PHI 815 History of the Integration of Religion and Society

Derrick Snow

Omega Graduate School

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Professor

Dave Moser

Assignment

### *60 Day Developmental Readings*

Review 100-day assignment, course essential elements, assigned readings, and recommended readings to identify selections of books and scholarly articles to identify and select developmental reading sources and entries.

Each OGS program and Core has specific grading criteria for Developmental Readings. Follow the **Developmental Reading Rubrics** for the **required number of sources, comments, and quality criteria**.

See the **General Helps** in **AA-101 The Gathering Place in DIAL**for the following resources:

* Refer to the “NEW Student Guide to Developmental Readings” for updated information on sample comments, rubrics, and key definitions related to developmental readings.
* Download the “NEW Developmental Reading Assignment Template” Word document to begin writing your developmental reading assignment.
* For **grading criteria**, go to the “NEW Developmental Reading Rubrics” document.
* Document all sources in APA style, 7th edition ([APA 7 Reference Example](https://drive.google.com/file/d/1MOW2xmjS9fBRboojA-ADFQBlpahm2iFM/view?usp=sharing), [APA 7 Quick Guide](https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/documents/APA%20Poster%2010.22.12.png)) for in-text citations and for Works Cited. Include page numbers.
* Include a separate **Works Cited** page, formatted according to APA style, 7th edition.
* Submit through **DIAL** to the professor.

**Source One:**

Liefbroer, A. I., Ganzevoort, R. R., & Olsman, E. (2019). Addressing the spiritual domain in a plural society: What is the best mode of integrating spiritual care into healthcare? Mental Health, Religion & Culture, 22(3), 244–260. <https://doi.org/10.1080/13674676.2019.1590806>

**Comment 1:**

**Quote/Paraphrase:** “In the past decades Western societies have become pluralised. Processes of secularisation have led to a decrease of institutionalised religion, and, at the same time, processes of migration, globalisation, and the upsurge of new forms of spirituality and hybridity have led to a diversity of religious or spiritual positions (McGuire, 2008; Taylor, 2007; Vertovec, 2007; Woodhead, Partridge, & Kawanami, 2016). Consequently, professional

caregivers increasingly care for patients and clients with a spirituality different

from their own.” (Liefbroer et al., 2019, p.245)

**Essential Element:** Epistemological Quadrilateral

**Additive/Variant Analysis:** This is additive statement, where in western societies, and of late the U.S. is becoming more secularized. Nevertheless, there are many people of faith in healthcare and being able to care for their patients of diverse religious beliefs as well as carrying out their own lived faith is important as well.

**Contextualization:**  Many people of religious faiths have a call to serve people in many different ways, including to serve people with medical and health needs. This has been true in particular to Christianity, where many go into the healthcare field to serve people with their healthcare needs. I believe it is important to Christians in healthcare to let the light of Christ shine through their caring service even if they do not mention Christ. This article examines ways in which caregivers could integrate spiritual care with healthcare even in a multi-pluralistic, secular society. This is important to my calling as a Christian sociologist and supporting the openness of Christianity to the larger world on a personal and institutional level.

**Comment 2:**

**Quote/Paraphrase:** “In Western society, several organisations are rooted (historically) in a specific religious tradition and oftentimes have caregivers

working from that spiritual orientation (as particularists) within their institution.

However, in a plural society these organisations may switch to becoming a more universalist organisation, explicitly focusing on all caregivers to provide spiritual care in a universalist manner. Future studies may scrutinise these changes, describing what they entail and what consequences they have for healthcare professionals, patients, and family members.” (Liefbroer et al., 2019, p.255)

**Essential Element:** Culture Change

**Additive/Variant Analysis:** This is additive to my current understanding historical religious healthcare organizations have had particular ways of operating and interacting with their patients in light of their religious tradition. Given the shift in becoming a more secular society, there has been a need for historical religious healthcare organizations to engage their patients in a broader perspective while continuing their religious and service mission. However, the statement “may switch to becoming a more universalist organization” is a variant of my holding, where religious healthcare organizations should hold to their religious beliefs while serving their patients no matter their beliefs.

**Contextualization:** At this point in U.S. history, I think it is very important for the U.S. Christian healthcare organizations to maintain their religious heritage, but also adapt their care to the shifting in culture as a more secular society from what we may have experienced in the past. Our Christian healthcare organizations should reflect on the historical Christian healthcare of past and global societies, where Christianity was not the majority religion. By doing this I think Christian healthcare organizations can shine the light of Christ in a broken world, just as it always has been even in a “Christian” country. As one who has spent a career in healthcare analytics, patients come from all different walks of life and with a historical context to their ills, I wish to promote that Christian healthcare organizations to meet the patient where they are at that point in their lives and work to promote a healthy lifestyle for their patients in addition work to help alleviate social problems that aid in a declining health of a population.

