

A Guide to Crisis Mitigation Support by the Local Faith Community

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The following is a guide for the local church in a pandemic and a framework for the development of more comprehensive tools. It starts with the CDC guidelines for response to the Covid-19 epidemic and provides guidance and commentary on implementing the guidelines, including a church role in implementation. The full CDC guidelines are at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>

A part of the basis for this Guide is an observation from the author's many years in healthcare quality improvement. Recommendations for safety, health, and risk reduction often work best for organizations with the most resources, while those with few resources struggle to implement guidance. In the early decades of healthcare quality improvement in the US, the national effort to improve quality did succeed on average, but on close analysis, widened the gulf between well-resourced organizations and poorly resourced ones. The same challenge applies to individuals, families, and communities. However useful the recommendations may be, distributing them without consideration for the required skills and resources needed for action can have the effect of widening the gap between those with resources and those without them.

Further, a crisis amplifies this effect. In an emergency, people tend to conserve the resources they have and gather what additional resources they can. Since gathering resources is easier for those with financial and social capacity, those with more capacity (wealth and social connections) will garner a disproportionate amount of the remaining resources. The effect is a widening gulf between those with and those without resources. However, this need not happen, and the local church is a crucial institution in mitigating this effect. The following comments describe how to reduce this effect as well as encouraging local church action.

Goal: Churches will adopt the standard containment and mitigation recommendations to the needs of the poor and vulnerable.

Guiding Principles: Rapid containment is essential to reduce the risk of exponential growth in the number of covid-19 cases. However, the recommendations for containment typically are not well suited for those with few economic and social resources. Thus, churches need additional assistance on how to adapt recommendations to the poor in their communities. Guidance is required to assist people with few resources in using the standard recommendations or creating new contextualized recommendations for those living in poverty or who have limited resources.

These guidelines and recommendations were developed for a Western audience and are most applicable to communities above the poverty level. WEA is in the process of developing guidance for communities and churches in more impoverished settings.

CDC Risk Levels: Recommendations use the following severity criteria

The CDC organizes recommendations around three risk levels:

1. Low. Isolated cases, no evidence of community-wide transmission.
2. Moderate. Widespread transmission, high risk of infection in a community setting.
3. Substantial. Community facilities, including healthcare facilities, have a high number of cases. The Healthcare system is severely impacted.

Focus	CDC Guidelines	Recommendations for Local Church and Church Networks
<p>Individuals and Families</p>	<p>Low Level</p> <ul style="list-style-type: none"> • Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if symptomatic: Stay home when you are sick Call your health care provider’s office in advance of a visit Limit movement in the community • Limit visitors • Know what additional measures those at high-risk and who are vulnerable should take. • Implement personal protective measures (e.g., stay home when sick, handwashing, respiratory etiquette, clean frequently touched surfaces daily). • Create a household plan of action in case of illness in the household or disruption of daily activities due to COVID-19 in the community. Consider 2-week supply of prescription and over the counter medications, food, and other essentials. Know how to get food delivered, if possible. • Establish ways to communicate with others (e.g., family, friends, co-workers). 	<p>The general guidance for churches at this level of threat starts with knowing the capacity of church members and local community members to understand the recommendations and put them into action. <u>It is vital to remember that having and understanding information does not necessarily mean a person can put it into action.</u> Thus, a church can play a role in facilitating understanding and engagement by holding discussions, assisting with home planning, including communication plans, and assessing cultural practices that might conflict with mitigation actions.</p> <p>Second, any recommendations that require resources will mainly work for people who already have resources. For example, suggestions for stocking up on food or medication supplies for an extended period do not work for poor and low-income people or people without healthcare resources.</p> <p>Knowing about emergency operation plans is a start. The critical issue, especially for low income and hourly workers, is how to adapt to those plans. Churches can help prepare by assessing the impact on the church and community members if a local employer puts an emergency plan into effect.</p> <p>Remember that people who are already socially isolated, such as by disability or lack of family, will need help to establish a support network. Churches can help by organizing volunteers to actively monitor the people in their area who are socially isolated.</p>

	<ul style="list-style-type: none"> • Establish plans to telework, what to do about childcare needs, how to adapt to cancellation of events. • Know about emergency operations plans for schools/workplaces of household members. <p>Moderate Risk Level</p> <p>Continue as above, plus:</p> <ul style="list-style-type: none"> • Individuals at increased risk of severe illness should consider staying at home and avoiding gatherings or other situations of potential exposures, including travel. <p>Substantial Risk level</p> <p>Continue with the above recommendations, plus:</p> <ul style="list-style-type: none"> • All individuals should limit community movement and adapt to disruptions in routine activities (e.g., school or work closures) according to guidance from local officials. 	<p>Moderate and Substantial Risk Levels</p> <p>At the Moderate and Substantial Risk levels, the recommendations become more burdensome, especially for people with limited resources.</p> <p>Connecting with people who are quarantined or isolated can help reduce felt isolation and improve compliance. It is also important to note that in lower socioeconomic level communities that the community itself is a valuable resource. Separation from the community will be more of a burden and more disruptive to people in more impoverished communities. It is essential to find creative ways to maintain community connections without exposing people to infection.</p>
<p>Churches</p>	<p>Low-Risk level</p> <ul style="list-style-type: none"> • Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if organization members/staff become symptomatic. • Identify safe ways to serve those that are at high risk or vulnerable (outreach, assistance, etc.). • Review, update or develop emergency plans for the organization, especially consideration for individuals at increased risk of severe illness. 	<p>Note: There are detailed recommendations for churches on other documents. In this document, we limit the information to responding to CDC guidelines.</p> <p>At the low level, the church is focusing on planning and preparing to support those in need. There are several considerations in doing this planning:</p> <ol style="list-style-type: none"> 1. As already mentioned, planning should include adapting recommendations and actions to the needs of vulnerable groups. Vulnerable groups can be identified in many ways: <ol style="list-style-type: none"> a. Contact schools, clinics, and social service agencies to identify the most vulnerable communities and families; b. Assess disparities in your community, such as disparities in healthcare access, education, or

