic. Several churches mobilized their sewing-machine-owning congregants, making cloth masks and distributing them to those in the community and in local public schools. Others were able to provide financial support to those who had lost jobs, taking offerings for people struggling to pay the rent.

As the vaccine roll-out began, one non-denominational church even collaborated with a local community hospital in order to increase vaccine literacy and decrease vaccine hesitancy. The pastor of the church stated:

> We work hand in hand with Waco Family Medicine Center, and that's where a lot of our doctors are from, and we asked them what are the ways we can help. It was just kind of getting more people to get vaccinated and it was kind of an education curve to get people over to trust the vaccine, and so just trying to hand out flyers, and canvassing neighborhoods, and things like that.

As an established source of trust within the community, this church was able to serve as a resource for local hospitals, encouraging people to get vaccinated and reassuring them of the vaccine's safety. Overall, churches worked to stem the tide of the pandemic and its effects in the community, either by providing economic support to the unemployed and hungry, material support in the form of food, water, school supplies, and masks, or support for public health practices like the vaccines.

Support to the Congregation

In addition to serving the surrounding community, churches were uniquely equipped to provide support for congregants. First, because of the church's role as a well-established and connected community, churches were able to serve as networks of communication for their congregants, connecting community members to one another and establishing a sense of unity and common purpose. Several of the churches interviewed made intentional moves to connect congregants and ensure that every person felt as though he or she was involved in a network of support. One of the non-denominational pastors "made a list of 'shepherding groups' and would reach out, early on when people were locked in" in order to determine needs, such as those who needed food to be brought to them. The other non-denominational pastor, who had established a structure of community groups prior to the pandemic, recounted that "[their] community groups became even more pastoral at that point where 10 to 15 people took care of each other" and worked together to fulfill the needs of others in the group.

Second, congregations were also able to serve as sources of knowledge and expertise, specifically with regards to technology. For several of the churches, members of the congregation assisted others in navigating the shift to online services and an increasingly virtual world. The Presbyterian minister recalled that the church "created a team called tech deacons to help people who could not navigate Zoom and the digital demands of being present. They worked with nursing staff at nursing homes to help people understand how to get [others] tied in." Similarly, the Lutheran pastor reflected on how people in the congregation worked to make sure others were able to make online medical appointments, stating:

> Early on, when the vaccines were first available, we had some of our more technology savvy folks on websites trying to help get our elderly members to their appointments . . . because they would fill up so quickly and using a computer would be difficult. So we had people that were intentionally helping to find people get vaccines and even driving people to do that.

In this instance, the individual expertise found within the congregation served as a resource for local hospitals and for public health outreach as a whole, as the church was able to take care of elderly congregants and ensure that others in the church community were able to receive the care that they needed. Through the position of respective churches as networks of communication, they were able to provide crucial support to members of the congregation, linking people together in groups in which members were beholden to the needs of one another and providing a diverse community in which the strengths of individuals could work to help others through the difficulties of the pandemic.

Importance of the Church

Overall, for many of the church leaders interviewed, all of the ways that the church provided resources to both congregants and the community as a whole became even more important during the pandemic. One non-denominational pastor saw the role of the church as a source of unity and stability grow as a result of a concurrent rise in disunity during the pandemic, stating, "I think if anything we [the church] might become even more important because with the multiplicity of voices screaming at both ends of the spectrum we were able to not be panicked and just say this is what we're going to do."

In addition to the unity and stability provided by the church growing increasingly important, several of the pastors remarked on the growing importance of the church as a community during the pandemic. Often, the church provided one of the only ways in which people could create true and authentic connections with others in lockdown. The Baptist pastor praised the congregation for this, recalling: "I think our congregation did a good job of creating community: there were a lot of people engaged in the chat online . . . and it was interesting to see people making connections even in a virtual time." As the Episcopalian minister remarked, "making sure that there was some kind of connection" between people was crucial for the church, as well as ensuring that congregants were being provided with other resources to remain spiritually, socially, and emotionally fulfilled.

