

Welcome to the Public Health, Religion and Spirituality Network

Doug Oman,^[1] Katelyn Long,^[2] and PHRS Editorial Board

Welcome to the Public Health, Religion, and Spirituality Network (PHRS Network), intended to bring together scientists, scholars, and practitioners of public health who seek to understand the role of spiritual and religious factors in public health research and practice. Building on global interdisciplinary momentum in the spirituality/religion and health field, this new Network emerged in concrete form from conversations at the eighth annual Conference on Medicine and Religion, held March 29-31, 2019, at Duke University. The PHRS Network and its new [Bulletin](#) reflect our hopeful appraisal that the time is now ripe for substantially increased public health awareness of religious/spiritual factors. In launching this Network and *Bulletin*, we hope to facilitate organization of future conference symposia on R/S and public health, raise awareness of emerging resources and existing public health programs that address R/S factors, and encourage enhanced overall collaboration, communication, and collegiality.

As we build a public health network, we should bear in mind the distinctive nature of “public health” as a field, and how it differs from yet overlaps with clinical fields. Whereas clinics most commonly treat illness after it occurs, public health emphasizes *preventing* illness. And whereas clinical fields largely attend to *individual* outcomes, public health, as reflected in the more than 50 schools and colleges of public health in the United States alone, has always been dedicated to understanding factors that affect a society’s collective level of health, often called *population health*.

There is also much overlap between a clinical orientation and a public health orientation. For example, public health – perhaps especially through its subfield of health policy and

management – seeks to ensure properly functioning healthcare sectors that support clinicians in enacting compassionate and effective medical care. Similarly, many other public health subfields, such as epidemiology and the study of infectious diseases, generate much valuable information that can guide and inform clinical practice.

Nonetheless, compared to clinical fields, public health places much greater emphasis on community-level activities and perspectives. One commonly cited definition of public health is

“the science and art of preventing disease, prolonging life and promoting health through organized efforts and informed choices of society, organizations, public and private, communities and individuals” (ASPPH, 2016, p. 3).^[3]

Attending to R/S factors in public health therefore means giving sustained attention to community-level factors, activities, and manifestations of religion and spirituality. For example, one recurrent theme in public health discourse on R/S is the practical value of collaborative partnerships between religious organizations and public health professionals and agencies (Campbell et al., 2007; Epstein, 2018; Idler et al, 2019; Morabia, 2019; Tuggle, 2000).

In addition, neighborhoods, regions and societies may differ in the degree and manner that spiritual values or religious culture are embedded in civic life and the social environment, beyond their existence as privatized characteristics of individuals. Such embedding is often consequential. Much evidence indicates that spirituality and religion, as features of the social environment, may not only predict health and longevity, but may also influence other

community-level health factors, such as behaviors and attitudes towards the natural and built environment, as well as social identity, cohesion, and discrimination (e.g., Doebler, 2015; Oman & Syme, 2018; Sherkat & Ellison, 2007).^[4] Consequently, group-level religion/spirituality may independently affect variables of health relevance above and beyond the effects of individual-level religion/spirituality (e.g., Nie, Yang, & Olson, 2018; Wolf & Kepple, 2019).

The last five years have seen much progress in raising public health awareness of R/S factors. For example, in 2014, Oxford University Press published the first edited book dedicated to R/S and public health, Ellen Idler's (2014) *Religion as a Social Determinant of Public Health*. In 2015, Susan Holman's book *Beholden* explored the intersections of religion, global health, and human rights (Holman 2015). Three years later, Springer International published Doug Oman's (2018) *Why Religion and Spirituality Matter for Public Health*, containing a dozen empirical reviews of R/S-health relations from the perspective of every major subfield of public health, as well as chapters profiling courses about R/S and public health at seven leading US schools of public health, and additional chapters on implications for public health practice. And in 2019, the *American Journal of Public Health* published a [special section](#) on how religious organizations have a long been active in contributing to public health and working in partnership with public health professionals (Idler et al, 2019; Morabia, 2019).

We are launching this network in the hope that together, all of us can build on this momentum and help carry it forward. Success will require awareness of public health concerns that overlap with other fields and professions, as well as awareness of the distinctive facets and needs of public health, raising questions such as:

- How do community-level expressions of religion/spirituality affect population-level physical or mental health outcomes?
- What physical and mental health outcomes are affected by public health and faith-based

partnerships? What outcomes are important to faith-based groups and how can these also be included and assessed in partnership work?

- How can public health collaborate with religious leaders and organizations to ensure wise stewardship and protection of the natural environment as a foundational source of global human health?
- What is the public health promise of the emerging yet sometimes controversial field of mindfulness, and how should mindfulness-based interventions be tailored to or informed by different religious traditions, western as well as eastern?

Likewise, the field of public health is also very interdisciplinary, and must be informed by insights from other health and human service professions, as well as by social sciences, natural sciences, and humanities. Therefore, we hope that this Network is able to strike a delicate balance: On the one hand, we must prioritize the specific needs of public health as it works to deepen its awareness of religious/spiritual factors. And on the other hand, we must simultaneously acknowledge and include insights from medicine, psychology, and the many other sister professions of public health, learning from their theories, research findings, and their advances in how to systematically and appropriately address religious/spiritual factors. In addition, our understandings of the nature and dynamics of spirituality and religion will also be clarified and enriched by engaging fields such as philosophy, theology, and sociology.

It is our pleasure to welcome all continuing and new members of this *Network* in joining us on this important journey, where we will learn much from each other. We hope this *Network* will help our local and global society to better understand and address the power and perennial importance of spiritual and religious factors in population health and well-being. We expect to publish two issues *Bulletin* issues each year, in the Fall and Spring, beginning in Fall 2019. Please aid us by sending information about upcoming conferences, useful resources, or other ideas you may have for the

content of forthcoming issues of the *Bulletin*.
(Send emails to: PHRSadm1@publichealthrs.org
and phrsadmin0@publichealthrs.org)

Appendix: Founding Members (Alphabetical Order)

- Aaron Franzen (Hope college)
- Susan Holman (Valparaiso University)
- Ellen Idler (Emory University)
- Katelyn Long (Harvard University)
- Doug Oman (University of California, Berkeley)
- Tyler VanderWeele (Harvard University)
- Joshua Williams (University of Colorado)
- Everett Worthington (Virginia Commonwealth University)

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principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health” (p. 30).

[4][^] See also other recent book chapters (Oman & Morello-Frosch, 2018; Oman & Nuru-Jeter, 2018).

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[3][^] This definition may be thought of as a modernized rendering of Winslow’s (1920) definition that “Public health is the science and the art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in