

RELIGION AND PUBLIC HEALTH

SOC 534 – SR653 – EPI 554

Spring 2022
~ In a time of pandemic ~

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Course Description

This course will provide master's and doctoral level students with an interdisciplinary survey of research and writing on the public health implications of religious practices, beliefs, and institutions. The course will emphasize evidence from quantitative social science and epidemiology and the role of religion in the historical development of public health institutions to identify religion's role as a social determinant of health.

The relationship between religion and public health may be thought of in two distinct ways that are of equal interest to social science. Religion, or more properly, "religions" make up an array of social institutions found in all human societies; these institutions use symbols, rituals, or practices to evoke a connection with a state that transcends daily life. Similarly, health care systems may properly be thought of in the plural sense; they take on some institutionalized form in every society in response to the universal human problem of illness, and similarly carry the weight of an institution that addresses ultimate issues of life and death. Religion and public health are related in one sense because religion is a factor among many others in the social environment that determine the health of populations. And second, religion has a role in the ways that health care systems are organized to care for individuals, families, and communities.

Every aspect of this course has had a spotlight shone on it by the historic events of the past two years. Public health leaders are now household names and public health concepts are part of everyday discourse. Religious groups have played a bewildering array of roles in the pandemic, from being sources of transmission, to being both some of the strongest proponents of public health efforts, and some of the biggest detractors. Individual risk factors for illness and death are more clearly than ever attributable both to societal inequalities and to individual behaviors, in which religions play important roles. We see the health consequences for Black Americans of centuries of systemic racism in the country, and the role of the Black church in both historic and contemporary social justice movements. The premise of this course is that religion's effect on health can be seen at both the individual and at the institutional level; the unsettling times in which we live are bringing new attention to these influences. We could not be studying a more relevant subject this semester.

Regular class sessions will include: an introductory lecture on background concepts, theory, and/or methods; discussion of assigned chapters or articles that have been read by the class and are critiqued by individual students; and a "Minute for Media", with a focus on recent religion and health news. Students will be introduced to the process of formulating important social research questions, including attention to major theoretical perspectives, measurement of concepts, the merits of various study designs, and both qualitative and quantitative approaches to data collection and analysis. The final week of the semester will be devoted to the presentation of student papers.

Course Requirements and Grading

- Seminar preparation and discussion contribution 20%
- Weekly article extract assignments 25%
- Minute for media presentation 5%
- Oral presentation of research paper 15%
- Final paper 35%

Course Objectives

- To understand the social determinants of health perspective and the role of religion in it
- To trace the role religion has played in the development of public health institutions
- To think analytically about research questions, measurement of concepts, and appropriate data sources
- To distinguish causation and selection in religion-health processes at both the individual and the group level
- To identify religious origins of some social institutions in health
- To critically interpret religion and health-related stories in the mass media

READINGS

Book required for purchase, available at Emory University Bookstore (not available on Canvas):

Idler, Ellen L., Editor. 2014. *Religion as a Social Determinant of Public Health*. New York: Oxford University Press.

Other books suggested for purchase from Amazon or elsewhere, because we will read substantial portions of them (but readings are available on Canvas):

Harper, Malcolm, D. S. K. Rao, and Ashis Kumar Sahu. 2008. *Development, Divinity and Dharma: The Role of Religion in Development and Microfinance Institutions*. Warwickshire, UK: Practical Action Publishing

Johnson, Stephen. 2007. *The Ghost Map*. New York: Riverhead Books.

Porterfield, Amanda. 2005. *Healing in the History of Christianity*. New York: Oxford University Press.

Other readings from chapters and articles will be available on Canvas.

SCHEDULE OF TOPICS AND ASSIGNMENTS

1. Introductions, course overview, and why we are studying this topic at Emory	
Session description 1/11/22 (on Zoom)	This session will orient us to the material and expectations for the course. All participants will provide a brief description of their relevant interests and experiences. The instructor will review the history of research and teaching in the intersection of religion and public health at Emory. We will review the topics, readings, and requirements for the course.
Required readings	None
2. Origins of the field: Historical examples of religion and public health	
Session description 1/18/22 (on Zoom)	In this session we will define what we mean by religion and by public health. The readings provide us with historical examples of the role of different faiths in the public health of specific communities. We will outline three ways to think about religion's effect on health: Care, Control, and Capital. Also, this week and every week we will read one account of a religious practice.
Required readings	Fuchs, Victor. 1974. <i>Who Shall Live? Health, Economics, and Social Choice</i> . New York: Basic Books. Chapter 2: Who Shall Live? Pp.30-55.

