



Mark A. Strand



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## The Science and Practice of Public Health in Dialogue with Christian Faith

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### Call for Papers

Readers are encouraged to take up one of the insights or questions in the following invitation essay and its extensive endnotes, or maybe a related one that was not yet mentioned, and draft an article (typically about 5,000–8,000 words) that contributes to the conversation. These can be sent as an attachment to [scontakes@westmont.edu](mailto:scontakes@westmont.edu). An abstract should be included in the text of the email. The best essays will go on to peer review and the potential for publication in a public health theme issue of *Perspectives on Science and Christian Faith*, or in a variety issue of *PSCF*.

The lead editorial in the March 2026 issue of *PSCF* outlines what the journal looks for in the articles we publish. For best consideration for inclusion in the theme issue, manuscripts should be received electronically before September 1, 2026.

*Public health is the discipline of disease prevention and health promotion among populations. Preceding modern medicine, public health represents the earliest human attempts to reduce morbidity and mortality at the population level. As such, the science and practice of public health has been influenced by Christian theology and the contributions of Christian public health scientists from its beginnings. In the modern era, public health functions as a government agency, but is supported by many non-profit organizations, including the faith community. This review article defines public health, including the process by which public health was formalized as a science and a practice, including public health education and certification. It also describes the contributions of Christian scholars and Christian organizations to public health. Gaps in the scholarship addressing Christianity and public health are identified throughout, including where Christian scholarship in public health may uniquely enrich an understanding of public health and its practice.*

Keywords: public health, global health, government, non-governmental organizations, faith-based organizations, community health, epidemiology, health systems

The dialogue between science and the practice of public health and Christian faith has a long history. Some consider Daniel to have conducted the first experimental trial when he requested to consume vegetables and water rather than the king's calorie-dense diet (Dan. 1:8–16).<sup>1</sup> Proto-public health principles evident in the Bible include dietary laws (Leviticus 11), washing rituals (Num. 19:11–13), infectious disease control practices such as burying human waste outside the camp

(Deut. 23:12–13), and quarantining individuals with diseases such as leprosy (Leviticus 13–14).<sup>2</sup> Concern for

**Mark A. Strand** (PhD, University of Colorado Denver) is professor in the Departments of Pharmacy Practice and Public Health at North Dakota State University. His research focus is chronic disease epidemiology and prevention of opioid use disorder. Mark is an ASA fellow and board member, and elder at Salem Evangelical Free Church.

the well-being of the community (Acts 2:44–45) and for others (Mark 12:30–31) are public health values evident in the Bible. So, the influence of Christian faith on the science and practice of public health, and vice versa, is deserving of scholarly attention.

The following review serves the purpose of framing the science and practice of public health in relation to Christian faith and values. Recognizing the role of public health from antiquity to the present, and the sometimes-uncertain relationship between public health and Christian faith, *Perspectives on Science and Christian Faith* is calling for submissions to a public health and Christian faith theme issue. This review article provides a framework to understand the relationship between public health and Christian faith; scholarly contributions, concerning the questions posed, are particularly welcomed.

The review employs a wide-ranging historical overview of public health development with a specific eye toward influences from Christianity; this includes how Christianity was, in turn, influenced by public health practice. It begins by describing public health in the United States, including the process by which public health was formalized as a science and a practice, including through public health education and certification. Then global understandings of public health will be introduced, with an invitation to global dialogue. The nature of governmental public health will then be explained, along with the challenges that faith-based organizations face collaborating with governmental agencies. This leads to the issue of the role of trust in public health, and possible reasons for declining trust in the cultural authority of public health experts. Other topics considered include the effect of theoretical concepts such as individualism and secularism on public health and human flourishing as a public health and theological goal. Throughout, the research contributions of Christian scholars will be described as a model for needed scholarly contributions from Christian public health experts.

*Questions posed along the way are meant to pique the curiosity of readers and potential contributors, not to limit the scope of offerings that are welcome.*

## What Is Public Health?

The practice of public health was the foundation and predecessor of modern medicine.<sup>3</sup> Time-tested practices addressing clean water and sanitation and quarantines against infectious disease outbreaks, proceeding right up to the germ theory of disease in the 18th century,

have enabled communities to extend human life expectancy.<sup>4</sup> In the advent of the scientific age, advances in chemistry and medicine allowed public health practitioners to implement population-based interventions such as vaccinations, clean water and air laws, safe food and drug laws, and maternal and child health programs to protect the public in unassuming but beneficial ways.<sup>5</sup> More recently, public health workers have elucidated risk factors for tobacco and alcohol consumption, risky sexual practices, excess body mass, sedentary lifestyles, insufficient consumption of fresh fruits and vegetables, and poorly controlled blood pressure; they have implemented highly effective public health interventions to alleviate them.<sup>6</sup> Christian beliefs and values have participated in this history, including through the activities of Christian organizations.<sup>7</sup>

*What lessons can be learned from this history? What approaches, especially through how ancient Christian communities sought to help the sick or hinder the propagation of disease, offer lessons for the present?*

A particularly important recent development is the concept of the Essential Public Health Services (EPHS), created in 1994 to clarify how the federal, state, and local public health agencies at all levels share the responsibility to keep the public healthy.<sup>8</sup> This was codified in the ten essential public health services:

1. assess population health status,
2. investigate health problems affecting the population,
3. communicate effectively to inform people about health,
4. strengthen community partnerships to improve health,
5. create policies and laws that impact health,
6. utilize regulatory action to protect the public's health,
7. assure an effective system that enables equitable access to needed services,
8. build a skilled public health workforce,
9. evaluate and continuously improve public health functions, and
10. build a strong organizational infrastructure for public health.<sup>9</sup>

Clarification of these ten essential services has proven critical for defining public health practice and for distinguishing public health from medical care. It has allowed public health to move from being primarily a deliverer of services to being the center of cross-sector collaboration for the public's good.<sup>10</sup>

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*In what ways do the EPHS complement the biblical narrative of what God is doing in the world through public health practitioners? In what ways does Christian theology critique or provide a deeper justification for the EPHS? How might the EPHS and Christian thought challenge each other to more fuller versions of themselves?<sup>11</sup>*

### Public Health in the United States

Public health in the United States operates in many ways but is fundamentally a government role with the charge to protect the public from health harms through disease prevention and health promotion.<sup>12</sup> However, many sectors are involved and much effective public health work is done by the non-profit and even the private sector, both independently and in collaboration with governmental public health efforts.

