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The *Public Health, Religion and Spirituality Bulletin* is a publication of the Public Health, Religion, and Spirituality Network (publichealthrs.org). Two issues appear per year, Fall and Spring, and are published online and open access in HTML and paginated PDF format. Visit the *Bulletin* website to register for new issue notifications (http://publichealthrs.org/bulletin/). Prospective contributors of articles should read Oman & Long's "Welcome" article (http://publichealthrs.org/a001) and contact us with ideas. The *Bulletin* co-editors are Katelyn Long and Doug Oman.

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Editors' Introduction to Inaugural Issue

Welcome to the first issue of the *Bulletin* of our newly formed Network for public health, religion, and spirituality (PHRS). The *Bulletin* aims to be a place to highlight research, teaching, and practice, past and present; share ideas, resources, and opportunities; house candid discussions with people engaged – either empirically and/or in practice – at the intersections of religion and public health; and encourage a sense of connectedness to this growing field… all with a bit of levity, where possible!

With these aspirations in mind, our inaugural bulletin begins with an interview with Professor Len Syme, who studied the relationship between religion/spirituality and public health as early as the 1950s, and was a key founder of the field of social epidemiology. This interview is followed by an expanded introduction to the PHRS Network, its scope, and its purpose, articulating our intent to balance interdisciplinarity with sustained focus on public health. Next, Ellen Idler writes a short essay about the scholarly projects and future directions of Emory University's 2019 cohort of graduates who received training in both religion and public health. This piece is followed by an article from Jordan Burns, a recent Emory graduate, describing her academic and professional journey in religion/spirituality and public health, and how she applies her training in her work with the President's Malaria Initiative. In an article relevant to students and teachers of public health, Doug Oman and Katelyn Long alert us to this year's Fall 2019 National Student Essay Contest on spirituality/religion and public health, sketching the contest's goals and four-year history. Finally, our inaugural issue closes by highlighting new research and articles, and upcoming and recent events, such as the March 2020 Conference on Religion and Medicine, the March 2020 meeting of the Society for the Psychology of Religion and Spirituality, and the November 2019 Faith Community Caucus sessions at the annual meeting of the American Public Health Association. For making this issue and this bulletin possible, we are very grateful to all of our excellent authors, photographers, our interviewee, and our Board, and to those already preparing other articles for inclusion in our second issue scheduled for release in Spring 2020.

This *Bulletin* is a new endeavor. We welcome your ideas and feedback – both for the *PHRS Bulletin* and for the website - and we ask for your patience as these platforms develop and mature. Whether you are a public health academic or practitioner, an advocate or skeptic, a person engaged in faith-based public health partnerships, a student with interests in PHRS, or (please fill in the blank), we welcome you and thank you for reading!

If you are wondering who we are – the editors of this new bulletin – well, out of a dozen people seated around a table six months ago in Durham, we're two who volunteered![1] One co-editor is Doug Oman, a professor at UC Berkeley School of Public Health, a member of a cohort of seasoned scholars who have dedicated a significant part of their public health careers to exploring religious and spiritual (R/S) factors and public health. The other co-editor is Kate Long, a post-doctoral fellow at the Human Flourishing Program and T.H. Chan School of Public Health at Harvard University, representing a new group of public health students and early career professionals who want to contribute in meaningful ways to the growing PHRS field. We hope our blended influence as co-editors of the *PHRS Bulletin* yields a publication that has substance for those long interested in the intersections of public health, religion, and spirituality, and simultaneously offers a good "starting point" for those who are new to work and practice at these intersections. We also hope it is something you *want* to read!

Sincerely,
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[1]^For more background on the formation of the Network, see our other article in this issue, "Welcome to the Public Health, Religion and Spirituality Network" (link).

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Interview with Dr. Leonard Syme

Angela Monahan,[1] Auwal Abubakar,[2] and Joshua T. B. Williams[3]

Editors' Note: The PHRS Bulletin expects to feature a series of interviews with influential contributors who have shaped the field of public health, religion, and spirituality. Here we are pleased to present the first of these interviews.

