

Health Care & World Religions

FOREWORD

What's the purpose of this booklet? What makes it special?

This booklet is about honoring culture while "closing the gap." It shows concretely "how to" eliminate racial and ethnic health disparities in one aspect of patient access to western medicine. **The booklet is for health care professionals of all stripes who strive for greater proficiency in their medical practice.**

The licensed and certified health care professional is already fully competent to practice medicine in her or his specific field of expertise. The goal of this booklet is to assist the *medically* competent professional to serve in ways that are *culturally* appropriate and acceptable to the patient, and thus attain a higher level of proficiency.

Health care professionals who are both medically *and* culturally competent undoubtedly please the patients whom they serve. Such professionals tend to attract people of diverse cultures and thus contribute significantly to the bottom line of the health care facilities which they serve.

The booklet is for every physician, nurse practitioner, nurse, midwife, social worker, chaplain, dietitian, hospital administrator, counselor, physiotherapist, occupational therapist, chiropractor, patient advocate, community health worker or any other person(s) who consider themselves to be health care professionals in North America today. Such professionals may be serving in family practice, mental health, critical care, maternity unit, hospice, emergency room, or operating room, for example. The booklet is addressed to a wider readership than can be listed here.

The booklet is only a first step. It is offered as a tool for ready use by health care professionals hurriedly preparing themselves to visit with patients of five groups, namely, Somali Muslims, Latina/o Christians, Lao Buddhists, South Asian Hindus, and Hmong. These groups are prominent among vulnerable, new immigrant groups in Central Minnesota and are each linked with a different world religion. They formed a perfect fit with the stipulations of the Blue Cross Foundation's "Healthy Together" grants in 2006-07. UNIITE (Understanding the Need for Interfaith / Intercultural Togetherness and Education), which has served St. Cloud, MN, since 2003, was a proud recipient of these grants.

Thanks to these Blue Cross Foundation grants for planning and implementation of a unique "Health Care and World Religions" (HCWR) series in 2006-07, along with a small grant from the CentraCare Health Foundation, plus generous offerings of auditorium space by SCH and Abbott Northwestern's Sartell Outpatient Center, UNIITE was able to bring outstanding medical practitioners, medical teachers, and others to the St. Cloud area. By way of follow up, this booklet is a modest attempt to distill the vast and detailed information which the HCWR series brought, and to transform it into a handy tool for health care professionals.

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The booklet offers skimpy “laundry lists” of salient points of each group’s cultural history. It then points out significant ones that impact health care and, where possible, offers some ideas to respect these and yet give good health care.

The profiles of the five target groups of the HCWR series are intended to serve as broad templates. They are a mere gloss on the instructions and comments of diverse experts who spoke about a given ethnic group from the vantage point of their own discipline and experience.

A patient belonging to one of these five groups is likely to prove to be the exception rather than the rule. Despite the central importance given to immigrant groups’ religious beliefs, the author of this booklet is not ignorant of atheists, agnostics, and skeptics who are also to be found in significant numbers in any racial or ethnic group, however “new” its immigrant status.

Consequently, it is proposed that the templates be used as maps and then set aside lest one miss the uniqueness of the reality that each patient brings. One must especially guard against making generalizations about patients of a specific group. For one immigrant’s beliefs, values, and practices may differ significantly from those of another immigrant in that very same ethnic group. A wide spectrum ranges from those who are assimilated to western culture, on the one hand, to those who maintain traditional ways, on the other. As a Pakistani Muslim scholar puts it, **“A basic principle for best culturally sensitive care is to provide client-centered care.”**

Again, there is no monolithic “Islamic (or Buddhist, Hindu, Hmong, Christian) tradition.” The principles of Islamic religious practice may be similar, although there are variations there, too. However, the way of life of Muslims (or Buddhists and so on), in terms of traditional and cultural practices, are hugely different. **That is precisely why health care professionals should take care to find out from the patient or family what their preferences are.** It is the professionals’ responsibility to discern what is appropriate for *this* unique patient before jumping to conclusions merely on the basis of the five cultural and religious templates provided in this booklet or elsewhere.

Are there matters of cultural competence which are common to all five groups?

