



## **Working Group Issue Paper: Community-Based Prevention and Care**

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### **Preamble**

Each of CCIH's four thematic working groups (integration of faith and health, health system strengthening, community-based primary care and health of women and children) was invited to develop an 'issues paper' to serve as an agenda for CCIH action. This is one of the four resulting papers. Working groups are developing action plans based on these at the CCIH Annual Conference in June 2019. Suggestions and contributions are always welcome.

### **Christian Approaches to Community-Based Prevention and Care**

Christian approaches to community-based prevention and care are distinct and differ from other approaches in several critical ways. The Christian tradition is unique as we believe God became human, revealing humans' place in the transcendent order as the image bearers of God, and therefore attributing inherent value to every person. This contrasts with a secular view that values or views people differently. Additionally, a Christian approach looks at the root causes of health, and ill health, as identified and shaped by the Word of God. Ultimate causes of poor health are rooted in slavery to sin and the resultant distortion of creation. Salvation therefore is a full re-creation of this world to the fullness of what God intended through Christ.

In addition to framing of the issue, a Christian approach also informs the methods of implementation. Christian approaches are informed by the nine fruits of the spirit listed by Paul the Apostle: love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control. These virtues, or personal moral characteristics, are also found in other faith traditions and can therefore serve as the backbone for interfaith collaboration, even while Christianity goes further in providing solid grounds for forgiveness and reconciliation.

This framing and approach lead Christians to strive to reach the poorest of the poor, the most remote, and the most vulnerable. Christian approaches similarly prioritize input from the communities served, viewing community ownership through the broader lenses of purpose and the higher value of individuals as image bearers of God. This orients the Christian approach to embrace a long-term view. The Christian tradition has a unique opportunity to leverage this community input through active Christian Health Associations and thriving churches throughout the global south. Church congregations are seen as community-based organizations that are relevant and play a crucial role in community-based prevention and care.

Christian approaches consider the perspective of the Christian church, Christian organizations with explicitly Christian values, and Christian individuals in secular organization who fulfill their higher calling through their work. In summation, a Christian approach to community-based prevention and care is not generic community-based prevention and care with a Christian label, but rather a unique lens that impacts the framework, orientation, motivation, and outcomes sought through the work.

## **Positioning Faith Based Organizations (FBOs) for Enhanced Global Voice and Leadership**

To effectively position Faith Based Organizations (FBOs) for enhanced global voice and leadership in community-based primary health care, Christians must work and give voice to their values in secular spaces, and not solely congregate in exclusively Christian spheres. When positioning themselves in this secular space, FBOs need to document the large volume and impact of faith-based health care worldwide. According to research commissioned by the World Health Organization, 86% of the world's population professes a faith, and in sub-Saharan Africa 50-60% of health facilities are operated by faith-based organizations. FBOs have an opportunity to leverage programs exploring the intersection of faith and health at universities to connect students and/or researchers to assist notoriously busy implementers to design, gather, analyze, and disseminate these data. In addition, Christians working in global health may find fruitful synergies in work with organizations that address health as a secondary concern, such as Duke University's Center for Reconciliation, which focuses on reconciliation in the perspective of violence and war. Networking with these organizations may provide an enhanced collective voice for common goals.

In addition, FBOs would benefit from knowing other FBOs that are working in the community health space, and from raising awareness about the 2018 Declaration of Astana and the original 1978 Declaration of Alma-Ata within that group of FBOs.

Finally, the notion of "spiritual health" is notably missing from the World Health Organization's (WHO's) definition of health, which can lead to the undervaluation of the contribution of FBOs. Research and advocacy for its inclusion could energize the FBO community, as well as spotlight the unique contribution of FBOs in the global health community. This effort would delineate the distinctly Christian voice and rationale for community-based prevention and care, and global health in general, and clearly distill the underlying foundational principles, rationale, and motivation for FBO work in the space.

## **Community-Based Prevention and Care as Integral in Comprehensive Health Systems Strengthening**

When Health System Strengthening focuses on health facilities and curative health, it can overlook the importance of prevention, and especially the integral role of community-based prevention and care in comprehensive community planning. FBOs have unique positioning to emphasize the social determinants of health in Health System Strengthening dialogues. In

addition, FBOs can exploit the opportunity to accentuate the role of social interventions, and not just biomedical interventions, in global health, thus leveraging both healthcare and development workers in the effort. Christians have a unique lens on the ethical commitment to the community, noting that God's concern is not only for individual salvation but for community transformation, as exhibited in the theme of the kingdom of God in scripture. This view extends beyond the human community to the whole of creation, and both built community and ecological issues comprise the Christian understanding of public health and the Christian vision of restoration. Finally, FBOs often orient programs for long-term change such as 3-5 generations instead of 3-5 years.