Governmental public health in the United States operates at three primary tiers: federal, state, and local.<sup>13</sup> A similar tiered system is found in virtually all countries. Federal public health in the United States is structured under the Department of Health and Human Services (HHS) and its many agencies. Substantial restructuring of the HHS has occurred since early 2025, including consolidating twenty-eight HHS divisions into fifteen. Several federal agencies still stand out for their direct attention to public health needs. These include the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), the United States Public Health Service (USPHS), the Agency for Healthcare Research and Quality (AHRQ), and the Health Resources and Services Administration (HRSA). These agencies establish laws and best practices which are disseminated to the states and localities which implement them, often with support by federal funding.<sup>14</sup> State public health comprises comparable divisions and departments, with the responsibility to coordinate public health programs, pass federal dollars to local public health units, and collect statewide public health data. Local city and county public health departments deliver the frontline public health services in their communities. Funding for local public health is composed of approximately half federal pass-through dollars, and half state, local city, and local county funding.<sup>15</sup>

Collaborations between government agencies and faith-based organizations (FBOs) occur in many communities.<sup>16</sup> Churches in African American communities have a particularly rich history of partnering with public health agencies and medical institutions to serve community needs.<sup>17</sup> Such collaborations represent involve-

ment of the community and have high potential for advancing population health.<sup>18</sup>

*How can faith communities collaborate with governmental public health efforts? Where are the best opportunities to expand and deepen such collaborations? Do faith communities have evidence-based best practices or other information they can contribute to public health science? Manuscripts answering one or more of these questions would be welcomed.*

### Challenges in Faith-Based Organizations Collaborating with Government Agencies

Public health operates as a government agency, working in a pluralistic, public space. Consequently, public health in the United States and elsewhere has, at times, avoided talking about religion and has hesitated to engage with religious partners, for fear of crossing the line of separation of church and state. Global agencies such as the World Health Organization (WHO), the World Bank Group, and the United Nations Children's Fund (UNICEF) were, in the past, biased toward a secular posture. When AIDS emerged in the 1980s, there was a desperate need for community partners to help in caring for and treating victims of the dreaded disease. Realizing that Christian churches and Christian hospitals were among the most consistent providers of services to people in need, particularly in sub-Saharan African countries,<sup>19</sup> the WHO began to partner with faith communities.

Over time, public health organizations recognized that they were ignoring a major component of the lives of the majority of the world's people by ignoring the faith community. As a result, the WHO hired a Partnerships Officer for faith-based and civil society engagement in 2004, and established the Faith Network in 2022, whose purpose was to increase collaboration and the sharing of accurate and relevant information at the intersection of faith and public health.<sup>20</sup> This fear of violating the separation of church and state was similarly overcome in the United States when President George W. Bush established the Office of Faith-Based and Neighborhood Partnerships within the Department of Health and Human Services in 2001.

These were positive developments. But at times, secular public health program implementers were opportunistic and treated churches and FBOs mainly as an avenue for disseminating health messages or interventions, while marginalizing the content of their faith and paying little

attention to underlying norms and values about health contained within religious communities' faith experiences. In fact, religion and spirituality have been identified as contributors to critical public health work for a long time. Programs such as Alcoholics Anonymous and hospice care emerged out of values that Christians distinctly hold about addictions and dying, respectively.<sup>21</sup>

*What contributions might a Christian perspective make to other pressing public health problems, such as dementia, the psychological development of youth,<sup>22</sup> chronic pain, substance use disorders, psychiatric conditions, and loneliness, among others? How might a distinctively Christian perspective speak to present public health priorities? How can faith communities partner with public health entities that honor the intellectual and theoretical resources and goals of both parties?*

This raises the question of how mutual benefit is assured when government and multilateral organizations serving pluralistic societies partner with faith communities. To address this question, researchers have introduced several models for public and faith-based collaboration. Kiser and Lovelace describe a Model Practices Framework<sup>23</sup> and Hardison-Moody and Yao discuss best practices for state-level bridging between public health and communities of faith.<sup>24</sup> Deeper analyses on the implementation of effective partnerships between governmental and faith-based organizations are needed.

A related question is that of how Christian communities should engage societies developing in the direction of secularism. Many Western societies are becoming more secular. Charles Taylor proposed the surprising argument that the move toward secularization may have resulted from Christian reform movements that focused excessively on individualism. He argued that the reform movements placed greater emphasis on spiritual needs and abilities of individuals, than on the transcendent and corporate elements of the faith community.<sup>25</sup> If this is true, it partially explains the uncertain relationship between the individualized Christian faith that characterizes much of North American Christianity and community-oriented public health endeavors. If Christians turn inward, they will inevitably feel themselves disconnected from the wider society and, most especially, from the portions of society not participating in a faith community. This, in turn, can lead them to resist contributing toward, or sacrificing for, public goods that benefit all.<sup>26</sup> Other explanations for the secularization of society point to the outsized role of universities and other public organizations.<sup>27</sup> Taylor's is not the only view.

*To the extent that Taylor's thesis is true, how should Christians respond pastorally, prophetically, or politically to the secularization of society, and of the church itself? Is there a public health argument for supporting religious movements that resist excessive individualism and embrace collective dimensions of faith? Conversely, might Christians embrace the collective emphasis of public health as a call to spiritual renewal, specifically one that helps turn the tide of individualization and thus secularization?*

While beneficial to individuals, the fundamental goal of public health is to improve population health, to focus on those efforts that will do the best for the greatest number and, in particular, the most vulnerable. Such a calling should appeal to Christians, whose focus is more on one's neighbor than oneself.

*What are distinct contributions Christians can make to a sacrificial approach to serving the public's health? How is the church, as a fixed community, a population to be served with health promotion and disease prevention activities?*

## Public Health Globally

Public health systems vary from country to country, but to varying degrees, they all address common public health concerns, that is, factors that address large portions of the population but are difficult to manage or mitigate at the individual level. They require federal or regional coordination by the government to ensure the welfare of all members of society. This includes maternal and child health, chronic and infectious disease prevention and management, natural disasters, nutrition and food assistance, housing, clean water and sanitation, and others.

Similarly, public health systems in most countries serve a common set of public health functions, including surveillance and monitoring, emergency management, disease prevention and early detection, financing, protection from health hazards, community engagement, workforce development, and research and evaluation.<sup>28</sup> Countries variably prioritize these functions based on need in the local context. This makes each country a kind of experiment in how to best protect and serve the health of the public. For example, countries with endemic malaria have robust surveillance programs, while the U.S. would require little to no malaria surveillance. Consequently, through sharing experiences gleaned from different countries, learning occurs that generates best practices that can be applied elsewhere.

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*What can public health practitioners operating in various global contexts learn from each other as they encounter a range of emphases in local concepts of health, approaches to public health, and theologies of public health? What can Christians learn from or critique about efforts to “decolonize” global health practice? The Christian church can be found in every country of the world. What are the ways in which the church is serving the cause of public health in different contexts? Contributions from around the world are welcome in this theme issue.*

Christian non-governmental organizations (NGOs) and churches work extensively across borders and advocate for global health foreign aid and pandemic preparedness. Changes to U.S. global health foreign aid and shifts in priorities call for a Christian response.

*What can Christian theology and ethics contribute to discussions about the amount and priorities of global health foreign aid? What best practices for advocacy can inform faith-based efforts to influence national and multilateral health budgets?*

### Public Health Education

The efforts which established the science and practice of public health as a practice distinct from the clinical work of physicians, nurses, and therapists enabled better division of labor between public health, healthcare, and departments of human and social services and allowed public health education to create a curriculum which aligned with public health practice. One important point was the 2005 establishment of the National Board of Public Health Examiners (NBPHE), which created an examination process for accrediting public health professionals. This led to the Certified in Public Health (CPH) designation, a credential conferred by the NBPHE. Even earlier, the Council on Education for Public Health (CEPH) was established in 1974. The CEPH creates competency standards and curriculum guidelines for public health education which clarify the skills needed to be a public health professional. To receive CEPH-accreditation, programs must demonstrate that their students master the core competencies of epidemiology, biostatistics, behavioral science, environmental health, and health policy. Eight Christian colleges and universities offer CEPH-accredited Master of Public Health (MPH) programs.<sup>29</sup>

In addition to established competencies, public health has a code of ethics to guide practice,<sup>30</sup> including the call to obtain the community’s consent for programs; to respect diverse values, beliefs, and cultures in the community; and to engage in collaborations and affiliations

in ways that build the public’s trust and the institution’s effectiveness. Therefore, collaborating with people of faith and their values, and with faith-based community organizations, is built into public health ethics.