WE present an interview with **S. Leonard Syme, PhD**, Professor Emeritus of Epidemiology and Community Health Sciences at the University of California Berkeley. Dr. Syme was pivotal in leading epidemiologists to focus on the role of religion/spirituality in large public health studies of the early 1960s. He was also one of the founders of social epidemiology, which is now well-established in many schools of public health and supported by several textbooks. Dr. Syme (see photo) was interviewed for the *PHRS Bulletin* by graduate students Angela Monahan and Auwal Abubakar of U. C. Berkeley, and by Josh Williams, Assistant Professor at University of Colorado Denver School of Medicine.

Angela Monahan: How did you become interested in investigating spirituality/religion and health relations?

Leonard Syme: I was a sociology student and was invited to the very first fellowship program in the world linking sociology with health and medicine. I chose to do my research on sociology in medicine, the concentration with the least amount of research or data collected on it. In that context, I studied the work of Emile Durkheim, the French sociologist. He wrote the very first book on the importance of religion for health, studying suicide as his example.

My very first job after school was working with the Heart Disease Control Program in the U.S. Public Health Service. As I was getting organized in that work, one of the staff members of the program came to me asking for help with writing a questionnaire to study the rumor that people with high fat diets had higher levels of cholesterol and higher rates of disease. She chose to study a group of Seventh Day Adventists in a place called the Washington Sanitarium, who were all basically vegetarians. I helped with the questionnaire, but because I had been studying Durkheim's work, I asked to include three questions about religion at the end of the questionnaire. She said okay.


S. Leonard Syme

In those days, all questionnaires had to be submitted to the US bureau of the budget to get clearance. In two weeks, we got back the questionnaire, accepted as is except for the three questions at the end. The government wouldn't let me ask about religion! So, I resigned. The next day, I received a call from the Assistant Surgeon General wondering why I was resigning. I said, "I'm a sociologist, I study what people believe, and if I can't ask these three questions about religion, I don't have a place here!" I was told to not be so hasty and asked if there was evidence of religion affecting health. I said of course there is, even though I had no idea for sure at the time. So, I was given three weeks leave to go dive into the subject and write a paper arguing for studying religion.

I came up with a very impressive paper arguing that religion does have an impact on health. I sent it to the Assistant Surgeon General and they called me back saying the research was very important and they saw my point. However, we would have to deal with the constitutional issue of asking these three questions [as there were policies against asking about religion in government surveys at the time]. They ended up revising the government rule [to make it possible in the future] that you can ask about religion if you show it will do more good than harm. That was my first job and first experience with religion.

Auwal Abubakar: What first made you think that there might be religion/health connections? Were there ideas you learned in your sociology training that made you think there might be connections?

Leonard Syme: Durkheim's work on suicide. He had a whole section on the importance of religion that caught my attention. This was not a topic we discussed, except in divinity schools or medical schools.

Angela Monahan: We've heard from some of your former students and from yourself about how Durkheim influenced your thinking. Were there other influences on your thinking that helped you see the possibility of R/S health connections?

Leonard Syme: When thinking about health, consider health as a symphony orchestra. You can know all about every instrument in detail involved in a symphony, but that has nothing to do with symphony music. The sound you get from a symphony is not describable in terms of the sound you get from those individual instruments. One is necessary for the other. It's very much like clinical medicine and how we study individuals but having this group influence took us to a totally different world. That was part of Durkheim's argument. He was talking about the importance of the group as distinguished from the individuals that make up the group. The whole is more than the sum of the parts.

It's very challenging to change a whole perspective [on public health]. You'd think the study of health is easy but turns out its multidimensional. I've been doing this now for 60 years, and I've studied probably all the things you can think about, but after all this time, I've finally come to the understanding that everything I've done has been misguided and I finally know the real issue: children. You can spend the rest of your career trying to repair the damage, but early intervention to me is the key. So, I made a change to my whole view of what needs to be studied, what the priorities are, because the influence of the early years is so profound, it just blurs everything else. And pediatricians do not have an audience. In public health, we study other things and rarely do we study children because they do not have enough disease. If a young child is basically healthy, they're not an interest, and that really is a major tragedy.

Josh Williams: In your experience Dr. Syme, have you had a warmer reception with your religion research amongst clinicians versus public health officials? Could you contrast those two?

