

Spirituality and Health in the Federal Government

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Introduction

Spiritual health is not recognized as a component of individual wellbeing by our federal government.

This exclusion of the spiritual dimension not only impacts negatively on all aspects of personal wellbeing, but on the public health of our nation and its related plaguing social issues such as poverty, homelessness, substance abuse, unemployment, crime, violence, and suicide.

This blog post is a sort of 'white paper' that addresses this very important issue and its impact. It also provides rationale for the recommendations that are offered. Included are suggested actions that you as an individual can take to make a difference.

I believe that a group of resolved people can cause a change to occur. In that light, I invite you to prayerfully read through this as you consider how it affects the wellbeing of the people of our country and the collective health of our nation.

Terms

Spirituality - the deepest beliefs, values, and practices, often informed by sacred texts, by which a person seeks to be in communion and harmony with the transcendent/God, to love themselves and others, and gives one a sense of right and wrong, meaning and life purpose which enables him/her to achieve their fullest human potential.

Spiritual Health – Caring for one’s spirit by living out their spirituality. Care for the health and wellbeing of a person must include care for the whole person, his/her physical/material nature as well as his/her immaterial nature – the soul/spirit – as the soul/spirit and body are intricately interwoven. Science demonstrates that ‘sicknesses’ of the soul/spirit such as worry/fear, bitterness/unforgiveness, shame/guilt and despair can be the underlying cause of many psychosomatic physical illnesses. A robust spiritual health enables a person to better recover from such ‘spiritual sicknesses’ and to meet their deepest spiritual needs to feel loved, accepted and valued. Spiritual wellbeing also enables a person to better cope with stress, be more resilient, better manage negative emotions, and prevent trauma and heal from past trauma. It can provide hope, inner peace, and forgiveness, and creates an inner environment that promotes improved emotional, mental, social, and physical health.

The Issue/Concern

Spirituality as a component of health and wellbeing is not generally recognized by leading health-related agencies of our U.S. government.

In exhaustive research of the primary health-related websites of our government such as Health and Human Services (HHS), Office of Disease Prevention and Health Promotion – Health.gov (ODPHP), National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), Indian Health Services (IHS), National Center for Complementary and Integrative Health (NCCIH) and the National Cancer Institute (NCI), I found but a handful of instances where the term spiritual or spirituality was used in relationship to its significance in health and wellbeing:

1. [The impact of Trauma on Spiritual Wellbeing](#) and [Creating a Healthier Life – A Step by Step Guide to Wellness](#). (The Wellness Initiative is no longer an active program) (SAMHSA)
2. [An integrative medicine approach to care includes the spiritual aspect of health](#). (NCI)
3. [The mission of the IHS is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level](#). (IHS)
4. A brief article on [How to Improve Mental Health](#) on the MedlinePlus area of the NIH website states that exploring spirituality may help a person find meaning and purpose in life.

Most of the prominent federal health-related agencies and their efforts, resources, and the websites they maintain, do not include the spiritual dimension of wellbeing. Here are a few examples:

1. This [definition of Whole Person Health](#) by the National Center for Complementary and Integrative Health(NCCIH), a component of NIH, is an example:

Whole person health refers to helping individuals, families, communities, and populations improve and restore their health in multiple interconnected domains—biological, behavioral, social, environmental—rather than just treating disease. Research on whole person health includes expanding the understanding of the connections between these various aspects of health, including connections between organs and body systems.

In her article, [Moving Complementary and Integrative Health Research Field Toward Whole Person Health](#), Helene M. Langevin, MD, the Director of NCCIH, excludes the vitally important spiritual domain in their whole person approach to health and [framework](#).

2. Similarly, the CDC also excludes spirituality as a factor in wellbeing. The following is from [a page in their website](#):

How is well-being defined? There is no consensus around a single definition of well-being, but there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good. For public health purposes, physical well-being (e.g., feeling very healthy and full of energy) is also viewed as critical to overall well-being. Researchers from different disciplines have examined different aspects of well-being that include the following:

- Physical well-being.
- Economic well-being.
- Social well-being.
- Development and activity.
- Emotional well-being.
- Psychological well-being.
- Life satisfaction.
- Domain specific satisfaction.
- Engaging activities and work.

3. The Health and Human Services agency makes no mention on the importance of caring for one's spirit as it relates to [health prevention and wellness](#).

4. The [Wellness and Lifestyle page](#) of the MedlinePlus website of NIH makes no mention of spiritual health.
5. The [Healthy People 2030 Framework](#) on the ODPHP website excludes the spiritual dimension of wellbeing. A stated Foundational Principle of the Framework is: “Promoting health and well-being and preventing disease are linked efforts that encompass physical, mental, and social health dimensions.”

Why This is Significant. The Impact.