*What unique approaches to education might be implemented in the Christian college public health programs that distinctively enrich their students’ understanding of the core competencies of public health and effective delivery of the ten essential services?<sup>31</sup> In what ways might the teachings and example of Jesus Christ illustrate or enhance public health ethics?*

### Compatibility and Conflict

Public health and Christian faith share many compatible theoretical perspectives, such as a focus on hope and the possibility of change. Both disciplines also acknowledge that humans are complicated, and inclined to do things that result in harm to themselves and the public. Christian belief roots this observation in the notion of original sin; that is, people need transformation and assistance toward that which is truly good. Public health describes this observation in terms of human behavior, in which humans need guard rails and nudging in order to pursue health-enhancing behaviors and eschew health-harming behaviors.<sup>32</sup> Both public health and Christian faith accept that there is truth and falsity in the world, and that it is necessary to work to identify and uphold the truth, and minimize the harmful effects of falsity.<sup>33</sup> In Christian faith, this is established through the Scriptures, tradition, reason, and experience (expressed in authentic theology) found in and through Christian community. In public health, this is done through the application of epidemiology, biostatistics, and behavioral science.<sup>34</sup> Both disciplines also desire to see humans flourish through the application of those truth convictions.

*How might these compatibilities serve as a basis for collaboration between Christian and governmental public health organizations? How might theological metaphors about sin and public health frameworks about behavior inform and enrich each other?*

The science of public health has been able to identify risk factors and causes of disease, with benefit to individual and population health for many years. One of the more noteworthy contributions is the Framingham Heart Study.<sup>35</sup> Commissioned by Congress in 1948, this longitudinal study sought to determine the behavioral and dietary factors associated with heart disease. In fact, the study is the origin of the term *risk factor*. Beginning in 1948 with 5,209 healthy adults, it continues with their

descendants to the present.<sup>36</sup> In the interim, it has produced thousands of peer-reviewed publications, laid the groundwork for modern understandings of heart disease, and saved millions of lives so far. It exemplifies the kind of public health work that cannot be done using short-term, clinical trials; it requires sustained longitudinal government support and funding.

*How might Christian organizations and public health practitioners distinctively contribute to critical longitudinal studies? What might be learned from existing examples such as the Global Flourishing Study (GFS) at Harvard University?<sup>37</sup> (While coming out of a secular institution, it includes a large number of Christian individuals and organizations, and a clear focus on spiritual flourishing.) What models and definitions of human flourishing have emerged from Christian thought? In what ways does the GFS align or not align with these models? In what ways might Christian theology enhance our understanding of its results? How should Christians respond when GFS results detect null or negative impacts of religion on human health?*

Public health and Christian faith acknowledge that the collective, or the community, at times supersedes the individual, and strive to build generous community on that belief.<sup>38</sup> Humans are called to sacrifice for the common good. Both sectors also prioritize care for the weak and vulnerable; they are compelled to use the resources of their discipline to protect the weak, and to address the problems that are revealed by their truths.<sup>39</sup> So, it is not inherently in conflict for Christians to support government programs such as the Americans with Disabilities Act, and the Rehabilitation Act, which prohibit discrimination based on disability in federally funded programs; and the Individuals with Disabilities Education Act (IDEA), that ensures all students receive a free appropriate education and necessary support services.

*What are the public policies that Christians can build on or advocate for to advance the public's health and to demonstrate Christian witness?*

However, there are also areas of potential conflict between religious beliefs and practices and public health best practices. Christian faith has a set of morals for expected behavior, violation of which is considered harmful to oneself and others. For example, faith communities hold to moral values regarding sexual behavior, which have, at times, led to stigmatization of those with HIV because of the assumption that the route of transmission may have involved disapproved behaviors.<sup>40</sup> Religion has also been used as a reason to under-

mine public health support and practice.<sup>41</sup> For example, harm reduction is seen as a public health best practice, but some religious leaders perceive particular efforts directed at preventing harms as tolerant of less than salutary behavior and thus to be opposed. One such example is the dissemination of condoms to teenagers, which is known to reduce unintended pregnancies and spread of sexually transmitted infections<sup>42</sup> but has been seen by some as showing indifference toward irresponsible sexual practices.<sup>43</sup>

Another challenge involves conflicts over decisional autonomy, whereby some Christians claim the right to disobey human authorities that conflict with their perception of God's authority. Examples include the conflicts that arose during the COVID-19 pandemic between public health mitigation efforts which some religious communities held to violate their religious beliefs. In this, courts in the United States typically weighed in favor of religious freedom against public health authority.<sup>44</sup> The argument for autonomy has been challenged by writers such as Dietrich Bonhoeffer, who make the strong case that Christian freedom is not freedom *from*, but freedom *for* God and for one another.<sup>45</sup> Wolfhart Pannenberg has similarly argued that Christians find their center and completion outside of themselves (including their personal freedoms) in God and in other persons.<sup>46</sup>

*How do Christians aspire to the common good when there are conflicts between individuals' personal convictions, or that of their faith community, and the wellbeing of others? When and how do Christian communities decide between conscientious objection and supporting public health efforts aimed at promoting the good of others when some aspects of the approach may not be fully reflective of core Christian values?*

## Individual and Population Understandings of Public Health

Public health is meant to contribute to individual and population health. However, the emphasis is on the population. It is not always understood that in population health, not every individual will obtain benefit from every public health intervention, and some will actually be inconvenienced while gaining no immediate benefit. This is due to the nature of population interventions. For example, some hypertensive persons are not sodium-sensitive, so they don't need to reduce sodium intake to control their blood pressure.<sup>47</sup> But it is in the best interest of population health to reduce sodium in foods at restaurants and in food service facilities. Consequently,

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every individual makes a sodium sacrifice, because it reduces strokes at the population level, but not every individual receives blood pressure control benefit.

