

Faith and Health Resources

A Selected Bibliography

Abrams, J. Z., & Freeman, D. L. (1999). *Illness and health in the Jewish tradition*. Jewish Publication Society.

This book is a collection of writings on the issues of illness and health from the Jewish tradition, compiled by a rabbi (Abrams) and a Jewish physician (Freeman). The writings deal with topics such as coping with and transcending suffering (Part I), seeking meaning in suffering (Part II), prayer for the sick (Part III), the Jewish physician (Part IV), the sage (or rabbi) caring for the sick (Part V), medical ethics and obligation to visit the sick (Part VI), and the sacredness of health (Part VII). Readings range from biblical writings to the Talmud and Maimonides to modern Jewish authors.

Abdel-Razig, S., Ibrahim, H., Alameri, H., et al. (2016). Creating a framework for medical professionalism: An initial consensus statement from an Arab nation. *Journal of Graduate Medical Education*, 8(2), 165–172. <https://doi.org/10.4300/JGME-D-15-00310.1>.

This article outlines the development of a consensus definition of medical professionalism specifically for the United Arab Emirates (UAE), reflecting its unique cultural and social constructs. Through a comprehensive qualitative analysis involving 14 physicians, the study identifies nine attributes of professionalism that align with Western standards but also underscore the importance of social justice, the influence of personal faith, and the societal expectations of physicians beyond their medical practice. This initiative highlights the necessity of localizing professionalism frameworks to include competencies that resonate with regional cultural and religious values.

Al-Eraky, M. M., Donkers, J., Wajid, G., & van Merriënboer, J. J. G. (2014). A Delphi study of medical professionalism in Arabian countries: The Four-Gates model. *Medical Teacher*, 36(Suppl 1), S8–S16. <https://doi.org/10.3109/0142159X.2014.886013>

This study presents the Four-Gates Model of medical professionalism, uniquely tailored to the cultural and religious context of Arabian countries. A Delphi method involving 17 experts identifies eight professional traits organized into four themes, emphasizing the integration of faith, particularly Islam, in medical professionalism. The model offers a culturally resonant framework for teaching and assessing professionalism in Arab medical education.

Antoine, A., Fitchett, G., Sharma, V., et al. (2021). How do healthcare executives understand and make decisions about spiritual care provision? *Southern Medical Journal*, 114(4), 207–212. <https://doi.org/10.14423/SMJ.0000000000001230>

This pilot study explores how healthcare leaders understand spiritual care and how that understanding informs staffing and resource decisions. Eleven interviews representing 18 hospitals in nine systems, demonstrated that leaders see the value of chaplains in terms of their work supporting staff in tragic situations and during organizational change. As a result, leaders support maintaining chaplaincy efforts in the midst of

challenging economic times. Chaplains' interaction with staff, in addition to patient and family spiritual caregiving, is a contributing factor in how resource decisions are made.

Antoine, A., Fitchett, G., Marin, D., et al. (2020). What organizational and business models underlie spiritual care staffing in healthcare organizations? An initial description and analysis. *Journal of Health Care Chaplaincy*. <https://doi.org/10.1080/08854726.2020.1861535>

This article investigates the organizational and business models that support the integration of chaplains into American hospitals. The study, based on interviews with 14 chaplain managers and 11 healthcare executives from 18 hospitals in 9 systems, reveals significant variations in staffing and integration of spiritual care programs. Key findings include the recognition of chaplains' value in providing quality care and their adaptability to emergent needs, as well as their clinical training. The study notes that decisions regarding spiritual care staffing often rely more on budgetary constraints than empirical data, highlighting an area for future systematic research.

Association of State and Territorial Health Officials, & Emory University Rollins School of Public Health: Interfaith Health Program, Hubert Department of Global Health. (2014). *Public health and faith community partnerships: Model practices to increase influenza prevention among hard-to-reach populations*. Retrieved from <https://legacy.astho.org/Infectious-Disease/Public-Health-and-Faith-Community-Partnerships-Model-Practices-to-Increase-Influenza-Prevention-Among-Hard-to-Reach-Populations/>

This report outlines the Model Practices Framework, which provides strategies to identify and engage faith-based organizations as partners in community health promotion and disease prevention outreach. The overall aim is to strengthen partnership-building capacity and enhance public health's ability to reduce the spread of influenza.

Balboni, T. A., VanderWeele, T. J., Doan-Soares, S. D., et al. (2022). Spirituality in serious illness and health. *JAMA*, *328*(2), 184–197. <https://doi.org/10.1001/jama.2022.11086>

This study reviews evidence concerning spirituality in serious illness and health and identifies implications for patient care and health outcomes. In the context of serious illness, evidence suggests the importance of (1) incorporating spiritual care into care for patients with serious illness; (2) incorporating spiritual care education into training of interdisciplinary teams caring for persons with serious illness; and (3) including specialty practitioners of spiritual care in care of patients with serious illness. The study suggests these implications for health outcomes: (1) incorporate patient-centered and evidence-based approaches regarding associations of spiritual community with improved patient and population health outcomes; (2) increase awareness among health professionals of evidence for protective health associations of spiritual community; and (3) recognize spirituality as a social factor associated with health in research, community assessments, and program implementation.

Barilla, D., Barnett, K., Christensen, H., et al. (2013). *Strategic investment in shared outcomes: Transformative partnerships between health systems and communities; Health Systems Learning Group (HSLG) Executive Summary*. Health Systems Learning Group. Retrieved February 19, 2024, from <https://www.methodisthealth.org/dotAsset/9e6f77d8-df4b-4545-b2f3-bc77b106f969.pdf>

This research report by the Health Systems Learning Group (HSLG) presents a collaborative effort of 36 health systems to explore and act upon the opportunities brought forth by national health reform. The report highlights the "learn-in-the-open" approach, the role of health systems in community health, and the strategic efforts to transform charity care into sustainable community health improvement. The HSLG's initiative was catalyzed by a series of stakeholder meetings and has a foundation in faith-based and neighborhood partnerships. The findings and recommendations from their 18-month inquiry are encapsulated in this monograph.

Britt, K. C., Kwak, J., Acton, G., Richards, K. C., Hamilton, J., & Radhakrishnan, K. (2022). Measures of religion and spirituality in dementia: An integrative review. *Alzheimer's & Dementia (New York, N. Y.)*, 8(1), e12352. <https://doi.org/10.1002/trc2.12352>

This review of fourteen studies found that few scales for measuring religion and spirituality (R/S) have been validated in persons with dementia (PWD); additional testing is needed. Most R/S measures only reported scale reliability with Cronbach's alpha. Studies supported positive associations between R/S and health, yet few studies exist. Only one spiritual intervention, spiritual reminiscence, was found for PWD. More rigorous R/S studies are needed to examine health outcomes in dementia.