	<p>Bruhn, JG. 1965. An epidemiological study of myocardial infarctions in an Italian-American community: A preliminary sociological study. <i>Journal of Chronic Diseases</i> 18:353-365.</p> <p>Johnson, Steven. <i>The Ghost Map</i>. 2007. New York: Riverhead Books. Pp. 1-55, 159-188.</p> <p>Negi, Geshe Lobsang Tenzin and Brendan Ozawa-de Silva. 2014. "Refuge Meditation in Contemporary Buddhism". Pp.31-37 in Idler, Ellen, Ed. <i>Religion as a Social Determinant of Public Health</i>. New York: Oxford University Press.</p>
3. Care: Religion's effect on health through social integration and social support	
<p>Session description</p> <p>1/25/22 (on Zoom)</p>	<p>The first way has its origins in Emile Durkheim's concept of social integration, meaning the caring that people in religious communities provide for each other. Socially supportive ties stress the friendly, warm "helping hand" functions of religion. The readings provide theory and evidence that there is a protective effect of religion as a form of social support. The strongest evidence that there is an impact of religious observance on health comes from epidemiological studies of mortality in large, representative population samples.</p>
<p>Required readings</p>	<p>*Hummer, Robert, Richard Rogers, Charles Nam, and Christopher Ellison. 1999. "Religious involvement and US adult mortality." <i>Demography</i> 36:273-285.</p> <p>*Li, Shanshan, Meir Stampfer, David Williams, Tyler VanderWeele. 2016. Association of religious service attendance with mortality among women. <i>JAMA Internal Medicine</i> 176(6):777-785.</p> <p>Berkman, Lisa, and Thomas Glass. 2000. "Social integration, social networks, social support, and health." In <i>Social Epidemiology</i>. Edited by Lisa Berkman and Ichiro Kawachi. New York: Oxford University Press. Pp.137-173.</p> <p>*Molteni, Francesco et al. 2021. "Searching for comfort in religion: insecurity and religious behaviour during the COVID-19 pandemic in Italy." <i>European Societies</i> 23(S1): S704-S720.</p> <p>Thompson, Philip. 2014 "The Eucharist in Roman Catholicism". Pp.57-62 in Idler, Ellen, Ed. <i>Religion as a Social Determinant of Public Health</i>. New York: Oxford University Press.</p>
4. Control: Religion's effect on health through social regulation and social control	
<p>Session description</p> <p>2/1/22</p>	<p>The second way religion affects health also derives from Durkheim, and focuses on the control of behavior that religious groups require of their members. Its contemporary research manifestations lie in the studies of mortality rates of specific religious groups such as the Seventh-Day Adventists, Mormons, Amish and others. The social control of behavior may compel individuals to live healthier lifestyles through constraint, sanction, or even expulsion from the group. Social selection is the opposite process to either type of social causation: individuals who adhere to the practices of their faith remain members. The readings raise the question of similarities and differences between the determinants of individual health and the health of populations.</p>
<p>Required readings</p>	<p>*Ogata, Michiharu, Masato Ikeda, and Masanori Kuratsune. 1984. Mortality among Japanese Zen priests. <i>Journal of Epidemiology and Community Health</i> 38:161-166.</p> <p>*Thygesen, Lau Caspar, Niels Christian Hvidt, Helle Ploug Hansen, Andreas Hoff. 2012. "Cancer incidence among Danish Seventh-Day Adventists and Baptists." <i>Cancer Epidemiology</i> 36(6): 513-518.</p> <p>*Kark, Jeremy D., Galia Shemi, Yechiel Friedlander, Oz Martin, Orly Manor, and S. Blondheim. 1996. "Does religious observance promote health? Mortality in secular vs. religious kibbutzim in Israel." <i>American Journal of Public Health</i> 86: 341-46.</p> <p>*DeFranza, David et al. 2021. "Religion and reactance to COVID-10 guidelines". <i>American Psychologist</i> 76(5): 744-754.</p> <p>An-Na'im, Abdullahi. 2014. "Fasting in Islam". Pp.77-81 in Idler, Ellen, Ed. <i>Religion as a Social Determinant of Public Health</i>. New York: Oxford University Press.</p>

