SPIRITUALITY IS A DETERMINANT OF HEALTH:

WHY A SPIRITUAL HEALTH AND WELLBEING ACT

Heather L. Micha, B.S.
Independent Candidate
New York State Assembly
District 123 Seat
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Introduction

The United States has the most expensive healthcare system in the world, without the health outcomes to match. Suboptimal outcomes and fragmented care, covered by largely fee-for-service insurance, have prompted national debate on better ways to improve the health of the nation. President Barack Obama signed the Affordable Care Act into law on March 23, 2010. Although its passage has led to 20 million more Americans covered by health insurance, debate continues about how best to create a system that can provide high-quality, value-based, person-centered care. Moving toward this goal should involve policies that promote complete well-being, not merely the absence of disease, to recognize the total operations of being human.

The future of public health must prioritize the integration of important spiritual determinants of health that influence meaning, purpose, transcendence, and connectedness for both individual well-being and population health. For instance, there is a need for more research on patient-centered communication and care to better identify spiritual needs and areas of distress. This approach could improve the quality of care and provide greater value for patients, while also fostering dignity for both patients and healthcare providers. Emphasizing spirituality in healthcare means caring for the whole person, not just their medical condition.

What is Spirituality?

Health today cannot be conceived as balanced without including the dimension of spirituality in it. The spirituality and spiritual practices have been shown to have a positive

impact on many of these lifestyle diseases. While the definitions of spirituality and religion vary across academic disciplines, multidisciplinary international consensus conferences have described spirituality as a "dynamic and intrinsic aspect of humanity through which individuals seek ultimate meaning, purpose, and transcendence, and experience relationships with themselves, their families, others, the community, society, nature, and the significant or sacred."[1] Religion, on the other hand, is defined as the search for significance within the context of established institutions that facilitate spirituality.[2] The Association of American Medical Colleges has created the following working definition, which is used broadly in medical education:

> Spirituality is recognized as a factor that contributes to health in many persons. The concept is found in all cultures and societies. It is expressed in an individual's search for ultimate meaning though participation in religion and/or belief in God, family, naturalism, rationalism, humanism, and the arts. All of these factors can influence how patients and health care professionals perceive health and illness and how they interact with another.[3]

In Elizabeth Lesser's book, *The New American Spirituality*,[4] she surveyed over two hundred spiritual leaders and received a wide range of responses to the question, "What is spirituality?" Several common themes emerged, including the following: Spirituality is viewed as a path and a journey. It involves the quest for meaning and purpose in life. Spirituality is distinct from

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[1] Puchalski CM, Vitillo R, Hull SK, Reller N. Improving the spiritual dimension of whole person care: reaching national and international consensus. J Palliat Med. 2014; 17(6):642.
[2] *Hill PC, Pargament KI, Hood RW Jr, McCullough ME, Swyers JP, Larson DB, et al. 2000. Conceptualizing religion and spirituality: points of commonality, points of departure. J Theory Soc Behav. 30(1):52*
[3] Lawson, Karen. "Spirituality in Medicine: What Is Its Role, Today and Tomorrow?" Word & World 30, no. 1 (2010): 72.
[4] Lesser, Elizabeth. "The New American Spirituality". New York: Random House, 1999.

religion, although it may be expressed through religious practices. The definition of spirituality should be inclusive and broad enough to encompass the full spectrum of human experience.

Leading scholars in public health, medicine, and religion define spiritual determinants of health as the spiritual or religious aspects of a person's life that contribute to wellbeing.[5] Although some may consider these topics outside the traditional boundaries of formal public health, historical perspectives reveal their age-old influence in promoting individual and population well-being. For millennia, faith organizations and networks have incorporated spiritual factors into their cultures, rituals, and patterns of association.

Spirituality and Medicine

Spirituality and medicine have a long history together. Hospitals in the West began partly because of the care provided by monasteries. Many hospitals were started by religious groups, and religious hospitals and medical missions still offer a lot of medical care around the world.

Many religions, from their early days, have encouraged helping the sick and those in need, as well as promoting health and well-being. For example, in Cappadocia (now Turkey), Basil of Caesarea built a place for the sick and poor around 370 C.E. This place is recognized as one of the first Christian hospitals.[6]

[5] Levin J. 2003. Spiritual determinants of health and healing: an epidemiologic perspective on salutogenic mechanisms. Altern Ther Health Med. 9(6):49.
[6] Holman, Susan R. 2009. God knows there's need: Christian responses to poverty. 1st ed. New York (NY): Oxford University Press.