Brewer, L. C., Bowie, J., Slusser, J. P., Scott, C. G., Cooper, L. A., Hayes, S. N., Patten, C. A., & Sims, M. (2022). Religiosity/spirituality and cardiovascular health: The American Heart Association Life's Simple 7 in African Americans of the Jackson Heart Study. *Journal of the American Heart Association*, 11(17), e024974. <https://doi.org/10.1161/JAHA.121.024974>.

This article investigates the relationship between religiosity/spirituality and cardiovascular health in African Americans, as defined by the American Heart Association's Life's Simple 7 (LS7) indicators. Utilizing data from the Jackson Heart Study (JHS), the study finds that higher levels of religiosity/spirituality are associated with improved cardiovascular health across several LS7 components, such as physical activity, diet, smoking, and blood pressure. The results suggest that integrating religiosity/spirituality into lifestyle interventions could potentially reduce overall cardiovascular disease risk in African Americans.

Carr, M., Sorajjakool, S., & Bursey, E. (Eds.). (2023). *World religions for healthcare professionals*. Routledge.

This book serves as a comprehensive guide for healthcare students and professionals to understand the diverse health beliefs and practices across world religions. It emphasizes the importance of cultural and religious sensitivity in patient care, offering insider views on each religion's historical development, key beliefs, and practices related to health, sickness, death, and dying, supplemented with case studies and practical advice. The book also addresses contemporary issues, such as the interplay between religion and public health in the context of the COVID-19 pandemic, urging readers to consider the ethical balance between personal faith and public health necessities.

Chan, M. Y., Han, L., Carreno, C. A., Zhang, Z., Rodriguez, R. M., LaRose, M., Hassenstab, J., & Wig, G. S. (2021). Long-term prognosis and educational determinants of brain network decline in older adult individuals. *Nature Aging*, 1, 1053–1067. <https://doi.org/10.1038/s43587-021-00125-4>

Chan et al. (2021) examine how education influences brain network decline in older adults. Using longitudinal neuroimaging data, the study finds that higher educational attainment is associated with slower deterioration of brain connectivity. The authors highlight the role of cognitive reserve in mitigating age-related neural decline, suggesting education as a protective factor. This research contributes to understanding aging and brain health, offering insights for interventions promoting cognitive resilience in older populations.

Chen, C., Sun, X., Liu, Z., Jiao, M., Wei, W., & Hu, Y. (2023). The relationship between resilience and quality of life in advanced cancer survivors: Multiple mediating effects of social support and spirituality. *Frontiers in Public Health*, *11*, Article 1207097. <https://doi.org/10.3389/fpubh.2023.1207097>

This academic article examines the relationship between resilience and quality of life among advanced cancer survivors, focusing on the mediating roles of social support and spirituality. The cross-sectional study used self-report questionnaires to assess resilience, social support, spirituality, and quality of life. Findings revealed positive correlations between these factors, indicating that resilience directly impacts quality of life, with both social support and spirituality serving as significant mediators, individually and serially.

Cook, S., Granquist, M., & Wagoner, Z. (2022). Incorporating interfaith concepts in education on patient-centered care. *Athletic Training Education Journal*. <https://doi.org/10.4085/1947-380X-22-014>

This article discusses the need for incorporating education on interfaith patient care in athletic training curriculum to enhance culturally competent, patient-centered care. It provides a framework consisting of foundational understanding, rationale for content inclusion, and practical strategies to consider patients' religious, spiritual, and secular identities.

Cross, T, Bazron, B, Dennis, K, & Isaacs, M (1989). *Towards a culturally competent system of care* (Vol. 1). Georgetown University Child Development System of Care, CASSP Technical Assistance Center.

This study outlines a framework for developing culturally competent care systems. The authors emphasize the importance of understanding and respecting cultural differences and propose strategies for organizations to enhance their responsiveness to diverse populations that will ensure more equitable and effective care.

Curlin, F., Lantos, J. D., Roach, C. J., Sellergren, S. A., & Chin, M. (2005). Religious characteristics of U.S. physicians: A national survey. *Journal of General Internal Medicine*, *20*, 629–634

This article delves into the religious beliefs and characteristics of practicing U.S. physicians, comparing them with the general U.S. population. The study finds notable differences between physicians and the broader populace in religious affiliations, the integration of religious beliefs into daily life, and coping mechanisms.

Cutts, T., King, R., Kersmarki, M., Peachey, K., Hodges, J., Kramer, & Lazarus, S. (2016). Community asset mapping: Integrating and engaging community and health systems. In T. Cutts & J. R. Cochrane (Eds.), *Stakeholder health: Insights from new systems of health* (pp. 73–95). Stakeholder Health.

This text explores community asset mapping as a strategy to integrate health systems with local resources. The chapter emphasizes collaboration between healthcare institutions and community organizations to improve public health outcomes. The authors discuss practical approaches for identifying strengths within communities to enhance health interventions. This work is useful for healthcare leaders, policymakers, and community organizers aiming to foster partnerships that address social determinants of health and promote holistic, community-centered care.

Davis, E. B., Schnitker, S. A., Worthington Jr., E. L., & Lacey, E. K. (2023). Future directions for the positive psychology of religion and spirituality. In E. B. Davis, E. L. Worthington Jr., & S. A. Schnitker (Eds.), *Handbook of positive psychology, religion, and spirituality* (pp. 493–507). Springer International Publishing. https://doi.org/10.1007/978-3-031-10274-5_31https://doi.org/10.1007/978-3-031-10274-5_31

This chapter synthesizes the content of the *Handbook of Positive Psychology, Religion, and Spirituality*, highlighting key themes and identifying deficiencies that hinder progress at the intersections of positive psychology and the psychology of religion and spirituality (R/S). The authors propose unifying these fields into an integrated discipline—the positive psychology of R/S—and offer strategic recommendations to guide future research and practice in this unified field.

Davis, E. B., Worthington Jr., E. L., & Schnitker, S. A. (Eds.). (2023). *Handbook of positive psychology, religion, and spirituality*. Springer International Publishing. <https://doi.org/10.1007/978-3-031-10274-5><https://doi.org/10.1007/978-3-031-10274-5>

This open-access handbook bridges the gap between positive psychology and the psychology of religion and spirituality. It serves as an authoritative guide to their intersections, covering historical, theoretical, methodological, cultural, and developmental considerations. The volume also presents empirical research on happiness, well-being, character strengths, and virtues in relation to religion and spirituality, alongside clinical and applied perspectives.

De Diego-Cordero, R., Suarez-Reina, P., Badanta, B., Lucchetti, G., & Vega-Escano, J. (2022). The efficacy of religious and spiritual interventions in nursing care to promote mental, physical and spiritual health: A systematic review and meta-analysis. *Applied Nursing Research*, 67, 1-8 <https://doi.org/10.1016/j.apnr.2022.151618>

This study aimed to investigate the efficacy of religious and spiritual interventions in nursing care to promote mental, physical, and spiritual health compared to control groups not receiving such care. The authors concluded that Spiritual interventions seem to be effective in promoting health, as seen in mental health, spirituality, well-being, and physical outcomes.