5. Capital: Religion's effect on health through the formation and utilization of social capital	
Session description 2/8/22	The third way is the social capital that religious institutions provide for their larger communities, beyond their own membership. The readings trace the under-appreciated impact of religious institutions on nascent public health initiatives in the US and abroad, and a review of the research of the impact of social capital (including religion) on the health of populations.
Required readings	Rosenberg, Charles and Carroll Smith-Rosenberg. 1968. "Pietism and the origins of the American public health movement," <i>Journal of the History of Medicine</i> 23:16-35. Foege, William. 2011. <i>House on Fire: The Fight to Eradicate Smallpox</i> . Berkeley: University of California Press. Pp.43-59. *Yeary, Karen Hye-cheon Kim, Songthip Ounpraseuth, Page Moore, Zoran Bursac, Paul Greene. 2012. "Religion, social capital, and health." <i>Review of Religious Research</i> 54(3): 331-347. *Muñoz-Laboy, Miguel, Laura Murray, Natalie Wittlin, Jonathan Garcia, Veriano Terto, Richard Parker. 2011. "Beyond faith-based organizations: Using comparative institutional ethnography to understand religious responses to HIV and AIDS in Brazil." <i>American Journal of Public Health</i> 101(6):972-978. Modell, Stephen, Sharon Kardia. 2020. "Religion as a health promoter during the 2012/2020 COVID outbreak: View from Detroit." <i>Journal of Religion and Health</i> 59:2243-2255. Ozawa-de Silva, Chikako. 2014. " <i>Hatsumōde</i> , the Visitation of Shinto Shrines: Religion and Culture in the Japanese Context". Pp.71-76 in Idler, Ellen, Ed. <i>Religion as a Social Determinant of Public Health</i> . New York: Oxford University Press.
6. Do religious practices have health effects?	
Session description 2/15/22	In this session we look at the impact of religious practices on health. All faiths consist of beliefs and <i>practices</i> – things that people <i>do</i> that may have an effect on the health of the public because the practices are so widespread. Some are practiced every day, or even many times per day, or every week, or once a year, or once in a lifetime. The readings are organized according to the frequency of practice, and represent some of the relatively few investigations of this under-researched topic.
Required readings	*Bernardi, Luciano, Peter Sleight, Gabriele Bandinelli, Simone Cencetti, Lamberto Fattorini, Johanna Wdowczyk-Szulc, and Alfonso Lagi. 2001. "Effect of Rosary prayer and yoga mantras on autonomic cardiovascular rhythms: Comparative study." <i>British Medical Journal</i> 323: 1446–9. Shatenstein, Bryna and Parviz Ghadirian. 1998. "Influences on diet, health behaviours and their outcome in select ethnocultural and religious groups." <i>Nutrition</i> 14:223-230. *Anson, Jon and Ofra Anson. 2001. "Death rests a while: Holy day and Sabbath effects on Jewish mortality in Israel." <i>Social Science and Medicine</i> 52:83-97. *Drain, Paul K., Daniel T. Halperin, James P. Hughes, Jeffrey D. Klausner, Robert C. Bailey. 2006. Male circumcision, religion, and infectious diseases: An ecologic analysis of 118 developing countries. <i>BMC Infectious Diseases</i> 6:172. Seeman, Don. 2014. "Circumcision in Judaism: The Sign of the Covenant". Pp.85-90 in Idler, Ellen, Ed. <i>Religion as a Social Determinant of Public Health</i> . New York: Oxford University Press.
7. Does the impact of religion on health vary at different points in the life course, and what are the societal implications of religion's effect on health?	
Session	Research on adolescents shows the lowering of behavioral risk factors, reducing premature