1. A robust spirituality or spiritual health is a protective factor for many physical, emotional and mental illnesses. By not addressing this important dimension of health, the rate of these various illnesses is not impacted in a positive manner.
2. The absence of spiritual-related components of health on our government’s health-related websites means that health-promoting spiritual-related recommendations and resources are not made available to individuals in our nation.
3. Because there is limited federally funded research where spirituality is the central focus of wellbeing and in which well-designed intervention trials are included, advancement in the field of spirituality and health is stymied.
4. Ultimately, the health and wellbeing of our nation’s citizens is adversely impacted because the important component of spiritual wellbeing is not properly addressed within our federal government. This also impacts adversely on homelessness, the rate of poverty, the rate of suicide, the incidence of crime, and acts of violence.

The Facts and Research

The following is provided to support the case for including spiritual health as a component of overall health and wellbeing in our federal agencies. It is not meant to be a comprehensive review but is representative of the facts that make a case for the link between spirituality and other well-accepted facets of wellbeing.

1. As of June, 2022, [a Gallup Poll](#) found that 81% of US Citizens believe in God. Belief in God is a core aspect of spirituality.
2. A [2017 Pew Research Center report](#) found that 81% of Americans consider themselves either spiritual or religious.

3. Many prestigious institutions of higher learning recognize the role that spirituality plays in wellbeing and health. Several dedicate monies for research and programming.
 - a. Stanford University – [Be Well, Spirituality and Health](#)
 - b. Harvard University – [Initiative on Health, Spirituality and Religion](#) and this [Spirituality and Health Review Article](#).
 - c. Duke University – [Center for Spirituality, Theology and Health](#), including [a section on the latest research on this topic](#).
 - d. Baylor University – [Program on Religion and Population Health](#)
 - e. George Washington University – [GW Institute for Spirituality and Health \(GWISH\)](#)
 - f. Columbia University – [Spirituality Mind Body Institute](#)
 - g. University of Florida – [Center for Spirituality and Health](#)

4. Paul Reed, MD, Deputy Assistant Secretary for Health and Director, Office of Disease Prevention and Health Promotion mentions that spirituality is a factor in facets of health and wellbeing as he addresses this in [various blog posts on health.gov](#). He indicates that one's spirituality plays a role in [diabetes](#), and [wellbeing](#), and that [conversations among health professions about healthy aging](#) should include spirituality. Reed also states that spiritual organizations should be included in [conversations about improving Social Determinants of Health \(SDOH\)](#).

5. The Department of Defense (DOD) includes spirituality in their care for our nation's soldiers and their families:
 - a. [Spiritual Wellness](#)
 - b. [Department of the Army Holistic Health and Fitness](#)
 - c. [Department of the Army Spiritual Readiness. Holistic Health and Fitness](#)

6. The Department of Veterans Affairs (VA) recognizes that the spiritual aspect of a person's life is important for wellbeing - [Treatment for PTSD in veterans. Spirit and Soul are an aspect of the Circle of Health](#).

7. The Indian Health Service (IHS) recognizes the significance of a person's spiritual health. Their stated [mission](#) is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.
8. Recent scientific research, peer-reviewed journal articles, and articles by leading academic institutions demonstrate a positive relationship between religion/spirituality (R/S) and health and wellbeing. Just a few references are listed here:
 - a. [Religion, Spirituality and Health: A Review and Update](#), Harold G. Koenig, *Adv Mind Body Med.* 2015 Summer;29(3):19-26.
 - b. [Religion, Spirituality, and Health: The Research and Clinical Implications](#), Harold G. Koenig, [ISRN Psychiatry](#). 2012; 2012: 278730
 - c. [Spiritual Health as an Integral Component of Human Wellbeing](#), Juskiene Vaineta, *Applied Research In Health And Social Sciences: Interface And Interaction*, Vol. 13, No. 1, 2016
 - d. [Spirituality and Health](#), Harvard Medical School Primary Care Review, May 14, 2021
 - e. [Religion and Mental health: Evidence for an Association](#), Harold G. Koenig and David B. Larson, *International Review of Psychiatry* (2001), 13, 67–78
 - f. [Religiosity/Spirituality and Cardiovascular Health](#), LaPrincess C. Brewer, MD, MPH, *Journal of the American Heart Association*. 2022;11:e024974
 - g. [Religion, Spirituality and Cardiovascular Disease](#), Lucchese, Fernando A. and Koenig, Harold G, *Brazilian Journal of Cardiovascular Surgery* [online]. 2013, v. 28
 - h. [Handbook of Religion, Spirituality and Health, 3rd Edition](#), (to be released in 2022) John Peteet, Harold Koenig and Tyler VanderWeele
 - i. [Spirituality in Serious Injury and Health](#), Tracy Balboni, MD, MPH, *JAMA* July 12, 2022 Volume 328, Number 2. Based on her findings, Balboni recommends the following: (1) incorporate patient-centered and evidence-based approaches regarding associations of spiritual community with improved patient and population health outcomes; (2) increase awareness among health professionals of evidence for protective health associations of spiritual community; and (3) recognize spirituality as a social factor associated with health in research, community assessments, and program implementation.

