



Brooklyn Bridges Performing Provider System

---

# Cultural Competency and Health Literacy Strategy

Version: Final  
December 30, 2015

Created by:  
NYU Lutheran Medical Center  
DSRIP PMO

# Brooklyn Bridges PPS Cultural Competency and Health Literacy Strategy

---

## Introduction

This document is intended to demonstrate that the Brooklyn Bridges Performing Provider System (PPS), led by NYU Lutheran, has established a cultural competency and health literacy strategy, thereby fulfilling Milestone #1 (Finalize cultural competency/health literacy strategy) of the Cultural Competency and Health Literacy section of the Implementation Plan.

---

## Background on Brooklyn Bridges PPS Lead

Established in 1883, NYU Lutheran is a safety-net hospital and the primary healthcare provider serving the urban, ethnically diverse and economically disadvantaged communities of southwest Brooklyn, NY. As such, cultural competency and health literacy has been embedded in NYU Lutheran's approach to health and well-being. This has led to a multitude of accomplishments, which include:

- Took the lead role in partnership with residents in a community-wide effort to revitalize Sunset Park, Brooklyn in the mid-1960's
- Redefined health as inclusive of economic, social, and educational well-being
- Formed Sunset Park Family Health Center – now one of the nation's largest and longest standing Federally-Qualified Health Centers with 10 community health centers, 27 school-based health centers, community medicine program (homeless population), and community-based programs
- Current governing board remains over 75% community residents

NYU Lutheran's deep commitment to a holistic approach to health also led to the establishment in 1976 of a Department of Community-Based Programs to address the social determinants of health. The department began with a focus on education, which NYU Lutheran recognized as one of the greatest predictors of health outcomes. There are 20,000 program participants each year.

Department services include:

- Early Childhood Programs
- Youth Development
- Family Strengthening
- Neighborhood Revitalization
- Services for Older Adults

In 1997, NYU Lutheran hired its first Cultural Initiatives Coordinator to coordinate all cultural and linguistic programs and services. In 2003, NYU Lutheran created the first Vice President for Cultural Competence, whose role is to coordinate and work with all the services in the health system to make them culturally and linguistically accessible, appropriate, and competent. NYU Lutheran's human resources department, together with its staff and leadership, work diligently to recruit staff from throughout the community that are representative of the community NYU Lutheran serves.

For example, recruitment for bilingual nurse applicants who speak the languages of the community had often been challenging. Over six years ago, NYU Lutheran started a Bilingual Nurses Scholarship to encourage and assist bilingual staff pursuing a nursing degree with financial resources for tuition,

---

## **Brooklyn Bridges PPS Cultural Competency and Health Literacy Strategy**

childcare or other household expenses. Through this program, approximately thirty nurses have been helped with their educational expenses. Close to 60% of staff are bilingual in another language and 40% of all staff speak the languages of patient community.

NYU Lutheran's leadership in culturally competent healthcare services has been nationally recognized in the following ways:

- Cultural Competence Works award, HRSA 2000
- CLAS (Cultural and Linguistic Appropriate Standards) contributor
- Hospital, Language and Culture Project participant (Joint Commission/California Endowment 2007)
- Health Literacy Case Study – Patient Material policy included as a model of Health Literacy (Joint Commission 2009)
- Best Practices – American Hospital Association (May 2013, July 2014)

As a long-standing leader in this arena, NYU Lutheran will bring its developed best practices to the entire PPS for the benefit of the Medicaid population.

---

### **Oversight Staff and Process for Cultural Competency/Health Literacy Strategy**

The PPS Project Coordinator, in consultation and with significant support from NYU Lutheran's Vice President for Cultural Competence, will have primary responsibility for the development and execution of the Cultural Competency and Health Literacy Strategy (CC/HL), including its day-to-day coordination and implementation. The Brooklyn Bridges PPS Project Management Office and staff from NYU Lutheran's Cultural Competence, Organizational Learning, Marketing, Community Liaisons and Adult Literacy Departments will share resources and expertise with the PPS providers, partners, and community-based organizations. This CC/HL team will work with PPS project stakeholders to identify cultural and linguistic barriers to care, assess resources, and design interventions and strategies to address gaps and needs.