Leonard Syme: Clinicians don't have a problem with it. Clinicians deal with individuals and understand the importance of these things. Public health? Basically zero. It's very strange. Trying to introduce this topic to the world of public health is a very important issue but very challenging.

Auwal Abubakar: You're viewed as one of the founders of the field of social epidemiology. Should religion and spirituality be thought of as important social factors that should be addressed in social epidemiology?

Leonard Syme: That's a good question. If we're talking about the influence over our health and wellbeing, that's what social epidemiology is all about. How can you not talk about religion? This is not to talk about the importance of your religion, my religion, or their religion, we're talking about this idea of spirituality. In fact, I've been arguing with Dr. Doug Oman about getting rid of the word 'religion' and just going with spirituality. He

wants to keep the world religion, but to me, all it does it cause controversy. I think spirituality is a much more neutral and meaningful term.

Angela Monahan: There was a question about religion in the Alameda County Study that you helped design (with Lester Breslow). What made you think to include the religion question(s)?

Leonard Syme: That's an interesting question. I had done a major study of heart disease in populations of Japanese descent. The Japanese had one of the lowest burdens of heart disease in the world. That was a major issue, and I wanted to study why that was so. Everyone believed it was either their diet or genetics, and I didn't think so. I got a grant to study 18,000 Japanese migrants from Japan to Hawaii and California. We found a very low rate in the Japanese in Japan, a rate five times higher among Japanese in San Francisco, and an intermediate rate in Hawaii. What explained that? Turned out, it was not diet at all. The diet was much more westernized in San Francisco, but that did not account for the increase in the disease rate. Genetics is an obvious important risk factor for heart disease, but we saw that those who moved to Hawaii had half the disease rate of those that moved to San Francisco, and it wasn't genetics.

So, what was going on? I saw that problem and handed it to a student, who did a brilliant doctoral dissertation. Do you know the name Sir Michael Marmot? He is one of the most famous public health professionals in the world. He's done the most important work on the most important risk factor for heart disease – social class. He's revolutionized a whole field on that. He found that people who ate Japanese diets and adopted Japanese ways in America had low rates similar to if they were living in Tokyo. Additionally, he found that Japanese migrants who had a more westernized diet and lifestyle had much higher rates of heart disease.

I went to Japan four or five times to figure out what was going on, and I taught another doctoral student: Lisa Berkman. She went out in Alameda County to look into this problem. She had a suspicion that the Japanese were better connected to each other than Americans. My interviews in Japan suggested that was true. So, she did the first study ever on the importance of being connected to others, and it was the Alameda County Study. It turned out that the social connection question, which we now call social support, was more powerful than we could have imagined. That concept has now been studied in more than 300,000 people, all over the world, in all ages, and it is the most important risk factor for chronic heart disease, after adjusting for smoking, diet, blood pressure, etc. Being connected to others is really powerful and it's been shown in every study since then.

Josh Williams: With that in mind, how would you respond to recent articles in respected Public Health journals that applaud the positive impact of faith-based organizations on public health but say it is neither the place of medicine (nor public health) to quantify how religion/spirituality impacts health?

Leonard Syme: In 1958, when the Assistant Surgeon General said to me that the study of religion was inappropriate in public health, I would say it's exactly what we're hearing today and there has been no change. The evidence exists against that viewpoint, but we've never been really able to make a case. So, I don't know how to deal with it. I think if you got rid of the word religion and called it spirituality or something else, I think we'd have a better chance. The word religion is almost a bad influence, it divides people into different groups that complete with each other. We discriminate against one another, we go to war with each other, and that's not what we're talking about. Religion is a polarizing word.

Josh Williams: What do you think the most effective strategy would be to increase awareness of the impact of spirituality on public health?

Leonard Syme: Wow, what a good question. The obvious answer, which I think is wrong, is to show the studies that make the most difference. But we've been doing that for a long time, and it

doesn't seem to help. It's easy to say that certain religious groups, like Seventh Day Adventists, have low rates of chronic disease; we say it's their vegetarianism. We never talk about the fact that they have a coherent way of organizing their thoughts. We've never gone there. You guys need to do this now.

