Interfaith Public Health Network

Statement of Guiding Values

1. Cultivating Interfaith Action

What it means:

- Maintaining an atmosphere of mutual respect and dialogue - without denigration or proselytization.[1]
- Seeking the greatest common factor: focusing on areas of agreement rather than areas of non-productive conflict while avoiding sectarian controversy.
- Welcoming partners who abide by ethical principles, regardless of whether or not they are affiliated with organized religious traditions.

What it does NOT mean:

- Requiring partners to abandon particular faith tradition truth-claims. The Network operates according to a *practical pluralism.*[2]
- Denying or ignoring substantive areas of disagreement among network partners.
- Condemning practices involving apologetics or proselytization among faith traditions. We only insist that the Network is not the appropriate sphere for these activities.
- Accepting automatically all partners/organizations/individuals who wish to participate. We reserve the right to exclude organizations and individuals whose values and/or activities are inimical to the Network's principles or values.

2. Adopting a Population Health Framework

What it means:

- Prioritizing policy/systems/environment change (PSE) over individually-focused programs and educational interventions for Network purposes.[3]

---

1 InterFaith Conference of Metropolitan Washington (n.d.). "Guidelines for interfaith dialogue." Available at https://www.religioncommunicators.org/guidelines-for-interfaith-dialogue.

2 Obama Foundation (2026). "Practical pluralism: A toolkit for action." Available at https://www.obama.org/democracy-forum-2024/toolkit/. Cf, also Interfaith America (2024). "Faith and health." Available at https://www.interfaithamerica.org/sectors/faith-health/ ; Scarboro Mission / Fraser Centre (n.d.), "Five Types of Interreligious Dialogue."Available at https://frasercentre.ca/sm-archive/www.scarboromissions.ca/interfaith-dialogue/principles-and-guidelines-for-interfaith-dialogue/6.html

3 Farley, T., & Cohen, D. (2005). *Prescription for a healthy nation: A new approach to improving our lives by fixing our everyday world.* Beacon Press; Frieden, T. (2025). *The formula for better health: How to save millions of lives--including your own.* MIT Press.; Keyes, K. M., & Galea, S. (2016). *Population health science.* Oxford University Press; Rose, G., Khaw, K. T., & Marmot, M. (2008). *Rose's strategy of preventive medicine.* Oxford University Press, USA; Rozier, M. (2017). When populations become the patient. *Health Progress, 98*(1), 5-8; Valles, S. A. (2018). *Philosophy of population health: Philosophy for a new public health era.* Routledge.

- Advancing a shift away from the U.S. "hyperfocus on healthcare"[4] and "rescue treatment"[5] toward an upstream approach to public health[6] where "populations are the patient."[7]
- Focusing primarily on the underlying drivers of health: social,[8] commercial,[9] environmental,[10] and political.[11]
- Supporting individually-focused projects and programs with strategic and synergistic public health value.
- Acknowledging the need for transformation and action at the individual level to ensure the viability and sustainability of lasting policy change.

What it does NOT mean:

- Devaluing the work of our health care partners, especially in their role as integrators[12] and anchor institutions[13] working toward improved population health and as crucial advocates for systems and policy change.

3. Advocating for Health Equity

What it means:

- Affirming health equity as an indispensable component of public/population health.[14]
- Aligning with efforts which address the social drivers of health.

What it does NOT mean:

- Excluding legitimate opportunities for collaboration with organizations and individuals with differing philosophical perspectives.[15] We don't have to agree on everything to be able to work together.

---

[4] Castrucci, B. (2017). *Beyond healthcare: Making America healthy again.* [blog post] https://www.huffingtonpost.com/entry/beyond-healthcare-making-america-healthy-again_us_58b47412e4b0658fc20f9888

[5] Gunderson, G. (2018). *Speak life: Crafting mercy in a hard-hearted time*. Stakeholder Health.

[6] Ratcliff, K.S. (2017). *The social determinants of health: Looking upstream.* Polity Press; Freudenberg, N., Franzosa, E., Chisholm, J., & Libman, K. (2015). New approaches for moving upstream: How state and local health departments can transform practice to reduce health inequalities. *Health Education & Behavior, 42*(1S), 46S-56S.

[7] Popko, K. (2015). The expanding advocacy agenda. *Health Progress, 96*(2), 8-11.

[8] Ratcliff, K.S. (2017). *The social determinants of health: Looking upstream.* Polity Press; WHO (2025). Social determinants of health. https://www.who.int/health-topics/social-determinants-of-health

[9] Freudenberg, N. (2014). *Lethal but legal.* Oxford: Oxford University Press; Lima, J. M., & Galea, S. (2018). Corporate practices and health: A framework and mechanisms. *Globalization and Health, 14*(1), 21; McKee, M., & Stuckler, D. (2018). Revisiting the corporate and commercial determinants of health. *American Journal of Public Health, 108*(9), 1167-117; Moodie, A. R. (2017). What public health practitioners need to know about unhealthy industry tactics. *American Journal of Public Health, 107*(7), 1047-1049. Free full text: https://ajph.aphapublications.org/doi/pdfplus/10.2105/AJPH.2017.303861

[10] Gibson, J. M. (2018). "Environmental determinants of health." In *Chronic Illness Care* (pp. 451-467). Springer, Cham.