**Source Two:**

Sharfeldean, R. (2019). Coptic Medicine And Monastic Health Care System In The Early Centuries Of Coptic Christianity. *International Journal of Tourism and Hospitality Management*, *2*(2), 72–97. <https://doi.org/10.21608/ijthm.2019.77619>

**Comment 3:**

**Quote/Paraphrase : “**Saint Clement is the first known theologian from the Christian Church of Alexandria (c.150 - 211/216). He told us about the possibility of the existence of scientific encyclopaedias such as the 42 volumes written by Thoth from the Old Kingdom. Six of these volumes were about medicine

and medical prescriptions. According to Clement, These volumes would be describing different parts of human body, abdominal organs, and some medical prescription for eye and women diseases (Osborn 2005, 2, 19).From studying the ancient medical Egyptian, Greek, and Arabic sources, it could be concluded that Coptic medicine in early times was a continuation of medical practice in ancient Egyptian era.”(Sharfeldean, 2019)

**Essential Element:** Cultural Mandate

**Additive/Variant Analysis:** This is additive to my current understanding of how the church incorporated medical knowledge from cultures and regions.

**Contextualization:** From reading the scriptures we find that ancient Egypt was an advanced society, and it does make sense that they would have had a resource of medical knowledge. As Coptic’s became Christianized, they incorporated the medical knowledge of ancient Egypt into their own development of monasteries, the larger world at the time also benefited from Egyptian medical knowledge. I find this as an example of how Christianity can learn from non-Christian cultures, where, God has provided knowledge to all of his creation, and we as Christians could learn by taking a larger wholistic approach in discovering God’s creation. As a Christian sociologist, I want to promote a larger view that Christianity can take in learning about God’s love for people and about His creation.

**Comment 4:**

**Quote/Paraphrase : “**The infirmary (infrmarium) was the most important part of the health care in Coenobitic monasticism. Monastic medicine offered an inpatient hospital with well trained physicians and nursing staff. The earliest reference to a monastic infirmary was that of Saint Pachomius monastery in the 3rd century about 234 AD (Crislip 2005, 10). Usually part of the church used to be converted into a sickroom. In the 4th/5th century monasteries of Egypt this medical use of the church had become common (Crislip 2005, 14).” (Sharfeldean, 2019, p 87)

**Essential Element:** Christianity’s Influence on Society

**Additive/Variant Analysis:** This additive to my understanding of the historical development of Christian healthcare facilities. Early Christians were called to care for the uncared for in societies.

**Contextualization:** This is a display of how early Christians transformed the healthcare system of the day to provide care for people at a larger scale with the establishment of infirmary, a term used throughout history even by secular care systems. It is interesting how this system started with attending physicians and nurses to care for the ill, a system we still have today. As a sociologist who will be doing research in healthcare, it is important to understand the historical context of institutional development and why we have the system that exists today.

**Comment 5:**

**Quote/Paraphrase :** “In the Roman Catholic Church there are the fourteen “Helpers in Need”, while in the Byzantine Church there are the twelve “Silverless Physicians”. However, The Copts have only five doctor-saints to heal diseases and prescribe remedies. These physicians treated their patients without a reward or payment. By this, Coptic physicians followed the word of the Lord; “Heal the sick, raise the dead, clean lepers, cast out demos. You received without pay, give without pay” (Matt.10:8). These Coptic saints who answered the call of the Lord got the name of “Silverless Physicians” or “anargyroi” (Meinardus 2002, 40)” (Sharfeldean, 2019, p 81)

**Essential Element:** Christian Worldview

**Additive/Variant Analysis:** This quote is additive to the way early Christian physicians operated. It was a mission field to care for the sick for these ‘silverless’ physicians.

**Contextualization:** This is a good example of carrying out the call of Christian service, to help and heal and not only that but charitable provide to people in need. With these silverless Christian physicians, I imagine the local and wider church participated and supported this mission to serve fellow mankind. Healthcare workers do need a paycheck for their living, but in the U.S. healthcare system, healthcare is more about a financial market than healthcare, which money drives technology and innovation which is good for a healthcare system, but how can we make healthcare affordable to patients and is quality care, this is the question that is daunting. As a sociologist, I am interested in study this issue of healthcare costs in the U.S. and help support policy to make changes to our healthcare system.