description 2/22/22	adult mortality risks. The additional years of life expectancy for the religiously observant may result in concentrations of elderly persons in religious orders, congregations, and long-term care institutions.
Required readings	<p>Blane, David. 2006. "The life course, the social gradient, and health." In <i>Social Determinants of Health</i>. Edited by Michael Marmot and Richard Wilkinson. Oxford: Oxford University Press. Pp.54-77.</p> <p>*Yeatman, Sara and Jenny Trinitapoli. 2008. Beyond denomination: the relationship between religion and family planning in rural Malawi. <i>Demographic Research</i> 19(55): 1851-1881.</p> <p>*Quadros, Shalini et al. 2021. "Fear of COVID 19 across different cohorts: A scoping review." <i>Frontiers in Psychiatry</i> 12: Article 708430.</p> <p>Idler, Ellen. 2014. "Religion and physical health from childhood to old age." Pp. 203-250 in Ellen Idler, Editor. <i>Religion as a Social Determinant of Public Health</i>, New York: Oxford University Press.</p> <p>Grant, George and Jose Montenegro. 2014. "Vegetarianism in Seventh-Day Adventism". Pp.49-56 in Idler, Ellen, Ed. <i>Religion as a Social Determinant of Public Health</i>. New York: Oxford University Press.</p> <p>Lartey, Emmanuel Yartekwei Amugi. 2014. "Puberty Rites in African Religious Traditions: <i>Kloyo Peem</i>". Pp.91-96 in Idler, Ellen, Ed. <i>Religion as a Social Determinant of Public Health</i>. New York: Oxford University Press.</p>
8. Can religion harm as well as promote health?	
Session description 3/1/22	Durkheim's original formulation included the potential for harm: both an excess and an insufficient amount of social regulation or integration could lead to increased suicide. Religiously-motivated mass suicide, or religious/ethnic inter-group conflict, or policies that restrict women's reproductive health, or religious practices that spread disease are examples of religion-driven harm.
Required readings	<p>Hogue, Lynn and Carol Hogue. 2014. "Anthony Comstock: A religious fundamentalist's negative impact on reproductive health." Pp. 154-174 in Ellen Idler, Editor. <i>Religion as a Social Determinant of Public Health</i>, New York: Oxford University Press.</p> <p>Andrews, Michelle. 2019. "Why Measles Hits So Hard Within N.Y. Orthodox Jewish Community". <i>Kaiser Health News</i> March 11, 2019. https://khn.org/news/why-measles-hits-so-hard-within-n-y-orthodox-jewish-community/</p> <p>*Brainard, Julii, Lee Hooper, Katherine Pond, Kelly Edmunds, Paul Hunter. 2016. Risk factors for transmission of Ebola or Marburg virus disease: a systematic review and meta-analysis. <i>International Journal of Epidemiology</i> 46(1): 102-116.</p> <p>*Lalotitis, Ioannis, Dimitrios Minos. 2022. "Religion, social interactions, and COVID-19 incidence in Western Germany." <i>European Economic Review</i> 141: 103992.</p> <p>Majmudar, Bhagirath. 2014. "Cremation Rites in Hinduism: Death, After Death, and Thereafter". Pp.103-108 in Idler, Ellen, Ed. <i>Religion as a Social Determinant of Public Health</i>. New York: Oxford University Press.</p>
9. Is religion a social determinant of health?	
Session description 3/15/22	The social determinants approach to health has become the paradigm in public health, particularly for explaining health inequalities within and among societies. The leading proponents of this approach in the US and UK, however, have rarely mentioned religion. Does religion belong in the picture, and if so, where?
Required readings	<p>Marmot, Michael. 2005. "Social determinants of health inequalities." <i>Lancet</i> 365:1099-1104.</p> <p>*Braveman, Paula, Catherine Cubbin, Susan Egerter, David Williams, Elsie Pamuk. 2010. Socioeconomic disparities in health in the United States: what the patterns tell us.</p>