This booklet offers insight into *all* new immigrants’ experience of the U.S. health care system. In addition, there are certain aspects of cultural competence which are fully applicable to the five groups presented in this booklet. To avoid repeating them under each group, I list them below:

- **Appropriate translation services are helpful.** Ideally, it is not advisable for a practitioner to use family members, especially children, for interpretation. The child may not understand medical terminology. Adult patients may not feel comfortable describing their health condition and symptoms to professionals via minors. Good

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interpreter services are needed especially for seniors in new immigrant communities. The health care provider needs to assure the patient of her or his obligation of confidentiality, and impress upon the interpreter the importance of maintaining that same confidentiality.

- Given linguistic and other challenges, it is a wise practice to **allow new immigrant patients sufficient time to complete paperwork and get forms signed**. It is similarly important to **explain procedures and medicines carefully** to such patients.
- For effective communication outcomes, it pays to **use simple language and make the patient repeat key educational points**. It is also advisable to **pause often, speak slowly, and try not to communicate too much at one time**.
- Many **new immigrants are reluctant to seek medical attention**, or find it difficult to do so, **because of low-income jobs with long working hours and no health benefits**.
- Often enough, **scientific diagnosis does not have the same meaning for patient and provider**. Patients generally appreciate their provider's respect for their interpretation of their symptoms when the provider asks: "What does that mean to you?" "Why is that important?"
- Some people, especially **new immigrants, prefer to seek relief from symptoms first through traditional healing practices**. They may choose western medicine as a last resort. By this time their condition may have deteriorated. It might help to **find out from the patient if they are employing any traditional healing practices**, and what these might be. In any case, it wouldn't hurt to equip oneself with basic knowledge of such practices for better patient-provider rapport.
- It is recognized by increasingly more western healers today that **spirituality does have a critical role to play in health and healing**. For the past roughly one hundred sixty years, however, the practice of western medicine generally kept spiritual issues at a "safe" distance. For millennia prior to that, religious beliefs and practices went hand-in-glove with health and healing practices in the west as elsewhere. It is interesting that all five immigrant groups in this booklet generally regard health care in a more holistic way than their host country.
- **Cultural traditions of new immigrants have generally looked at humans as body-mind-and-spirit**. Consequently, if there is a single aspect of health care that strikes many new immigrants as alien in the United States, it's the dichotomized view of health and healing embedded in many a cubic foot of its "western" structure from health policy to insurance, from diagnosis to recovery processes. Openness, trust, and communication between the different cultural groups, traditional and western, would help build a bridge that is certain to stretch understandings of "medical science" on both sides of the divide, with improved health outcomes for all.

Dedication

I dedicate this publication to my beloved wife Mariani. To a large extent, it was her nearly nine years of clandestine co-funding of CIE (Center for Interfaith Encounter, see www.uniite.org/cie.html) and UNIITE in St. Cloud that made our close to five hundred interfaith and intercultural activities of over forty different types possible.

It has been one of the dreams of UNIITE, during its more than five years of existence, to enable St. Cloud, as a city, to be culturally competent and inter-religiously welcoming to all. To this day, working shoulder to shoulder with many others, we seek to place St. Cloud on the nation's map as an "international city welcoming to all nationalities" and "famous for quality of life for all." **We present this booklet as UNIITE'S swan song.**

During National Hospitality House Week, the booklet draws attention to the need for such hospitality to be offered in the "health care industry" to *all* of today's especially vulnerable populations, not merely the five highlighted in this booklet. In our "nation of immigrants," perfect hospitality will always consist of an ever receding horizon.

UNIITE's mission is: "To foster mutual respect and understanding among people of diverse spiritual paths and cultures in the greater St. Cloud area through social and educational opportunities."

UNIITE's HCWR project culminating in this booklet demonstrates the **hard work of many extraordinary people**, to make this mission succeed.

The health care system, as many experience it in the United States today, has become like a rudderless boat. The patient often feels secondary in importance to the very system that has been devised to care for her or him. UNIITE's unique HCWR project (2006-08) mirrors many movements in the land which are committed to effecting a 21st century "Copernican revolution" by making health care **once again people oriented.**

For, it is cost-effective **caring for people** through health and healing approaches from diverse cultures (Native American, African and African American, Latina/o, Asian, *and* Caucasian) that must take its rightful place at the center of the health care system. For their part, health care professionals have to once again become true **servants of the people's health and well being.**

I would appreciate receiving any comments, suggestions, and criticism you may have. Please call me at 320/230-6669. Or write to me at 819 North 14th Street, St. Cloud, MN 56303.

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