Angela Monahan: You've been involved with recent activities at UC Berkeley on spirituality/religion and health — you helped lead the University of California Berkeley faculty Working Group on religion/spirituality activities in 2013 and 2014, you were involved with the collaborative efforts with other schools in 2015-2017 when leaders met in Berkeley (in 2015), you coauthored two chapters to Dr. Oman's 2018 book, and you have helped/advised on the current traineeship. Is there anything you'd like to say about all of your experience?

Leonard Syme: Yes, you've completely exaggerated my influence. I'm always in the background. The idea of getting social epidemiology on the map was an interesting phenomenon. I started in 1968 and got the first full grant in the world to look at this stuff. I remember I decided to get a training grant to help support this work. I got a training grant from the heart institute and I got that for 25 years, one of the longest running training grants ever. Finally, in the end, they said "we're not going to support you anymore. You're not doing heart disease anymore; all these years and you hardly even mention it anymore. Now you're doing health and wellbeing, and heart disease is part of the story, but we can't support that anymore." That was an interesting comment. I started out with heart disease because that's where the data was, but after a while we ended up talking about much broader issues than that. But try to get a grant now to study these issues in health and wellbeing, I wouldn't want to try.

Josh Williams: One last question for you, Dr. Syme: as a researcher who's young in his career, I'm often making mistakes and learning from them. Are any specific learning opportunities you've had over the course of your career that have been especially helpful while studying religion and public health? What advice would you give to those reading this interview to avoid repeating those same mistakes?

Leonard Syme: You have to have solid data. Beyond question. I'm talking about rigorous statistical methods with the most rigorous designs imaginable, because we're talking about such a fuzzy topic that if you don't have somewhat solid data, you won't be taken seriously. Does solid data solve the problem? No, but it's really necessary. As a clinician, it's hard to summon that kind of fancy, sophisticated statistical analyses and methods these days, but you have to make that connection and keep those people involved with you. Otherwise, you'll be eating dust.

This interview with Dr. Leonard Syme took place on October 7, 2019, on campus at the University of California Berkeley. The transcript has been edited for clarity and brevity.

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Welcome to the Public Health, Religion and Spirituality Network

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

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

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

There is also much overlap between a clinical orientation and a public health orientation. For example, public health – perhaps especially through its subfield of health policy and management – seeks to ensure properly functioning healthcare sectors that support clinicians in enacting compassionate and effective medical care. Similarly, many other public health subfields, such as epidemiology and the study of infectious diseases, generate much valuable information that can guide and inform clinical practice.

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

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

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

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

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

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

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

- How do community-level expressions of religion/spirituality affect population-level physical or mental health outcomes?
- What physical and mental health outcomes are affected by public health and faith-based partnerships? What outcomes are important to faith-based groups and how can these also be included and assessed in partnership work?
- How can public health collaborate with religious leaders and organizations to ensure wise stewardship and protection of the natural environment as a foundational source of global human health?
- What is the public health promise of the emerging yet sometimes controversial field of mindfulness, and how should mindfulness-based interventions be tailored to or informed by different religious traditions, western as well as eastern?

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

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

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

Appendix: Founding Members (Alphabetical Order)

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

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[3]^ This definition may be thought of as a modernized rendering of Winslow's (1920) definition that "Public health is the science and the art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health" (p. 30).

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

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A Celebration of Religion and Health: Emory University, May 2019

Ellen Idler[1]

Editors' Note: The PHRS Bulletin *is pleased to spotlight goings-on in the growing world of research, practice, and education on public health, religion, and spirituality. In this article, Ellen Idler takes us with her on a visit to this year's commencement for our field at Emory University, one of the US universities with the most well-developed educational programs on public health, religion and spirituality. For lists of programs, please see our resources page (http://www.publichealthrs.org/resources/).*

Emory University is proud of our coursework and degree programs in religion and public health offered at the Rollins School of Public Health and the Candler School of Theology. We honored our most recent graduates of programs in religion and public health in May 2019 with the second annual ceremony in the Wesley Teaching Chapel, just prior to Commencement (see photo). This year we had four students who completed requirements for the Religion and Health Certificate, two who completed the MTS/MDiv-MPH dual degree, and four who completed MPH or PhD theses in the area. Each student spoke about their work and plans for the future, and we presented them with a colorful Religion and Health stole to wear at Commencement. Some of their thesis projects included a case study of HPV vaccine perceptions and HPV prevention strategies in an African Methodist Episcopal Church in Georgia; interviews with Hilton Humanitarian Prize Laureates on burn-out in faith-based humanitarian organizations; religion's influence on minimally invasive tissue sampling (MITS) through the CHAMPS Network in Bangladesh and Sierra Leone; two projects on religion and HIV/AIDS in the Southern United States; ethical engagement with indigenous populations in Alberta, Canada; and a study of abortion attitudes among Protestant religious leaders in Georgia.