9. In 2008, Harold Koenig, MD, one of the world's most prominent researchers in this field, made a presentation with recommendations concerning public health policy and programs and further research to a US Congress sub-committee on Research and Science Education related to spirituality and health and [the Role of Behavioral and Social Sciences in Public Health](#).
10. On December 14, 2021, Harold Koenig, MD, made [a presentation to the NIH religion, Spirituality and Health Scientific Group](#). He recommended to the NIH staff that religious and spiritual variables be included in projects that NIH funds, given that over 85% of Americans are involved in some kind of religion, and that existing research supports that spirituality, and the practice of religion is associated with many aspects of mental health, health-promoting behavior and physical health.
11. The Constitution of the World Health Organization (WHO) (1946, Article 80) provides a commonly used definition of health that does not, at present, include spirituality. [In 1998, two changes were proposed to the definition of health](#), adding in the word "dynamic" and including a fourth domain of health - spirituality. It would then have read: "Health is a dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease and infirmity". The Executive Board at first adopted this revised definition, but then a committee of the World Assembly in May 1999 decided not to consider proposed amendments to the Constitution.

In a [2016 Journal of Health and Social Sciences article](#) – Spiritual Wellbeing in the 21st Century: It is time to review the WHO's health definition – Francesco Chirico makes a case that spiritual wellbeing should be added to the current WHO's definition of health. I concur.

The WHO does, however, does include spirituality in [their definition of wellness](#) in their Health Promotion Glossary of Terms: "Wellness is the optimal state of health of individuals and groups. There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfilment of one's role expectations in the family, community, place of worship, workplace and other settings."

12. The National Wellness Institute includes spiritual as one of its [Six Dimensions of Wellness](#).
13. A recent Gallup report, [Religion and Wellbeing in the United States, February 4, 2022](#), makes the case that spirituality/religion and wellbeing are connected.
14. Prayer is one of the most common spiritual practices by individuals, regardless of spiritual or religious orientation. In 2004, the [CDC reported](#) that prayer was

the most common form of complementary and alternative medicine (CAM) used by adults in the U.S., according to data from the 2002 NHIS Survey. Of those who used a CAM therapy, 43% of adults indicated they prayed for their own health. Yet, for the 2012 NHIS Survey, [prayer was dropped from the CAM Questionnaire of the instrument](#). Why?

Recommendations

The information provided above is rationale for the recommendations that follow.

1. That all federal agencies that have a mission to improve the wellbeing of our nation's citizens include spirituality as a component of health and provide appropriate resources, services and funding for research.
2. To gain a deeper insight into the existing research on the role of emotional wellbeing in health and the implications for public understanding, the National Center for Complementary and Integrative Health (NCCIH) and the Office of Behavioral and Social Sciences Research (OBSSR), in collaboration with other National Institutes of Health (NIH) organizations, co-sponsored a [roundtable discussion April 3-4, 2018](#) with the goal of advancing research in the area of emotional wellbeing. Its focus was on issues in developing, testing, and implementing intervention strategies to promote emotional well-being. The report generated - [Emotional Well-Being: Emerging Insights and Questions for Future Research](#) – provided recommendations for future governmental efforts.

I recommend a similar roundtable, and resulting report, be conducted on the role that spirituality and religion play in health and wellbeing. This effort should include a decision as to whether the spiritual dimension of wellbeing should be included in appropriate federal health-related efforts and on their websites.

3. Healthy People 2030. That the [US Government's model of Social Determinants of Health](#) be modified to include a spiritual component as a domain. The Healthy People 2030 website gives the following definition: "Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, *worship*, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." However, the spiritual component of wellbeing or the environment of 'where people worship' is not addressed within their five domains, even though the care of a person's spirit does have a major impact on their health, well-being, and quality of life.

That [the stated principles and overarching goals of Healthy People 2030](#) be revised to include the spiritual dimension of wellbeing:

- Foundational Principle: Promoting health and well-being and preventing disease are linked efforts that encompass physical, mental, **spiritual**, and social health dimensions.
- Overarching Goal: Create social, physical, **spiritual**, and economic environments that promote attaining the full potential for health and well-being for all.