Opportunity for Reconsideration of Values

Just as the church leaders recognized that the importance of the church was growing during the pandemic, many of them also saw the pandemic as an

opportunity to reconsider values, both as individuals and congregations, and reemphasize some of the most paramount resources that they provide. The Episcopalian minister observed that "there was a lot of soul-searching going on nationally" throughout the pandemic, and when everything began to shut down, people began to question their own values and what they believed to be important. The same was true for the church. The same minister stated that throughout the pandemic, churches, especially in the evangelical tradition, were in the midst of processing social issues such as "the role of women, about racism and racial equity, men versus women in leadership and how [they] think about the inclusion of LGBTQ people." For one non-denominational pastor, the pandemic, as well as many of the social movements that occurred during the pandemic, forced the church to take a stand on certain social issues. The pastor stated:

> I feel like when you talk about the pandemic, it's hard for us to separate the pandemic from of the social issues that came about because of that. . . . Because people were stuck at home, and able to watch something like George Floyd be murdered, it also heightened some of the social issues and unrest in the country. And these are issues that we as a church have from the beginning always spoken into. It also pushes people to say that I want to be a part of a church that does speak into these real issues that we as a country are dealing with.

Overall, the pandemic thrust churches into having to make difficult decisions and hold difficult conversations, both with regards to pandemic and public health guidelines as well as how the church should respond to social issues.

In addition to a reconsideration of its social values, the pandemic also allowed for the church to reemphasize some of its most importants strengths and resources. One such

resource included the church as a place of gathering, an aspect often taken for granted that grew in importance after all of the pandemic restrictions were lifted. As one of the non-denominational pastors expressed:

> Some of the learning is maximize your moments. Like when you do get to have Thanksgiving together, by golly have a great one, don't waste it with stupid stuff. And on a weekly basis, when you do get to go to church and worship together, take advantage of it because we don't know that that's always going to be available to us.

Similarly, after emerging from the lockdowns the Lutheran minister noted:

> I think people were yearning for authentic Christian community before the pandemic and, not that people took the church community for granted, but there is this new sense of community and being together when we couldn't be together. There's definitely a new energy. . . . There is this new sense that we need to be together and that when we are together, despite all of the grief that has happened, there is this new sense of joy. And so right now [they] are trying to figure out what to do with this momentum.

Other congregations also looked to capitalize on the post-pandemic "momentum" that they found. As one of the non-denominational pastors said, the pandemic allowed the congregation to consider "what's important and what's not," as well as caused them to:

> Value the things that are to be valued, which is always people. . . . Because you don't know how much longer you have and that's what makes life worth living. It's not the stuff you get or the car you drive; it's the people that you are around, and if I can take that forward, then I think we could use some of that COVID negativity to make our lives better.

Though the pandemic was definitely an incredibly difficult time for churches, many of them viewed the experience as an opportunity to redefine what the church is and what the church could be for congregants, community, and the world. The church was able to provide many resources to congregants and the surrounding community

throughout the pandemic: preaching a message of hope amidst fear; serving as a source of stability amongst uncertainty; modeling the moral obligation to love one's neighbor; and delivering material, economic, and spiritual support. Through the provision of such resources, a reconsideration of social values, and the newfound emphasis on community and togetherness, churches are looking to make the most of momentum gained during the pandemic and continue to grow in their importance and benefit to the community.

Theme #3: Difficulties of Decision-Making

State and Local Guidance

One of the primary ways that church leaders made pandemic-related decisions was by following state and local guidelines. During the initial shutdowns, all of the churches interviewed complied with the state guidelines, citing various reasons for doing so. As one of the non-denominational pastors reasoned:

> We were always looking at the state of Texas and the city of Waco guidelines. We want to support them. It's not even whether they are conservative or liberal it's just that they are our governor, or our mayor and we will look stupid by not doing what they say. And I know that some churches did that, but we agree that these people were trying to help us and so we would do at least a minimum of what they say. And so whatever their policies were, that is what we tried to implement.

As the pandemic progressed, Texas became one of the first states to allow churches to begin in-person services and activities. To the priest, this was beneficial as it allowed for many of the sacramental practices so crucial to the church to more quickly resume. As a whole, he believed that "in this state [Texas], [they] were fortunate because the restrictions weren't as onerous as in other states; [they] were able to come back fairly quickly." Several of the churches, such as the Catholic church, began to open their doors

as soon as state mandates allowed. One of the non-denominational pastors that did so remembered: “after Easter they started letting us roll out with the different things and I think it was like you could have 25% and then 50% and we have pews so we were able to do the math and tick off the right number.” Other churches, however, remained closed past the cessation of state mandates, basing such decisions on other sources of authority.