**Source Three:**

Wallace, J. W., Decosimo, K. P., & Simon, M. C. (2019). Applying Data Analytics to Address Social Determinants of Health in Practice. *North Carolina Medical Journal*, *80*(4), 244–248. <https://doi.org/10.18043/ncm.80.4.244>

**Comment 6:**

**Quote/Paraphrase:** “In the public health and health care sectors, there is a growing focus toward addressing social determinants of health (SDH) to increase the cost efficiency and quality of care while improving population health outcomes [1]. While an argument can be made that SDH have long been a focus of community health improvement, the changing landscape of public health and health care has brought about substantial focus and investment into “moving upstream” to address SDH…” (Wallace et al., 2019, p. 244)

**Essential Element:** Cultural Change

**Additive/Variant Analysis:** This additive to my understanding of the dedication of resources that are being invested by healthcare facilities and public health to help the community have the resources to care for the social needs of the community.

**Contextualization:** The health systems have had a growing focus on social determinants of health and how to address those needs. When patients get care, and they have other issues that hinder their ability to follow a health plan or adhere to taking medication, then the patient is no better off in health from the medical care received. These community improvements are designed for patients to receive resources and help to get they need to support their lives in such a way that they become healthier. As a sociologist, I am interested in understanding the connection between social determents and health and to see what the community investments are help the health of the community.

**Comment 7:**

**Quote/Paraphrase: “**The results of the SDH mapping provided impactful quantitative data and visualization for the disparities throughout Atrium Health’s urban and rural service areas (see Figure 2). Findings from the SDH mapping initiative were used to identify Atrium Health strategic focus areas for 2017-2019 and to identify areas of alignment in the following system program and initiatives: faith community health ministry, community health, sponsorships and partnerships, community service projects, and grants and research.” (Wallace et al., 2019, p. 246)

**Essential Element:** Social Reforms

**Additive/Variant Analysis:** This is additive to my understanding of ways to analyze social determents of health data. The location of community supports is important so that people that need them can access them easily.

**Contextualization:** This is a good example of how sociological research can provide insights to the healthcare community of what is likely needed in the community to support community health. This research produced a social determinants of health (SDOH) index and produced a map displaying the SDOH index by counties that are served by a health system. It shows the communities with a high SDOH index and where community resources are needed. As a Christian sociologist, I am interested in helping those who help care for people find areas that people need help and resources and support could be provided to help the community become healthier.

**Source Four:**

Artiga, S., & Hinton, E. (n.d.). (2018) *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity*. Kaiser Family Foundation

**Comment 8:**

**Quote/Paraphrase: “**Social determinants of health include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. Addressing social determinants of health is important for improving health and reducing longstanding disparities in health and health care.” (Artiga & Hinton, 2019, p. 1)

**Essential Element:** Christianity’s Influence on Society

**Additive/Variant Analysis:** This additive to my understanding of what factors are involved in social determinants of health and the importance on addressing these areas for people to become healthier.

**Contextualization:** This quote, **“**Social determinants of health include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.”, classifies external factors that have an impact on a person’s health. Our U.S. healthcare system have largely throughout history practiced medicine independently of thinking or in conjunction with SDOH, until as of late the health system recognized that social well-being works hand in hand with physical health well-being. In studying sociology, I came to understand that the social environment and social structures have a significant factor in many things including healthcare. Sociological research and practical application can help support the healthcare community.

**Comment 9:**

**Quote/Paraphrase: “**Although there has been significant progress recognizing and addressing social determinants of health, many challenges remain. Notably, these efforts require working across siloed sectors with separate funding streams, where investments in one sector may accrue savings in another. Moreover, communities may not always have sufficient service capacity or supply to meet identified needs. Further, there remain gaps and inconsistencies in data on social determinants of health that limit the ability to aggregate data across settings or to use data to inform policy and operations, guide quality improvement, or evaluate interventions.49” (Artiga & Hinton, 2019, p. 9)

**Essential Element:** Social Reforms

**Additive/Variant Analysis:** This additive to my understanding of the success and challenges relating to the data collection, the partnerships of different sectors and funding to support wider resources to help people with their social determinants of health needs in their communities.

