Derrick Snow

Omega Graduate School

Prof. Moser

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***100 Day – Essay Draft***

In this essay, the student should direct developmental readings from the 60-day assignment on the social movement of focus for this assignment.

* 1. **1. Write a 10-page essay that analyzes the following items:**
		+ 1. a. **Introduction of the Present Issue**: Begin with a contemporary social issue that has a (probably unappreciated) history of positive Judeo-Christian response to it.

**b. Body Sections:** i. **Biblical Worldview Perspective**: Locate the issue in the progress of Biblical revelation and explain the foundations of a Judeo-Christian perspective. What is a biblical/theological position on this issue based on sound biblical interpretation?

ii. **History of the Issue**: Trace the development of the selected issue alongside the history of Christianity's social impact on it. Summarize the historical trend at different points in history with an eye to identifying significant causes of the social problem, identifiable processes at work, and enduring patterns that emerged. How did the problem/issue originate and develop? What were the causes of the social problem? What identifiable sociological or theological processes were at work? What enduring patterns emerged that recur?

iii. **Exemplars of Religion and Society Integration**: Present a specific example (e.g. key leader(s) or movement(s) of socially and intellectually active Christians) of religion and society integration. If known, discuss how God raised up the leader or movement.

iv. **Applicable Principles**: Distill the timeless principles of truth or leadership derived from the historical examples above. (Develop these based on the Body Sections #1-#3).

c. **Conclusion:** Provide a contemporary contextualization of the historical issue. Pose possible contemporary applications for the integration of religion and society in your field of influence. Discuss what impact this research had on your sense of calling to change your world.

* 1. **2. Structure (Paper Evaluation includes the following structure below).**
	2. a. Download the “OGS APA Course Assignments Template 7th Ed 2021” template from the **General Helps** folder in the AA-101 The Gathering Place Course on DIAL. Using the template create the following pages.
	3. b. Title Page (not included in page count).

c. Copy and paste the assignment instructions from the syllabus starting on a new page after the title page, adhering to APA 7th edition style (APA 7 Workshop, Formatting, and Style Guide, APA 7 Quick Guide).

* 1. d. Start the introduction on a new page after the copied assignment instructions.

**3.** **Be sure to meet the following expectations**.

* 1. a. Begin with an introductory paragraph that has a succinct thesis statement.
	2. b. Address the topic of the paper with critical thought.
	3. c. End with a conclusion that reaffirms the thesis.
	4. d. Document all sources in APA style, 7th edition (APA 7 Reference Example, APA 7 Quick Guide)
	5. e. Include a separate **Works Cited** page, formatted according to APA style, 7th edition (not included in page count).
	6. f. Use a minimum of **fifteen** scholarly research sources (two to three books and the remaining scholarly peer-reviewed journal articles).

**4. Submit the completed paper to DIAL.**

**Introduction of the Present Issue**

 The impact of social and environmental factors on health has been understood at some level throughout history. In recent history, these social factors of health have become known as Social Determinates of Health (SDOH). 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). Social Determinants of Health questions are being asked of patients in healthcare clinics with such screening tools as the Protocol for Responding to and Assessing Patient Assets, Risks and Experiences (PRAPARE), where if needs are identified then staff will help the patient get connected to the appropriate resources to help them in their need. While helping patients with their social circumstances, it will improve their social situation as well as their health outcomes, “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). If patients are struggling with a social issue, they are less likely to do the things needed to promote healthy lifestyles and thus are likely to have negative health outcomes. So, by taking a whole-person approach to healthcare, social determents of health become part of the healthcare system.

My contemporary social issue of concern is the relation of social factors relating to the health of believers and non-believers alike, particularly how social determinants of health impact health outcomes. The social determinants of health are largely related to the lack of resources, lack of opportunities, lack of access, and the given relations to social structures. We can understand social determinants of health in relation to poverty/the poor, but in addition to, the social milieu of poverty itself.

**Biblical Worldview Perspective**

We find from the scripture that the very nature of God has a heart for the poor, the outcast, and the downtrodden, which may somewhat be understandable, given that the only way to come to salvation in Christ is to recognize our emptiness, our wretchedness our spiritual poverty, where we become filled and supported by Christ, in which provides us with an abundance of God by our connection through Christ. From this attribute of God, Christians throughout history have carried out the heart of God by ministering to the poor, the outcast the downtrodden, the orphaned, and the widowed. A sociological read of the scriptures we find that this attribute of God and a call to His people is woven throughout the Old and New Testament. However, a sampling of verses will be highlighted here about God’s concern for people in poverty.

Deuteronomy 15:7-8 If anyone is poor among your fellow Israelites in any of the towns of the land the Lord your God is giving you, do not be hardhearted or tightfisted toward them. Rather, be openhanded and freely lend them whatever they need.