The soon to be released Federal Plan for Equitable Long-Term Recovery and Resilience (Federal Plan for ELTRR) plans to use the [Vital Conditions for Health and Wellbeing Framework](#) that is intended to address “all the facets of our lives that favor health and well-being, enhance resilience, and enable thriving for all.” However, none of these Seven Vital Conditions address the spiritual component of wellbeing which is indeed a hugely important facet of life that favors wellbeing. I recommend that those responsible for this initiative formally review the appropriateness of incorporating spirituality in this new federal plan.

4. That consideration be made to create a Center for Spiritual Health and Wellbeing within Health and Human Services for research, education and program development.
5. The National Cancer Institute website has a page on the topic of [Spirituality and Health](#) as it relates to coping with cancer. In that the research demonstrates that spirituality is a protective factor for heart disease (the leading cause of death in the United States) I recommend that [Medline Plus](#) and the websites of other federal agencies related to heart disease such as the [National Heart, Lung, and Blood Institute](#), include appropriate resources on the topic of spirituality and health.
6. That federal agencies provide more funding for research in the area of spirituality and health where spirituality/religion is the central focus. More frequent and better research in this area would result in resources and programming in this arena that is ‘evidenced-based.’
7. That members of Congress enact a bill that requires the Department of Health and Human Services to review the appropriateness of adding spiritual health as a dimension of health and wellbeing and then resource its agencies accordingly to offer programs and services and funding for research.
8. That the spiritual domain become part of the Whole Person Health Framework that the National Center for Complementary and Integrative Health (NCCIH) is researching. That various spiritual practices be recognized as forms of complementary therapy. That the spiritual component of health be incorporated into their [2021-2025 Strategic Plan](#).

That “Prayer for One’s Own Health” be recognized as a form of complementary medicine by NCCIH and be added back into the CAM Questionnaire portion of the next NHIS Survey.

9. That the following *research objectives* be added to the respective areas of the [Health People 2030](#) initiative. This recommendation is associated with the [Public Open Comment Period announcement of October 24, 2022](#). (A listing of current objectives by topic can be found at this link – [Healthy People 2030 Objectives](#).)
 - a. Heart Disease and Stroke: Explore the impact of spirituality/religiosity on heart disease.
 - b. Drug and Alcohol Use: Understand spiritual factors that are protective to drug and alcohol use.
 - c. Mental Health and Mental Disorders: Explore the impact of spirituality/religiosity on individuals who display symptoms of trauma from Adverse Childhood Experiences (ACES).
 - d. Physical Activity: Explore the impact of spirituality/religiosity on physical activity.
 - e. Mental Health and Mental Disorders: Understand whether aspects of spirituality/religiosity are protective against suicide.
 - f. Social Determinants of Health: Explore whether spirituality and religiosity should be added as a social determinant of health.
 - g. Mental Health and Mental Disorders: Understand the underlying spiritual factors (create a spiritual profile) that cause people to conduct gun violence and in particular, mass shootings. Learn more – [Mass Shootings and ACES. Spiritual Issues Require Spiritual Solutions](#).

An Invitation to Others – Be an advocate for this issue by engaging in the following:

1. Pray about how you can contribute to this effort and make a difference.
2. Make a comment on this blog post if you support this effort or if you have a recommendation for enhancing it.
3. Share the link to this blog post with your colleagues and others in your network and encourage them to engage in this effort.
4. Participate during periods of Open Public Comment that the federal health agencies occasionally have and provide comments/input like what is addressed in this blog post.

A current Open Comment Period for the Healthy People 2030 initiative is from October 24 to December 2, 2022. Consider recommending one or more of the objectives that I have noted in paragraph 9 above be added as a Research

Objective. Learn more and how to make a comment at this link – [Healthy People 2030 Seeks Public Input](#).

5. Correspond directly with leadership of the federal health agencies with your concerns. In your correspondence you might refer to this blog post with a link or offer your own rationale. Key leaders are as follows:

Admiral Rachel Levine, MD, Assistant Secretary for Health – ash@hhs.gov

Rear Admiral Paul Reed, MD, Deputy Assistant Secretary for Health – paul.reed@hhs.gov

Carter Blakey, Deputy Director, Office of Disease Prevention and Health Promotion - carter.blakey@hhs.gov

Helene M. Langevin, MD, Director, National Center for Complementary and Integrative Health – helene.langevin@nih.gov

6. Contact members of congress that might be able to use their influence on this matter and ask them to help.

[Senate Committee on Health, Education Labor and Pensions Members](#)

[House Committee on Labor, Health and Human Services and Related Agencies Members](#)

[House Committee on Energy and Commerce Health Subcommittee Members](#)

7. [Contact me](#) to discuss how you might be able to contribute to this effort in other meaningful ways.

Acknowledgement

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I welcome the opportunity to discuss this issue with the leaders of the Department of Health and Human Services and their various agencies.