International Journal of Faith Community Nursing

Volume 6
Issue 1 *Fall*

Article 4

October 2021

Faith Community Nurses: Caring for Individuals, Congregations, and Communities During the COVID-19 Pandemic

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Cover Page Footnote

The following acknowledgements are made: First, we would like to recognize the support provided by our families and communities of faith which allows us to practice fully to support individuals, congregations, and communities. Thank you to Joan Appleton, Lisa Fleetwood, Sara McNamee., and Laura Van Loon for contributions made to this article. Finally, we would also like to acknowledge Faith Community Nurses International and its support of members in their practice as Faith Community Nurses throughout the world.

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Introduction

The COVID-19 global pandemic has caused public officials to implement multiple emergency orders since early 2020 to slow the spread of the virus in an attempt to save lives. These emergency orders have included the closure of places of worship for all faith traditions in many countries (Brown, 2020) including the U.S. (Conger, et al., 2020). Identified as a virus "superspreader", the church environment was targeted as a place that fostered the quick spread of this virus; group worship was halted, and most faith communities moved to some form of tele-prayers and virtual live-streamed services, while temporarily closing places of worship. As we navigate another year, faith communities continue to be challenged to safely offer worship services and spiritual care for their congregants and the community, as well as maintain financial viability. *Faith community nurses (FCNs),* in their specialized practice role, are conduits of education, translators of health and faith practices, and experts on health promotion and disease prevention.

"Faith community nursing as a specialized practice of professional nursing focuses on intentional care of the spirit as well as the promotion of whole person health and prevention or minimization of illness within the context of a faith community and the wider community" (ANA & HMA, 2017, p.1). Therapeutic relationships are established where caring is a sacred practice and there is focus on the connection between faith and health (ANA & HMA, 2017, p.88). The faith community nurse (FCN) employs seven functional roles: faith and health integrator, personal health advisor, health educator, volunteer trainer, support group developer, referral agent, and health advocate (Solari-Twadell and Hackbarth, 2010). New roles have emerged during the pandemic that have been instrumental in keeping congregations safe, while fulfilling the mission.

Practicing Faith Beliefs and the Right to Worship

Group prayers and gatherings at places of worship such as mosques, temples, churches, and synagogues can serve as an important outlet for people of faith to seek solace, strength, and direction; express solidarity; and fortify community cohesion and relationships. During the pandemic, the news saw two sides of a conflict over who has authority to close places of worship. For example, in California, state and local officials have cited science and emerging research to forbid people from gathering indoors for services, banning singing and chanting inside houses of worship, and restricting access to gyms, shopping malls, stadiums, indoor dining, and other places where people might gather (Beam, 2020). Some clergy have challenged these orders; while major denominations have issued phased safety guidelines churches are expected to follow and require submission and approval of plans for re-opening. Lawsuits have been filed on both sides, with Supreme Court rulings that upheld gubernatorial restrictions on worship gatherings subsequently being reversed in late 2020 in a number of states to protect the First Amendment right to religious freedom. The Supreme Court justices declared "Even in a pandemic, the Constitution cannot be put away and forgotten." (Strand, 2020). In the midst of all this, the FCN, practicing within the advocacy role for the health and safety of all, has been asked to provide theological, scientific, and risk management advice to church leaders and education to congregants and the community.

The Unique Contribution Faith Community Nurses make to Whole Person Health during COVID-19

Faith community nurses can look to and learn from previous public health responses to pandemics and apply various public health functions in their role to promote health and prevent

disease. The Centers for Disease Control and Prevention (CDC) work to engage faith-based organizations during public health emergencies. These responses include social, psychological, spiritual, and physical support for victims. Faith-based organizations are in a unique place to quickly identify the most vulnerable populations and address their needs; coordinating with other organizations to eliminate duplication of community effort, and ensuring proper use of resources (Keeling, 2009; Kiser & Lovelace, 2019; Koh & Coles, 2019; Ries, 2020; Santibañez et al., 2019). Historically, faith communities' religious gatherings and health ministry outreach have served as effective platforms for communication and education on risk identification, prevention, recognition, and mitigation of health issues. Potter (2006) identified six services commonly offered by FCNs through health ministry programs, with each providing different benefits: screening, education, assessment, advocacy, resource and referral, and palliative care/end-of-life support. As churches systematically have learned to minister to their people in new ways, FCNs provided unique, innovative strategies for the church to be healthy and stay connected.