**Contextualization:** I have been within healthcare analytics for many years and have seen firsthand the challenges relating to improvements in healthcare, reducing the cost of care, government regulations, the shifting to managed care models from a rooted fee-for-service system, healthcare technology and the community partnerships that are needed to improve health in a community. There are so many improvements to our health system that have been made over that last 10 years, there is much more that we need to do to transition to an equitable quality of care system. There is much that goes into addressing social determinants of health, from working with the providers, the insurance companies, government, and community leaders. The healthcare organization I currently work for have been working on building its integration of SDOH within their healthcare and working with communities to help build a network of resources patients could use for their SDOH needs.

**Source Five:**

Alderwick, H., & Gottlieb, L. M. (2019). Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems. *The Milbank Quarterly*, *97*(2), 407–419. <https://doi.org/10.1111/1468-0009.12390>

**Comment 10:**

**Quote/Paraphrase:** “Social determinants of health are defined by the World Health Organization as “the conditions in which people are born, grow, live, work and age,” which are “shaped by the distribution of money, power and resources.”11 They include income, education, employment, housing, neighborhood conditions, transportation systems, social connections, and other social factors.” (Alderwick & Gottlieb, 2019, p.408)

**Essential Element:** Cultural Mandate

**Additive/Variant Analysis:** This additive to my understanding of what surrounds social determinants of health that there is a whole social aspect to health that can make people sicker or healthier based on these social factors.

**Contextualization:**  The connection between social factors and health has been made throughout history and have been recognized by early Christian medical practitioners. Many people may not think of their social environment as part of their health, but it does make sense to use where if we have very little income, we would not be able to afford healthy food, medication, or even healthcare for example. The World Health Organization reports that research suggests that social determinants of health account for 30%-55% of health outcomes. That is a significant amount of non-medical impact that impacts one’s medical outcome. This is why public health and community health are bringing these social factors into way healthcare is practice. The U.S. healthcare system lags behind other countries health system incorporation of social determinates of health into their public health systems. We are changing and making strides in SDOH incorporation into our health system, but there is still much work needs to be done, and I as a sociologist hope to contribute to the body of research and help produce the application that is needed.

**Source Six:**

Hanmer, J. (2021). Measuring population health: Association of self-rated health and PROMIS measures with social determinants of health in a cross-sectional survey of the US population. *Health and Quality of Life Outcomes*, *19*(1), 221. <https://doi.org/10.1186/s12955-021-01854-1>

**Comment 11:**

**Quote/Paraphrase:** “There are a wide variety of indicators used to measure and monitor population health including mortality, disease prevalence, disability, and injury rates. Although these measures are critical, they do not capture health as perceived by the individuals within a population [1, 2]. Measures of health-related quality of life (HRQoL) provide a standardized survey-based approach to assess population health [3] …Models of population health include many factors beyond chronic conditions (CC) such as social determinants of health (SDoH) [2, 10, 11]. Therefore, any measures used to quality and monitor population health should be responsive to both CC and SDoH.”(Hanmer, 2021,p. 2)

**Essential Element:** Epistemological Quadrilateral

**Additive/Variant Analysis:** This is additive to my understanding of ways to monitor population health through health data and through survey data. This is a good approach to yield participant data with the other health data.

**Contextualization:** Over the last several years there seems to be an increase in health-related organizations to get ‘patient experience’ (survey) data from insurance companies to government agencies and healthcare facilities. Which is important to do to see how the patients being served think about their healthcare experience. These surveys are not only important for receiving patient feedback but are also important for research. Researchers could use various datasets and variables to analyze the impact of things such as social determinants of health have on medical outcomes. In my many years in healthcare analytics, I have worked with many datasets to produce operational reporting products. Now, I want to use my knowledge in working with data in social research as a sociologist to look at the connections of the social world as well as research in the social aspect of healthcare.

**Source Seven:**

Horwitz, L. I., Chang, C., Arcilla, H. N., & Knickman, J. R. (2020). Quantifying Health Systems’ Investment In Social Determinants Of Health, By Sector, 2017–19: Study analyzes the extent to which US health systems are directly investing in community programs to address social determinants of health. *Health Affairs*, *39*(2), 192–198. <https://doi.org/10.1377/hlthaff.2019.01246>

**Comment 12:**

**Quote/Paraphrase:** “Health systems are beginning to appoint directors of social determinants, health equity, and population health8 and are increasingly adopting patient-level screening for social determinants.9–11 Evidence is accumulating that investments in this area can have positive effects on morbidity and mortality.12 (Horwitz et al., 2020, p.193)

**Essential Element:** Social Reforms

**Additive/Variant Analysis:** This is additive to my understanding of how health systems are dedicating more resources and focus on implementing social determinants of health programs.

