

Intersection Content Example

Area: Fundamentals of Public Health

Content: What is Public Health? (the opening course unit)

Alt: The Future of Public Health (the last course unit)

General: Intersection content examples provide samples of course content from a program or discipline with suggestions about how one or more insights from the Lutheran (and, more broadly, the entire Christian faith) perspective can inform that content.

Good instructional methods are always a part of effective teaching. But the examples do not provide a formula or recipe, and their use is not about some particular teaching method, a set of criteria, or a list of rubrics for “the right Lutheran or Christian” instructional solution. (Such an approach would put us, as Lutherans say, “under the Law rather than grace.”) The examples do indicate opportunities where the instructor and student can explore and apply specific themes related to the Gospel and a biblical world view as these may relate to course content.

To use the example, simply scan or read it for content and the featured intersections. Doing so will help acquaint you with direct and indirect ways by which the instructor can carry over some of these ideas into her or his own course work. For further background on the Lutheran tradition, see the materials at <http://twokingdoms.cune.edu/> under the menu tabs for the Grad Programs, the Lutheran Tradition, and the About page. For additional content ideas see the tabs for Content Areas and for Resources.

Our opening unit, “What is Public Health?” assigns readings from our text including a chapter on the powers and responsibilities of government in public health. Our course guide says that “the government ultimately has the responsibility for public health” (Week 1: What is Public Health, Readings and Media). In our Week Five unit on Social and Behavioral Factors in Public Health, the introduction in the course guide says that “almost half of all deaths are caused by a behavior that is under individual control.”

These two observations, both important, raise issues about the themes of responsibility and what or who we regard as ultimate. The Bible is widely recognized as world class literature for many reasons including its emphasis on both the dignity of the individual (“in the image of God,” Gen. 1:26) and the importance of the community (Gen. chs 2 – 11). These themes have been explored for centuries in writings from *The City of God* by Augustine through the Reformation (Luther’s Letter to the Secular Authorities) to the church today.

(See our web site, *Intersecting the Two Kingdoms*, <http://twokingdoms.cune.edu/>, for further documentation.)

A key Reformation insight about the Gospel which pertains to what is ultimate (the government? the individual? God?) is call the two kingdoms doctrine. To open or close your study on the fundamentals of public health (depending on which unit this assignment best fits), complete this reading-and-writing assignment.

In addition to your text chapter on the powers and responsibilities of government in public health, read the journal article, “The Left and Right Hands of God: Getting a Grip on the Public Square” by Russ Moulds (<http://www.cune.edu/about/publications/issues-in-christian-education/issues-winter-2005/>). Then write a

two page paper exploring your current outlook on who is ultimately responsible for public health and who is penultimately responsible for public health. For example, you might consider

- Other non-governmental civic institutions important for public health such as health care providers, research universities, and the insurance industry.
- The health care projects of persons with considerable resources such as Michael Bloomberg and Bill Gates.
- The role of church bodies such as with the Lutheran Malaria Initiative.
- The role of congregations as exhibited in parish nursing programs.
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In your conclusion briefly distinguish between God’s two kingdoms—his left-hand kingdom and his right-hand kingdom—and the relationship, if any, between these two kingdoms in public health.