Eck, D. (2006). What is pluralism? *The Pluralism Project at Harvard University*. Retrieved from <https://pluralism.org/what-is-pluralism>.

Diana Eck's well-known essay defines pluralism as an active engagement with diversity, going beyond mere tolerance to foster understanding and cooperation among different religious and cultural groups. She argues that pluralism requires more than memorization and learning; it should include dialogue, encounter, and participation.

Eckhart Queenan, J., Grunert, P., & Murphy, D. (2021, January). Elevating the role of faith-inspired impact in the social sector. *The Bridgespan Group*. Retrieved from <https://www.bridgespan.org/>

This report delves into the significant role of faith-inspired organizations in the social sector. It emphasizes the need for recognizing and supporting faith-inspired entities and their pivotal roles in social change, while also urging for more research in the area.

Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, *196*(4286), 129–136. <https://doi.org/10.1126/science.847460>

This article critiques the limitations of the traditional biomedical model and advocates for a biopsychosocial approach to medicine. He argues that health and disease should be understood through biological, psychological, and social factors rather than purely physiological mechanisms. The proposed model emphasizes patient-centered care and a more holistic understanding of illness. This foundational work has influenced modern medical practice, shaping approaches to diagnosis, treatment, and healthcare policy by integrating psychological and social determinants into medical decision-making.

Espiritu, E. W., TenHaken-Riedel, J. P., Brown, R., et al. (2020). Incorporating spirituality into graduate health professions education. *Christian Higher Education*, *19*(4), 254-271. <https://doi.org/10.1080/15363759.2019.1687050>

This study explores the perceptions of graduate health profession students on the role of spirituality in healthcare and its integration into their education. Conducted across nursing, occupational therapy, pharmacy, and physical therapy programs, it reveals a consensus on the importance of spirituality in personal life but also highlights the diverse and individualized definitions of spirituality among students. The findings suggest a desire for incorporating spirituality through optional mission trips and discussions on its influence in clinical interactions, pointing towards the need for flexible educational programming that accommodates diverse spiritual perspectives in healthcare training, especially within Christian university settings.

Fahmy, D. (2018, July 31). Americans are far more religious than adults in other wealthy nations. Pew Research Center. Retrieved February 22, 2024, from <https://www.pewresearch.org/short-reads/2018/07/31/americans-are-far-more-religious-than-adults-in-other-wealthy-nations/>

A recent Pew Research Center study shares that the U.S. remains a robustly religious country and the most devout of all the rich Western democracies. In fact, Americans pray more often, are more likely to attend weekly religious services, and ascribe higher

importance to faith in their lives than adults in other wealthy, Western democracies, such as Canada, Australia and most European states. Still, previous Pew Research Center studies have shown slight but steady declines in recent years in the overall number of Americans who say they believe in God. This lines up with the finding that American adults *under* the age of 40 are less likely to pray than their elders, less likely to attend church services, and less likely to identify with any religion – all of which may portend future declines in levels of religious commitment.

Fleckman, J. M., Dal Coros, M., Ramirez S., Begaliev, M., Johnson, C. C. "Intercultural Competency in Public Health: A Call for Action to Incorporate Training into Public Health Education," *Frontiers in Public Health* 3, 210 (2015), 1-7.

Fleckman et. al. call for the incorporation of intercultural competency training in public health education. The authors highlight the importance of such training as essential for addressing health disparities and improving outcomes in diverse populations. They offer recommendations for curriculum development to ensure public health professionals are equipped to meet the needs of various cultural groups. While the study does not address religious literacy directly, it is part of the broader discussion of intercultural competency.

Fung, C.-C., Richter Lagha, R., Henderson, P., & Gomez, A. G. (2010). Working with interpreters: How student behavior affects quality of patient interaction when using interpreters. *Medical Education Online*, 15(1), Article 5151. <https://doi.org/10.3402/meo.v15i0.5151>

This article examines how medical students' behaviors impact the effectiveness of patient interactions when using interpreters. The study highlights key communication strategies that enhance or hinder the accuracy and clarity of interpreted medical encounters. The authors emphasize the importance of training healthcare professionals in proper interpreter use to improve patient outcomes and reduce miscommunication.

Gallup. (2023). *Faith and wellness: The worldwide connection between spirituality & wellbeing*. Retrieved from <https://www.faithandmedia.com/research/gallup#gallup-intro-methodology>

This report explores the relationship between spirituality and mental health. Based on Gallup World Poll data and a meta-analysis of academic research, the report identifies a positive correlation between spiritual or faith commitments and enhanced wellbeing outcomes. It also mentions some negative mental health outcomes associated with specific spiritual beliefs.

Ghorbani, M., Mohammadi, E., Aghabozorgi, R., & Ramezani, M. (2021). Spiritual care interventions in nursing: An integrative literature review. *Supportive Care in Cancer*, 29(3), 1165–1181. <https://doi.org/10.1007/s00520-020-05747-9>

This academic article reviews nursing spiritual care interventions, identifying and characterizing various approaches within the field. It categorizes nursing spiritual care into eight distinct interventions, including the exploration of spiritual perspectives, healing presence, therapeutic use of self, intuitive sense, patient-centeredness, meaning-centered therapeutic interventions, creating a spiritually nurturing environment, and documentation and evaluation of spiritual care.

Grung, A. H. (Ed.). (2022). *Complexities of spiritual care in plural societies: Education, praxis, and concepts* (Vol. 8). De Gruyter. <https://doi.org/10.1515/9783110717365>

This book encompasses an academic exploration of spiritual care and chaplaincy in diverse and pluralistic societies. Specifically, it contributes to an emerging area that can be termed as "plural spiritual care and chaplaincy." It offers both empirical studies and conceptual frameworks, providing a scholarly examination of the complexities involved in delivering spiritual care in contexts marked by religious and cultural diversity.

Gunderson, G., Cochrane, J. R., & Cutts, T. (2025). Toward common ground: Rethinking both public health and religion, together. *American Journal of Public Health, 115*(4), 492–494. <https://doi.org/10.2105/AJPH.2025.308047>

In this editorial, the authors explore the interconnectedness of public health and religion, emphasizing the need for collaborative efforts to address health challenges. They argue that integrating religious perspectives can enhance public health initiatives by fostering community trust and participation. The article calls for a reimagined partnership between these fields to promote holistic well-being.

Gunderson, G., & Cutts, T. (2020). Faith domain as social immune system: Recommendations for response and recovery. In B. Milstein, M. Roulier, C. Kelleher, E. Hartig, & S. Wegley (Eds.), *Thriving together: A springboard for equitable recovery & resilience in communities across America* (p. 287). CDC Foundation and Well Being Trust.