2019 Emory University Religion and Health Certificate and Dual Degree Awardees (photo by Ahoua Kone)

Some of the students are going to work in the field, and some are continuing in doctoral programs. We see a bright future for them, with meaningful work in communities around the globe. Their training in our interdisciplinary programs at Emory will enable them to be master bridge builders, continuing in a long tradition of those who have built bridges between organizations in religion and public health, beginning at The Carter Center and the Interfaith Health Center. And they will be faithful translators from one community to another, because they will have the respect and credentials of both. We send them out into the world with great expectations. Please join us in congratulating them!

Here is a list of the graduating students, their degrees, and the title of their thesis or dissertation:

- Charles Barber, PhD, Graduate Division of Religion, “It’s Complicated: Religion and the HIV/AIDS Epidemic Among Black Same-Gender-Loving Men in the South”
- Elisha Bronner, MPH, Global Health, “Understanding and Assessing Impact of U.S. Short Term Missions”
- Jessica Dozier, MPH, Global Health, “’Even if I deeply disagree…I’m going to continue to love you’: Exploring abortion attitudes and pastoral care among Protestant religious leaders in Georgia”
- Tyler Fuller, MTS, MPH, Behavioral Sciences and Health Education, “African American Women’s Construction of Religio-Social Identity in Relation to HIV and AIDS”
- Caitlyn Furr, MDiv, MPH, Global Health, “Ethical Engagement with Indigenous Populations in Alberta and Beyond”
- Stephen Kim, MPH, Global Health, “Emory Religion and Health Summer Institute Needs Assessment”
- Ariana Lahijani, MPH, Global Health, “The Church as an Agent of Change: A Case Study of HPV Vaccine Perceptions and HPV Prevention Strategies in an African Methodist Episcopal Church in Georgia”
- Leslie Leonard, MPH Global Health, “Understanding Staff Burnout and Wellbeing Resources in Faith-based Humanitarian Organizations and Hilton Humanitarian Prize Laureates”
- Katrina Ma, MPH, Behavioral Sciences and Health Education, “A Grant to Tailor an Educational Intervention Promoting Knowledge of HPV and Vaccination Uptake in Georgia’s Catholic Churches”
- Ashley Meehan, MPH, Global Health, “‘It is the Will of God:’ Religion’s Influence on Minimally Invasive Tissue Sampling (MITS) through the CHAMPS Network in Bangladesh and Sierra Leone”

[1]^Ellen Idler, Department of Sociology, Emory University, Atlanta, GA (eidler@emory.edu).

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How I Found Religion and Public Health: A Recent Student Perspective

Jordan Danielle Burns[1]

Editors' Note: The PHRS Bulletin *expects to regularly feature accounts and reflections from early career professionals in public health about their discovery, training, knowledge, work, and reflections upon spiritual and religious factors in public health.*

Religion is an important element of public health practice. This first became evident earlier in my academic career, but has been reinforced throughout my current role as an Africa Regional Malaria Advisor for the U.S. President's Malaria Initiative. An interest that started out as mere curiosity about other religions and cultures first evolved into a path of coursework and skill-building, and has now proven quite useful for working in a global health development context.