Brooklyn Bridges PPS will utilize patient education, information, and materials established by NYU Lutheran. NYU Lutheran's expertise in developing culturally competent materials in Spanish, Chinese, Russian, and Arabic will be extended to the Brooklyn Bridges PPS so that patients across the PPS will have equitable, culturally and linguistically appropriate access to health information.

Building off NYU Lutheran's resources, the BB PPS will educate and train partner staff on cultural competency through a multitude of classes and methodologies. For example, all NYU Lutheran staff members receive one hour of training during new employee orientation. This training involves a video and discussion on the diversity of NYU Lutheran's patient population. Interpreter policy and procedures are also presented.

Patient diversity and cultural competence are also incorporated into routine staff training modules coordinated by NYU Lutheran's Organizational Learning Department. These trainings include mandatory training, customer service, conflict resolution, supervisor and sexual harassment. Special trainings, open to all staff have been conducted on the following topics and have included speakers

## Brooklyn Bridges PPS Cultural Competency and Health Literacy Strategy

with expertise on: Chinese and Latino values and health beliefs, Ramadan, Latino Health Disparities, working with Muslim families, LGBT and Hormonal therapy, Latinos, Chinese and Muslims and mental health, working with patients with disabilities and service animals, spiritual beliefs, palliative care, and medical interpretation amongst others.

In 2013, NYU Lutheran piloted a cultural competence training program through a rounding methodology. The Brooklyn Bridges PPS will use a similar methodology. On a monthly basis, teams made rounds to different units in the hospital to discuss different cultural topics. Policies, case studies, and educational materials were distributed and teams would “round” to the different units to gather staff to discuss and review the materials. These sessions were found to be more effective in reaching more staff where they work, eliminating the need to release staff, find backfill, and stretch limited staff resources. This successful training program can be provided to the partners in the BB PPS for adaptation and implementation as appropriate.

The year-long educational rounds cover the following topics:

1. Greetings/Dress Code
2. Cultural Values, Beliefs and Practices
3. Pain Perception, Tolerance and Response
4. Privacy/Same Sex Provider Preference
5. Decision-making/Health Care Proxy
6. Food/Dietary Practices
7. Do Not Resuscitate/End of Life Decisions
8. Complementary and Alternative Healing Traditions
9. Dental
10. Immunizations
11. Language and Communication
12. NYU Lutheran Resources

**Additional tools to assist patients with self-management of conditions and their care<sup>1</sup>:**

### Becoming an Interpreter: Materials and Test

- Code of Ethics for Interpreters in HealthCare
- Do’s and Do Not’s of Medical Interpreting
- Medical Interpreting Basics
- Regulations Governing Interpretation
- Instructional Video: Communicating Effectively Through an Interpreter
- Test Questions

---

<sup>1</sup> Please see Appendices for examples

# Brooklyn Bridges PPS Cultural Competency and Health Literacy Strategy

## Education and Learning

### Cultures

- Religio-Cultural Competence Guide
- Orthodox Jewish
- Chinese Health Beliefs

### Cultural Competence Presentations

- Chinese Oral Care
- Chinese Values and Health Beliefs. Part A
- Chinese Values and Health Beliefs. Part B: Perspectives on Maternity
- Cultural Competence Orientation
- Cultural Competence Orientation for RNs
- Culturally Competent Care: Some Examples of What Works
- Culturally Competent Nursing Care
- Giving Bad News
- Health Assessment of the Arab American Community in Southwest Brooklyn
- HealthCare Disparities: an Update
- How to Communicate Your Innovation to a Lay Audience
- Learn Model
- Newsletter: Towards Health Equity
- Ramadan: Impact on Lifestyle
- Sensitivity Training
- Strengthening Nurse Patient Relationship
- Using Language Services as a Risk Reduction Strategy
- Values and Health Beliefs

NYU Lutheran's cultural competency training materials and resources will be shared with the BB PPS so that each organization can build their capacity to provide culturally competent care.