This article delves into the interplay between faith and public health, especially in the context of the COVID-19 pandemic. The deep dive explores the concept of faith acting as a societal immune system, highlighting the significance of faith-based organizations in crisis response. Drawing parallels between the immune system's response to threats and the proactive nature of faith communities during disasters, the resource underscores the vital role faith plays in societal resilience and recovery.

Harrad, R., Cosentino, C., Keasley, R., & Sulla, F. (2019). Spiritual care in nursing: An overview of the measures used to assess spiritual care provision and related factors amongst nurses. *Acta Biomedica, 90*(4-S). <https://doi.org/10.23750/abm.v90i4-S.8300>.

This article explores the measures used to assess spiritual care provision by nurses and identifies the factors influencing its delivery. Despite recognizing the importance of spiritual well-being in patient care, nurses often face challenges in engaging with patients' spiritual needs due to inconsistencies in the definition and assessment of spiritual care. The review highlights the need for standardized training and education in spiritual care interventions over the religiosity of nurses or their institutions, pointing out that while nurses are aware of the significance of spiritual care, they lack the necessary preparation and knowledge to effectively implement it.

Hartenstein, L., & Latkovic, T. (2022, December 20). The secret to great health? Escaping the healthcare matrix. *McKinsey & Company*. Retrieved February 22, 2024, from <https://www.mckinsey.com/mhi/our-insights/the-secret-to-great-health-escaping-the-healthcare-matrix>

This article explores a shift in healthcare from reactive treatment to proactive well-being, emphasizing prevention, early intervention, and holistic health approaches. The authors argue that traditional healthcare systems focus too heavily on disease management rather than promoting long-term health. They advocate for leveraging data, technology, and personalized strategies to empower individuals in maintaining their health. This work is relevant for policymakers, healthcare leaders, and public health professionals seeking innovative strategies for transforming healthcare delivery.

Hayes, M., Chumney, F., & Buckingham, M. (2020). *Workplace resilience study: Full research report*. Retrieved February 22, 2024, from https://www.adpri.org/wp-content/uploads/2020/09/R0120_0920_v1FINAL_RS_ResearchReport_040621.pdf

ADP Research Institute published a report in 2020, defining workplace resilience as the “capacity of an individual to withstand, bounce back from, and work through challenging circumstances or events at work.” The report summarizes that: “Workplace Resilience is a complex construct that cannot be fully understood by measuring just the characteristics of employees. To fully understand resilience, we must take into account the context in which each person works and measure the different layers of influence specific to the workplace. For individuals who work in teams, this means understanding their unique combinations of personal beliefs and workplace experiences, and how those are shaped by both their Team Leaders, who shape personal experiences on teams, and an organization’s Senior Leaders, who shape the broader context in which teams exist. The ADPRI Workplace Resilience Scale was designed to measure how resilient employees are through an understanding of how consistently Team Leaders and Senior Leaders practice positive behaviors that promote the growth of individual resilience in the workplace. At each level, the items were written to provide leaders throughout an organization with applicable intelligence to highlight steps that can be taken to build team member resilience.”

Ho, M. J., & Al-Eraky, M. (2016). Professionalism in context: Insights from the United Arab Emirates and beyond. *Journal of Graduate Medical Education*, 8(2), 268-270. <https://doi.org/10.4300/JGME-D-16-00103.1>

This resource discusses the nuances of medical professionalism across different cultural contexts, emphasizing the findings of Abdel-Razig and colleagues' study on developing a consensus definition of medical professionalism in the UAE. Highlighting the importance of social justice, personal faith, and societal expectations in shaping professionalism, the article argues for a localized understanding of professionalism that integrates cultural, religious, and societal values. It also addresses the challenge of teaching and assessing professionalism in multicultural settings like the UAE, advocating for a culturally sensitive approach to professionalism education.

Hussain, A. N., Khanna, R., & Moshell, A. N. (2023). Allergic contact dermatitis associated with religious practices: Review of the literature. *Dermatitis: Contact, Atopic, Occupational, Drug*. <https://doi.org/10.1089/derm.2022.29014.ahu>

This article identifies and summarizes religious practices that may cause contact dermatoses. Reviewing articles that mentioned Judaism, Islam, Christianity, Buddhism,

Sikhism, and multiple religions, this study found that products used in religious or cultural practices may cause specific patterns of contact dermatitis, and nine unique allergens were identified, with para-phenylenediamine being the most common. Increasing awareness of religious practices that cause allergic contact dermatitis will facilitate culturally competent dermatological care.

Idler, E. (Ed.). (2014). *Religion as a social determinant of public health*. Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780199362202.001.0001>

This book delves into the complex relationship between religious and public health institutions, highlighting religion's significant but often overlooked role in shaping health outcomes. The book takes a comprehensive approach, examining historical, global, and life course perspectives on how religious practices and institutions impact physical and mental health, from individual to population levels. It also explores religion's involvement in public health efforts, including its role in addressing epidemics like HIV/AIDS, pandemic influenza, and Alzheimer's disease, completing the framework of social determinants of health with a critical analysis of religion's influence.

Idler, E., Levin, J., VanderWeele, T. J., & Khan, A. (2019). Partnerships between public health agencies and faith communities. *American Journal of Public Health, 109*(3), 346-347. <https://doi.org/10.2105/AJPH.2018.304941>

This article in the AJPH focuses on the history and potential of collaborations between public health agencies and faith communities. It highlights the role of religious institutions in public health, detailing partnerships' evolution and impact, including case studies like the British NHS's post-WWII collaboration and the US-based Congregational Health Network. The article also discusses best practices for effective partnerships and addresses potential ideological conflicts, emphasizing the value of faith-based organizations in tackling health disparities and social justice issues.

Kachoria, A. G., Mubarak, M. Y., Singh, A. K., Somers, R., Shah, S., & Wagner, A. L. (2022). The association of religion with maternal and child health outcomes in South Asian countries. *PLOS ONE, 17*(7), e0271165. <https://doi.org/10.1371/journal.pone.0271165>

This study examines how religious affiliation influences maternal and child health outcomes in seven South Asian countries. The authors utilized data from demographic and health surveys to assess the Composite Coverage Index (CCI), a measure of coverage for maternal and child health interventions. Findings indicate that Muslim women and their children had lower CCI scores compared to non-Muslims, suggesting disparities in healthcare access and utilization. The study highlights the need for culturally sensitive public health strategies to address these disparities and improve health outcomes in diverse religious communities.

Kiser, M., & Lovelace, K. (2019). 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*(3), 371-377. <https://doi.org/10.2105/AJPH.2018.304826>

This article explores a national collaboration aimed at influenza prevention, especially for hard-to-reach populations from 2009 to 2016. It emphasizes the partnership between various health and faith-based organizations and how they jointly extended influenza prevention services. The paper highlights the role of intermediary organizations in facilitating information sharing, co-learning, and dissemination of best practices.