Role of the Faith Community Nurse and Stewardship of Health

Stewardship of Health is understood contextually that health is a gift from God and calls into question how each individual is being a "steward" of their personal health resources (Wordsworth, 2020, p 141). Each person practices stewardship of their health resources by making the best decisions regarding what they eat, how they spend their time, and with whom they spend that time in order to maintain their optimum state of wellness. This optimum state of wellness is not only for their well-being—they are less likely to need or use scarce healthcare resources—but is also used to be of service to the community. Faith community nurses have identified great opportunities in their practice to teach the community about the importance of

self-care during isolation, connection to and support of others, and whole person wellness promotion during this time.

Needs in the congregation and community

Numerous needs have been identified for individuals, congregations, and communities during the COVID-19 pandemic. The following, though not an exhaustive list, are examples of needs identified in personal communications by practicing FCNs across the U.S. and Canada.

- Social isolation as result of self-imposed or mandated shelter-in-place and quarantine has created severe impact on socialization. It has been suggested that the elderly may be at greater risk for injury, altered mental status, prolonged recovery, and even death, as a result of isolating (Seniors' Health, 2017). Elders have been at particularly high risk during the pandemic.
- Mental health needs may not be easily recognized or addressed with the lack of in-person interaction, closure of mental health services, limited availability of Telehealth services, and restrictions on hospital admissions.
- Food insecurity—while significantly intensified during the pandemic—a new USDA report explained that expansions in federal spending and charitable aid during the pandemic kept hunger levels from skyrocketing, and the number of food-insecure households did not increase from 2019 to 2020 (Sedacca, 2021).
- Medical treatment and preventative care were delayed due to fears of COVID-19 exposure in doctors' offices, clinics, hospitals, and emergency rooms.
- Life milestones like birth and death, First Holy Communion, *b'nai* and *b'not mitzvah*, quinceañera, prom, graduation, weddings, and anniversaries are being altered. Prohibited or limited access (such as window visitation, drive-by parades, and virtual chats) with

loved ones in hospitals, nursing homes, and hospice, although creative, can cause confusion or disorientation in those with dementia. Using virtual platforms for celebratory events, reframed the event with a unique and lasting "pandemic" memory. Many couples expect wedding guests to be vaccinated as part of the RSVP process.

- Areas of the country with the highest poverty rates are experiencing infection rates that are nearly five times higher than areas with lower poverty (Poston et al., 2020). This particularly impacts communities of color, where work may be required in unsafe situations that are not conducive to or compliant with social distancing, masking, or frequent hand hygiene.
- Socioeconomic depression as a result of unemployment and delayed unemployment compensation may lead to stress and anxiety.
- Loss of purpose and countless volunteer hours for those involved in service, volunteer work, and missions created a global impact.
- Lack of traditional access to spiritual care and religious practices may have an impact on whole person health.
- Systemic racism and social injustice were exacerbated during this pandemic, creating urgent need for dialogue and action in a safe space.

How Faith Community Nurses are Caring for Individuals, Congregations, and Communities

The *Faith Community Scope and Standards of Practice* details the goals of FCNs as "protection, promotion, and optimization of health and abilities; prevention of illness and injury; facilitation of healing; alleviation of suffering; and advocacy in the context of the values, beliefs, and practices of a faith community. Faith community nurses provide spiritual care in the faith

community, as well as in the broader community" (AMA & HMA, 2017, p.2). During this global pandemic, FCNs have risen to the occasion to serve individuals, congregations, and communities. New or adapted functions such as leader, educator, epidemiologist, evidence-based practice expert, consultant, advocate, change agent, collaborator, quality assurance monitor, supply chain manager, and grief counselor have emerged through personal communications and anecdotal stories.