Psalm 82: 3 Defend the weak and the fatherless; uphold the cause of the poor and the oppressed.

Psalm 112: 9 They have freely scattered their gifts to the poor, their righteousness endures forever; their horn will be lifted high in honor.

Proverbs 14:31 Whoever oppresses the poor shows contempt for their Maker, but whoever is kind to the needy honors God.

Proverbs 19:17 Whoever is kind to the poor lends to the Lord, and he will reward them for what they have done.

Matthew 11: 4-5 Jesus replied, “Go back and report to John what you hear and see: The blind receive sight, the lame walk, those who have leprosy are cleansed, the deaf hear, the dead are raised, and the good news is proclaimed to the poor.

Acts 10: 4 Cornelius stared at him in fear. “What is it, Lord?” he asked. The angel answered, “Your prayers and gifts to the poor have come up as a memorial offering before God.

Likewise, God has a concern for the health of people, and in the New Testament Jesus has healed many who were sick, not just for the display of miracles, but He sincerely care about the physical health of people. Below is a sampling of verses related to health.

Exodus 23:25-26 Worship the Lord your God, and his blessing will be on your food and water. I will take away sickness from among you, and none will miscarry or be barren in your land. I will give you a full life span.

2 Chronicles 28:15 They provided them with clothes and sandals, food and drink, and healing balm.

Psalm 41:3 The Lord sustains them on their sickbed and restores them from their bed of illness.

Proverbs 16:24 Gracious words are a honeycomb, sweet to the soul and healing to the bones.

Matthew 9:35 Jesus went through all the towns and villages, teaching in their synagogues, proclaiming the good news of the kingdom and healing every disease and sickness.

Matthew 10:1 Jesus called his twelve disciples to him and gave them authority to drive out impure spirits and to heal every disease and sickness.

Matthew 25:36 I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.’

1 Corinthians 12:9 to another faith by the same Spirit, to another gifts of healing by that one Spirit,

Philippians 2:20 I have no one else like him, who will show genuine concern for your welfare.

3 John 1:2 Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well.

From the scriptures, we find that God has a concern for the poor and sick, and thus we as Christians should have a concern for the poor and sick and do what we can to help. There are some Christians who have a particular call to serve the poor and sick in careers such as healthcare providers, nurses, social workers, and staff to directly help people in poverty or that are sick. Following this call is a good example of the connection between orthodoxy, orthopathy and orthopraxis. Since based on the scriptures God’s concern for the poor and sick, and a call that seems to be present for believers to share in God’s concern, the issue of the social determinants of health could be supported by Christian engagement of this issue.

**History of the Issue**

The term Social Determents of Health is a recent term (the 2000s); however, the concept development goes back to the 19th century. The understanding that social factors have an impact on health goes back to early Western history with the ancient Greek physician, Hippocratic “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). Even further back it could be argued that the connection between social factors could be seen in the Garden of Eden and the consequences of the fall, “Cursed is the ground because of you through painful toil you will eat food from it all the days of your life. It will produce thorns and thistles for you, and you will eat the plants of the field.” Genesis 3: 17-18. Where we can view health as a function of environment (physical and social) and nourishment and bodily condition (physical and mental), and the fall impacted these factors.

In the history of medical/health care we find that Christians have made many impacts, from the scriptures early Christians took a hold of God’s call for helping the sick “…[Early] Christian leaders urged their followers to relive that suffering and not merely to talk about it.” (Ferngren, 2016, p. 9). Early Christians cared for the sick and as the monastery system developed, they were able to care for the sick on a larger level, **“**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). This became a model for modern healthcare systems with healthcare clinics and hospital care, where today many hospitals hold the name of saints within their name.

In the history of caring for the poor there is much integration between what we know as social work, social welfare, and public assistance. We can see the development of social welfare in the Old Testament of how the poor are to be assisted and carried through the New Testament. The early church continued that call and developed a model program of caring for the poor, “early Christian social welfare appears to be a social institution in the modem sense of that term, although that phrase must be understood and tempered by the historical context of the first three centuries AD.” (Faherty, 2006, p. 112)

The connection between social factors and health has long been recognized, but throughout most of history has been addressed as separate phenomena. It was not till the industrial revelation and the development of the social sciences did social factors become a topic of investigation of the medical and health community. During this time social hygienist / public health became a field, where governments invested in research and a larger interest in population health. Medical sociology developed in the early 20th century and by the mid century there was a collaboration in social sciences and the medical health field. As this collaboration developed in the 1980s studies were made in the degree and causes of the social gradient in morbidity and in 1999 Michael Marmot and Richard Wilkinson published a book entitled “Social Determinants of Health”. Then in 2005, Marmot led the World Health Organization (WHO) global Commission on the Social Determents of Health. Since then, healthcare systems have been integrating Social Determinants of Health in their healthcare practice, “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) Healthcare systems are even appointing directors of social determinants, health equity, and population health and are increasingly adopting patient-level screening for social determinants.(Horwitz et al., 2020)