Kim, E. S., Chen, Y., Nakamura, J. S., Ryff, C. D., & VanderWeele, T. J. (2022). Sense of purpose in life and subsequent physical, behavioral, and psychosocial health: An outcome-wide approach. *American Journal of Health Promotion, 36*(1), 137–147.
<https://doi.org/10.1177/08901171211038545>

The study explores physical, behavioral, and psychosocial health factors, demonstrating that a strong sense of purpose is associated with better health behaviors, improved mental well-being, and lower risk of chronic disease. Using longitudinal data, the authors provide evidence for purpose as a significant determinant of overall health. This research is valuable for public health professionals, psychologists, and policymakers interested in promoting well-being through purpose-driven interventions.

Kleinman, A., Eisenberg, L., & Good, B. (1978). Culture, illness, and care: Clinical lessons from anthropological and cross-cultural research. *Annals of Internal Medicine, 88*(2), 251–258.

This article explores the role of culture in shaping illness experiences and healthcare interactions. It argues that biomedical models often overlook patients' cultural and personal understandings of illness, which can affect diagnosis and treatment. The authors advocate for a more integrative approach that considers patients' social and cultural contexts to improve healthcare outcomes

Klitzman, R. L. (2024). *Doctor, will you pray for me?: Medicine, chaplains, and healing the whole person*. Oxford University Press.

This book explores the intersection of medicine, spirituality, and patient care, examining the role of chaplains in modern healthcare. Drawing on interviews with doctors, chaplains, and patients, the book highlights how spiritual support can enhance healing and well-being. Klitzman, a professor at Columbia University, addresses ethical dilemmas, professional boundaries, and the emotional impact of integrating faith into medical practice. This book provides valuable insight for healthcare professionals, chaplains, and anyone interested in the holistic care of patients facing illness and suffering.

Koenig, H. G., McCullough, M. E., & Larson, D. B. (2012). *Handbook of religion and health*. Oxford University Press.

This book is an academic exploration of the interplay between spirituality, religion, and health outcomes. It presents theoretical models that suggest how religious beliefs can influence both mental and physical health, focusing on recognized psychological, social, and behavioral mechanisms.

Krause, N. (2011). Religion and health: Making sense of a disheveled literature. *Social Science & Medicine*, 73(5), 663–667.

<https://doi.org/10.1016/j.socscimed.2011.06.030><https://doi.org/10.1016/j.socscimed.2011.06.030>

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This article critically examines the literature's complex and often inconsistent findings concerning the relationship between religion and health. The author identifies key factors contributing to these inconsistencies, such as varying definitions of religiosity and health, diverse study populations, and methodological differences. Krause emphasizes the need for more nuanced research approaches that consider cultural contexts and individual differences to better understand how religious involvement influences health outcomes.

Langevin, H. M. (2023). Including spirituality into a fuller picture of research on whole person health. *National Center for Complementary and Integrative Health*. Retrieved from <https://www.nccih.nih.gov/about/offices/od/director/past-messages/including-spirituality-into-a-fuller-picture-of-research-on-whole-person-health>

This article discusses the importance of integrating spirituality into research on whole person health. Langevin (2023) emphasizes the role of spirituality in promoting well-being and healing, advocating for a more inclusive approach to health research that recognizes the complex, interconnected nature of physical, mental, and spiritual health.

Long, K. N. G., Symons, X., VanderWeele, T. J., et al. (2024). Spirituality as a determinant of health: Emerging policies, practices, and systems. *Health Affairs (Millwood)*, 43(6), 783-790. <https://doi.org/10.1377/hlthaff.2023.01643>

This study assesses how recommendations recently issued by an expert panel for integrating spiritual factors into public health and medicine are being adopted in current practice in the United States. This article also highlights opportunities for broader application and scale while noting the potential harms and benefits associated with incorporating these recommendations in various contexts. This analysis, while respecting the spiritual and religious diversity of the US population, identifies promising approaches for strengthening US public health by integrating spiritual considerations to inform person- and community-centered policy and practice.

López-Tarrida, Á. D. C., de Diego-Cordero, R., & Lima-Rodríguez, J. S. (2021). Spirituality in a doctor's practice: What are the issues? *Journal of Clinical Medicine*, 10(23), 5612. <https://doi.org/10.3390/jcm10235612>

While it is increasingly important to address the spiritual dimension in the integral care of the people, doctors approach spiritual care in clinical practice with little rigor due to certain facts, factors, and boundaries that are assessed in this review. The results showed the perspectives and principal characteristics identified by doctors in their approach to the spiritual dimension, with lack of training, a lack of time, and fear in addressing this dimension in the clinic the main findings. Although more and more scientific research is demonstrating the benefits of spiritual care in clinical practice and

physicians are aware of it, efforts are needed to achieve true holistic care in which specific training in spiritual care plays a key role.

Lynch, E., Williams, J., Avery, E., et al. (2020). Partnering with churches to conduct a wide-scale health screening of an urban, segregated community. *Journal of Community Health, 45*(1), 98-110. <https://doi.org/10.1007/s10900-019-00715-9>

This article details the collaborative health screening initiative West Side Alive (WSA). The program, in partnership with churches, aims to address health disparities in the predominantly African American West Side of Chicago. The article elaborates on the methodology, key measures, and findings from the health screenings, highlighting the prevalence of various health and social risk factors. The results will be used to develop interventions in collaboration with the churches to enhance the community's overall health.

Mascaro, J. S., Palmer, P. K., Ash, M. J., Florian, M. P., Kaplan, D. M., Palitsky, R., Cole, S. P., Shelton, M., Raison, C. L., & Grant, G. H. (2025). A randomized controlled trial of a compassion-centered spiritual health intervention to improve hospital inpatient outcomes. *PLoS ONE, 20*(3), e0313602. <https://doi.org/10.1371/journal.pone.0313602>

This study evaluates the effectiveness of a compassion-centered spiritual health intervention on hospital inpatient outcomes. The randomized controlled trial found that patients receiving the intervention reported improved emotional well-being and satisfaction with care, suggesting that integrating spiritual health practices can enhance patient experiences during hospitalization

Mathisen, B., Carey, L. B., Carey-Saregeant, C. L., Webb, G., Millar, C., & Krikheli, L. (2015). Religion, spirituality and speech-language pathology: A viewpoint for ensuring patient-centered holistic care. *Journal of Religion and Health, 54*, 2309-2323, <https://doi.org/10.1007/s10943-015-0001-1>

This review article discusses how religion and spirituality (R/S) is often disregarded in speech language pathology (SLP) assessment and treatment and the importance of integrating R/S into service delivery. The authors provide a comprehensive overview on R/S in health care and advocates why R/S should be incorporated in different aspects of patient-centered care in speech language pathology. Information from this resource was used to highlight the importance of R/S integration in SLP practice in part II of the module and has been incorporated in multiple instances.

Milstein, B., Roulier, M., Kelleher, C., Hartig, E., & Wegley, S. (Eds.). (2020, July 4). *Thriving together: A springboard for equitable recovery & resilience in communities across America*. CDC Foundation and Well Being Trust.