By the twelfth century, hospitals run by religious groups were common in nearly every Islamic city.[7] Religious and spiritual communities provide important health support for many people today. Many individuals also base their medical decisions on their spiritual and religious beliefs.

Today, numerous modern health systems, both in the United States and worldwide, have evolved from similar religious institutions dedicated to caring for the sick, and many still offer substantial spiritual care departments. Despite these enduring connections, certain philosophical movements, especially during the Enlightenment in the eighteenth and nineteenth centuries, framed health as a domain of science and reason, which exacerbated the separation between spirituality and well-being. These movements prompted some cultural observers to describe a "secular age" overtaking a religious worldview.

And yet, over the past century, we have also seen an increasing division between medicine and spirituality. Certain aspects of medical care have focused more on technology and on disease, than on the person. In many clinical settings, spiritual care is provided very infrequently, even in end-of-life contexts. Most clinicians report having received no training in providing spiritual care. The situation today in the West is very different than it has been throughout much of the past.

[7] Ragab, Ahmed. "The Medieval Islamic Hospital." In The Medieval Islamic Hospital: Medicine, Religion, and Charity, iii–iii. Cambridge: Cambridge University Press, 2015.

Spirituality in Person-Centered Healthcare

Students in the Human Flourishing Program at Harvard, in collaboration with the Initiative on Health, Religion, and Spirituality, conducted a systematic review of the literature on spirituality and its impact on health and illness. Published in the Journal of the American Medical Association, this study seeks to reintegrate spirituality into medical practice.

The review examined literature from January 2000 to April 2022, analyzing 8,946 abstracts on serious illness and 6,485 related to health outcomes.[8] The researchers included only studies with large sample sizes, validated measures, and longitudinal designs. The expert panel found strong evidence supporting several key points: spirituality is significant for most patients, spiritual needs are often unmet in medical settings, and addressing these needs can improve quality of life and outcomes, especially at the end of life. They also noted that attending religious services is linked to lower mortality, reduced substance use, better mental health, and fewer suicidal behaviors.[9]

Patients' spiritual needs are often overlooked in clinical settings, making it essential to integrate spiritual health and well-being into treatment plans. This approach enhances patient care by addressing both physical and spiritual aspects, leading to better health outcomes. Training medical professionals in spiritual care and providing chaplain support for seriously ill and mentally ill patients are crucial steps. Incorporating spirituality into person-centered

[8] Balboni, T.A., VanderWeele, T.J. (2022). Spirituality in Serious Illness and Health. Journal of the American Medical Association (JAMA), 328:184.
[9] Ibid.

healthcare can help meet patients' needs, particularly as many seek spiritual support during midlife crises and health challenges. Acknowledging the collaboration between medicine and spirituality can improve overall healthcare.

A wide range of factors can significantly influence the treatment and management of mental disorders, encompassing experiences such as childhood abuse, various forms of trauma, and systemic discrimination.[10] These elements contribute to the emotional and psychological burdens carried by individuals, which can be further compounded by social isolation, unemployment, food insecurity, housing instability, and periods of incarceration.[11] Each of these factors not only affects mental health but also impacts access to care and resources necessary for recovery.

For many individuals grappling with mental health issues, their communities and religious congregations serve as critical sources of support and comfort. These social networks often provide a sense of belonging and understanding, which can be crucial during times of distress. Such communal bonds can foster resilience, encouraging individuals to seek help and engage in their healing processes.

Recognizing the profound impact of these factors, it is essential that healthcare providers and organizations develop and implement services that are tailored to address the diverse cultural, social, and religious needs of patients and their families. This means integrating an

[10] Jeste, D. V., Smith, J., Lewis-Fernández, R., Saks, E. R., Na, P. J., Pietrzak, R. H., Quinn, M., & Kessler, R. C. (2025). Addressing social determinants of health in individuals with mental disorders in clinical practice: Review and recommendations. Translational Psychiatry, 15(1).
[11] Ibid.

awareness of various belief systems, cultural practices, and community resources into the mental health care framework.

Culturally competent training for clinicians is not simply beneficial—it is a fundamental requirement for effective mental health care. This is validated by the fact that an impressive 89% of mental health professionals acknowledge the necessity for training in Religion and Spirituality (R/S) competencies.[12] Such training equips clinicians with the knowledge and skills to navigate the complex intersection of spirituality and mental health, enhancing their ability to provide empathetic and effective care.

