A church with health at its heart.

Published: June 14, 2019

New York pastor and community leader Rev. Dr. Franklyn Richardson discusses his ministry at the historic Grace Baptist Church in Mount Vernon, New York. Putting health education at the heart of the church has been part of a long history of working for civil rights and social justice. Dr. Richardson discusses the challenges facing African American communities, the importance of self-advocacy, overcoming the digital divide, and recognizing the roles that race and bias play in health disparities. With Rolf Taylor.

Rolf Taylor: You're listening to the Health Disparities Podcast from Movement Is Life, conversations about health disparities with people who are working to eliminate them. I'm Rolf Taylor and today I'm discussing the role the church can play in reducing health disparities with Dr. Franklin Richardson, pastor at Grace Baptist Church in Mount Vernon, New York. Founded in 1888, Grace is a historic church with close ties to the Civil Rights Movement. In 1959, Dr. Martin Luther King himself preached his message of equality and emancipation from the pulpit here. And during the 44 years that Dr. Richardson has led the church, its role has grown to include advocacy and leadership in schooling, equal access to housing, and extensive health education for the Mount Vernon community and beyond. To start our wide-ranging conversation, I asked Dr. Richardson how Grace Baptist Church came to embrace health and health education, and why he believes having an active health ministry is so important.

Rev. Dr. Richardson: Health consciousness as a congregation has been an evolving reality. The way we operate, as a congregation, is that we try to be a servant church, servant to the community, servant to our people. We think that's the highest form of worshiping God, is service to others. As one gets deeper into a servant mentality you consider, not just getting people to the afterlife or conditioning their souls, you become concerned as a servant of the existential challenges that people have. And as African Americans, there are several existential challenges that we face that, in my opinion, to a large degree, on the fallout of 400 years of slavery, discrimination, segregation, Jim Crow, and all the negative experiences, have caused African Americans to be in this place. So, when one is focused on the challenges that face the African American community, one has to consider economics, one has to consider how economically black people are impacted, you take into consideration the prison systems, you take into consideration, the education of our children. I mean, just, just on and on and when you get to the issues of health, one of the [2:38 Inaudible] you see is that there is great disparity for health. Any measure that you take on quality of life in this country, black people are at the bottom. Whether you're talking about education, whether you're talking about the prison system, whether you're talking about mortgages, whether you're talking about jobs, whether you're talking about health and whatever health issue you are talking about, black people are at the

bottom. So, when one realizes that the church has to develop a ministry, if it's serious about being a servant church, to address the issues that people are dealing with every day. So, we as a church are committed to that. So, we start out with providing housing for the marginalized, the senior citizen, affordable housing, we do that. We have educational programs to help supplement the inadequacies of the school system in Mount Vernon and we have freedom school, which is an outgrowth of the Civil Rights Movement. So, all of our focus is on how can we better serve our community and empower it to be not only ready for heaven but ready for the challenges of the day-to-day existence of our human experience. One of the places we stopped was at health and I guess now 30 years we've been evolving as a consciousness of health. It first began some years ago, I was a member of the central committee of the World Council of Churches and on the central committee this particular year, the theme was faith and science, how faith and science come together, and it convened in Moscow. We had a big conference on faith and wholeness or faith in science or whatever.

It was the intersection of science and faith discussions that the World Council Churches sponsored. This must be 30 years ago.

Rolf Taylor: It's a big subject.

Rev. Dr. Richardson: Yes, big subject, but the way it found intersection in my ministry as I had a young woman, she was young at the time, Dr. Barbara Evans, who was a nurse practitioner and she had recently accepted a call to ministry. So she had graduated from seminary and we were discussing how do we use this, your gifts? I said I believe that if God calls you to ministry, he calls you within the context that you're already living in your life. So, she had these medical skills, how do we bridge the medical skills with the theological education? Consequently, when I came back from Moscow, I haven't gone to work out of the churches. I said, “Barbara, I found out what you're supposed to do. You and your ministry, need to be about the business of helping us to use the church as a tool to empower health consciousness in our communities.” From that day to this, she's developed health ministries in churches all over this area and developed the first health ministry here at Grace. She was the tool for that. So, that's where we began. That must be 1985, somewhere in there. So, developing that consciousness, it’s kind of evolved, right? So, that came right at the time of HIV AIDS, we were one of the first churches, right in the milieu of controversy around HIV AIDS. We were a church that spoke on behalf of people and advocated for people and as a consequence, one of our members is Vanesa Seal who is the founder of Balm of Gilead which is a home extension. So, we took on the issues of HIV. We took on the issues of prostate cancer and all these things became a part of what it meant to be ministry at Grace in the health ministry, and then lead into my