[11] Kickbusch, I. (2015). The political determinants of health-10 years on. *BMJ: British Medical Journal* (Online), 350; Mackenbach, J.P. (2014). Political determinants of health. *European Journal of Public Health, 24*(1), 2; Spencer, N. (2003). Social, economic, and political determinants of child health. *Pediatrics, 112*(S3), 704-706; Terris, M. (1999). The neoliberal triad of anti-health reforms: Government budget cutting, deregulation, and privatization. *Journal of Public Health Policy, 20*(2), 149-167.

[12] Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The triple aim: Care, health, and cost. *Health Affairs, 27*(3), 759-769. Available at https://www.healthaffairs.org/doi/full/10.1377/hlthaff.27.3.759

[13] Healthcare Anchor Network (n.d.) "Anchor mission and pillars." Available at: https://healthcareanchor.network/anchor-mission-and-pillars/Pillars

[14] Valles, S. A. (2018). *Philosophy of population health: Philosophy for a new public health era.* Routledge; Marks, J. S. (2009). Epidemiology, public health, and public policy. *Preventing Chronic Disease, 6*(4). Full free text at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2774648/

[15] cf. Shaw, R. (2001). *The activist's handbook: A primer.* University of California Press, pp. 107-100.

4. Relying on Science in Context

What it means:

- Recognizing science as a sacred instrument,[16] and the necessity for public health interventions and policy strategies to be science-based.[17]
- Grounding our support for public health interventions and strategies in the most reliable scientific sources – especially systematic reviews and meta-analyses from high-level, reputable bodies without commercial conflicts of interest[18] or politically compromised status.
- Ensuring also that the "diverse forms of knowledge, especially the oft-undervalued knowledge held by non-scientists, are respected and included in population health science."[19] This includes traditional and indigenous forms of knowledge.

What it does NOT mean:

- Taking a top-down approach, whereby outside experts impose their will on communities, "as if [population health] is something that can be done *to* a passive community, sort of like one might do liver surgery on an anesthetized patient."[20]
- Failing to appreciate the distinction between the instrumental value of scientific endeavor and the moral and ethical issues inherent in the application of science.[21]

5. Working Toward the Common Good

What it means:

- Calling on faith partners and their allies to counteract systemic greed and embrace a community-centered ethic to ensure healthy and just communities.[22]
- Acknowledging the rejection and denunciation of greed and corruption at the individual and systemic levels as a commonality among the world's great faith traditions,[23] and recognizing these social evils as structural impediments to health and community well-being.[24]
- Drawing particular attention to the commercial determinants of health in recognizing that the unfettered pursuit of profit (especially shorter-term profit) has been a major driver of global ill-health.[25]
- Maintaining our freedom from commercial conflicts of interest, with special care taken to avoid any entanglements with health-harming industries.[26]

---

16 Guessoum, N. (2010). *Islam's quantum question: Reconciling Muslim tradition and modern science.* IB Tauris.

17 Keyes, K. M., & Galea, S. (2016). *Population health science.* Oxford University Press.

18 See fn. 26.

19 Valles, S. A. (2018). *Philosophy of population health: Philosophy for a new public health era.* Routledge.

20 Gunderson, G. (2018). *Speak life: Crafting mercy in a hard-hearted time.* Stakeholder Health, p. 20, emphasis in the original.

21 Guessoum, N. (2010). *Islam's quantum question: Reconciling Muslim tradition and modern science.* IB Tauris.

22 Forster (1982); Beauchamp, D. E. (1985). Community: The neglected tradition of public health. *Hastings Center Report, 15*(6), 28-36.; Rozier (2017a)

23 E.g., Loy, D. (2006). The three institutional poisons: Challenging collective greed, ill will, & delusion. *Insight Journal, 27, 4-8.* https://www.buddhistinquiry.org/article/the-three-institutional-poisons-challenging-collective-greed-ill-will-delusion/; Yanklowitz, R. D. S. (2022). *The Book of Proverbs: A social justice commentary.* CCAR Press.

24 XinhuaNet (2018) [quoting Jeffrey Sachs]; Lappé & Eichen (2017); Scambler (2012).

25 Cf. Freudenberg (2014); Cox., H. (2016). *The market as god.* Harvard University Press; Simon (2006). *Appetite for profit: How the food industry undermines our health and how to fight back*. Nation Books

26 Freudenberg, N. (2014); Lima, J. M., & Galea, S. (2018). Corporate practices and health: A framework and mechanisms. *Globalization and Health, 14*(1), 21; McKee, M., & Stuckler, D. (2018). Revisiting the corporate and commercial determinants of health. *American Journal of Public Health, 108*(9), 1167-1170; Moodie, A. R. (2017). What public health practitioners need to know about unhealthy industry tactics. *American Journal of Public Health, 107*(7), 1047-1049. Available at:: https://ajph.aphapublications.org/doi/pdfplus/10.2105/AJPH.2017.303861

- Appreciating all the benefits that businesses (especially smaller, more local businesses) provide in producing wealth and social good in our neighborhoods.[27]

[27] Stiglitz, J. E. (2019). *People, power, and profits: Progressive capitalism for an age of discontent*. Penguin UK. Haque, U. (2011). *The new capitalist manifesto: Building a disruptively better business*. Harvard Business Press.