The Religious Coping Theory (RCT) offers a well-defined framework that outlines five critical domains influencing how individuals cope with their mental health challenges:[13]

1. Finding Meaning: Many individuals seek to understand their life experiences, particularly suffering, as part of a larger narrative that imbues their struggles with significance.
2. Gaining Control: This domain emphasizes the importance of feeling empowered and capable of influencing one's life circumstances, which is crucial for fostering agency in the midst of adversity.
3. Fostering Closeness to God: For many, developing or deepening a relationship with a higher power can provide comfort, hope, and strength during difficult times.
4. Connecting with Others: Building relationships with others who share similar experiences or beliefs can create a supportive network that enhances emotional well-being.
5. Transforming Lives: This aspect focuses on the potential for personal growth and positive change that can arise from overcoming challenges, leading to new perspectives and strengthened resilience.

[12] Vieten, C., Oxhandler, H. K., Pearce, M., Fry, N., Tanega, C., & Pargament, K. (2023). Mental health professionals' perspectives on the relevance of religion and spirituality to mental health care. BMC Psychology, 11(1), 439.
[13] Xu, J. (2016). Pargament's Theory of religious coping: Implications for spiritually sensitive social work practice. British Journal of Social Work, 46(5), 1394–1410.

Together, these domains illustrate the importance of a comprehensive and holistic approach toward mental health treatment, recognizing that the interplay between spirituality, community, and individual well-being is vital for effective care and recovery.

Empower the Homeless through Spirituality

This brings me to an important and pressing issue: the growing yet often neglected population of unhoused individuals within our community. Over the past few decades, this group has expanded significantly, mirroring broader societal challenges such as rising housing costs, economic instability, and inadequate access to mental health and addiction services.

As we walk through our streets, it's impossible to ignore the increasing number of people living without permanent shelter—individuals and families who struggle daily with the harsh realities of life on the streets. Many face not only the physical dangers posed by exposure to the elements but also the emotional toll of isolation and stigma.

Despite various initiatives aimed at addressing homelessness, such as temporary shelters and outreach programs, we are still witnessing the alarming trend of individuals and families falling through the cracks. This persistent issue requires heightened awareness and concerted action from all members of the community. It is incumbent upon us to recognize their humanity and advocate for sustainable solutions that offer hope and support to those in need.

A person is considered to be homeless when one does not have a fixed, regular, or adequate place to stay, especially during the nighttime hours.[14] According to a recent estimate reported by the U.S. Department of Housing and Urban Development, 515,286 individuals were homeless on a single night in 2025 in the United States.[15] This is the largest number of homeless individuals—that is, people in households without an adult and child—recorded since data collection began. Chronic homelessness among individuals has increased by 81 percent since 2013.[16]

Homelessness represents a significant public health challenge due to the high morbidity and mortality rates among homeless individuals.[17] The overall health of homeless people is often compromised, as homelessness is frequently linked to stress, malnutrition, violence, and unsafe living conditions.[18] Moreover, a wide range of physical illnesses, such as tuberculosis, hypertension, asthma, diabetes, and HIV/AIDS, as well as mental health issues like major depressive disorder, anxiety, PTSD, and bipolar disorder, are prevalent in this population.[19]

For over two decades, researchers have investigated the physical and mental health issues faced by homeless individuals.[20] While this research is essential for promoting their well-being,

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[14] *The 2017 annual homeless assessment report (AHAR) to Congress.* (U.S. Department of Housing and Urban Development: December 2017).
[15] *The 2025 Annual Homelessness Assessment Report (AHAR) to Congress.* (U.S. Department of Housing and Urban Development: 2025). 19.
[16] Ibid.
[17] Nilsson, S. F., Laursen, T. M., Hjorthøj, C., & Nordent oft, M. "*Homelessness as a predictor of mortality: An 11-year register-based cohort study*." Social Psychiatry and Psychiatric Epidemiology, 53(1), (2018): 63.
[18] Deck, Stacy M., and Phyllis A. Platt. 2015. "Homelessness Is Traumatic: Abuse, Victimization, and Trauma Histories of Homeless Men." Journal of Aggression, Maltreatment & Trauma 24 (9): 1022.
[19] Creech, S.K., Johnson, E., Borgia, M., Bourgault, C., Redihan, S. and O'Toole, T.P. 2015. IDENTIFYING MENTAL AND PHYSICAL HEALTH CORRELATES OF HOMELESSNESS AMONG FIRST-TIME AND CHRONICALLY HOMELESS VETERANS. J. Community Psychol., 43: 619.
[20] Ibid.

it often overlooks an equally important aspect: spiritual health.[21] The limited studies on the spiritual well-being (SWB) of homeless individuals present a valuable opportunity to recognize their spiritual health alongside physical and mental health.