relationship with Movement Is Life, right? So, Movement Is Life became another aspect but before we even got to Movement Is Life, we'd already started on diet, health, eating issues, weight issues, the exercise and so today our program is robust, but it's been evolving. So, we do now have a 5K. We have a weekly health thing. We have diet and nutrition. Not only that, on Sunday morning, we knew that Sunday morning was the centerpiece of this church. The most valuable time in our church is Sunday morning at the worship service. So, we put health moments right in the center of worship. So, the second Sunday of every month, we have a health moment. We have about 25 physicians who are members of this church and they create the doctor's ministry and the doctor's ministry do a presentation for about five minutes every second Sunday on some issue. Last week, they did hypertension, they do cardiovascular, they do ophthalmology, they do everything in an attempt to educate our congregation about health issues. We have people who testify - one lady in particular. We had a presentation on the retina detachment, and she said it was that health moment that kept her from going blind because it made her go to the doctor. Many people say how helpful it is. On Sunday morning, you have their full attention. So, it's an opportunity for the church to open up the door to a better life by giving people information about their health. Now we've been on it for four or five years now. I assure you that the health quotient of the knowledge about health in our church compared to other churches is probably superior because we've been pushing it out

for three years, every month, maybe five years, five years now, and different doctors present. We have different specialists within the church and they present in these five minutes. They do the video and they do the screen. We see health as an extension of faith. Our concern - you go back, and that's why I started out earlier, we are grounded in a servant mentality. We believe in a theology that God has called us to liberate, to empower, to set free and that is not a restricted mandate that includes education, and it includes health, that includes it all. So, for us, it is a statement of faith, it is theologically correct to be addressing health in the context of the faith community because it is vital to the quality of life and we believe that Christ has come that we would all be empowered to live our best lives. We believe that Christ has come to make us whole and you follow the models of Jesus, He was not interesting that in the New Testament. Jesus spent much of his time healing the sick. We have in the New Testament dominant stories of people who - so it's clear that Jesus saw his ministry as a part of making the sick well, of addressing those who were broken. He saw that as a primary part - you can look throughout the gospels it's very clear, the healing of the blind man, the withered hand, the bent-over woman, the woman with the issue of blood, just on and on and on in the New Testament, Jesus is encountering sickness and when people have sickness, the man who had a sick daughter who was dying, they went to Jesus because they believed that Jesus could do something

about it. If in fact, the church is the disciples of Jesus in the 21st century, we too must have that as a priority.

Rolf Taylor: Several times during our conversation Dr. Richardson emphasized the importance in his ministry, of direct intervention and the urgency of making good health part of spiritual well-being today, not just preparing souls for heaven tomorrow. On the day I attended service at Grace Baptist Church, Dr. Richardson talked about their rich history and connection to the Civil Rights Movement, and he recalled Dr. Martin Luther King speaking from that same pulpit. I asked Dr. Richardson to talk about the leadership role of the church today.

Rev. Dr. Richardson: When we first started, Barbara went around and established, Barbara Evans, Dr. Barbara Evans now, went around and established health ministries in churches all over this area. So, today there are many health ministries that are in churches that started as a result of our starting health ministries. So, in this space, we have provided leadership, we've opened up people to see faith as a place where health gets addressed. And we made partnerships with hospitals and health centers and so forth so that people can see that if you can model for churches, what the role of the church is as it relates to health, many pastors, given that model, will imitate it because they really want to be relevant, they really want to be effective, they want to serve their people. So, yes, Grace has been a

model in several places, but in the health space, it is one place we have certainly been a model of providing how the church engages in health issues.

Rolf Taylor: Churches such as Grace Baptist understand the challenges facing their communities, as well as any organization. I asked Dr. Richardson to discuss how his ministry translates representation into policy and action beyond the church.

Rev. Dr. Richardson: Well, I mean, at the top of the list is access to healthcare for all people, regardless of their financial situation, regardless of where they live, their education. We are an advocate for public policy that makes it possible for every person in this country to access high-quality healthcare. So, that drives my public policy position on health, whether it's, the Affordable Care Act, whether it's modified, the goal must be don't get caught in the weeds. The goal must be to deliver quality healthcare to every person in this country as a right.

Rolf Taylor: We've recently seen a technology transformation in terms of health, and these days, health information increasingly resides on the internet and it's delivered through digital media. But for older populations and those with less access to computers, there is a danger of getting left behind and not

sharing in the benefits. How can the church help to narrow the technology gap?