Role of Church Hierarchy

In addition to reliance upon local, state, and/or federal guidelines, individual pastors serving in a denomination with an established church hierarchy were often able to rely upon their superiors to make decisions with regards to the pandemic. For several of the church leaders, this proved quite helpful. As the Catholic priest described:

> It helped to have the advice of authorities. The Catholic Church is different from other denominations and other congregations in that we act and we minister as part of a larger organization rather than each individual church. So we have to take those into account and I have to, in a sense, do what the bishop asks me to do. So that was helpful in that sense.

The ability to rely upon an established church hierarchy provided additional authority to decisions made within the church. It also proved to foster a more coordinated, well-informed, and uniform response. These churches were able to draw upon the resources provided by the larger organizational structure of their denomination, specifically with regards to church leadership. The Episcopalian minister detailed such benefits, stating:

> In the beginning, it was really helpful… to be able to say to the congregation, look, we have to do this, the bishop says we have to do this, and all the Episcopal Churches in the diocese are doing this; we are all in this together. It was really good that it wasn’t locally managed, and also

> our bishop in Houston was talking to people at the medical center. . . . I know that Bishops in the Episcopal Church were also talking together and trying to have a coordinated response nationally, so you didn't have some dioceses that were doing whatever they want and others that are really locked down. That would create internal divisions.

Despite the benefits, interactions with church hierarchy were not always positive for the churches interviewed. One church, currently non-denominational, felt the need to leave its previous denomination during the pandemic. The pastor cited differences of opinion with regards to COVID-19 policy as one reason for the change, stating that "of the 45 [churches in the region that belonged to the denomination], I think ten of them never closed . . .and we felt like we were the weird ones sticking it out." When considered together, church leaders saw the influence of hierarchical structures within the church as something of a mixed-bag. For many churches, the church hierarchy provided an important source for authority in decision-making, public health information, means to establish a collaborative response, and overall leadership. For this one particular church, however, denominational leadership worked to limit and discourage the cautious response taken by the church as well as restrict the way the church responded to pandemic-related social issues.

Relying on the Congregation

Other church leaders based many of their public health decisions on the expertise of members of the congregation. Often, such congregational decision-making was done in churches with more independence from church hierarchy. Sometimes public health decisions involved previously established congregational leadership, such as a leadership team, deacons, or a church council. For example, the church of the Baptist minister was

"run by a leadership team and they had final say in . . . if [the church was] going to require masks or not require masks." Other times, church leaders created specific pandemic "task forces" composed of health professionals within their congregations. One of the non-denominational ministers described the leadership of health professionals in the congregation, remarking:

> Early on, we had quite a few doctors join in with the church plant, and because this was something that was so out of our wheelhouse in what we were trained in seminary for, the easiest thing for me to do was just say, hey guys, I don't know what we should do; what should we do? And that's been our posture this whole time.

Ultimately, such congregational leadership and "pandemic task forces" further demonstrate the concept of churches as sources of public health and pandemic-related knowledge. Many churches were able to rely upon the expertise and knowledge-base found within their congregation, primarily from health professionals, in order to increase trust and the legitimacy of decisions made by the church.

CDC Guidance and Pandemic Statistics

For many of the church leaders that were interviewed, guidance and statistics provided by the CDC served as the primary rationale for decision-making. At the onset of the pandemic, the Lutheran minister recalled that they "were following the CDC and whatever they said to do, that's what we did." Eventually, as the state began to reopen and allow in-person services in May, 2020, several church leaders, along with their congregational leadership teams, began to notice conflicting information between the CDC guidance and the policies allowed by the state. This created a difficult situation, for though many churches decided to trust and follow the more lenient state guidelines, other

churches looked toward the guidance provided by the CDC, which still strongly discouraged in-person activities. Thus, at least for a while, churches were forced to make a choice of whose guidance to trust: that of the state, or that of the CDC.