It took time to make this discovery. As an undergraduate student at the University of Louisville, I was pre-med with a Biology major and Religious Studies minor. My interest in comparative religion, as if my dorm poster of Buddha quotes wasn't cliché enough, stemmed from a general curiosity about belief systems and rituals different from the ones I was exposed to as a child growing up in a rural Appalachian community. Frankly, the liberal arts nerd inside craved the luxury of crafting a class schedule where I got to study Evolutionary Biology of Disease in the morning and head to The Hebrew Bible in the afternoon. After a year abroad in Brazil with the program Public Health, Race, and Human Rights, I completed a second minor in medical anthropology and began leaning more towards a career in public health. At this time, I also began to notice that religion "showed up" in my studies of the health sector more than I had expected. Starting with discussions of medical ethics and the role of faith healing traditions, I soon understood that religion could serve as an important source of social support/control/capital, and finally as a determinant of health.

To pursue these ideas further, I completed a Master of Public Health degree in Global Epidemiology at Emory University's Rollins School of Public Health, and added a Certificate in Socio-Contextual Determinants of Health. While I did not graduate formally from a Religion and Public Health program, I benefited from studying at a place where these intersections were acknowledged, studied, and valued. My thesis topic focused on factors that influenced religious leaders' perceptions of HIV/AIDS epidemic severity using a dataset from the Malawi Religion Project. During my studies, I remember being intrigued by the 2014 WHO guidance around safe and dignified burial protocols which required consultation and collaboration with local religious leaders and were key to reducing Ebola transmission in West Africa. Examples of religion and public health impacting one another could be found everywhere! Years prior, I sought variety in my class schedule to keep my interest; now it became apparent that critical public health challenges were complex and benefited from different domains of study.

Jordan Burns

I graduated with my MPH in 2015, and have been working since 2016 as a U.S. President's Malaria Initiative Africa Regional Malaria Advisor. Public health has been a fulfilling career thus far, in part due to its inter-sectoral nature, spanning governmental, religious, and other non-

governmental sectors. I work with government counterparts, other donors, and stakeholders to plan and monitor investments in malaria prevention and control. Partnerships at community and institutional levels enhance those objectives. As people of authority, influence, and spiritual direction in the community, religious leaders are positioned to promote behavior change communication. Faith-based organizations play a role in service delivery and shaping policies. For all these reasons and more, public health practitioners must consider problems and solutions in a cross-sectoral way, which can involve engagement with religious groups. Health outcomes are influenced heavily by broader systems they operate within. Therefore, opportunities that support students to cultivate diverse interests can create well-rounded and better-equipped professionals. Curiosity about other ideas, perspectives, and cultures is what initially drew me to coursework around religion and public health, but truly valuing the contributions of others has become an important lesson in professional practice and is essential as we all strive to promote health and wellbeing for all.

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Spirituality and Public Health National Student Essay Contest

Doug Oman[1] and Katelyn Long[2]

Of special interest to students and faculty concerned with spirituality and/or religion, the fourth annual **Spirituality and Public Health National Student Essay Contest** is now underway. The contest is accepting submissions through the end of 2019 (see http://www.spirituality-public-health-essay.com/). Since its 2016 launch, the contest has awarded $1900 each year to graduate students enrolled in public health schools, colleges, or programs affiliated with the Association of Schools and Colleges of Public Health (ASPPH). Prizes are $1000 for First Prize, $600 for Second Prize, and $300 for Third Prize. Some years we've also had funding to print congratulatory messages in the American Public Health Association's official newspaper, *The Nation's Health*.[3]

Initially launched in 2016 with funding from the John Templeton Foundation, the contest aims to support several educational and field-building goals. Perhaps most directly and importantly, it aims to catalyze and intensify student engagement in academic and professional exploration of religion/spirituality (R/S) and public health. A second aim is alerting faculty and reinforcing student recognition of the need for increased attention to spiritual and religious factors in public health curricula. National surveys have documented perceptions among public health students and school leaders (e.g., deans) of the validity and need for such increased attention to R/S factors (Oman, 2018a). Third, the contest aims to highlight and foster the continued growth of evidence on R/S factors and health that already includes well over 3000 empirical studies and a growing number of books (e.g., Holman, 2015; Idler, 2015; Oman, 2018b). Unfortunately, despite this evidence base, R/S factors at present remain poorly covered in the education of many public health students, including nearly half of Oman's (2018a) national survey respondents whose public health education had *never* addressed R/S topics.[4]