---

## **Priority Groups Experiencing Health Disparities**

The Brooklyn Bridges PPS will address the patient population in Brooklyn, which is racially, ethnically, and linguistically diverse with significant populations from multiple racial and ethnic groups. The Brooklyn Community Needs Assessment (CNA), which was conducted by the New York Academy of Medicine and was submitted in December 2014 as part of the PPS's original application, identifies the following focus populations: African-American, Latino, Caribbean, Chinese, Russian, Polish, South Asian, Orthodox, Jewish and Arab.

More than 50 percent of Brooklyn residents are non-White, and approximately 17 percent of residents are non-citizens, compared to New York City (18 percent) and New York State (11 percent). Thirty-five percent of the borough's population is foreign-born, with 25 percent of the

## Brooklyn Bridges PPS Cultural Competency and Health Literacy Strategy

population reporting speaking English less than “very well.” A large number of these households (22 percent) live below the poverty level, and economic constraints are compounded among immigrant groups by long work hours and multiple jobs<sup>2</sup>.

Health care disparities are pronounced for the borough's low-income neighborhoods and for communities of color and immigrant populations as well as the LGBTQ population, and for children and adults with special healthcare needs, including those with intellectual and developmental disabilities. Each community in Brooklyn has unique needs related to their culture, language, education, economic status, and health and social needs. These needs will be considered in the development of interventions and strategies to improve population health.

---

### Key Factors to Improve Access to Primary Care, Behavioral Health, and Preventative Healthcare

The Community Needs Assessment's (CNA) primary data analysis suggests that Brooklyn lacks culturally and linguistically competent primary care providers and specialists to meet the demands of the borough's diverse population. Improving cultural and linguistic competency is essential to the success of the PPS and to ensuring active patient engagement and support self-management of chronic diseases.

CNA respondents also highlighted additional barriers to health and healthcare, including: long work hours, unstable housing, unsafe neighborhoods, and the need to ration scarce financial resources to meet priority needs including healthcare, housing, childcare, and food. These barriers are compounded for some sub-populations, including people with disabilities, children and adults with special healthcare needs, including those with intellectual and developmental disabilities, LGBTQ, homeless, and the criminal justice involved.

The PPS will deploy a targeted outreach and referral strategy by working closely with its social service partners who have expertise in serving low-income racial and ethnic groups including African-American, Caribbean, Hispanic, Chinese, Russian, Polish, South Asian, and Arab populations. As part of the PPS's focus on targeting communities with high rates of asthma, diabetes and other health conditions that contribute to avoidable hospital admissions and re-admissions, the PPS will work with social services organizations to extend their reach to "hot spot" neighborhoods. These linkages between social support services and clinical care will help address cultural and social determinants of health by strengthening residents' connections to social services and providing additional support to families and individuals in crisis.

---

### Communication with Partners, Providers, and Community-Based Organizations

Partners, providers, and community-based organizations (CBOs) in the Brooklyn Bridges PPS will be consulted regarding the PPS projects and the cultural competency and health literacy strategy. This will be done on an individual basis as well as at PPS projects, work groups, and existing NYU

---

<sup>2</sup> “New York City Health Provider Partnership Brooklyn Community Needs Assessment,” New York Academy of Medicine, October 3, 2014.

## **Brooklyn Bridges PPS Cultural Competency and Health Literacy Strategy**

Lutheran advisory groups such as the Chinese, Latino, Arab, ADA (Americans with Disabilities Act), Senior and LGBT advisory committees. The Brooklyn Bridges PPS includes partners with particular focuses on key populations, including, but not limited to, Ezra Medical Center and ODA (for the Orthodox Jewish population), the Caribbean Women's Health Association, Inc., and the NYU Lutheran Family Health Centers Brooklyn-Chinese site.

The Brooklyn Bridges PPS will leverage already-existing strong relationships between NYU Lutheran and the key community groups around Brooklyn and in Sunset Park in particular. Additionally, community events such as town halls or educational and outreach sessions on specific topic areas will help foster even further collaboration with CBOs and partners. Town halls and sessions will be held in culturally and linguistically appropriate manners, and will be accessible taking into account location, time, and date. For example, the forums and sessions will be conducted in the community and in the resident's native language or through certified interpreters. Cultural and linguistic access factors such as the time, location, gender, language, and child care will be taken into consideration when scheduling these events. Financial and other access issues will also be addressed through free screenings, assistance with medical assistance applications, and appointments for primary care at these community events. The PPS will also leverage information technology resources, including holding recorded webinars on important CC/HL matters that can be accessed by our partners at each of their convenience.