## **Integrating Innovation and Technology for Better Community Health**

Technology is changing how people communicate about health. Additionally, health leaders and authorities can use unprecedented amounts of data for improved programming. Amid this plethora of technological innovation, faith communities wrestle with how to harness technology's full potential in service of ministry. Technology itself is neither inherently good nor inherently evil, but the way technology is utilized can be for good or evil. In the Christian global health space, technology can be harnessed to further its work by serving a key function. Technology can assist with the dissemination of key health information to vulnerable populations, and those serving vulnerable populations, in low- and middle-income countries. In a world in which people die needlessly for want of a simple low-cost intervention simply because the family caregiver or health worker does not have access to the information they need, when they need it, to make life-saving decisions, technology can close the gap between communities and vital life-saving information. In this way, technological approaches can be utilized with a view toward building capacity in others, and not just in service provision. It is worth stressing, however, that a Christian approach to community-based prevention and care values the primacy of personal relationships and community as greater goods than tools or technology. Technologies should, therefore, always be secondary to the personal work of both public health and clinical care.

## **Priorities for Next Steps**

### **Advocacy**

1. Highlight the important work of FBOs in community-based prevention and care.
2. Identify and coordinate opportunities for FBOs to show up in secular community health forums.
3. Identify and facilitate connections between FBOs operating in community health and raise awareness of the Declaration of Astana and of the original Declaration of Alma-Ata within that group of FBOs.
4. Research and advocate for the inclusion of "spiritual health" in WHO's definition of health. This would require a 3+ year timeframe to establish official relations with the WHO, and would require having conversations with the US government's Department of Health and Human Services for Global Affairs that represents the US as WHO and among other countries that vote on resolutions at the WHO.

## Health Information/Data

1. Pursue funding for FBOs to collaborate with universities and other partners to help generate meaningful data to illustrate the scale and impact of FBOs in global health; publish and otherwise publicize such data in both Christian and secular spaces.
2. Solicit and aggregate voices on community-based prevention and care from the Global South through key informant interviews and surveys with Christian Health Associations and other means to ensure program work is informed by their voice and that program work is truly collaborative and builds the local community capacity.
3. Document the social determinants of health in HSS dialogues and accentuate the role of social interventions, and not just biomedical interventions in global health, thus leveraging both healthcare and development workers.
4. Leverage technology to build capacity in others and make life-saving basic health information accessible to vulnerable populations, and those serving vulnerable populations, in low- and middle-income countries.

## Contributors

- Robyn Lumbwa, Americares and Co-Chair of Community-Based Prevention and Care Working Group
- Dr. Henry Perry, Johns Hopkins and Co-Chair of Community-Based Prevention and Care Working Group
- Connie Gates, Jamkhed International - North America
- David Holden, CareNet, a subsidiary of Wake Forest Baptist Medical Center
- Dr. Paul Hudson, SIM International
- Dr. Ted Lankester, Arukah Network and Thrive Worldwide
- Robyn Lumbwa, Americares and Co-Chair of Community-Based Prevention and Care Working Group
- Dr. Jason Paltzer, Grand Canyon University
- Kathryn Parker, Christian Connections for International Health
- Dr. Laura Smelter, Christian Health Service Corps
- Mike Soderling, Health for All Nations
- Lynn Stetson, World Vision
- Mona Bormet, Christian Connections for International Health

## Additional Resources

### General

- [Christian Journal for Global Health](#)
- [Contact Magazine](#), a publication of the World Council of Churches
- [Declaration of Astana](#)
- [Health Information For All](#)
- [Mars Hill Audio](#)

## Articles

- Farmer, Paul. [“Sacred Medicine.”](#) *Sojourners*, January 2014.
- Grundmann, Christoffer H. [“The Legacy of Tübingen I \(1064\).”](#) *International Review of Mission*, 2015.
- [“Health and Faith.”](#) *Footsteps*, Issue 102, 2017.
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- Karam, Azza, et al. [“The View from Above: Faith and Health.”](#) *The Lancet*. Volume 386, Issue 10005, 2015.
- Perry, Henry B. and Jon Rohde. “The Jamkhed Comprehensive Rural Health Project and the Alma-Ata Vision of Primary Health Care.” *American Journal of Public Health*, Vol 109, No. 5, May 2019.

## Books

- Bishop, Jeffrey P. *The Anticipatory Corpse: Medicine, Power, and the Care of the Dying*. University of Notre Dame Press, September 2011.
- Farmer, Paul, et al. *In the Company of the Poor: Conversations with Dr. Paul Farmer and Fr. Gustavo Gutierrez*. Orbis Books, 2013.
- Gunderson, Gary. *Deeply Woven Roots: Improving the Quality of Life in Your Community*. Fortress Press, 1997.
- Gunderson, Gary R. and James R. Cochrane. *Religion and the Health of the Public: Shifting the Paradigm*. Palgrave Macmillan, 2012.
- Lankaster, Ted and Nathan J. Grills. *Setting up Community Health and Development Programmes in Low and Middle Income Settings*. Oxford University Press, 2019.

## Curriculum

[Channels of Hope curriculum](#), World Vision.

## University Programs

[Cedarville University](#)

[Duke University, Center for Reconciliation](#)

[Eastern Mennonite University](#)

[Emory University, Religion and Public Health Collaborative](#)

[Faith Health Training Institute](#)

[Harvard University, Initiative on Health, Religion, and Spirituality](#)

[Liberty University, Department of Public & Community Health](#)

[Loma Linda University, School of Public Health](#)

[Southern Adventist University](#)

[The University of Chicago, Program on Medicine and Religion](#)

[University of Minnesota, Center for Spirituality and Healing](#)