The pastor of the nondenominational church that formed a medical advisory board recounted this difficulty, as the church ultimately decided that "the church [wasn't] ready" to "reopen when everyone else did," citing the lack of a vaccine and the data supporting the idea that "to be inside a building as a group was not wise." Similarly, the Episcopalian minister looked strictly to the data provided by the CDC, continuing to remain online past when the state allowed for in-person services to continue. At the beginning of the pandemic, the minister set specific metrics that must be met for the church to return in-person, looking carefully at data "from positivity rate to hospitalization, to what schools were doing in the area." In this way, the minister was able to report to the congregation that "this is where the metrics are" and that they "are going with what the CDC is saying. . . . It's not how the rector feels today, or political pressure, or what they're saying on the news or social media, but it's based on the data." As the pandemic progressed, however, the minister noticed that the CDC itself had begun to change the ways in which it measured community risk, a metric the church used to make its decisions. In accordance with the CDC, the minister decided to switch "metrics to that so if it said high we will go to masks required if it were low we would switch to mask optional, and then recommend that people wear masks." The church ultimately decided to do so because of its trust in the CDC, for "it felt like if we were to follow the old measures while the CDC has said this is the new measure and the world has kind of

moved on, we felt like that would be counterproductive to what we were trying to do, which is support the community and serve the world."

This church and others wanted to make decisions based upon objective data and metrics, and for many, the CDC served as such an objective source. Though the CDC changed its guidance relatively frequently as new data became available, several of the church leaders remained confident in the CDC as a stable and authoritative source of information and based their decisions in accordance with its recommendations.

Collaboration with Local Authorities and Church Leaders

Several of the interviewed church leaders spoke to efforts among local churches to collaborate and coordinate responses with one another. One of the non-denominational pastors remarked that "a lot of the churches in Waco are in a great relationship with each other," and that early on in the pandemic, a group of churches "got together before the government did anything and said whatever is coming our way we will all do it together." As the pastor stated, at first "almost all of the churches in Waco were in kind of this gentleman's agreement, meaning when they say shut down we will all shut down and when they say open up we will all open up at the same time so that there's not competition," though as the pandemic wore on, and the decision of reopening became more politically contentious, some churches decided to reopen earlier than others.

In addition to the collaboration between churches, local authorities also worked to coordinate pandemic response in churches and provide church leaders with important information. The Lutheran minister recounted that "the mayor of Waco had meetings with clergy and requested that communities of faith work to stem the tide of the increase of COVID-19 in the community; so [they] did that." Similarly, the Episcopalian minister

was part of a "weekly call with local leaders on Zoom about what was going on in the community and coordinating a response which kind of informed what [they] did in the parish." In this way, the pastors were able to be informed and collaborate with local leadership at universities, public schools, and in the government in order to synchronize the response of the community as a whole.

Unity Amongst Controversy

It is no secret that despite early collaboration, the pandemic response quickly became highly controversial and politicized. Many of the interviewed church leaders soon became cognizant of the potential divide that pandemic response could cause in their congregation and looked to maintain unity.

For one, it was often difficult for pastors to know the views of their congregation. As one of the non-denominational pastors lamented: "it was really difficult to know. . . if people were with you or not with you" during the pandemic because "everything got polarized and politicized and it felt like we were on one team with the other team over there." The pastors were aware that every decision they made had the potential to create internal divisions within both the staff and the congregation as a whole. Therefore, some of the churches attempted to provide a "middle of the road" response, trying, as one of the non-denominational pastors described, to "[thread] the needle between these two very far apart sides and say you know we're kind of in the middle somewhere we've all got preferences and you have to learn how to not dishonor someone else's preference." Churches like these aimed to model "tolerance, in the old sense of the word: where are you know you can be near someone that is different from you and you can be OK with it." Other churches, especially those that were some of the last to reopen to in person

services or require masks, looked to maintain unity in the congregation by attempting to show that decisions were made out of a place of love and humility. As the Lutheran minister described:

> We are a very purple congregation. We have people on every side and in the middle, but it is a community that respects and loves each other enough that that did not become a driving factor in the way that we made decisions. It was really just trusting the science, trusting the experts.

Though the entirety of the pandemic response, as well as the SARS-CoV-2 virus itself, became embroiled in political turmoil and served to increase the political divide within the United States, churches attempted to remain sources of love and unity. Many of the interviewed pastors made a conscious effort not to make public health decisions out of a certain political ideology, but rather out of a beholdeness to one another and a desire to maintain a sense of community, tolerance, and acceptance within their congregations.