**Exemplars of Religion and Society Integration**

One exemplar of religion and society integration is Dr. Elizabeth Blackwell, of the 19th century, the United States first female doctor. Elizabeth came from a Quaker family who were also abolitionists, originally from England but the family moved to the U.S in 1832. I believe God was with her in her fight to become a physician and thereafter where she was going against a male chauvinist world. As well as Dr. Blackwell, saw the social impacts of health, that the doctors at that time did not see, hygiene, sanitation, preventive health, women’s health and women’s rights were all major factors in health. Blackwell was one of the people in in the 19th century that was the precursor in understanding that health had a significant social component, that would lead to the 20th century of social hygiene/public health, medical sociology and the development of social determents of health, **“**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).

**Applicable Principles**

The issue that social factors influence health of a person and the larger population, though understood at some level throughout history, had become more understood and actionable with the development of science and social science. Both of which is ultimately pursuits of discovery and understanding of God’s magnificent creation. In looking at God’s characteristics we fine that God has a particular concern for His creation well-being, which includes believers and non-believers alike. Given this, we as Christians should have the same concern for people, believers and non-believers. If we can recognize that there are social factors that influence a person’s physical health, can we also see that there are social factors that influence a person’s spiritual health.

In the Christian church there seems to have been an isolation movement, where Christians are living their live in the walls of the church and afraid to get soiled by the secular world. No wonder Christianity is not making an impact in the world, we are barricaded in our church walls. We need to come to the understanding that God is the God of heavens and earth, believers and non-believers, we should not be afraid to get soiled by the world, because we are already soiled by our own sin, as Martin Luther puts it, we are snow covered dung, snow being Christ, and dung being human. Let us not be afraid of non-believers’ stench, for we have the exact same stench. Let us bring the snow to the world, we cannot do that locked inside the walls of our churches.

What does all this have to do with social impacts on health, it is the social impacts that we as Christians need to develop a good understanding of the larger social impacts of our society, in which sociology can provide, a sociological perspective, what this does connects Christians to the ‘other’ and helps to yield the understanding how much love God has for the ‘others’ which in turn should drive us to love the ‘other’, non-Christians, and when we as Christians have that the wider world of God’s grace opens up to us, as genuine caring Christians. Then we can understand how the social environment impacts spiritual health, and work with our fellow people within the social environment they exist in to bring the love and light of Christ to them where they are at, and not yoke them to become something they are not before coming to the love and freedom of Christ.

Likewise, with regards to health, people are under the same negative social environments that hinders their health, we should not expect them to be someone they are not with the social factors that have designed their health outcomes. We are to meet them where they are and work to improve their health from there, and not be down on them because they exist within those social factors. We want to help the individual find freedom in social conscience healthcare, and as healthcare systems along with others strive to make changes to the social structures that yield the negative social circumstances that imprison people, socially, economically and health wise, we want to seek wholistic care for people.

**Conclusion**

Historically, even since the creation of the world, we find that social factors influence people and their life outcomes as well as their health outcomes. Not until recent history has the social and health factors been thought of as an integrated field of study and practice. As Christians we can see the integration from the earlier time of the scriptures. From the scriptures we also can find that attributes of God, that we as Christians could aspire and model. Given that many Christians sense a call to serve in the healthcare field, and also carry the heart of God concern for the poor, outcast, widows and orphans, Christians in healthcare can and should lead the efforts of integrating social well-being, physical and mental well-being. The healthcare field is a field where the integration of religion and society seems seamless. However, I do not think that the concern of social factors and health is limited to healthcare professionals, but I think the larger Christian body should be involved in caring for the poor, outcast, widows, and orphans. Which has historically be the case, and many churches have social support systems in place and the healthcare community could and should connect with these systems to direct their patients to and the churches that offer these services could have a larger impact throughout their community.

As a sociologist that has been working in healthcare analytics this research has been right in line with my interests. As part of my job, I measure healthcare outcomes and have long been interested in the social factors that effect life, recently I am becoming more involved in social determents of health and analyzing the effects of SDOH on health outcome among our patient population, which is a rural population. This research has prompted my thinking of researching the integration of rural sociology, social determinants of health and health outcomes. As far as my call to integrate religion and society, I know I do not need to “Christianize” society, I am a Christian and God has called me to love and be an active agent in society. I pray that the love of Christ may shine through me, and I do not hinder His love.

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