**Contextualization:** Health systems are adopting population health models, where the goal is to increase health among their patient population by monitoring patients on their health issues and working to improve their outcome. This includes doing patient level social determinants of health screenings, asking if they have had issues with food insecurity, paying for utilities, accessing childcare, etc. A lot of the social determinates of health could be provided by the churches in the community. Some communities have churches that engage in this type of mission work of helping the poor or those who are in need. Should more Christians churches engage in this kind of work, in particular since the government has programs to help the needing? I would argue yes, that it is a good way for the church to engage and help the community and follow what we have been called to do by the scriptures to care for the needy in our society.

**Comment 13:**

**Quote/Paraphrase:** “Overall, we found that the increasing public interest in social determinants of health has been accompanied by health system investments in social determinants of at least $2.5 billion in the past two years, largely in housing.” (Horwitz et al., 2020, p.197)

**Essential Element:** Social Reforms

**Additive/Variant Analysis:** This is additive to my understanding of the investments that are being made in health systems and the community to help those who are in need of social assistance.

**Contextualization:** Investment is what is needed to build social health resources in a community, the health systems, communities, and government need to invest in order for the community to have the support system that is needed. It would be great of churches also become involved in the community’s endeavor. This quote states much of the investments went into housing. The housing issue is challenging because of the ever-increasing unaffordable housing whether purchasing a home or renting. I believe more sociological research is needed on social determinants of health and in particular housing issues.

**Source Eight:**

Nutbeam, D., & Lloyd, J. E. (2021). Understanding and Responding to Health Literacy as a Social Determinant of Health. *Annual Review of Public Health*, *42*(1), 159–173. <https://doi.org/10.1146/annurev-publhealth-090419-102529>

**Comment 14:**

**Quote/Paraphrase:** “Improvements in life expectancy in the past century have generally had more to do with improvements to the social determinants than with medical therapies, though both are important. The continuing significance of the social determinants of health has been strongly illustrated through the work, published in 2008 (18), of the World Health Organization (WHO) Commission on the Social Determinants of Health and the interconnectedness of the United Nations Sustainable Development Goals adopted in 2015.” (Nutbeam & Lloyd, 2021, p. 3.2)

**Essential Element:** Cultural change

**Additive/Variant Analysis:** This is additive to my understanding of how much impact social issues have on health outcomes. Globally the focus on social determinates of health has been important to improve health outcomes.

**Contextualization:** Research has shown that improving peoples social determinants of health has a positive relationship to health outcome, so if we want to improve people’s health we need to make structural changes in communities to support people in their social needs, in order to do this, resources are needs to provide that support, this requires structural developments and investment in these social support structures. Different communities may have different needs or need more support for particular needs. SDOH research is needed for these different communities and evaluation of the community’s existing support systems in order to communicate what the community is in need of to better support the community’s social health needs. This task is prime for sociological researchers such as myself.

**Source Nine:**

Cockerham, W. C. (2020). Sociological theories of health and illness. Routledge.

**Comment 15:**

**Quote/Paraphrase:** “Stated simply, people exercise choice (or agency) and therein become the “agent” of their behavior, but that behavior typically falls within the parameters or behavior boundaries set by the social structure (i.e., families, groups, professions, social-class positions) in their lives that have the normative influence or power to shape decision making.” (Cockerham, 2020, p. 13)

**Essential Element:** Cultural change

**Additive/Variant Analysis:** This is additive to my understanding of social agency and the relation of the agent to the social structure and the social structure to the social agent.

**Contextualization:** The sociological concepts of agency and social structure is important for the healthcare community to understand because of how these social factors impact the incorporation of social determinants of health of part of medical care. Where social agents (patients) are impacted by their social environment and social structures they interact with, but also are influenced in thinking and acting based on these social structures. I think that the health community understands that people’s health is impacted by their social environment, but lack the ‘sociological imagination’ or the understanding the interaction of agency and social structure. Where the agent/patient could be stuck in a negative social determinant of health based on a given social structure, and that social structure needs to be changed in order for the agent to maintain a social healthy environment that supports the health plan. As a sociologist I hope to bring the agency and structural insight to social determinants of health research.

**Comment 16:**

**Quote/Paraphrase:** “…public awareness and common sense that socially and economically disadvantaged people had a shorter life span and more health problems than the affluent, aroused interest in the subdiscipline as Western governments turned their attention from fighting a world war to rebuilding society. A field like medical sociology seemed to be a potentially promising ally for improving population health.” (Cockerham, 2020, p. 16)

**Essential Element:** Cultural change

**Additive/Variant Analysis:** This is additive to my understanding of the history of medical sociology and the impacts sociological thinking have on population health.