Public Health Beliefs and The Church

Though individual churches did often provide a source of unity throughout all of the controversies of the pandemic, the interviews revealed an interesting reciprocal relationship between views about public health and the way that churches handled public health guidelines. While the response of churches to the pandemic definitely influenced the ways in which congregants viewed public health, the ways in which people viewed public health guidelines also influenced the composition of congregations.

Initially, several of the pastors became cognizant of the important influence of the church in shaping how people responded to the pandemic. As the Lutheran pastor

described: “In some ways I became like a health expert, but not like a health expert, because what we did at church and what the church decided to do then influenced what people were doing in their lives.” Churches varied greatly in the ways they used such influence. One non-denominational pastor, reflecting on the decision to remain closed while many churches began to open, described the fact that churches were often at the forefront of the push to return to in person activities. The pastor stated: “At one point it felt like the church was the one to start to change people’s perceptions, like it’s ok to be together. But I’m biased and I say that in a negative way because I was like, I don’t think we should be together.” Other churches were some of the last public places to resume in person activities and to require masks, preferring to encourage caution and safety among their congregants.

On the flip-side, pastors started to notice that a significant number of people, both within their congregation and outside of it, were beginning to evaluate churches based on the public health guidelines they implemented. Often, people would switch churches if their own views about COVID-19 were not in accordance with those of their church. Specifically, the Episcopalian minister noticed an increase in new members in the church because of its handling of the pandemic, stating:

> Masks and vaccines became highly polarized and politicized, it made so that some in our church that may have been on one end of the spectrum say ok this isn't for me, but there were many who came to our church because we took some of the masking policies seriously. . . . And so I feel like we had a lot of people join our church and say like man, I feel like I was crazy, everyone was back together and I didn’t feel like we should be. And I think there were a lot of people who joined the church because of that.

Those who had strong opinions, whether they were in favor of or opposed to masking, vaccination, and other public health policies, sought out churches that held similar opinions to their own. Thus, while the church worked to influence people's perspectives on the pandemic, the opinions of congregants also shifted the composition of congregations.

Setting an Example and Informing the Congregation

In addition to the difficult task of public health decision-making, church leaders were also faced with the duty of setting an example for their congregations. When vaccination roll-out first began in the Winter of 2021, several local hospitals recognized the influence of church leadership, and quickly contacted pastors to offer vaccinations. After health workers, church leaders were some of the first individuals in the community to receive a vaccination. One of the non-denominational pastors, along with church staff, took part in this offer. The pastor described the experience, as well as his views of the vaccine, recounting, "I went and got vaccinated with our staff in January 2021. . . . I thought well I've got faith in God and so not only can God protect me from COVID, if the vaccine is bad He can protect me from that too." Similarly, the Episcopalian minister described the efforts of church staff to model safe public health practices. As the church began to return to in-person, the pastor stated:

> We put things on our social media encouraging wearing a mask with pictures and videos of clergy wearing masks to present it in a positive light. . . . We did implement a policy requiring all of our staff to get vaccinated and we put that in our bulletin and put that in our email. . . . We just wanted to lead by example on that.

Another important role of church leaders throughout the pandemic was to notify their congregations of important pandemic-related news and information. One of the non-denominational pastors mentioned the importance of transparency among church staff with regards to vaccination information, saying, "our big thing is to try and be transparent and communicate with our people. I am sure we were very public about vaccinations… we still have people on our staff who aren't vaccinated." Other congregations specifically worked to relay specific COVID-19 statistics in the community and interpret what they meant for the congregation. Doing so was especially important to the Episcopalian minister, who saw the sharing of data as a way to build legitimacy for the policies of the church and increase trust within the congregation. In March, 2020, the minister began to send out a weekly email that always included a section with links to COVID-19 information and "would regularly publish . . . this is where [the community is] in terms of cases per 100,000, infection rate, this is the ICU capacity, and it must be under these certain levels for [the church] to go mask optional" as a way for the congregation "to stay informed on the policies that we had and why we had them." This practice continued throughout the pandemic, and when vaccines became available, the church began providing links to where congregants could register to get vaccinated and receive their vaccination.

In this way, decision-making by church leaders served as a valuable resource for public health outreach. Church leaders, along with church staff, were able to promote public health practices both by remaining transparent, communicating, and interpreting information about the pandemic to their congregants, as well as using their established trust and authority to serve as models for masking and vaccinations.