*As a religion of self-sacrifice, what theoretical and practical riches embodied in the life and teachings of Jesus Christ (Eph. 2:14) do Christians have to share with public health?*

During the time of the early church, the courage of Christians to remain in the city and minister to the sick and dying during the plague, rather than flee to country homes, was a major boon to the Christian faith by the testimony it made to onlookers.<sup>48</sup> It was suggested that the early Christians had created a miniature welfare state in a setting that lacked social services. In contrast, during the COVID-19 pandemic, some Christians, primarily in the U.S., eschewed being vaccinated, wearing masks, and avoiding public places in the name of religious freedom. For example, thirty percent of white evangelical Christians reported they did not intend to get vaccinated in March 2021.<sup>49</sup>

*How is the balance between freedom and self-sacrifice to be maintained? Is the calling to love one's neighbor, and to serve the neediest without regard for oneself, a public health resource that could be offered by Christians? This is a question seeking insights and guidance from Christian public health scholars.*

### Trust in Public Health Practice

Public trust is a foundational pillar for the successful implementation of health policies and interventions, particularly during times of crisis. This trust influences whether communities accept and act upon public health guidance, such as in vaccination campaigns or in emergency response protocols.<sup>50</sup> Trust in public health remains high, with the highest levels of trust at the local level (73% high confidence), and lower at the state and federal levels (56% and 53% high confidence).<sup>51</sup> However, recent data highlight a gradual erosion of this trust across various sectors in the United States, including hospitals, pharmacies, public health departments, social service agencies, universities, fire departments, police departments, libraries, and local schools.<sup>52</sup>

The landscape is further complicated by the rise of misinformation and disinformation, particularly via social media, which has led to widespread skepticism of scientific expertise and public health recommendations.<sup>53</sup> To be clear, science skepticism is not new; it was evident when Edward Jenner introduced the first smallpox vaccine in 1796. However, modern trends have increased

the influence of such skepticism.<sup>54</sup> This erosion of trust stems from several interconnected factors: perceived shortcomings in public health performance, limited public accountability, a lack of widespread support for core public health principles, ineffective communication about the role and value of public health, and a perception that public health represents governmental authority that threatens individual freedom.<sup>55</sup> In this “post-truth” environment, where facts are often supplanted by ideology on both the right and the left, rebuilding trust in public health requires more than sound policy—it demands intentional efforts to engage communities, address inequities, and reestablish the credibility of science and governance alike.

Peculiarly, Christians seem particularly vulnerable to popular depictions of health information and misinformation.<sup>56</sup> As believers in the truth, Christians have a calling to being truth-tellers and impeding the spread of falsity.<sup>57</sup>

*What roles might Christian public health professionals play to commend truth in science and in theology, as they straddle their professional and faith communities?<sup>58</sup> Similarly, what role might pastors and faith leaders play in commending truth, both theological and scientific, to their faith communities? Where does the distrust lie? Is the distrust in so-called experts, in governmental authority, or in the fundamental credibility of the profession? If the distrust is in experts, then pastors and theologians are equally likely to eventually experience the loss of trust from their followers.<sup>59</sup> The issue of distrust in authorities or in experts needs further consideration.*

Public health depends on reliable data and rigorous analysis of that data. This process results in the determination of causes and the design of interventions for prevention and mitigation of identified public health problems. This is followed by honest application of those analyses in the service of promoting improved health of populations. Public health will then evaluate the impact of such interventions at the population level. In other words, once the causes are determined, it needs to be demonstrated that the prevention of those causes at the population level can reduce the disease outcomes in a way that individual level initiatives cannot. Such was the case with the reduction of dental caries after municipalities began fluoridating their drinking water in the 1940s.<sup>60</sup>

*Where is reliable data to be found, or generated? How are Christians in public health positioned to make distinct contributions to the analysis and application of those findings? How can trained public health professionals*

*advance population health initiatives in an era when expertise itself is suspect?*<sup>61</sup>

Recent decades have exacerbated the isolation and siloing of many scientific disciplines.<sup>62</sup> This is unfortunate, given that collegiality and professional solidarity are necessary in order to establish shared expectations and ensure mutual accountability.<sup>63</sup> This shows the importance of public health associations and organizations, and the participation of Christian public health professionals in these associations. Christian public health professionals can in this way help to strengthen productive collegiality and scientific integrity.

*What are ways that Christian public health professionals can help resolve areas of conflict between evidence-based public health and lay perceptions of public health? What are the strengths and weaknesses of Christian public health professionals isolating themselves and their work in exclusively Christian circles? What are the ways in which Christians can help the profession of public health improve their performance, and regain public trust? And is there evidence that faith-based organizations can improve trust in public health by virtue of their credibility with their adherents?*<sup>64</sup>

Some would argue that the United States is facing a public health crisis with an uncertain future.<sup>65</sup> What is the source of this crisis? Some of the rising trends contributing to this crisis are antiauthoritarianism, excessive individualism, and national isolationism. The role of excessive authoritarianism by some leaders or government agencies in eliciting these reactions must also be considered.

*Are the forces challenging public health primarily from certain social strata, such as high-income sectors, who feel less directly the need for public health services? Is opposition to public health an indirect attack on vulnerable and needy segments of the population who depend on public services for things such as vaccinations, general Women, Infants, and Children (WIC) services, and health screenings? What does Scripture teach about supporting the poor and the vulnerable? Or is opposition rooted in ideology that is concerned about excessive government intervention? Submissions providing insight on these issues are welcomed.*

## Public Health Research

A common theoretical perspective guiding public health research is the socio-ecological model.<sup>66</sup> This model presents health as operating at individual, inter-

personal, community, and policy levels. For example, while smoking is an individual behavior, it is significantly influenced by one's interpersonal relationships and the community of which one is a part. Additionally, individual smoking decisions are affected by policies, such as high cost of tobacco products resulting from excise taxes, and the inconvenience of smoking in light of clean-air laws. This model explains the occurrence of many health problems in communities more completely than what an individual behavioral model can. Christian researchers have added to the literature with distinctly Christian contributions to a socio-ecological approach to health and well-being.<sup>67</sup> The Christian life is one lived within community, with service and sacrifice reverberating back and forth between the members according to need. The Christian life is more than one's individual bliss, it is even more so the blessing of participating in caring Christian community. One such example from Christian scholars Gary Gunderson and Larry Pray is the creation of the five leading causes of life—connection, coherence, agency, blessing, and hope. They place connection first in the list of the leading causes of health.<sup>68</sup>

*How might understanding the health of the world's people be enhanced by such a community assets-based theological perspective?*<sup>69</sup>

The pioneering work of Harold Koenig on the health benefits of religious faith, while focused on individual health, pioneered research into the health implications of Christian faith.<sup>70</sup> This work catalyzed a multitude of empirical studies on religion and spirituality (R/S), some supportive, and some critical. Despite the relatively mature state of R/S empirical research, there seems to be a persistent gap of true multidisciplinary work that explores intersections of R/S empirical studies and Christian theology.

*How do these empirical findings complement or contradict truths gained through Christian theology?<sup>71</sup> And what does it mean to be whole, in theological and biological perspective?<sup>72</sup> Contributions that integrate Christian theological perspectives with empirical findings on religion and spirituality are encouraged.*

The work of Tyler VanderWeele and colleagues at the Human Flourishing Program at Harvard University has provided insights into this question, showing the impact of religion and spirituality on human flourishing.<sup>73</sup> Another contributor is Ellen Idler, who has described religion as a social determinant of public health, that is, as an explanatory variable in good and bad health.<sup>74</sup>

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*What new evidence is there to build on the pioneering work of these researchers? The individualistic focus on health so common in the U.S. ignores the fact that one's individual health is a function of the health of their community; this begs the question, can an individual be healthy if they are part of an unhealthy community?<sup>75</sup> What role do Christian practices, such as fellowship, prayer, meditation, and forgiveness<sup>76</sup> have on individual and population health?*

As a final consideration, Christians have contributions to make in the area of environmental health. The nine planetary boundaries—global environmental challenges that threaten the health of populations across the globe—have been identified.<sup>77</sup> Although indifference about climate concerns exists among some Christians, there are strong evangelical movements supporting climate-related advocacy, such as the Evangelical Environmental Network.<sup>78</sup> There are also Christian denominations that are particularly active, such as the Metropolitan African Methodist Episcopal (AME) Church. With many churches located in inner city communities, the AME has partnered with the Smart Surfaces Coalition to disburse grants to churches for the purpose of mitigating the effects of climate change.<sup>79</sup> This includes efforts such as retrofitting churches with cool roofs, starting community gardens, stormwater capture systems, and tree planting.