This is a comprehensive report that delves into the interconnectedness of environmental hazards, health disparities, sociodemographic stressors, and the disproportionate impacts on low-income communities and Communities of Color in the United States. The report addresses the compounded vulnerabilities faced by these communities, especially in the context of the COVID-19 pandemic, and explores the relationship between

environmental degradation, climate change, and public health. Focusing on a wide variety of key issues and including several comprehensive "Deep Dives," the report underscores the importance of holistic approaches to health and well-being, emphasizing the intrinsic link between healthy people, healthy places, and a thriving natural world.

Morris, G. S. (2022). *Care: How people of faith can respond to our broken health system*. Wm. B. Eerdmans Publishing.

This book, authored by medical doctor and pastor Scott Morris, focuses on the issues with the US health system and the ways that vulnerable groups are impacted. Morris advocates for faith-based, community-driven solutions, incorporating narratives of those often marginalized. He discusses faith as a pivotal tool to bridge systemic gaps, highlighting the multifaceted benefits of holistic, faith-infused care models, particularly in light of glaring health inequities unveiled during the COVID-19 pandemic. Readers are called to local action and advocacy to embody a faith that champions comprehensive care for all.

Mueller, P. S., Plevak, D. J., & Rummans, T. A. (2001). Religious involvement, spirituality, and medicine: Implications for clinical practice. *Mayo Clinic Proceedings*, *76*(12), 1225-1235. <https://doi.org/10.4065/76.12.1225>

The article delves into the interplay between religiosity, spirituality, and health, emphasizing that many patients regard spiritual health as essential as physical health. The study references multiple surveys and research to highlight the positive association between religious involvement, spirituality, and various health outcomes. The article underscores the need for clinicians to address patients' spiritual needs, offering guidelines on how to approach these topics in clinical practice without controversy.

Murgia, C., Notarnicola, I., Caruso, R., De Maria, M., Rocco, G., & Stievano, A. (2022). Spirituality and Religious Diversity in Nursing: A Scoping Review. *Healthcare* (2227-9032), *10*(9), 1661-1661. <https://doi.org/10.3390/healthcare10091661>

This scoping review aimed to examine studies that focused on the sensitivity of nurses to issues of spirituality and religious diversity in nursing in Western and non-Western contexts. The authors concluded that nurses consider the interconnection of spirituality with spiritual care for individuals from different religious backgrounds. Interpretations of spirituality in nursing practice vary widely, with spirituality and religiosity often shaped and influenced by culture and the experience of the professionals.

National Academies of Sciences, Engineering, and Medicine. (2018). *Faith health collaboration to improve population health: Proceedings of a workshop—in brief*. The National Academies Press. <https://doi.org/10.17226/25169>

This report summarizes key discussions from a workshop on the collaboration between faith-based organizations and healthcare systems to improve population health. It highlights successful partnerships, challenges, and strategies for integrating faith-based initiatives into public health efforts. The document emphasizes the role of trust, community engagement, and culturally competent care in addressing health disparities.

Nyangweso, M. (2022). Contending with health outcomes of sanctioned rituals: The case of puberty rites. *Religions*, 13(7), 609. <https://doi.org/10.3390/rel13070609>

This article examines the intersection of religiously sanctioned puberty rites and health outcomes, focusing on African practices such as breast ironing, female genital mutilation/cutting (FGM/C), and child marriage. It challenges the secular view of healthcare by demonstrating the longstanding intertwining of medicine and religion, using survey data from 50 respondents to illustrate the health implications of these rituals in Africa and among Africans in the diaspora.

Oman, D. (Ed.). (2018). *Why religion and spirituality matter for public health: Evidence, implications, and resources*. Springer International Publishing. <https://doi.org/10.1007/978-3-319-73966-3><https://doi.org/10.1007/978-3-319-73966-3>

This comprehensive volume examines the significant role of religion and spirituality (R/S) in public health. It thoroughly reviews biomedical and social scientific theories and evidence on R/S-health relations from a population health perspective. The book addresses key gaps in previous literature by surveying pertinent findings and theories across various public health subfields, including environmental health sciences, nutrition, health policy, and health education. Practitioners detail how attending to R/S factors enhances clinical and community health work, providing additional concepts and tools for behavior and institutional change, education, policy, and advocacy. Educators analyze pedagogical needs, offering diverse chapters by faculty who teach R/S-health connections in top-ranked schools of public health. International and global perspectives are highlighted throughout the volume.

Opalinski, A., Dyess, S. M., & Gropper, S. S. (2017). Food culture of faith communities and potential impact on childhood obesity. *Public Health Nursing*, 34(5), 437-443. <https://doi.org/10.1111/phn.12340>

This study investigates the food culture in various faith communities (FCs) and its impact on childhood obesity. By analyzing feedback from 34 leaders across seven different faith groups, it reveals how food is integral to FC events and affects dietary habits, underlining the importance of healthy eating initiatives within these communities.

Parisi, V., Ahmed, Z., Lardner, D., & Cho, E. (2012). Global health simulations yield culturally competent medical providers. *Medical Education*, 46(11), 1126–1127. <https://doi.org/10.1111/medu.12012>

This article discusses the use of global health simulations as a training tool to develop culturally competent medical providers. The authors highlight how immersive simulations help medical trainees navigate cross-cultural healthcare scenarios, improving their communication skills and adaptability in diverse settings. The study underscores the importance of experiential learning in fostering awareness of cultural and systemic barriers in healthcare.

Peachey, K., Cutts, T., DeMont, M., Lawrence, D., Hatcher, B., Berz, J., & Laurence, L. (2016). Integrating care to improve health outcomes: Trauma, resilience, and mental health. In T. Cutts

& J. R. Cochrane (Eds.), *Stakeholder health: Insights from new systems of health* (pp. 97–124). Stakeholder Health.

This chapter examines integrating trauma-informed care and mental health services into healthcare systems to improve patient outcomes. It highlights the significance of resilience-building strategies and cross-sector collaboration in addressing mental health challenges. The authors discuss innovative approaches incorporating social health determinants and community engagement to enhance care delivery.

Potts, G., Hewitt, S., Moore, M. *et al.* Spiritual caregiving and assessments for America's religious 'nones': a chaplaincy perspective. *J Relig Health* 62, 1513–1531 (2023).
<https://doi.org/10.1007/s10943-023-01757-z>

One in four American patients now identifies as religiously unaffiliated. This study utilizes thematic analysis to deliver qualitative results from in-depth interviews conducted with five chaplains at a premier cancer research institution in Florida to envision what spiritual care for religious 'nones' might look like in practice. It demonstrates *why* the chaplains interviewed suggested that spiritual caregiving still contributes to holistic wellbeing of this group, as well as *how* spiritual care and assessments may be provided to so-called religious 'nones'—or those who identify as spiritual but not religious, not religiously affiliated, secular humanist, atheist, and agnostic. The authors propose language for a spirituality assessment that includes this patient population.