Conclusion

From each of the themes that emerged during the course of analysis, several important conclusions can be drawn. First, with regards to the theme of forced adaptations, the pandemic drastically changed worship, pastoral care, sacramental practices, and ministry as a whole. Through these changes, church leaders have become more aware of their role in health promotion, the church has had the opportunity to increase its online presence, and it ultimately emerged with a renewed willingness to adapt and experiment in service to congregants. Second, with regards to the resources provided by the church throughout the pandemic, the church imparted a sense of hope and stability amidst uncertainty and fear, provided support and expertise to those in need within the congregation, and continued to give back to the community through material and financial support. Third, with regards to the difficulty of decision-making during the pandemic, church leaders relied on a number of sources in order to make decisions, from state and local guidelines and established church hierarchy to information provided by the CDC and members of the congregation. In doing so, church leaders served, for better or for worse, as examples to their congregations, modeling public health practices and providing information to congregants.

CHAPTER 4

Conclusions and Recommendations

Upon consideration of each of the three themes (forced adaptations for churches and church leaders; provision of physical, spiritual, and emotional resources; and difficulties surrounding pandemic-related decision-making), some of the most important ways in which churches served as RHAs during COVID-19 were identified. Throughout the pandemic, churches were able to improve the healthworlds of their congregants both tangibly, by serving as a source of human capital, and intangibly, by contributing to each of the leading causes of life.

Tangible Assets

Regarding the tangible health assets provided by churches, the majority of positive contributions identified were centered around the human capital found within congregations. This term is used to encapsulate all the ways by which individual human resources and skills can come together as a benefit to a group (Hale et al., 2018, p. 44). Such human capital was evident across many of the forced adaptations that congregations had to make, especially the increased reliance on technology. Members of these congregation who had technological expertise were able to provide specific support to congregants who had difficulty making online medical and vaccination appointments, as well as holistic support by ensuring that all members of the congregation were able to stay connected with the church and its resources throughout the pandemic.

Additionally, churches worked to maximize the human capital found within respective congregations by creating and maintaining community groups, thus bringing

together people with different backgrounds and needs. These groups were then able to ensure that the spiritual, emotional, and physical health requirements of members were met, with others able to do everything from bringing groceries to regularly checking in with members in need. Human capital within the church was also quite evident through the difficult decision-making process, with the majority of church leaders interviewed relying on the expertise of congregants in order to make COVID-19-related policies and guidelines. While some churches depended on the counsel of previously established leadership, such as deacons, church councils, and church board members, others established new leadership teams with specific expertise for COVID-19, composed primarily of medical and healthcare workers where such were present in a given congregation.

Finally, one of the most crucial sources of human capital found within the church came from the church leaders themselves, many of whom embodied aspects of Cochrane and Gunderson's definition of boundary leadership: those that work to connect the boundaries of often siloed disciplines by constructing a system of constructive relationships. In this case, church leaders were able to utilize important boundary leadership skills in order to explain how public health practices were consistent with their congregation's values and with Christian beliefs. By adapting to their new roles as public health decision-makers for their congregation, connecting safe public health practices with a moral obligation to care for one's neighbor, attempting to maintain a unified congregation amidst a contentious pandemic political climate, modeling vaccination and masking practices, and providing important COVID-19 information to congregants, church leaders were crucial in bridging the gap between the respective silos of religion

and public health. In these ways, the influential boundary leadership qualities of many church leaders served as a source of human capital that brought about an increased level of trust and connection between the two disciplines. Thus, whether it be through the technological and medical expertise of congregants or the leadership capabilities of church leaders themselves, the human capital found within congregations contributed to the health of the community in a very tangible manner.

Intangible Assets

Regarding the more intangible ways that churches served as assets to the public health sector, the most important contributions can be summarized as contributing to a specific, "leading causes of life" as defined by Gunderson: specifically, coherence, connection, agency, blessing, and hope. Throughout all of the changes, adaptations, and uncertainties, church leaders aimed to serve as a source of coherence for their congregants, contextualizing the pandemic within a comprehensible and meaningful religious narrative rather than allowing it to become an assortment of random and detached events. Churches stressed the importance of God's sovereign control, preached on similar instances of tragedy from the Bible, and promoted optimism in spite of all of the negativity of the pandemic, focusing on opportunities the pandemic provided to reflect, grow, and ultimately change for the better.