Members of *Faith Community Nurses International* (FCNI), a specialty nursing organization for FCNs across numerous faith traditions, have been called upon as consultants and leaders in their congregations to ensure safe worship environments. These FCNs have shared through emails, newsletters, and story-telling how they've been able to translate COVID-19 information and emerging research; interpret evolving case, morbidity, and mortality data; develop plans for initial mitigation; advise on closing and lead re-opening efforts; make recommendations to identify supply chains for masks, hand sanitizer, and surface disinfectants; establish policies and practices for screening, safety procedures, enforcement, and documentation for potential contact tracing, and consult to pastoral leaders regarding risk management for requiring vaccination in congregants and/or ministry volunteers. Faith community nurses from various geographic regions, such as Pennsylvania, Florida, Indiana, Nebraska, Texas, California, and Saskatchewan, Canada provided experiential and evidence-based advice regarding state, county, city, and province pandemic orders, diocesan phased guidelines, children's programming recommendations, hand washing efficacy, social distancing parameters, and purchase of equipment such as infrared or thermal thermometers, touch-free hand sanitizer dispensers, and automated towel dispensers. Additionally, solutions have been proposed by FCNs for space design set-ups, paths of ingress and egress, signage, use of common

restrooms, and safe use of high-risk volunteers over age 65. This has enabled places of worship to hold outdoor services and religious events using pop-ups, pavilions, lawn chairs, golf carts, tailgates, and drive-through tactics.

Faith community nurses found creative ways to adapt to the physical and social distancing restrictions. Several initiated phone call ministries to perform check-ins on a few vulnerable parishioners up to entire congregations of 3000 families. The calls provided opportunities to assess for mental health needs, food insecurity, support systems, and deferred physical health issues, as well as offer prayer and readings from sacred texts. This, in turn, led to weekly prayer and counseling appointments, virtual support groups, and facilitated Telehealth visits with healthcare providers. One congregation established two outreach committees from their phone call ministry: one responds to physical needs such as food and transportation, and the second committee addresses health needs and questions. Consultation to pastoral leaders by FCNs has resulted in virtual "church patio" fellowship hours, "Thinking of you" card ministry, "Friday Five"—where congregants are encouraged to make five intentional calls to folks with whom they don't normally have conversation, neighborhood "walking prayer", "prayer squares" with inspiring sayings or scripture mailed to congregants, virtual chair Yoga to increase physical mobility, and safe return to work recommendations for church staff.

When a large Catholic church in Los Angeles County re-opened, a nurse and member of the pastoral council coordinated health screenings before Mass; checking temperatures, providing hand sanitizer, and screening parishioners as they entered the church. While monthly blood pressure checks in their health and wellness ministry were offered prior to the pandemic; the nurses' roles have evolved since the reopening. They are now available after Mass to answer questions about COVID-19 and provide health advice regarding other issues (Kandil, 2020). The

Henry Ford Health System Faith Community Nurse and Health Ministry Network in Detroit, Michigan mobilized over 40 volunteer nurses and health ministers to serve as a "virtual front line" to reach thousands of congregants using virtual platforms. They offered information and education about social distancing, local blood drives, mask-making, and coping skills (AHA, 2020).

Other FCNs organized porch delivery or drive-through food distribution and coordinated with public health departments to establish COVID-19 testing or vaccination sites at their congregations. Regular activities, such as providing assistive devices and consulting on end-of-life issues, have continued with appropriate safety precautions and virtual technology. Quality assurance monitoring of safety procedures during events or live-streamed services is conducted and observations are communicated to church leadership that lead to improvements, further education, and recommendations.

The Faith Community Nurse as a Resource

Intentional Care of the Spirit

New ways to provide intentional care of the spirit have evolved. One FCN shared that speaking with new neighbors—using social distancing in their driveways—led to intentional care of the spirit; connecting them with a church community when they needed it the most. This led to regular "socially distant" back porch sessions to discuss spiritual, health, life issues, and care for the extended family.

