



Working Group Issue Paper: Community-Based Prevention and Care

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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 among those who believe in a transcendent order in that Christians 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 some in the secular humanist world who see people as possessing less dignity, or as part of an accident of time and space, or worse, as a problem rather than a solution. 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 “least of these”, 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. This positions FBOs to influence not only secular spaces but also government policy at the country level. FBOs also 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, or with organizations that focus on WASH (water, sanitation and hygiene), youth and adolescents, or the intersection of health and the environment. 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. One way to highlight the contribution of community-based prevention and care would be to synthesize available data that demonstrates the cost savings of preventive care in comparison to curative care. FBOs have unique positioning to emphasize other determinants of health, beyond health services themselves, in Health System Strengthening dialogues. In addition, FBOs can exploit the opportunity to accentuate the role of other 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. Appropriate 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 represent their work and role in secular forums.
3. Identify FBO voices to advocate for the inclusion of community-based prevention and care priorities in national government strategies.
4. 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, including the importance of community-based prevention and care in achieving universal health care.
5. Research and advocate for the inclusion of "spiritual health" in WHO's definition of health.

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 community-based prevention and care; 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, as well as from the Global North, 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 other determinants of health in health system strengthening dialogues and accentuate the role of other interventions, including the importance of community in

the health system, and not just biomedical interventions in global health, thus leveraging both healthcare and development workers.

4. Synthesize available data that demonstrates the cost savings of preventive care in comparison to curative care and disseminate to drive interest and investment in community-based prevention.
5. Leverage appropriate 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.
6. Expand CCIH's online resource library in community-based prevention and care to provide resources for those implementing community-based prevention and care work, or to inform those seeking to work in that area.
7. Conduct a series of webinars from leading experts in community-based prevention and care to share evidence-based community-based prevention and care models and programs.

CCIH Contributors

Mona Bormet, Christian Connections for International Health
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. Henry Perry, Johns Hopkins and Co-Chair of Community-Based Prevention and Care Working Group
Dr. Laura Smelter, Christian Health Service Corps
Mike Soderling, Health for All Nations
Lynn Stetson, World Vision

Resources of Possible Interest

General

[Christian Journal for Global Health](#)

[Contact Magazine](#), a publication of the World Council of Churches

[Declaration of Astana](#)

[Declaration of Alma-Ata](#)

[Health Information For All](#)

[Mars Hill Audio](#)

Articles

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Universities with Programs that Align with CCIH’s Community-Based Prevention and Care Theme

[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](#)

Training Programs

[Community Rural Health Project/Jamkhed Trainings](#)

Curriculum

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