Churches also aimed to maintain a sense of connection between congregants by promoting ways to remain "in-touch" with family, community, and the world as a whole. For many of the church leaders, this was their primary concern upon the switch to online services, a difficulty they sought to resolve through creating online comment sections, initiating new Bible studies, and establishing community groups. By creating and

sustaining connections and opportunities for interaction, church leaders attempted to maintain a unified congregation that could come together despite many of the differences heightened during the pandemic: a congregation beholden to one another and others in the community.

Church pastors also looked to instill a sense of agency in congregants. Though the pandemic shut the door on a number of opportunities and privileges, churches worked to encourage congregants to act responsibly in the face of such restrictions. They adapted in an attempt to remain viable choices for people to "gather" and interact with one another, with several being very intentional about providing members of the congregation with some amount of decision-making authority. Additionally, many churches put forth messages regarding the power one has to "love thy neighbor" through mindful consideration of the health of people and communities and small personal inconveniences, like wearing a facemask, that could serve to protect others from illness. Such a choice allowed for people to feel as though they were doing their part to curb the tide of the pandemic, as well as contributing to overall goodwill toward others.

Churches also sought to optimize blessing as a "leading cause of life" throughout the pandemic, encouraging gratitude for the things that have come before and responsibility for the things to come. The pandemic provided church leaders with the opportunity to reflect upon the blessing of being able to be together in-person and re-emphasize the importance of the church as a place of gathering. Ultimately, church leaders during the pandemic learned that nothing should be taken for granted and that the people of the congregation are what truly make up the church. Upon recognition of this

blessing, churches sought to reconsider their values and truly capitalize on the yearning for authentic community following the lockdowns.

Finally, the church was crucial in providing hope amidst all of the uncertainty surrounding the pandemic, looking above and beyond the pandemic toward a higher purpose and meaning. A healthy sense of hope, as communicated by several of the church leaders, did not seek to dismiss or understate the tragic effects of COVID-19, but instead attempted to overcome them through the hope found in Christ. Such hope was intended to give congregants a constant source of spiritual and emotional support to persist and endure throughout the many difficult adaptations and decisions of the pandemic.

Conclusion: Religious Health Assets and COVID-19

While this by no means provides an exhaustive list of the ways in which churches and church leaders served as RHAs throughout the COVID-19 pandemic, many of the most crucial assets identified in this study fit within this theory. Ultimately, churches were critical in determining the healthworlds of their congregants; contributing in a tangible manner as sources of human capital in the form of individual technological, medical, and leadership expertise; and contributing as well as in an intangible manner through promotion of each of the "leading causes of life." These included enhancing coherence through the integration of the pandemic into a Christian narrative; connection through an emphasis on beholdenness to one another; agency through the ability to follow safe practices; blessing from the importance of gathering as a community; and hope through motivation to endure the pandemic's uncertainties.

Recommendations for Public Health

Public health is an applied field that is characterized by its practicality. With this in mind, several recommendations are now offered for public health in order that the assets provided by churches can be maximized in the future. These recommendations are intended to capitalize on and maximize RHAs to improve and maintain the health of the public moving forward.

First, congregations would benefit from what might be termed a de-politicization of public health. This may be achieved through efforts to increase coordination, consistency, and transparency among local, state, and federal public health policy. Some of the interviewees identified an increase in politicization and political homogeneity *within* and *between* congregations during the pandemic. Because of the intense political controversy surrounding everything from lockdowns and masks to vaccines and Dr. Fauci, pandemic response primarily fell along political lines. While many church leaders strived to make apolitical decisions, the climate surrounding COVID-19 seemed to be hyper-political. Thus, whenever a church would decide to remain in lockdown or open to in-person services, require maks or not require masks, publicly support the vaccine or stand opposition to the vaccine, each decision was often viewed not as the church making a determination in the best interest of its congregants, but rather as a political statement. As several of the pastors mentioned, such politicization led people to both leave and join the church in an attempt to find a congregation that more closely aligned with what they believed about the pandemic and politics in general.