<ul style="list-style-type: none"> • Encourage staff and members to stay home and notify organization administrators of illness when sick. • Encourage personal protective measures among organizations/members and staff (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces at organization gathering points daily. • Ensure hand hygiene supplies are readily available in the building. <p>Moderate Risk Level</p> <ul style="list-style-type: none"> • Implement social distancing measures: <ul style="list-style-type: none"> » Reduce activities (e.g., group congregation, religious services), especially for organizations with individuals at increased risk of severe illness. » Consider offering video/audio of events. • Determine ways to continue providing support services to individuals at increased risk of severe disease (services, meals, checking in) while limiting group settings and exposures. • Cancel large gatherings (e.g., >250 people, though the threshold is at the discretion of the community) or move to smaller groupings. • For organizations that serve high-risk populations, cancel gatherings of more than ten people. <p>Substantial Risk Level</p> <ul style="list-style-type: none"> • Cancel community and faith-based gatherings <u>of any size</u>. 	<p>finances. Assess what people at the disadvantaged end of these disparities need to be safe.</p> <ol style="list-style-type: none"> 2. Consider who is vulnerable in terms of their ability to act on recommendations, both within and around your church. Consider the following atypical examples of vulnerability: <ol style="list-style-type: none"> a. Single-parent families b. Refugees and immigrants, especially those with low English language skills c. Families with medically or developmentally disabled family members. <p>Moderate Risk Levels</p> <p>At the moderate risk level, social distancing becomes more critical. Churches should be an example of compliance with social distancing. Social distancing is inconvenient at best, so compliance is an act of sacrifice for the sake of the most vulnerable among us. The church should reinforce that message.</p> <p>Substantial Risk Levels</p> <p>Canceling face to face services is a burden in many ways, including financial. Churches might consider the following:</p>
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		<ul style="list-style-type: none"> - Develop alternate ways to reinforce the continuing presence of the church, such as regular contact at a social distance and virtually; - Churches are better able to manage the financial impact when they work together, sharing resources and networking across churches. For example, in one community, a large church with video streaming capacity made this capacity available to any church without such ability.
<p>Healthcare Facilities</p>	<p>The CDC Guidelines provide detailed guidance for healthcare facilities at low, moderate, and substantial risk levels. Recommendations for local churches and church networks assistance to healthcare facilities are more general and not specific to each CDC guideline. Therefore, the guidelines for healthcare facilities are not repeated here, and instead, we refer the reader back to the above CDC document.</p>	<p>Infections in healthcare facilities often originate from the community. Thus, essential strategies include patient and family education, community partnerships, and strict management of family and community access to the healthcare facility.</p> <p>The infection control strategies are more successful where there is a partnership between the healthcare facilities and the local faith community.</p> <p>Churches should think of themselves as facilitators of community health, and that should include acting as community agents for the healthcare services. This includes supporting and aiding health education, building trust in health messages, and reinforcing health practices.</p> <p>In some parts of the world, family members must provide care when a family member is hospitalized. This creates several support opportunities for churches:</p> <ul style="list-style-type: none"> a) Supporting families with hospitalized family members; b) educating family and church community on containing the virus when a family member is hospitalized; and c) partnering with the healthcare facility on educating the community about infection control procedures in the hospital. <p>In some areas, healthcare facilities are challenged to do disease prevention with minimal water supplies. In some regions,</p>

		<p>sanitation stations are set up in areas where people must travel, such outside hospitals and clinics, adjacent markets, and at other community locations. Churches support public sanitation stations by organizing teams to monitor the use and assuring they are kept filled with washing supplies. <i>We are developing additional resources on this challenge.</i></p> <p>Healthcare can be compromised by fear, distrust, and rumormongering by those who would benefit from being disruptive. Churches can quickly detect developing concerns and destructive rumors about the disease and healthcare providers, and intervene to counter false stories with evidence and truth.</p> <p>There are two examples of disruptive fear mongering already at work. One is targeting upcoming elections in the US, telling people not to vote or that elections will be canceled. Another is telling people the virus is not real and just a tactic to make the healthcare professionals wealthy. Rumors like these need to be detected and confronted quickly before they, like the virus, spread through the community.</p>
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Please send comments, suggestions or additions for this Guide to dboan@worldea.org
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