Puchalski, C. M. (2013). Integrating spirituality into patient care: An essential element of person-centered care. *Polskie Archiwum Medycyny Wewnętrznej*, 123(9), 491–497.
<https://doi.org/10.20452/pamw.1893>

In this article, Puchalski discusses the important connection between spirituality and health. She explains that this connection is important for developing models of care in the healthcare field, especially incorporating the spiritual aspect of whole-person care in assessment and treatment. Information from this resource was used in Part II of the module, in the section that discussed the importance of integrating spirituality into patient-centered care.

Purnell, M. C., Johnson, M. S., Jones, R., et al. (2019). Spirituality and religiosity of pharmacy students. *American Journal of Pharmaceutical Education*, 83(1), 6795.
<https://doi.org/10.5688/ajpe6795>

This study assesses the religiosity and spirituality among final year pharmacy students across four universities, analyzing its effect on academic performance, emotional well-being, and views on future professional practice. Despite religiosity and spirituality not influencing academic outcomes, the findings highlight their positive impact on students' mental health and the potential influence on patient care, including medication adherence. The decrease in organized religious activities during pharmacy education and the need for skills in conducting spiritual assessments suggest an opportunity for pharmacy programs to more fully integrate support for students' spiritual and religious beliefs and prepare them for holistic patient care.

Rhee, H. (2022). *Illness, pain, and health care in early Christianity*. Eerdmans

This book traces the development of early Christian thought and practice on health, illness, pain, and health care, especially in the context of Greco-Roman thought. The first two chapters analyze the topics of health, disease, and illness in Greco-Roman culture (ch 1) and the Bible and early Christianity; the third chapter analyzes the topic of pain in both cultural contexts. The final two chapters are perhaps the most interesting: these explore what health care options were available to a suffering person in the ancient Greco-Roman world (ch 4) and the health care options that early Christianity developed (ch 5), including the development of the first public hospitals.

Roncolato, C. (2022). Leveraging the power of religious diversity in health fields. *Journal of College and Character*, 23(3), 275-281. <https://doi.org/10.1080/2194587X.2022.2087685>

Religion and spirituality played a founding role in American healthcare. Though it shows up differently today, religious diversity continues to be present in powerful ways in American medicine. However, despite its relevance, most health field professionals are not adequately prepared to engage the religious diversity they encounter. This article explores how religious identity and diversity curricula in health fields programs can ultimately improve patient care and health equity. Highlighting best practices and key pedagogies, this article profiles campuses that have successfully integrated religious diversity education into health fields curricula.

Salem, Y., Rahman, S. M., Shalabi, M., & Hussain, A. (2023, August 31). Prayer-related dermatoses in Muslims. *Dermatitis*. <https://doi.org/10.1089/derm.2023.0191>.

This article reviews the common dermatoses associated with prayer rituals in Muslims. It details the impact of prayer rituals on the skin, primarily due to friction, and offers culturally sensitive management strategies such as the use of padded prayer rugs.

Sandy, M., & Holland, B. (2006). Different worlds and common ground: Community partner perspectives on campus-community partnerships. *Michigan Journal of Community Service Learning*, 13(1), 30–43.

This article explores the perspectives of community partners involved in campus-community collaborations, highlighting both challenges and benefits. The authors analyze how differing institutional priorities and expectations can create tensions while also identifying strategies for fostering mutual understanding and reciprocity. The study underscores the importance of equitable partnerships that value community expertise.

Schmidt, C., Eickmeyer, J., Henningsen, M., Weber, A., Pleimann, A., & Koehler, S. (2020, March 26). Medical students' personal experiences, religion, and spirituality explain their (dis)comfort with a patient's religious needs. *Canadian Medical Education Journal*, 11(4). <https://doi.org/10.36834/cmej.69217>

This study investigates how medical students' own religious and spiritual beliefs influence their comfort in addressing patients' religious needs. Through interviews with a Standardized Patient scenario involving religious conversion, students reflected on their engagement with the patient's concerns. Findings reveal that students' religiosity

generally enhances their comfort in discussing religious matters, regardless of their specific faith background. However, a subset of students felt discomfort, mainly due to a lack of religious belief or knowledge about the patient's religion. This underscores the importance of integrating mind-body-spirit care training into medical education to better prepare future physicians for addressing the religious and spiritual aspects of patient care.

Schnabel, L., & Schieman, S. (2021). Religion protected mental health but constrained crisis response during crucial early days of the COVID-19 pandemic. *Journal for the Scientific Study of Religion*, 61(2), 530-543. <https://doi.org/10.1111/jssr.12720>

This article explores the dual role of religion during the early days of the COVID-19 pandemic. While religion provided mental comfort to highly religious individuals, especially evangelicals, it also led to reduced support for public health measures. The conservative politicization of religion in the U.S. is identified as a contributing factor to these observed tendencies.

Seddigh, R., Azarnik, S., Memaryan, N., & Hadi, F. (2020). Spirituality as a sociocultural determinant of health in the context of medical curriculum: A call for action. *Medical Journal of the Islamic Republic of Iran*, 34(6). <https://doi.org/10.34171/mjiri.34.6>

This study investigates the incorporation of spirituality into Iran's general medicine curricula. Through qualitative content analysis of medical reference books, the authors found limited coverage of spirituality, with relevant content falling into two main themes: (a) spirituality and care (assessment, treatment, palliative care, and bereavement), and (b) spirituality and professionalism (considering culture and medical ethics). The findings highlight the need for integrating spirituality into medical education to address its significance as a sociocultural determinant of health.

Swob, C., Murphy, E., Wickramaratne, P. J., et al. (2023). Pre- and post-pandemic religiosity and mental health outcomes: A prospective study. *International Journal of Environmental Research and Public Health*, 20(11), 600. <https://doi.org/10.3390/ijerph20116002>

This article investigates the trajectories of religious beliefs and attendance before and during the COVID-19 pandemic and their impact on mental health. Utilizing data from a longitudinal study, it reveals a decline in in-person religious attendance due to pandemic restrictions but notes the protective effect of religious importance and online attendance on mental health outcomes.

Swihart, D. L., Yarrarapu, S. N. S., & Martin, R. L. (2018). Cultural religious competence in clinical practice. StatPearls Publishing. Last updated July 24, 2023. Accessed February 19, 2024. <https://www.ncbi.nlm.nih.gov/books/NBK493216/>

This article underscores the importance of cultural and religious competence in clinical practice. The article highlights the significance of understanding diverse religious and cultural backgrounds in delivering optimal healthcare, including an overview of some popular traditions and information about them that may be relevant to patient care. It emphasizes the role of culturally competent care in improving patient outcomes, and presents strategies for healthcare professionals and systems to achieve cultural

competence, including training, policy-making, and effective communication. The article also provides insights into the consequences of not adopting cultural competence and stresses the need for a holistic approach to patient care.