*What does Christian stewardship of the environment look like, whether it be the unaltered environment (radon or sun exposure), the altered environment (solid and hazardous waste),<sup>80</sup> or the built environment (roads and buildings)?*

## Conclusion

This call for papers has attempted to sketch out the history and structure of public health, including accomplishments and challenges. It has laid out the theoretical underpinnings of public health, including areas of complement and conflict with Christian faith. It has striven to identify where gaps in scholarship exist at the interface of public health science and Christian practice and doctrine. As God's representatives on Earth (Gen. 2:15), humans are called to be stewards of the natural world; this includes understanding the material world and enhancing human flourishing (Luke 4:18-19). Public health is a multidisciplinary science whose primary aim is to promote health and to prevent disease and injury, through policy and evidence-based interventions, and to ensure equitable access to health resources. Therefore, Christian public health professionals are uniquely

poised to contribute to public health scholarship infused with Christian teaching and values. It is hoped that expectant readers will build upon this introduction and expand the scholarship of Christian faith and public health through their contributed papers.

## Acknowledgments

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## Notes

<sup>1</sup>David A. Grimes, "Clinical Research in Ancient Babylon: Methodologic Insights from the Book of Daniel," *Obstetrics & Gynecology* 86, no. 6 (1995): 1031-34, [https://doi.org/10.1016/0029-7844\(95\)00276-W](https://doi.org/10.1016/0029-7844(95)00276-W); and Susan Weingarten, "Food in Daniel 1:1-16: The First Report of a Controlled Experiment?," *Journal of the Royal Society of Medicine* 117, no. 12 (2024): 415-16, <https://doi.org/10.1177/01410768241294253>.

<sup>2</sup>Stephen Ko, "Public Health Approaches to Disease from Antiquity to the Current Day," in *All Creation Groans: Toward a Theology of Disease and Global Health*, ed. Daniel W. O'Neill and Beth Snodderly (Pickwick Publications, 2021), 127-40.

<sup>3</sup>Alfredo Morabia, *The Public Health Approach: Population Thinking from the Black Death to COVID-19* (Johns Hopkins University Press, 2023).

<sup>4</sup>Frank M. Snowden, *Epidemics and Society: From the Black Death to the Present* (Yale University Press, 2019); and David Rosner and Gerald Markowitz, *Building the Worlds That Kill Us: Disease, Death, and Inequality in American History* (Columbia University Press, 2024).

<sup>5</sup>Jan Kirk Carney, *A History of Public Health: From Past to Present* (Jones and Bartlett Learning, 2023); and Michael T. Osterholm and Mark Olshaker, *Deadliest Enemy: Our War Against Killer Germs* (Little, Brown and Company, 2017).

<sup>6</sup>"Ten Great Public Health Achievements—United States, 2001-2010," reported by Ram Koppaka, *Morbidity and Mortality Weekly Report* 60, no. 19 (May 20, 2011): 619-23, <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6019a5.htm>.

<sup>7</sup>Gary Gunderson et al., "Toward Common Ground: Rethinking Both Public Health and Religion, Together," *American Journal of Public Health* 115, no. 4 (2025): 492-94, <https://doi.org/10.2105/AJPH.2025.308047>; Doug Oman, *Why Religion and Spirituality Matter for Public Health: Evidence, Implications, and Resources* (Springer, 2018); Christoffer H. Grundmann, "Sent to Heal! About the Biblical Roots, the History, and the Legacy of Medical Missions," *Christian Journal for Global Health* 1, no. 1 (2014): 6-15, <https://doi.org/10.15566/cjgh.v1i1.16>; Gary B. Ferngren, *Medicine and Religion: A Historical Introduction* (Johns Hopkins University Press, 2014); Susan R. Holman, *Beholden: Religion, Global Health, and Human Rights* (Oxford University Press, 2015); Stephen M. Coleman and Todd M. Rester, *Faith in the Time of Plague: Selected Writings from the Reformation and Post-Reformation* (Westminster Seminary Press, 2021); Ted Karpf, "Faith and Health: Past and Present of Relations Between Faith Communities and the World Health Organization," *Christian Journal for Global*