Hospitals, health systems, and foundations that offered faith community nursing services reallocated those health ministry resources. One foundation redeployed all their congregational-based FCNs to primary care community clinics and COVID-19 testing sites. A health system in Florida disseminated a request for 'all hands-on deck' and the FCNs served as sitters, runners,

screeners, and temperature-takers—providing intentional care of the spirit to staff and patients along the way. A team of FCNs was trained to call people with their COVID-19 test results, provide education on how to stay safe, and offer emotional support. Another group was trained to obtain consent for convalescent plasma—a complex and time-consuming process.

A FCN-led initiative in Saskatoon, Saskatchewan, Canada "honored health care workers, including doctors, nurses, personal care workers, and allied health professionals by making and delivering prayer shawls. Each prayer shawl was dropped off on the person's porch: a unique ministry instigated at a time of crisis continues to open doors by weaving together faith, religion, and health" (Van Loon, 2020, p. 29). Other FCNs mobilized volunteers to make masks and face shields for frontline healthcare providers.

One FCN, reassigned to the ICU to assist in caring for critical patients, was able to provide the emotional support crucial to the healing and comfort of those trying to recover without the presence of family. One patient expressed the feeling of having "been to hell"—distress in the patient's voice evident. The immediate reaction was to hold the patient's hand and give an assurance of safety. Instinctively, she began to talk about the light always prevailing over darkness. Later that shift, she held the phone as the patient talked with their spouse for the first time in two weeks, describing the light overcoming the darkness, speaking words of love, and expressing hope in coming home. This was a remarkable moment of intentional care of the spirit. Regardless of the activity, "Intentional care of the spirit happens when we're present in the moment, listen, reassure, encourage, and correct misinformation" (Rivard, 2020, p.1).

Resources for Re-opening

Most faith-based organizations began immediately preparing plans for future re-opening. Needs of rural vs. urban faith communities differed, so having access to guidelines was

beneficial. Many church leaders relied on denominational resources to provide COVID-19 specifics to protect their congregations and provide safe, and often phased, re-opening. The FCN role modeled, empowered, and assisted other faith leaders with the necessary information for ministering to others. With the re-opening of churches, FCNs contributed to contact tracing methods by keeping accurate attendance records at services or religious events; following up on anyone who was COVID positive or had been exposed. Finally, it has been important for the FCN to provide *resiliency* materials that discuss replenishing emotions like joy, peace, and kindness (HeartMath®, 2017) to combat depleting emotions like isolation, fear, and anxiety during this time.

The *Westberg Institute's Position Statement* expresses "the faith community nurse supports, applies, and engages in evidence-based practice" (Knighten, 2019). Websites provide helpful information that can assist with program planning and provision of care. Caution is required when using information from the web; FCNs must validate the credibility of the entity publishing and maintaining the site, evaluate the accuracy of the information, and ensure material is evidence-based and up-to-date. In addition, FCNs need to dispel the myths and rumors that have widely populated social media sites. For helpful website suggestions, see *Table 1. Samples of Re-Opening Plans, Guidelines, and Other Resources.*

Lessons Learned

During this turbulent time, FCNs have learned that change is constant. Some lessons learned include:

- The pandemic is not over, though we all want it to be. Being prepared for and quickly adapting to changes in city, county, state, and national mandates and recommendations is crucial.

- Partnering with others to strengthen education and messaging is imperative. For example, FCNI partnered with a DNP-prepared nurse practitioner who is a leading Telehealth expert to educate FCNs on how to use technology for education, therapeutic interventions, and provider communication (Conrad, 2020). In June 2021, FCNI partnered with #ThisIsOurShot to provide "trusted messenger" training for FCNs across the U.S. to address vaccine hesitancy and encourage vaccine adoption (Goldfarb, Knighten, & Moore, 2021).
- Don't throw away the signage! Messaging and signage about masking, distancing, and worship have changed numerous times.
- Have a plan, and be prepared to adapt it.
- Practice and role model self-care.
- Don't be afraid to speak up. FCNs have the foundation of scientific and theological truths and our voices need to be heard.