	<p><i>American Journal of Public Health</i> 100:S186-S196.</p> <p>Idler, Ellen. 2014. "Religion: The invisible social determinant." Pp. 1-23 in Ellen Idler, Editor. <i>Religion as a Social Determinant of Public Health</i>, New York: Oxford University Press.</p> <p>*Keister, Lisa. 2010. "Childhood Religious Denomination and Early Adult Asset Accumulation." In Ellison, Christopher and Robert A. Hummer, Eds. <i>Religion, Families, and Health</i>. New Brunswick: Rutgers University Press, Pp. 164-185.</p> <p>Yount, Kathryn. 2014. "Veiling in Islam: A Western Feminist Outsider's Perspective". Pp.44-48 in Idler, Ellen, Ed. <i>Religion as a Social Determinant of Public Health</i>. New York: Oxford University Press.</p>
10. Religion and global public health	
<p>Session description</p> <p>3/22/22</p>	<p>For centuries, world faiths and individuals inspired by faith have played roles in social welfare and health, in their own countries and abroad. In the history of Christianity, the spread of the gospel was often synonymous with medical missions. We will explore the role of the globalization of Christianity and scientific medicine, and focus on the more recent history of the Christian Medical Commission and the World Health Organization. We will also look at the work of faith communities around the world and their partnerships in health and development efforts in the world's poorest countries.</p>
<p>Required readings</p>	<p>Porterfield, Amanda. 2005. <i>Healing in the History of Christianity</i>. New York: Oxford University Press. Chapter 6: Christianity and the global development of scientific medicine. Pp.141-158.</p> <p>Brown, Peter. 2014. "Religion and global health." Pp. 273-297 in Ellen Idler, Editor. <i>Religion as a Social Determinant of Public Health</i>, New York: Oxford University Press.</p> <p>Brale, Matthew Bersagel. 2014. "The Christian Medical Commission and the World Health Organization." Pp. 298-318 in Ellen Idler, Editor. <i>Religion as a Social Determinant of Public Health</i>, New York: Oxford University Press.</p> <p>Paras, Andrea and Janice Gross Stein. 2012. "Bridging the sacred and the profane in humanitarian life". Pp.211-239 in Barnett, Michael and Janice Gross Stein, Editors, <i>Sacred Aid: Faith and Humanitarianism</i>. New York: Oxford University Press.</p> <p>Reinders, Eric. 2014. "Taiji (T'ai-chi) in Taoism". Pp.38-43 in Idler, Ellen, Ed. <i>Religion as a Social Determinant of Public Health</i>. New York: Oxford University Press.</p>
11. Social Genesis: Inspired, innovative institutions	
<p>Session description</p> <p>3/29/22</p>	<p>Many health care institutions, particularly hospitals, were founded by religious groups for their own members and for the community. In addition, there are a number of special religiously-inspired institutions that represent entirely new social arrangements for solving social problems. Hospice, continuing care retirement communities, L'Arche Communities for the disabled, the La Leche League, and others have been founded, sometimes by charismatic leaders, and with always with models from religious traditions.</p>
<p>Required readings</p>	<p>Jule DeJager Ward. 2000. <i>La Leche League: At the Crossroads of Medicine, Feminism, and Religion</i>. Chapel Hill: University of North Carolina Press. Chapter 1: What is La Leche League? Pp. 1-28.</p> <p>Beck, Bill. 1994. <i>Cowboy Memories: Heifer Project International</i>. Florida United Methodist Conference Print Shop. Pp.1-15.</p> <p>Harper, Malcolm, D.S.K. Rao and Ashis Kumar Sahu. 2008. <i>Development, Divinity and Dharma: The role of religion in development and microfinance institutions</i>. Warwickshire, UK: Practical Action Publishing. Introduction (pp.1-5). Chapter 4: SKDRDP, the rural development programme (pp.39-56). Conclusions (pp.173-178).</p> <p>Vanier, Jean. 1995. <i>An Ark for the Poor: The Story of L'Arche</i>. Toronto, Canada: Novalis. Pp.11-43, 117-24.</p>

	de Souza, L. Wesley. 2014. "Baptism by Immersion in Latin American Pentecostalism: The Santa Cruz Case". Pp.97-102 in Idler, Ellen, Ed. <i>Religion as a Social Determinant of Public Health</i> . New York: Oxford University Press.
12. What do partnerships in religion and public health look like?	
Session description 4/5/22	While medicine focuses on religion as a resource of the individual, public health recognizes congregations and faith communities as entities in themselves and as potential partners in improving the health of the public. In March 2019 AJPH devoted a special section to the topic of such partnerships at the state, national, and global level. We will use the Frieden paper as the basis for imagining such partnerships, organized around the knowledge we have gained this semester. Guest speakers: Mimi Kiser and John Blevins, RSPH Department of Global Health
Required readings	Idler, Ellen, Jeff Levin, Tyler VanderWeele, Anwar Khan. 2019. "Partnerships Between Public Health Agencies and Faith Communities." <i>American Journal of Public Health</i> 109(3): 346-347. Hardison-Moody, Annie, and Julia Yao. 2019. "Faithful Families, Thriving Communities: Bridging Faith and Health Through a State-Level Partnership." <i>American Journal of Public Health</i> 109(3): 363-368. Kiser, Mimi and Kay Lovelace. 2019. "A National Network of Public Health and Faith-Based Organizations to Increase Influenza Prevention among Hard-to-Reach Populations." <i>American Journal of Public Health</i> 109(3): 371-377. Blevins, John, Mohamed Jalloh, David Robinson. 2019. "Faith and Global Health Practice in Ebola and HIV Emergencies." <i>American Journal of Public Health</i> 109(3): 379-384. Frieden, Thomas. 2010. "A framework for public health action: The Health Impact Pyramid." <i>American Journal of Public Health</i> 100:590-595. Saliers, Don. 2014. "Congregational Hymn Singing in Mainline Protestantism". Pp.63-70 in Idler, Ellen, Ed. <i>Religion as a Social Determinant of Public Health</i> . New York: Oxford University Press.
13. Religion: A disappearing social determinant of health?	
4/12/22	Idler, Ellen. 2021. "Is Secularization an Age-Related Process?" <i>International Journal of Aging and Human Development</i> , Special Issue on Forgotten Variables in Aging Research, Rosemary Bleiszner and Alex Bishop, Editors. 94(1):8-22.
14. Student paper presentations	
4/19/22	