- Health* 1, no. 1 (2014): 16–25, <https://cjgh.org/articles/5/files/6626108845fb6.pdf>; Gary B. Ferngren, *Medicine and Health Care in Early Christianity* (Johns Hopkins University Press, 2009); Amanda Porterfield, *Healing in the History of Christianity* (Oxford University Press, 2005); Willard M. Swartley, *Health, Healing and the Church's Mission: Biblical Perspectives and Moral Priorities* (InterVarsity Press, 2012); and Charles E. Rosenberg and Carroll S. Rosenberg, "Pietism and the Origins of the American Public Health Movement: A Note on John H. Griscom and Robert M. Hartley," *Journal of the History of Medicine and Allied Sciences* 23, no. 1 (1968): 16–35, <https://www.jstor.org/stable/24621721>.
- <sup>84</sup>National Public Health Performance Standards: The Public Health System and the 10 Essential Public Health Services," Centers for Disease Control and Prevention, accessed February 18, 2015, <http://www.cdc.gov/nphpsp/essentialServices.html>.
- <sup>89</sup>"The 10 Essential Public Health Services," Centers for Disease Control and Prevention, revised 2020, <https://phaboard.org/wp-content/uploads/EPHS-English.pdf>.
- <sup>10</sup>Karen B. DeSalvo et al., "Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century," *Preventing Chronic Disease* 14 (2017): 170017, <http://dx.doi.org/10.5888/pcd14.170017>.
- <sup>11</sup>Jason Paltzer, "Training a Christian Public Health Workforce: A Qualitative Study of Christian Public Health Training Programs," *Christian Journal for Global Health* 5, no. 3 (2018): 12–22, <https://cjgh.org/articles/10.15566/cjgh.v5i3.228>.
- <sup>12</sup>Sandro Galea, *Within Reason: A Liberal Public Health for an Illiberal Time* (University of Chicago Press, 2023). Although the United States public health system is being featured, those of other countries have distinct and valuable experiences and approaches to public health that should be studied and considered. This is particularly so with Canada and Mexico, the near neighbors of the United States. Global contributions to this special issue are welcomed and needed.
- <sup>13</sup>Justeen K. Hyde and Stephen M. Shortell, "The Structure and Organization of Local and State Public Health Agencies in the U.S.—A Systematic Review," *American Journal of Preventive Medicine* 42, no. 5, Supplement 1 (2012): S29–S41, <https://doi.org/10.1016/j.amepre.2012.01.021>.
- <sup>14</sup>Valerie A. Yeager et al., "Funding Public Health: Achievements and Challenges in Public Health Financing Since the Institute of Medicine's 2012 Report," *Journal of Public Health Management Practicing Medicine* 28, no. 1 (2022): E244–E255, <https://doi.org/10.1097/phh.0000000000001283>.
- <sup>15</sup>Michelle M. Mello and Jamie Wang, "The Hard Road Ahead for State Public Health Departments," *JAMA Health Forum* 6, no. 3 (2025): e250817–e17, <https://doi.org/10.1001/jamahealthforum.2025.0817>.
- <sup>16</sup>Gunderson et al., "Toward Common Ground."
- <sup>17</sup>LaPrincess C. Brewer and David R. Williams, "We've Come This Far by Faith: The Role of the Black Church in Public Health," *American Journal of Public Health* 109, no. 3 (2019): 385–86, <https://doi.org/10.2105/AJPH.2018.304939>.
- <sup>18</sup>Howard K. Koh and Eric Coles, "Body and Soul: Health Collaborations with Faith-Based Organizations," *American Journal of Public Health* 109, no. 3 (2019): 369–70, <https://doi.org/10.2105/AJPH.2018.304920>; and Ellen Idler et al., "Partnerships Between Public Health Agencies and Faith Communities," *American Journal of Public Health* 109, no. 3 (2019): 346–47, <https://doi.org/10.2105/ajph.2018.304941>.
- <sup>19</sup>"The African Christian Health Associations' Technical Working Group on Human Resources for Health," African Christian Health Association, 2008; S. Litsios, "The Christian Medical Commission and the Development of the World Health Organization's Primary Health Care Approach," *American Journal of Public Health* 94, no. 11 (2004): 1884–93; and Ellen L. Idler, ed., *Religion as a Social Determinant of Health* (Oxford University Press, 2014).
- <sup>20</sup>Karpf, "Faith and Health"; and Fabian Winiger and Simon Peng-Keller, "Religion and the World Health Organization: An Evolving Relationship," *British Medical Journal Global Health* 6, no. 4 (2021): e004073, <https://doi.org/10.1136/bmjgh-2020-004073>.
- <sup>21</sup>Patrice Richardson, "Spirituality, Religion and Palliative Care," *Annals of Palliative Medicine* 3, no. 3 (2014): 150–59, <https://doi.org/10.3978/j.issn.2224-5820.2014.07.05>; and Taylor W. Dean, "Not Religion: The Problems of Religion and the Making of Alcoholics Anonymous," chap. 7 in *Holy Waters*, ed. Ryan Lemasters and Stephen Covell (Routledge, 2025).
- <sup>22</sup>Julie E. Yonker et al., "The Relationship Between Spirituality and Religiosity on Psychological Outcomes in Adolescents and Emerging Adults: A Meta-Analytic Review," *Journal of Adolescence* 35, no. 2 (2012): 299–314, <https://doi.org/10.1016/j.adolescence.2011.08.010>.
- <sup>23</sup>Mimi Kiser and Kay Lovelace, "A National Network of Public Health and Faith-Based Organizations to Increase Influenza Prevention Among Hard-to-Reach Populations," *American Journal of Public Health* 109, no. 3 (2019): 371–77, <https://doi.org/10.2105/AJPH.2018.304826>.
- <sup>24</sup>Annie Hardison-Moody and Julia Yao, "Faithful Families, Thriving Communities: Bridging Faith and Health Through a State-Level Partnership," *American Journal of Public Health* 109, no. 3 (2019): 363–68, <https://doi.org/10.2105/ajph.2018.304869>.
- <sup>25</sup>Charles Taylor, *A Secular Age* (Harvard University Press, 2007).
- <sup>26</sup>Elizabeth S. Anderson, "What Is the Point of Equality?," *Ethics* 109, no. 2 (1999): 287–337, <https://doi.org/10.1086/233897>; and Jim Wallis, *The (Un)Common Good: How the Gospel Brings Hope to a World Divided* (Brazos Press, 2014).
- <sup>27</sup>William H. Swatos Jr. and Kevin J. Christiano, "Introduction—Secularization Theory: The Course of a Concept," *Sociology of Religion* 60, no. 3 (1999): 209–28, <https://doi.org/10.2307/3711934>; and Christian Smith, *The Secular Revolution: Power, Interests, and Conflict in the Secularization of American Public Life* (University of California Press, 2003).
- <sup>28</sup>*Defining Essential Public Health Functions and Services to Strengthen National Workforce Capacity*, World Health Organization (World Health Organization, 2024).
- <sup>29</sup>Oman, *Why Religion and Spirituality Matter*.
- <sup>30</sup>James C. Thomas et al., "A Code of Ethics for Public Health," *American Journal of Public Health* 92, no. 7 (2002): 1057–59, <https://doi.org/10.2105/ajph.92.7.1057>; and "Public Health Code of Ethics," American Public Health Association, [https://www.apha.org/-/media/files/pdf/membergroups/ethics/code\\_of\\_ethics.ashx](https://www.apha.org/-/media/files/pdf/membergroups/ethics/code_of_ethics.ashx).
- <sup>31</sup>Paltzer, "Training a Christian Public Health Workforce."
- <sup>32</sup>Cornelius Plantinga Jr., *Not the Way It's Supposed to Be: A Brevariary of Sin* (Eerdmans, 1996).
- <sup>33</sup>Ross C. Brownson et al., "Evidence-Based Public Health: A Fundamental Concept for Public Health Practice," *Annual Review of Public Health* 30 (2009): 175–201, <https://doi.org/10.1146/annurev.publhealth.031308.100134>.
- <sup>34</sup>Ross C. Brownson et al., "Getting the Word Out: New Approaches for Disseminating Public Health Science," *Jour-*

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## The Science and Practice of Public Health in Dialogue with Christian Faith