Tartaro, J., Luecken, L. J., & Gunn, H. E. (2005). Exploring heart and soul: Effects of religiosity/spirituality and gender on blood pressure and cortisol stress responses. *Journal of Health Psychology, 10*(6), 753-766. <https://doi.org/10.1177/135910530505731>

This article examines the influence of self-reported religiosity and spirituality on cardiovascular and cortisol stress responses in young adults, highlighting differing effects based on gender. Notably, higher levels of religiosity/spirituality were associated with reduced cortisol stress responses. However, while males with higher religiosity/spirituality showed lower blood pressure responses, females demonstrated elevated blood pressure responses.

Throckmorton, T., & Campbell-Law, L. (2024). Meeting the Religious and Cultural Needs of Patients at Different Points in Their Care. *The Nursing Clinics of North America, 59*(1), 21-35. <https://doi.org/10.1016/j.cnur.2023.11.004>

The article focuses on the significance of increased education for all health care providers to prepare them to meet the cultural and spiritual needs of patients. The article includes basic beliefs and practices related to Native Americans and Alaska Natives (NA/ANs), Jewish people (ethno-religious group), Filipinos, Islamic people (Muslims), and Hispanic/Latino American people.

Upenieks, L. (2023). Unpacking the relationship between prayer and anxiety: A consideration of prayer types and expectations in the United States. *Journal of Religion and Health, 62*(3), 1810-1831. <https://doi.org/10.1007/s10943-022-01708-0>

This article delves into the multifaceted nature of prayer and its relationship with anxiety in the United States. Using data from the Baylor Religion Survey (2021), the study examines four subtypes of prayer: prayer efficacy, devotional prayer, prayers for support, and prayer expectancies. The findings indicate that while certain types of prayer are correlated with higher anxiety, others are associated with reduced anxiety levels. The study underscores the complexity and nuanced effects of different prayer dimensions on mental well-being.

van Nieuw Amerongen-Meeuse, J. C., Schaap-Jonker, H., Schuhmann, C., Anbeek, C., & Braam, A. W. (2018). The "religiosity gap" in a clinical setting: Experiences of mental health care consumers and professionals. *Mental Health, Religion, and Culture, 21*(7), 737-752. <https://doi.org/10.1080/13674676.2018.1553029>

The article examines the impact of the "religiosity gap" between mental health professionals and patients in Western countries. It highlights patients' experiences of feeling misunderstood due to differing religious views and emphasizes the benefits of recognizing and effectively navigating this gap in clinical settings. The study calls for professionals to be more aware and considerate of patients' religious and spiritual beliefs.

J. VanderWeele, T. (2024). *A Theology of Health: Wholeness and Human Flourishing*. Notre Dame: University of Notre Dame Press. <https://dx.doi.org/10.1353/book.129052>.

A Theology of Health presents a Christian understanding of the very concept of health, both the health of the body and the health of the person. Tyler J. VanderWeele argues that health can be understood as wholeness as intended by God and that sin—whether individual wrongdoing, societal injustice, or the fallenness of creation—causes ill health. VanderWeele explains that restoration and fulfillment of health is salvation, pointed toward in the life of Jesus Christ, to be lived out through the work of the Church, and for which we await final completion. VanderWeele also demonstrates the broader relevance and implications of his insights to all who seek to understand health, well-being, and the ultimate ends of human life.

Vieten, C., & Scammell, S. (2015). *Spiritual and religious clinical competencies manual: Guidelines for psychotherapists and mental health professionals*. New Harbinger Publications.

This book is a comprehensive manual that emphasizes the integration of spiritual and religious competencies in clinical practice for psychotherapists and mental health professionals. The book provides research-based guidelines to ensure that therapy is culturally competent, respectful of clients' spiritual or religious beliefs, and ethically sound. It covers taking a spiritual and religious history, addressing related topics in a clinical setting, setting clear ethical boundaries, and making appropriate referrals when necessary.

Wallerstein, N. B., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice, 7*(3), 312–323.

This article explores community-based participatory research (CBPR) as a method for addressing health disparities. The authors emphasize the importance of equal collaboration between researchers and communities to develop culturally relevant health interventions. CBPR is presented as an approach that fosters trust, promotes community empowerment, and leads to sustainable health improvements.

Wilkerson, L., Fung, C. C., May, W., & Elliott, D. (2010). Assessing patient-centered care: One approach to health disparities education. *Journal of General Internal Medicine, 25*(2), 86–90. <https://doi.org/10.1007/s11606-010-1273-5>

This article examines the role of patient-centered care in addressing health disparities through medical education. The authors describe an assessment framework for evaluating how well medical trainees incorporate patient-centered approaches, particularly when working with diverse populations. The study highlights the importance of training healthcare providers in cultural competence, communication, and empathy to improve health outcomes.

Welch Little, L. (2021). Can America be saved? A pastoral response to racism and COVID-19 and an appeal for dreams, visions, and imagination. *Journal of Pastoral Theology, 31*(2-3), 145-158. <https://doi.org/10.1080/10649867.2021.1902109>

This article explores the role of dreams, visions, and imagination in addressing the challenges of COVID-19 and systemic racism in the United States. It integrates biblical apocalyptic texts, Wesleyan theology, womanist theological analyses, and Jungian thought to propose a holistic approach to salvation. The article emphasizes the

importance of continuous social and theological engagement, along with creative expression, as pathways to healing and transformation.

White, K. B., et al. (2020). Mapping the healthcare chaplaincy workforce: A baseline description. *Journal of Health Care Chaplaincy*. <https://doi.org/10.1080/08854726.2020.1723192>

Changing US demographics, along with increasing diversity in the healthcare workforce, requires professional healthcare chaplains to examine their own workforce breakdown. Previous research shows chaplains were predominantly white and mainline Protestant, while students and certified educator candidates are more religiously diverse. The author recommends improving data infrastructure of professional chaplaincy organizations, as it is difficult to currently identify trends. Opportunities for future research include exploring what service users of chaplaincy want, including whether they prefer a chaplain that looks more or less like them.

Zimmer, Z., Rojo, F., Ofstedal, M. B., Chiu, C.-T., Saito, Y., & Jagger, C. (2018). Religiosity and health: A global comparative study. *SSM - Population Health*, 7, 100322. <https://doi.org/10.1016/j.ssmph.2018.11.006><https://doi.org/10.1016/j.ssmph.2018.11.006>

This study investigates the relationship between various indicators of religiosity and self-assessed health across 93 countries, utilizing data from the World Values Surveys (N=121,770). The authors found significant variation in the associations between religiosity and health across different countries. Specifically, positive associations between all measures of religiosity and health were observed in countries like Georgia, South Africa, and the USA, while negative associations were found in Slovenia and Tunisia. The study also highlights that macro-level factors, such as religious diversity and human development index, influence these associations, suggesting that the relationship between religiosity and health is complex and context dependent.