DETAILS FOR ASSIGNMENTS

Assignment

Instructions

Minute for media:

Students will take turns presenting health reports from the internet or print media where religion is part of the story -- or -- notably absent from the account. There is no writing necessary for this assignment, but you should send a link so we can see the story online or bring handout copies of the piece. A sign-up sheet will be distributed at the first class.

Article extracts:

Papers for the weekly writing assignments are marked with an asterisk* in the

syllabus. Weeks 3-9 will have writing assignments. The articles are original research reports (not chapters or essays). There is a template for summarizing and critiquing the study on the Canvas site (Word file). Students should choose one article for each class meeting and be prepared to lead discussion on it. Submit your written work to the Canvas site. There are 7 assignments here, but I will drop the lowest grade, so your scores will be based on your 6 highest grades.

Research paper: Prepare a one-page proposal for your paper for the course, due Feb. 2, 2022. State the aims of the project, the significance of the research, and your approach. Identify your primary literature and data sources. Choose from the following possible topics or propose one of your own:

1. Review research on the intersection of health and religious practices in a specific religious group of your choice such as the Mormon Church or Seventh Day Adventists.

2. Choose one of the innovative social institutions we discussed in class, or (even better) identify a new one. Describe the genesis of this institution, its history and development, and the specific religious beliefs or teachings it embodies.

3. Identify an individual-level or group-level data source with measures of religion and health. Generate a research question and propose analyses for testing related hypotheses.

4. Review the existing literature on the health consequences of a widespread religious practice in any faith tradition. Identify unanswered questions for future research, and propose a study to address them.

Paper drafts: There is no requirement to hand in a rough draft of your paper, but I am happy to read and discuss your work while it is in progress.

Paper presentations: Prepare and deliver a 12-15 minute presentation of your paper as you might for a conference or job interview. Speak from notes; do not read your paper. Use visual aids to organize the material and present findings. Be prepared for questions. These presentations will take place on April 19, 2022.

Final paper: Final papers should be 18-20 pages in length, double-spaced, 11-12 point font, including references. Incorporate suggestions from previous drafts and in-class presentation. The final paper is due May 2, 2022.

RECOMMENDED REFERENCE TEXTS

- Gabe, Jonathan, Mike Bury, and Mary Ann Elston. 2004. *Key Concepts in Medical Sociology*. London: Sage. Handbook-style review of important concepts and research areas. Offers a definition and summary of current controversies.
- Koenig, Harold G., Michael E. McCullough, and David B. Larson. 2001. *Handbook of Religion and Health*. New York: Oxford University Press.
- Koenig, Harold G., Dana King, and Verna B. Carson. 2012. *Handbook of Religion and Health*, 2nd Edition. New York: Oxford University Press.
- Last, John M., Ed. 2001. *A Dictionary of Epidemiology*. 4th Edition. London: Oxford University Press. The new edition of a classic "look-up" book for brief definitions of methods, statistics, measurements, techniques, study designs, data presentations, biases, data sources, data collection
- Oakes, J. Michael and Jay S. Kaufman, Editors. 2006. *Methods in Social Epidemiology*. San Francisco: Jossey-Bass. Extensive text on methods, measures, design, and analysis of social factors in disease causation.
- Oman, Doug. Editor. 2018. *Why Religion and Spirituality Matter for Public Health: Evidence, Implications, and Resources*. New York: Springer.
- Salamone, F. 2010. *Routledge Encyclopedia of Religious Rites, Rituals and Festivals*. New York, NY: Routledge. The first complete compendium of religious practices.
- Selvin, Steve. 2001. *Epidemiologic Analysis: A Case-oriented Approach*. New York: Oxford University Press. Uses examples of specific health problems (e.g. maternal weight gain in multiple pregnancies, risk of Alzheimer's disease, trends in Hodgkins' Disease among African-Americans, etc.) and identifies appropriate study designs and statistical tests.
- Susser, Mervyn. 1973. *Causal Thinking in the Health Sciences*. New York: Oxford University Press. A classic exposition of the logic of health research, particularly strong on the conditions of observations, screening for extraneous variables, and establishing causal associations.