**Contextualization:** In the history of sociology, sociological thinking of health come about in the late 19th century where physicians started to see the relationship between social factors and health. But the subfield of medical sociology really developed in the 1940s where many health challenges included looking at the social impacts to health. To better understand social determinants of health I think it is important to look into medical sociological research to theories and applications of ways to improve health outcomes in population health. I will bring into my research of SDOH the larger understanding of medical sociology and the sociology of health and illness.

**Comment 17:**

**Quote/Paraphrase: “**Elizabeth Blackwell (1821-1910) overcame gender discrimination to become the first woman to graduate from an American medical school in 1849...authored a book, self-published in 1899 and commercially published in 1902, with the title *Essays in Medical Sociology*. Her essays dealt with a Christian-oriented account of human sexuality, sexually transmitted (venereal) diseases, overpopulation, and the rescue of women prostitution.” (Cockerham, 2020, p. 35)

**Essential Element:** Christianity’s Influence on Society

**Additive/Variant Analysis:** This is additive to my understanding of the history of medical sociology and history of how Christians impacted healthcare and the medical system.

**Contextualization:** Elisabeth Blackwell was a early woman physician who practiced medicine in the U.S. and England, she was also a social reformer promoting women in medicine and social aspects of health. She was a Christian as well, and her Christianity influenced her medical practice as well as social practices relating to good health. This is an example of how the call of Christianity among other things is to serve others and those who are in need by their profession. That is my drive as a Christian sociologist.

**Source Ten:**

Cockerham, W. C. (2021). The social causes of health and disease. John Wiley & Sons.

**Comment 18:**

**Quote/Paraphrase:** “Consequently, the basic thesis of this book is that social factors do more than influence health for large populations and the lived experience of illness for individuals; rather, such factors have a direct causal effect on physical health and illness. (Cockerham, 2021, p. 3)

**Essential Element:** Social Reforms

**Additive/Variant Analysis:** This is additive to my understanding of how social factors influence and even causal on physical health and illness.

**Contextualization:** This is quite a statement that social factors not only influence health but even cause illness. It is critical that the healthcare community help address these social factors/ social determinants of health. It seems that are health community is really engaged in social determinants of health, but it still at a early stage, where SDOH screeners could be given to patients and if they identify a need but nothing in that community exist for that patient to receive the help needed. This is where investments need to be made to develop social supports in communities. I would like to research social determinates of health of our health systems and communities, but also study what other countries have done to help address social determinants of health.

**Source Eleven:**

Ferngren, G. B. (2016). Medicine and health care in early Christianity. JHU Press.

**Comment 19:**

**Quote/Paraphrase:** “…[Early] Christian leaders urged their followers to relive that suffering and not merely to talk about it.” (Ferngren, 2016, p. 9)

**Essential Element:** Christian Worldview

**Additive/Variant Analysis:** This is additive to my understanding of history of Christianity influence on healthcare and medicine, and the call of Christians to help people in need.

**Contextualization:** Early Christians lived in diverse societies where they where a minority in the population, nevertheless early Christian leaders urged fellow Christians to engage in helping the needy firsthand even though some of the needy were not Christians. This is how we Christians of to today to think, think in terms of action. I understand that there has been conflict within the church of how much social action compared to spiritual action of sharing the gospel. We need to understand that the two things go hand and hand, and are both are sharing the Christ’s gospel of love.

**Comment 20:**

**Quote/Paraphrase:** “The author of the Hippocratic *Air, Waters, and Places* attributes diseases to climatic conditions like seasonal variations, wind and temperature, as well as to geographical and demographic factors.” (Ferngren, 2016, p. 17)

**Essential Element:** Cultural Mandate

**Additive/Variant Analysis:** This is additive to my understanding of the insight the Greek physician, Hippocrates that health was affected by the environment, geography, and society.

**Contextualization:** In my work in healthcare analytics, I have done work in health data and geography by using geographic information systems and analyzing the relation of geography and health outcomes. Mapping products are becoming more and more utilized in healthcare. I have been a big supporter of geographical products in healthcare, ‘health happens geographically’ maps can show where there are higher needs of SDOH and shortages of community resources. In my sociology, I also use geographical analysis ‘social factors happen geographically’.

**Works Cited**

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