Rev. Dr. Richardson: Black and poor communities, Hispanic communities that are poor, black communities that are poor have a digital divide. They have less access, it is a delayed, a lag, in poor communities, in black communities, a lag behind the cutting edges, it gets to our communities last, our young people are equipped last. So, they're always behind the eight ball and so this lack of access to technology serves as a barrier to accessing healthcare. If we are going to an age of technology and a segment of the population doesn't have the skills or knowledge to access it, then that group is going to be left behind. I'm very aware of the advances that have been made that, as a matter of fact, today when I talk about whatever issue comes up about health and a word is used that I don't know, I simply go right to my phone right and find out what it means. While before this technology was available, you'd have to stumble in the darkness and wait until you got to your doctor and maybe try to figure out what it is, but today's technology, when you go to the doctor, you can be informed as to what questions to ask and understand what the doctor says and respond and get some pre-information before you even visit the doctor.

Rolf Taylor: So, you can get more out of your doctor visit if you do the research, which is really part of, I think what you're encouraging with all the health activities is encouraging people to take control of their own health.

Rev. Dr. Richardson: Self-advocacy. You are your best advocate for your health, and you have to be aggressive in pursuing healthcare. The time was that you depended on health professionals, that day is over. Today you get as much as you can advocate for, and you have to become knowledgeable and committed to advocating for yourself. You've got to be, or in the case where you can't advocate, then there must be people who become your advocates for healthcare. There is a tremendous role for people, for the health institution as well, community institutions like Grace to be advocates for people, advocates, and navigators because the system is very threatening and intimidating. So, you need navigators and I advocate that health institutions must provide that for their patients, advocacy and navigation, to help them figure out how to get access to the services.

Rolf Taylor: We also know that there's a mode of race and gender bias in the way health institutions.

Rev. Dr. Richardson: Distributed healthcare, yes.

Rolf Taylor: Yes and treat people.

Rev. Dr. Richardson: Without question. I mean, there's just a whole plethora of statistics that bear out the fact that there is a racial bias to our communities. It is ultimately seen in the presence of the disparity in diseases that are more prevalent in black communities than others. It is seen in the death rates, the mortality rates, it's seen in what percentages, the disparate contrast between black diseases, diseases in black communities, as opposed to in white communities. The life expectancy in the black community among black males is about 12% behind white males, life expectancy. So, anybody who wants to really see can see that there is a disparity in healthcare. And then there is not only what you would call racial disparity, but there is also a kind of bias, unconscious bias, that people have that's carried out as a result of the influences of the culture, the values, they end up having biases that they don't consciously know that they have, they were affected by how the culture has defined black people.

Rolf Taylor: So, unconscious bias affecting the way a white person is offering treatment to a black person and perhaps that unconscious bias is kind of built into the system. So, it's systematic.

Rev. Dr. Richardson: It’s automatic pilot.

Rolf Taylor: It's structural. How can those people who may have unconscious bias, what are the routes for them uncovering that in themselves? How do we overcome that?

Rev. Dr. Richardson: You know, this is a part of what Movement for Life has been talking about in several of our last annual sessions. It's an education that has to be taken on by healthcare professionals, conversations, and workshops that have to help them see it. It's not something that is easily eliminated. It has to be addressed through developing sensitivity on the area and so it's a kind of, it's a long journey but once you own that it's possible, then you're set up to begin to investigate whether it is actual. So, unconscious bias is a reality and people need to have their eyes opened and helped to see, but they can't do it if they don't know it so we got to open their eyes so they can see them. And to my encouragement, I've seen people who get an awareness who actually begin to change because they really didn't intend to, but they are the victims of a culture where blacks are inferior, where blacks, they don't even realize that that has affected their perception of a black person who walks in their office. The culture, the general cultural atmosphere has affected them to make certain decisions and they're not even aware that they have absorbed the negative consequences of racial presence in the culture, racial bias in the culture.

Rolf Taylor: Dr. Richardson and his team have taken a proactive leadership role in improving the health of communities, not just in New York, but right across the country. You can Google, Grace Baptist Church, Mount Vernon if you'd like to know more about what they do to reduce health disparities and how they do it. You've been listening to the Health Disparities Podcast from Movement Is Life. Movement Is Life is an independent organization dedicated to eliminating health disparities.

You can find us at www.movementislifecaucus.com

Don't forget to subscribe to the health disparities podcast and we look forward to bringing you new episodes every month.

(End of recording)