Implications for Faith Community Nursing Practice and Plans for the Future

Intersections between religious beliefs, spirituality, faith community responses, and disasters have ranged from practical and timely relief or aid for victims, to exploring the existence of divine goodness and providence in view of the existence of evil (Sutton, 2011). In practical application, this plays out in how we learn from past experiences and plan for the future. Researchers and policy makers have identified the key role faith-based organizations play in disaster preparation and planning, developing community resilience (Sutton, 2011), and pandemic response. Faith community nurses, through their trusted professional role, public health lens, and goal of intentional care of the spirit can provide effective communication

regarding risk reduction, prevention, treatment, and behavioral strategies that may guide and motivate individuals and groups to take action and stay safe. Covid-19 re-opening plans that were developed should be used in the future and be adaptable and creative to address similar health crises. As always, lessons learned, gaps in care, and implications for FCN practice may contribute to future research opportunities. It is essential to collaborate with colleagues to ensure that informational pandemic resources are up-to-date and our expertise contributes to the health and well-being of the communities in which we live.

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Table 1: Samples of Re-Opening Plans, Guidelines, and Other Resources

Resource	Source
COVID-19 State-by-State Reopening Guidance - PDF.	https://www.hhs.gov/sites/default/files/state-by-state-reopening-guidance.pdf
Centers for Disease Control and Prevention Recommendations	https://www.cdc.gov/coronavirus/2019-ncov/
CDC Faith and Community Organizations	https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/index.html
U.S. Catholic dioceses release plans for reopening churches	https://www.americamagazine.org/faith/2020/05/15/us-catholic-dioceses-release-plans-reopening-churches
Archdiocese (Catholic) of Baltimore, MD	https://www.archbalt.org/coronavirus/
Baltimore Washington Conference (United Methodist)	https://www.bwcumc.org/article/coronavirus-resources/
Virginia Conference (United Methodist)	https://vaumc.org/return/
Checklist for Reopening Church - Smart Church Solutions	https://www.smartchurchsolutions.com/resources/additional-resource/post-covid-19-facility-re-opening-checklist/
Guidance to Shuls and Communities on Reopening (the Orthodox Union and the Rabbinical Council of America	https://www.ou.org/assets/OU-Guidance-To-Shuls-And-Communities-5-8-2020_F-1.pdf https://ouintranet.org/newsletters/files/Fall-Guidance-v2-1.pdf
High Holiday Guidance for Communities Affected by COVID-19 (The Rabbinical Assembly)	https://www.rabbinicalassembly.org/story/high-holiday-guidance-communities-affected-covid-19
Southern Baptist Convention (SBC) of Virginia	https://www.sbcv.org/reopen/
Islamic Society of North America on COVID-19	https://isna.net/covid-19/
Unitarian Universalist Association Guidance on Gathering In-Person When COVID-19 Subsides	https://www.uua.org/safe/pandemics/gathering-guidance
Church Mutual Insurance (various tips sheets for COVID-19	https://coronavirus.churchmutual.com/resources/
Resources for Re-opening (English and Spanish)	https://lacatholics.org/parish-resources/
Archdiocese of Los Angeles Re-Opening (videos)	English Guidelines Video: https://youtu.be/VWqF4kJw-F4 Spanish Guidelines Video: https://youtu.be/Hmjv8ITQ2zA
Los Angeles County Department of Public Health: Order of the Health	http://publichealth.lacounty.gov/media/Coronavirus/docs/protocols/Reopening_PlacesofWorship.pdf?u

Officer Protocol for Places of Worship: Appendix F	tm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=
Westberg Institute Statement Regarding Faith Community Nurses and COVID-19 Vaccinations	https://www.yammer.com/westberginstituteforfaithcommunitynursing/#/uploaded_files/884847747072?threadId=1050616121737216
#ThisIsOurShot	https://twitter.com/ThisIsOurShot https://www.facebook.com/hashtag/thisourshot/