- nal of Public Health Management and Practice* 24, no. 2 (2018): 102–11, <https://doi.org/10.1097/phh.0000000000000673>.
- <sup>35</sup>Charlotte Andersson et al., “70-Year Legacy of the Framingham Heart Study,” *Nature Reviews Cardiology* 16, no. 11 (2019): 687–98, <https://doi.org/10.1038/s41569-019-0202-5>.
- <sup>36</sup>Sarah Rosner Preis et al., “Trends in All-Cause and Cardiovascular Disease Mortality Among Women and Men With and Without Diabetes Mellitus in the Framingham Heart Study, 1950 to 2005,” *Circulation* 119, no. 13 (2009): 1728–35, <https://doi.org/10.1161/circulationaha.108.829176>.
- <sup>37</sup>Tyler J. VanderWeele et al., “The Global Flourishing Study: Study Profile and Initial Results on Flourishing,” *Nature Mental Health* 3, no. 6 (2025): 636–53, <https://doi.org/10.1038/s44220-025-00423-5>.
- <sup>38</sup>Jacob Samuel Howard, “Changing an Individualistic Cultural Identity into a Christocentric Identity at Community Alliance Church of the Christian and Missionary Alliance in Towanda, Pennsylvania” (PhD diss, Liberty University, 2023), <https://digitalcommons.liberty.edu/doctoral/4216/>.
- <sup>39</sup>Alan C. Logan et al., “Vitality Revisited: The Evolving Concept of Flourishing and Its Relevance to Personal and Public Health,” *International Journal of Environmental Research and Public Health* 20, 6 (2023): 5065, <https://doi.org/10.3390/ijerph20065065>; Tyler J. VanderWeele, “On the Promotion of Human Flourishing,” *Proceedings of the National Academy of Sciences* 114, no. 31 (2017): 8148–56, <https://doi.org/10.1073/pnas.1702996114>; and Jeff Levin, “Human Flourishing: A New Concept for Preventive Medicine,” *American Journal of Preventive Medicine* 61, no. 5 (2021): 761–64, [https://www.ajpmonline.org/article/S0749-3797\(21\)00276-2/abstract](https://www.ajpmonline.org/article/S0749-3797(21)00276-2/abstract).
- <sup>40</sup>John B. Blevins et al., “Faith and Global Health Practice in Ebola and HIV Emergencies,” *American Journal of Public Health* 109, no. 3 (2019): 379–84, <https://doi.org/10.2105/ajph.2018.304870>.
- <sup>41</sup>Gunderson et al., “Toward Common Ground.”
- <sup>42</sup>Mona Bormet et al., “Faith-Based Advocacy for Family Planning Works: Evidence from Kenya and Zambia,” *Global Health: Science and Practice* 9, no. 2 (2021): 254, <https://doi.org/10.9745/gfsp-d-20-00641>.
- <sup>43</sup>Sneha Barot, “A Common Cause: Faith-Based Organizations and Promoting Access to Family Planning in the Developing World,” *Guttmacher Policy Review* 16, no. 4 (2013): 18–23, <https://www.guttmacher.org/gpr/2013/12/common-cause-faith-based-organizations-and-promoting-access-family-planning-developing>; Jeffrey K. Wubbenhorst and Monique C. Wubbenhorst, “Should Evangelical Christian Organizations Support International Family Planning?,” *Dignitas* 24, no. 2 (2017): 11–21, <https://www.cbhd.org/dignitas-articles/should-evangelical-christian-organizations-support-international-family-planning>; Michael J. Slesman and Paige Comstock Cunningham, “Bioethics, the Global Church, and Family Planning,” *Christian Journal for Global Health* 4, no. 3 (2017): 6–11, <https://doi.org/10.15566/cjgh.v4i3.203>; and Wiley Henry Mosley, “Why Evangelical Christians Are Supporting International Family Planning: A Response to ‘Should Evangelical Christian Organizations Support International Family Planning?’,” *Christian Journal for Global Health* 5, no. 1 (July 2018): 4–15, <https://cjgh.org/articles/133/files/6631ecf6b9a34.pdf>.
- <sup>44</sup>Lawrence O. Gostin et al., “The US Supreme Court’s Rulings on Large Business and Health Care Worker Vaccine Mandates: Ramifications for the COVID-19 Response and the Future of Federal Public Health Protection,” *Journal of the American Medical Association* 327, no. 8 (2022): 713–14, <https://doi.org/10.1001/jama.2022.0852>; and Jeff Levin et al., “Faith-Based Organizations and SARS-CoV-2 Vaccination: Challenges and Recommendations,” *Public Health Reports* 137, no. 1 (2021): 11–16, <https://doi.org/10.1177/00333549211054079>.
- <sup>45</sup>Dietrich Bonhoeffer, *Creation and Fall: A Theological Exposition of Genesis 1–3*, ed. John W. de Gruchy and trans. Douglas Stephen Bax (Fortress Press, 2004).
- <sup>46</sup>Wolfhart Pannenberg, *Anthropology in Theological Perspective*, trans. Matthew J. O’Connell (Westminster John Knox Press, 1985).
- <sup>47</sup>Fernando Elijovich et al., “Salt Sensitivity of Blood Pressure: A Scientific Statement from the American Heart Association,” *Hypertension* 68, no. 3 (2016): e7–e46, <https://doi.org/10.1161/hyp.0000000000000047>.
- <sup>48</sup>Rodney Stark, *The Rise of Christianity* (Harper Collins, 1997).
- <sup>49</sup>Emmarie Huetteman, “Covid Vaccine Hesitancy Drops Among All Americans, New Survey Shows,” *KFF Health News*, March 30, 2021, <https://kffhealthnews.org/news/article/covid-vaccine-hesitancy-drops-among-americans-new-kff-survey-shows/>.
- <sup>50</sup>Julie Henderson et al., “Developing and Maintaining Public Trust During and Post-COVID-19: Can We Apply a Model Developed for Responding to Food Scares?,” *Frontiers Public Health* 8 (July 14, 2020): 369, <https://doi.org/10.3389/fpubh.2020.00369>.
- <sup>51</sup>Hannah Melchinger et al., “Change in Confidence in Public Health Entities Among US Adults Between 2020–2024,” *PLOS Global Public Health* 5, no. 6 (2025): e0004747, <https://doi.org/10.1371/journal.pgph.0004747>.
- <sup>52</sup>Izabelle Mendez et al., “Trust Trends: U.S. Adults’ Gradually Declining Trust in Institutions, 2021–2024,” *AAMC Center for Health Justice*, February 18, 2025, <https://www.aamchealthjustice.org/news/polling/trust-trends>.
- <sup>53</sup>Shanto Iyengar and Douglas S. Massey, “Scientific Communication in a Post-Truth Society,” *Proceedings of the National Academy of Sciences* 116, no. 16 (2018): 7656–61, <https://doi.org/10.1073/pnas.1805868115>; and Debora MacKenzie, “Living in Denial: Why Sensible People Reject the Truth,” *New Scientist*, May 12, 2010, 276038–41, <https://www.newscientist.com/article/mg20627606-100-living-in-denial-why-sensible-people-reject-the-truth/>.
- <sup>54</sup>Rina Fajri Nuwarda et al., “Vaccine Hesitancy: Contemporary Issues and Historical Background,” *Vaccines* (Basel) 10, no. 10 (2022): 1595, <https://doi.org/10.3390/vaccines10101595>.
- <sup>55</sup>Lewis A. Grossman, *Choose Your Medicine: Freedom of Therapeutic Choice in America* (Oxford University Press, 2021); and Brittany Acors, “Masks vs. God and Country: The Conflict Between Public Health and Christian Nationalism,” *Studies in Church History* 58 (2022): 415–37, <https://doi.org/10.1017/stc.2022.20>.
- <sup>56</sup>Richard Lee Rogers and Nicolette Powe, “COVID-19 Information Sources and Misinformation by Faith Community,” *Inquiry* 59 (May 30, 2022): 469580221081388, <https://doi.org/10.1177/00469580221081388>; Bernard D. DiGregorio et al., “‘God Will Protect Us’: Belief in God/Higher Power’s Ability to Intervene and COVID-19 Vaccine Uptake,” *Review of Religious Research* 64, no. 3 (2022): 475–95, <https://doi.org/10.1007/s13644-022-00495-0>; Katie E. Corcoran et al., “Christian Nationalism and COVID-19 Vaccine Hesitancy and Uptake,” *Vaccine* 39, no. 45 (2021): 6614–21, <https://doi.org/10.1016/j.vaccine.2021.09.074>; Matthew B. Arbuckle and David M. Konisky, “The Role of Religion in Environmental Attitudes,” *Social Science Quarterly* 96, no. 5 (2015): 1244–63; A. Bardon, *The Truth About Denial: Bias and Self-Deception in Science, Politics, and Religion* (Oxford University Press, 2020); and Molly Worthen, “The Evangelical Roots of Post-Truth,” *Opinion*, *New York Times*, April 13, 2017, <https://www>

