Lessons Learned from the Development of a Religion/Spirituality Public Health Course and its Relevance for Schools of Public Health

Marie Allsopp, DrPH, RD, LD/N, CHES
James Crucetti, MD, MPH
Barry Sherman, PhD

Abstract

The aim of this study is to describe the development of a Religion/Spirituality Public Health Course at the University at Albany, State University of New York and to elaborate on lessons learned during the process. Collaboration with various faculty at schools of public health around the country was integral to developing the curriculum. The course will be launched in fall 2015 at the University at Albany, State University of New York. In addition to learning about the interconnection between religion, spirituality and health, students will be able to explore models for successful working relationships in the community between the public health system and faith-based organizations. Given the growing amount of scholarship on the importance of integrating religion into health promotion interventions, other schools of public health should consider adopting religion/spirituality (R/S) courses.

Introduction

The burgeoning field of research on the relationship between religion and health, as well as its importance to health promotion, necessitates curriculum development on this topic at the University at Albany, State University of New York, to help equip students in the School of Public Health to become leaders in their field.

This doctoral practicum project involved developing a three-credit graduate course that systematically explored the relationship between religion and health from a public health perspective. A doctoral student, under the guidance of faculty mentors, created the curriculum systematically. The course was designed for use at the School of Public Health at the University at Albany, State University of New York to be offered by the Department of Health Policy, Management and Behavior.

The goals of the course are as follows:

1. To develop a course that will systematically explore dimensions of the relationship between R/S and health from a public health perspective.
2. To equip students with knowledge of how the relationship between R/S and health can be applied in different public health settings.

Specific, measurable, achievable, realistic and time-bound (SMART) objectives (Centers for Disease Control and Prevention, 2011) *for each lecture* were developed to facilitate achieving those goals.

Literature Review

According to several researchers (as cited in Chatters, 2000, p. 335), the relationship between religion and health has been a topic generating considerable interest in behavioral, health and social sciences for more than a century (Chatters, 2000). In recent years, researchers have systematically investigated connections between aspects of religious faith and spiritual expression, and indicators of physical health status and mental and emotional well-being (Levin, 2002). This research, some of which has been funded by National Institutes of Health (NIH) grants, has led to over 1,200 published empirical studies, with the majority revealing a generally consistent and salutary association at the population level and individual level (Koenig, 2012).

In spite of the heated debate surrounding the establishment of the White House Office of Faith-Based and Community Initiatives (OFBCI) under President Bush, repurposed as the Office of Faith-Based and Neighborhood Partnerships (OFBNP) under President Obama, the creation of a Center for Faith-Based and Neighborhood Partnerships (the Partnership Center) within the U.S. Department of Health and Human Services (HHS) signifies that faith-health partnerships are no longer hypothetical; rather, they are an ongoing part of the national conversation on public health (Levin, 2014).

In the past few years, several books have been published and major journals in the fields of public health and medicine have featured empirical research, literature reviews and special issues on these and other related topics (Chatters, 2000). Koenig and Bearon argue that there is a growing recognition in health and medical sciences that religious and spiritual concerns are important for ascertaining health-related behaviors, attitudes and beliefs (as cited in Chatters, 2000 p. 336). Many researchers contend that in the fields of health education and health promotion, concepts of spiritual health are discussed and incorporated into overall notions of health (as cited in Chatters, 2000 p. 336). On the 26th of February 2014, the National Institutes of Health (NIH) sent out a range of Funding Opportunities Announcements (FOAs) to fund clinical trials that included the areas of religion, spirituality and mental health (Center for Spirituality, Theology and Health - Duke University, 2014). Many prestigious medical schools (e.g. Johns Hopkins) and schools of public health (University of California, Berkeley) have now incorporated religious/spiritual issues into their curricula (Crucetti, 2014).

According to a recent Gallup survey, sixty-nine percent of American adults are very or moderately religious, based on self-reports of the importance of religion in their daily lives and attendance at religious services (Gallup, 2012). Within that group, 40% are very religious, meaning that they attend religious services regularly and they say religion is important in their daily lives (Gallup, 2012). According to the recent book *God Is Alive and Well*, certain trends in the age composition of the American public suggest that religion may become increasingly important in the future. This is because the number of Americans aged 65 and older is expected to double over the next two decades. Consequently, these aging baby boomers are expected to become more religious as they age, if they follow in the path of their elders, which will therefore affect the population on the whole (Gallup, 2012).

Given the public health impact of religion and spirituality, it is expected that the course will stimulate interest by School of Public Health faculty to pursue the topic of religion/spirituality and health as an area of research. It is also expected that a strong partnership between the University at Albany School of Public Health and the New York State Department of Health AIDS Institute's Faith and Health Initiative will emerge as well.

The plan is for the course to be taught by students in the Doctor of Public Health (DrPH) program as a means of satisfying their practicum requirements. This would thereby ensure that future public health leaders are equipped to effectively collaborate with faith-based organizations as well as to integrate faith and health into public health research and practice.

Methods

As part of developing the R/S course the doctoral student searched through the list of the Association of Schools & Programs of Public Health (ASPPH) to find out which schools of public health were offering R/S courses. She also reviewed the list of schools of public health that were currently offering R/S courses provided by her mentors. Next, she contacted the professors of those courses to obtain copies of their syllabi. Contacts were made with professors from several universities including Harvard, Yale, the University of California, Berkeley, Drexel and Emory. Finally, a literature review was conducted by the doctoral student on each of the topics covered in those syllabi. Subsequently, a systematic process of refinement occurred to select 15 weekly topics for the course:

- Week One: Introduction: Overview of Key Evidence; Differences Between Spirituality and Religion
- Week Two: Evidence for Religion-Health Link: Sample Studies
- Week Three: Evidence for Spiritual Practice Health Link: Sample Studies
- Week Four: Weighing and Interpreting the Evidence
- Week Five: Possible Explanations, Confounders and Causal Pathways
- Week Six: Adolescents
- Week Seven: Diet, Tobacco, Obesity and Cardiovascular Health

- Week Eight: Elderly
- Week Nine: Forgiveness
- Week Ten: Health Disparities
- Week Eleven: HIV
- Week Twelve: Mental Health
- Week Thirteen: Mindfulness
- Week Fourteen: Vaccines
- Week Fifteen: Public Health Applications and Collaboration

Results and Discussion

This course was approved by the School of Public Health at the University at Albany and is being launched as Religion, Spirituality and Public Health (SPH 577) this fall 2015. It is open to undergraduate students with the permission of the instructor as well as to masters and doctoral students. One of the lessons learned is that networking can be very rewarding. Contacting different faculty enabled the doctoral student to receive diverse feedback and opinions about developing an R/S course. Professors are willing to share their resources but students need to take that first step and ask. There is no need to reinvent the wheel as pooling and tweaking existing resources is a more efficient way of developing a course.

Conclusion

Developing R/S public health courses has become an important trend in schools of public health. SPH 577 will focus on presenting empirical evidence on the relationship between religion and/or spirituality and health (e.g. cardiovascular health, HIV, diet, vaccines, tobacco and substance abuse) as well as health disparities in relation to certain life-stage sub-populations, such as adolescents and the elderly. Given the fact that more than two-thirds of American adults are very or moderately religious (Gallup, 2012), in order to successfully carry out the core public health functions (of assessment, assurance and policy development) it is vital that public health agencies garner resources such as existing social support systems (Health Systems Learning Group Monograph, 2013) from faith communities in order to develop successful community-based interventions.

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