Race, Mental Illness, and Spiritual Wellbeing

While there is no consensus on whether spiritual well-being (SWB) varies across racial groups, it is reasonable to suggest that such differences may exist. The foundation of SWB is rooted in spirituality.[22] Thus, variations in SWB could occur between two racial groups if spirituality holds more significance for one group compared to the other. Research indicates that spirituality is essential for individuals from racial minority groups to cope with stress and maintain their health.[23] In contrast, spirituality may not play a central role in stress coping for non-Hispanic Whites, as they often have access to more resources than their counterparts.[24] Consequently, a difference in SWB is anticipated between homeless individuals who are non-Hispanic Whites and those who belong to other racial groups.

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[21] Lu, Junfei, Courtney A Potts, Rebecca S Allen, Phyllis D Lewis, and Karen A Johnson. "An Exploration of Spiritual Well-being Among Homeless People: A Hierarchical Regression Analysis." Journal of Religion and Health 61, no. 3 (2022): 2433

[22] Peterman, Amy H., Fitchett, George., Brady, Marianne J., Hernandez, Lesbia., Cella, David., Measuring spiritual well-being in people with cancer: The functional assessment of chronic illness therapy—spiritual well-being scale (FACIT-Sp), Annals of Behavioral Medicine, Volume 24, Issue 1, (February 2002): 49

[23] Consoli, M. L. M., Unzueta, E. G., Delucio, K., & Llamas, J. (2018). What shade of spirituality? Exploring spirituality, religiosity, meaning making, and thriving among Latina/o undergraduates. Counseling and Values, 63, 232.
Newlin, K., Knafl, K., & Melkus, G. D. (2002). African-American spirituality: A concept analysis. Advances in Nursing Science, 25, 57.

[24] Suarez-Balcazar, Yolanda, Mansha P. Mirza, and Manuel Garcia-Ramirez. 2018. "Health Disparities: Understanding and Promoting Healthy Communities." Journal of Prevention & Intervention in the Community 46 (1): 2.

Recent studies on the integration of spiritual care within mental health have highlighted the positive impact that spirituality can have on coping strategies. Research suggests that prayer may help individuals avoid negative behaviors, such as drug use.[25] Additionally, religious coping has been associated with improved decision-making, a lower incidence of depressive symptoms among patients, and an overall enhancement in quality of life. By acknowledging the spiritual dimension of health, we can address challenges and create meaningful services that promote spiritual well-being to empower the homeless populations.

Conclusion

Clinical and public health systems are at a crucial turning point where incorporating spiritual factors into their policies could greatly improve the well-being of both individuals and communities. Throughout history, the deep connection between spirituality and health has been recognized, but only in recent years has empirical research started to clarify this relationship, providing actionable insights for policymakers like myself. These findings offer a roadmap for developing integrated health practices that acknowledge the significance of spirituality in overall wellness.

Spirituality, a deeply personal and multifaceted experience, varies greatly among individuals. For some, spirituality manifests as a pervasive force, guiding their thoughts, actions, and interactions in nearly every aspect of life. These individuals may seek spiritual fulfillment in daily routines, relationships, and even in work, elevating mundane experiences into sacred moments. Conversely, others may only encounter spiritual feelings under specific conditions,

[25] Ibid.

such as during quiet reflections in nature, significant life transitions, or in the presence of communal rituals that evoke a sense of belonging. Understanding this rich tapestry of spiritual expression is essential for crafting health interventions that truly resonate with diverse populations.

As we deepen our understanding of the complex interplay between spirituality and health outcomes, public health systems are presented with an invaluable opportunity. By recognizing spiritual determinants as essential components of comprehensive well-being, these systems can weave spirituality into the fabric of healthcare practice. This integration fosters a more holistic approach that goes beyond traditional medical treatment, addressing the emotional and spiritual needs of patients. By prioritizing these dimensions, healthcare strategies can cultivate environments that promote healing, strengthen mental health, and ultimately enhance the overall quality of life for individuals and communities alike. Such practices hold the promise of creating a healthcare landscape where every aspect of a person's experience—physical, emotional, and spiritual—is acknowledged and nurtured.

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