This national essay contest was initially organized by faculty of schools of public health at Drexel University, Johns Hopkins University, the University of California at Berkeley, the University of Maryland, and the University of North Texas, who with colleagues elsewhere have carried out the judging. Prize-winning essays, listed on the contest website (http://www.spirituality-public-health-essay.com/winners/), have been submitted by students at a universities that include Emory, Johns Hopkins, Loma Linda, the Universities of Arizona, California (Berkeley, Irvine), Minnesota, and South Carolina. Winning essays have explored topics ranging from the relevance of R/S factors to the US opioid epidemic or to mental health promotion among North Korean refugees, from God-focused locus of control among American breast cancer patients, to closing India's mental health treatment gap through formal collaboration between allopathic and faith-based practitioners.

Please spread word about this contest, alerting public health students and faculty to the existence and importance of the emerging field of spirituality, religion, and public health.

Each year we've publicized the contest by sending notices to as well as contacts identified through the internet at each school's administration, such as a leaders of student services divisions, as well as to interested colleagues. Such dissemination has generated an increasing number of submissions nearly every year, but we suspect that dissemination could be much broader. We encourage all readers of this article to consider sharing through appropriate channels with public

health colleagues and public health students (see http://www.spirituality-public-health-essay.com/share/). If you have questions, or would like to be involved in other ways, or perhaps help organize a separate "track" for undergraduate public health majors,[5] please feel free to contact the author (dougoman@berkeley.edu).

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[3] For congratulatory messages to 2016 and 2017 winners in *The Nation's Health*, please see http://www.spirituality-public-health-essay.com/winners/winners-in-the-media/.

[4] "[O]ut of 980 total student respondents, only 516 (53%) affirmed that R/S topics had received any coverage at all in their public health education" (Oman, 2018a, p. 346).

[5] An undergraduate award track was piloted in Fall 2017, but effective publicity proved challenging.

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Resources & Updates: Fall 2019

PHRS Staff

Editors' Note: This section emphasizes resources at the intersection of religion/spirituality and public health, as well as major organizations that at times address these intersections. Please see the "Resources" tab on the PHRS website for more content, and please send new potential content to this section to: PHRSadm1@publichealthrs.org and phrsadmin0@publichealthrs.org.

Research

Editors' Note: Special issues and special sections are issues or sections of a journal entirely dedicated to a single topic, allowing for more breadth and depth. Here we highlight two forthcoming special collections at the intersection of religion and public health.

- New/forthcoming Special Issue/section, 2019: Religions and public health: critical insights from religious studies (Blevins, ed.), *Religions*
- New/forthcoming Special Issue/section, 2019: The religion variable in community health promotion and illness prevention (Milstein, Palitsky et al.), *Journal of Prevention and Intervention in the Community*
- New Research, October 2019: An update on America's changing religious landscape, Pew Research Center
- New Research, August 2019: Mental health and self-rated health among U.S. South Asians: the role of religious group involvement (Stroope, Kent et al.), *Ethnicity and Health*
- New Research, April 2019: Religious service attendance, health behaviors and well-being—an outcome-wide longitudinal analysis (Pawlikowski, Bialowolski et al.), *European Journal of Public Health*

Articles, Commentaries, Interviews, Webinars (newest first)

- Interview with Dr. Mirfin Mpundu, Director of the Ecumenical Pharmaceutical Network in the April 2019 *Bulletin of the World Health Organization*: Mirfin Mpundu: accessing medicines, fighting resistance (PMC)
- Webinar of 2019 Emory Conference marking the release of the Special Issue on Faith-based Partnerships in the *American Journal of Public Health*: Finding common ground: partnerships in religion and public health
- Sandro Galea, Dean of Boston University School of Public Health, on Religion and Public Health: On religion and public health

Upcoming Conferences (earliest first)

- American Public Health Association Annual Meeting, November 2-6, 2019: Caucus on Public Health and the Faith Community sessions
- Society for the Psychology of Religion and Spirituality, March 13-14, 2020 (Denver, CO) (Division 36 of the American Psychological Association): Online announcement
- Conference on Medicine and Religion, March 22-24, 2020: CMR conference website

Educational and Student Resources

- Spirituality and Public Health National Student Essay Competition, due by January 5, 2020 (see also article by Oman and Long, this issue): Essay Contest Website