- .nytimes.com/2017/04/13/opinion/sunday/the-evangelical-roots-of-our-post-truth-society.html.
- <sup>57</sup>Joel James Shuman and Keith G. Meador, *Heal Thyself: Spirituality, Medicine, and the Distortion of Christianity* (Oxford University Press, 2002).
- <sup>58</sup>Mark A. Strand et al., "Commending Public Health in a Time of Uncertainty," *Journal of Public Health Management and Practice* 32, no. 1 (2026): 3–9, <https://doi.org/10.1097/phh.0000000000002220>.
- <sup>59</sup>Molly Worthen, *Apostles of Reason: The Crisis of Authority in American Evangelicalism* (Oxford University Press, 2013).
- <sup>60</sup>H. P. Whelton et al., "Fluoride Revolution and Dental Caries: Evolution of Policies for Global Use," *Journal of Dental Research* 98, no. 8 (2019): 837–46, <https://doi.org/10.1177/0022034519843495>.
- <sup>61</sup>Tom Nichols, *The Death of Expertise: The Campaign Against Established Knowledge and Why It Matters* (Oxford University Press, 2017).
- <sup>62</sup>Christine A. Bevc et al., "New Perspectives on the 'Silo Effect': Initial Comparisons of Network Structures Across Public Health Collaboratives," *American Journal of Public Health* 105, Suppl. 2 (April 2015): S230–35, <https://doi.org/10.2105/AJPH.2014.302256>.
- <sup>63</sup>Andrea Saltelli and Silvio Funtowicz, "What Is Science's Crisis Really About?," *Futures* 91 (2017): 5–11, <https://doi.org/10.1016/j.futures.2017.05.010>.
- <sup>64</sup>Uzma Syed et al., "The Role of Faith-Based Organizations in Improving Vaccination Confidence and Addressing Vaccination Disparities to Help Improve Vaccine Uptake: A Systematic Review," *Vaccines* (Basel) 11, no. 2 (2023): 449, <https://doi.org/10.3390/vaccines11020449>.
- <sup>65</sup>H. Elliott Larson, "Examining the Past to Enable the Future," *Christian Journal for Global Health* 12, no. 1 (2025): 1–3, <https://doi.org/10.15566/cjgh.v12i1.424>.
- <sup>66</sup>D. Stokols, "Translating Social Ecological Theory into Guidelines for Community Health Promotion," *American Journal of Health Promotion* 10, no. 4 (1996): 282–98, <https://doi.org/10.4278/0890-1171-10.4.282>; and James F. Sallis and Neville Owen, *Ecological Models* (Jossey-Bass Publishers, 1997).
- <sup>67</sup>Tracy A. Balboni et al., "Spirituality in Serious Illness and Health," *Journal of the American Medical Association* 328, no. 2 (2022): 184–97, <https://doi.org/10.1001/jama.2022.11086>.
- <sup>68</sup>Gary Gunderson with Larry Pray, *Leading Causes of Life: Five Fundamentals to Change the Way You Live Your Life* (Abingdon Press, 2009).
- <sup>69</sup>Mark A. Strand and Andrew M. Cole, "Framing the Role of the Faith Community in Global Health," *Christian Journal for Global Health* 1, no. 2 (2014): 7–15, <https://cjgh.org/articles/17/files/66275bb897ed2.pdf>.
- <sup>70</sup>Harold G. Koenig, "Religion, Spirituality, and Health: The Research and Clinical Implications," *ISRN Psychiatry* 2012, no. 8 (2012): 278730, <https://doi.org/10.5402/2012/278730>; and Harold G. Koenig, *The Healing Power of Faith: Science Explores Medicine's Last Great Frontier* (Simon and Schuster, 1999).
- <sup>71</sup>John Swinton, "From Health to Shalom: Why the Religion and Health Debate Needs Jesus," in *Healing to All Their Flesh: Jewish and Christian Perspectives on Spirituality, Theology, and Health*, ed. Jeff Levin and Keith Meador (Templeton Press, 2013): 219–42.
- <sup>72</sup>Daniel W. O'Neill and Beth Snodderly, eds., *All Creation Groans*; and Daniel E. Fountain, *God, Medicine and Miracles: The Spiritual Factor in Healing* (WaterBrook, 1999).
- <sup>73</sup>VanderWeele, "On the Promotion of Human Flourishing"; and Tyler J. VanderWeele, "Flourishing and the Scope of Medicine and Public Health," *Journal of Epidemiology and Community Health* 78, no. 7 (2024): 466–70, <https://doi.org/10.1136/jech-2023-220553>.
- <sup>74</sup>Idler, ed., *Religion as a Social Determinant of Health*; and Rebecca Meyer, ed., *Christian Global Health in Perspective: A Guide to Healing and Wholeness in Missions* (William Carey Publishing, 2024).
- <sup>75</sup>Onyebuchi A. Arah, "On the Relationship Between Individual and Population Health," *Medicine, Health Care and Philosophy* 12, no. 3 (2009): 235–44, <https://doi.org/10.1007/s11019-008-9173-8>; Katherine M. Keyes and Salea Galea, *Population Health Science* (Oxford University Press, 2016); and Heather McGhee, *The Sum of Us: What Racism Costs Everyone and How We Can Prosper Together* (One World, 2021).
- <sup>76</sup>Tyler J. VanderWeele, "Is Forgiveness a Public Health Issue?," *American Journal for Public Health* 108, no. 2 (2018): 189–90, <https://doi.org/10.2105/AJPH.2017.304210>.
- <sup>77</sup>K. Richardson et al., "Earth Beyond Six of Nine Planetary Boundaries," *Science Advances* 9, no. 37 (2023): eadh2458, <https://doi.org/10.1126/sciadv.adh2458>.
- <sup>78</sup>Jessica Moerman, "Faith in Action: Educating and Mobilizing Evangelical Christians to Act on Climate," paper presented at the 103rd American Meteorological Society Annual Meeting, Denver, CO, January 10, 2023. This section is intentionally brief so as not to excessively overlap with issues of *PSCF* devoted to creation care. But it has highlighted various key topics, questions, controversies, and examples so as to attract potential contributions from authors with experience in environmental health.
- <sup>79</sup>Sophia Meador, "Metropolitan AME Church Supports Cooling via Smart Surface Solutions," *The Nation's Health* 55, no. 8 (October 2025): 9, <https://www.thenationshealth.org/content/55/8/9>.
- <sup>80</sup>Danielle E. McBride et al., "Child and Adolescent Mangane Biomarkers and Adolescent Postural Balance in Marietta CARES Cohort Participants," *Environmental Health Perspectives* 132, no. 5 (2024): 057010, <https://doi.org/10.1289/EHP13381>.

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