While an effort to de-politicize public health within congregations may not necessarily impact directly on a church's experience with the "leading causes of life" or

their sources of human capital, it may affect the receptivity of certain churches to establish and maintain partnerships with local public health agencies and programs moving forward. In order for churches to continue to provide tangible and intangible assets for health-promotion and disease prevention efforts, the public health sector must at least attempt to bridge the political divide that alienates them from some church communities. This should be done through coordination and consistency among levels of public health governance. Several church leaders expressed confusion and frustration with the differences between state guidelines and information provided by the Centers for Disease Control and Prevention as well as some of the changes that were made to the guidelines over time. In the future, public health leaders should work to facilitate information sharing networks across different levels of governance, communicate transparently to the community about the ever-changing nature of scientific knowledge, and ensure a response that is coordinated rather than fractious.

Second, public health agencies should work to capitalize on the expanded opportunity for online public health messaging. A very apparent effect of the pandemic on churches was an expansion in the use of online resources. This has had important implications, as many churches decided to maintain online services after the pandemic peaked and many continue to use such technologies for worship, discipleship, and evangelization purposes. Due to the pandemic, churches and congregants now increasingly rely on social media, podcasts, videos, and livestreams as sources of information. Thus, there is a new opening for the public health sector to make videos, posts, and podcasts specifically tailored for congregations and to send them to partner

churches. In this way, public health could expand the impact of community-wide health promotion through even closer connections to such trusted institutional partners.

Third, health departments should work to increase the availability of public health resources to clergy and church leaders directly. Based on the interviews, the pandemic seemed to result in an increased flexibility, openness, and willingness to change among church leadership. It also became clear that because of the pandemic, church leaders are now acutely aware of the important role that they play in promoting the health and physical well-being of their congregants. Overall, church leaders are increasingly cognizant of their role as "boundary leaders," those who work to provide meaningful connections and relationships among the various domains of social life. Several of the interviewees emphasized communicating pandemic-related information to congregants as well as ensuring access to health and medical resources in the community. This change could facilitate a renewed flourishing of medical-religious partnerships. By communicating directly with church leaders, ensuring that they have accurate and up-to-date information, collaborating with them to establish partnerships, and even providing opportunities for public health-related training, the public health sector could more successfully maximize the assets provided by congregational leaders.

Summary

This qualitative study was conducted in order to determine the specific ways that Christian leaders and congregations in Waco, Texas, functioned as public health assets throughout the COVID-19 pandemic. While there were certainly many negative responses to the pandemic by churches across the United States, this study instead focused on the positives, using the RHA framework of Cochrane and Gunderson to

identify spiritual, emotional, and physical benefits provided by churches and church leaders. Seven interviews were conducted with local members of the clergy, and several themes emerged: the pandemic as a time for forced adaptations; the church's ability to provide resources to congregants and the community; and the difficulties of pandemic-related decision-making. The principal ways that churches served as public health assets during the pandemic were by contributing to the "leading causes of life" of congregants and by providing human capital.

Based on the interviews, several recommendations were offered, including decreasing the politicization of public health through increased transparency and consistency; expanding online public health resources specifically geared to places of worship; and increasing the availability of resources to church leaders themselves. In this way, the religious and public health sectors together can ensure that both contribute to their shared goal of health for all.

APPENDIX

Interview Questions

Pre-Interview Information and Demographics

1) Personal Information
    - Years of Experience
2) Congregational Information
    - Membership
3) Denominational Information
    - Specific Denomination

1) What have been the public health policies of your church as a whole throughout the course of the pandemic? When did your church reopen to in-person services and why?

    1a) How were decisions with regards to public health policies and guidelines made for your congregation?

2) What are some of the resources your church has provided to help congregants throughout the pandemic?

    2a) What resources has the church provided to the Waco community throughout the pandemic?

3) What are some of the ways in which your church has had to adapt throughout the course of the pandemic?

    3a) What are some of the ways in which you, as a pastor, have had to adapt throughout the pandemic?

4) What roles do you think your church has embodied during the pandemic and how have such roles been filled?

    4a) How do you believe the roles your church plays in the lives of your congregants changed during the pandemic?

5) What were, in your opinion, the biggest obstacles your congregation faced during the pandemic?

    5a) What were the biggest obstacles you had to face, as a church leader, during the pandemic?

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