---

### **Research and Identification of PPS Best Practices/Centers of Excellence**

As discussed above, NYU Lutheran is an established leader in the CC/HL field and will offer its expertise to the broader PPS. NYU Lutheran will apply its expertise and resources toward providing the Brooklyn Bridges PPS with best practices in cultural competency and health literacy. Additionally, the Brooklyn Bridges PPS CC/HL team will research best practices and centers of excellence within the cultural competence and health literacy field. These will include evidence-based/standardized tools and assessments that could be used to assess the cultural competency and health literacy strengths and weaknesses of partner organizations. Through survey results, opportunities to collaborate with other PPSs will be identified to share best practices and resources as appropriate.

NYU Lutheran's research, which will be shared with the BB PPS, has indicated that best practices to achieve CC/HL include recruiting staff from the local community; new hire and annual refresh trainings on cultural competency as well as brief trainings conducted as part of morning "huddles;" monthly discussion groups; bilingual-bicultural patient advocates; and inclusion of religious beliefs and practices in our cultural competence program. To achieve linguistic access to services at NYU Lutheran, multi-lingual staff are required to pass an oral fluency test to ensure competency, and a language bank is actively maintained to ensure access to any needed language. NYU Lutheran will likely advance a similar approach for the entire PPS as its lead partner. Translation policies which include health literacy reviews will be shared with PPS partners including resources to check health literacy and training for providers who create health education materials.

NYU Lutheran will continue to share its knowledge, expertise and resources on CC/HL with its various PPS partners. This may include CC/HL matters such as provider and staff training on cultural

## **Brooklyn Bridges PPS Cultural Competency and Health Literacy Strategy**

competency and its implications for healthcare, bilingual staff recruitment, interpreter training, translation resources, and development of culturally competent educational materials/programs.

The Brooklyn Bridges PPS CC/HL team will also work with partners and providers in the PPS to identify best practices in cultural competency and health literacy. NYU Lutheran will leverage existing relationships and communication channels with the community through Chinese, Arabic, and Orthodox Jewish community liaisons that help patients navigate through the healthcare system. These liaisons act as representatives as well as conduits between patient caregivers and members of the community on a daily basis. Additionally, there are Chinese, Latino, Arab, ADA (Americans with Disabilities Act), Senior and LGBT advisory committees that can contribute as well.

---

### **Integration of Cultural Competency and Health Literacy in PPS Projects to Reduce Health Disparities and Improve Outcomes**

The PPS will leverage the strengths and experience of its partners in cultural competency to establish standards and develop expertise across the PPS network. The PPS will incorporate rigorous competency standards in the design and implementation of clinical projects and central services including the Patient Navigation Center (PNC). NYU Lutheran and many PPS partners have a longstanding presence in the diverse communities of Brooklyn, and, as such, cultural competency is engrained in their mission and daily operations. Several of NYU Lutheran's Federally-Qualified Health Center (FQHC) sites focus specifically on the health care needs of Latino, Chinese, and Caribbean communities. For example, NYU Lutheran has a mosque, Bikor Sholim room (for Orthodox Jewish patients), and Sabbath elevators.

Brooklyn Bridges PPS project managers participate in all PPS projects and will ensure integration of cultural competency and health literacy principles and considerations. This will also include culturally competent and linguistically accessible tools to assist patients with self- management.

The CC/HL team will include other teams and PPS partners as needed. Social service partners who have expertise in serving low-income racial and ethnic groups including African-American, Caribbean, Hispanic, Chinese, Russian, Polish, South Asian, and Arab populations will be engaged as appropriate to help address cultural and social determinants of health by strengthening residents' connections to social services and providing additional support to families and individuals in crisis.

The PPS intends to socialize these best practices to its partners, informed by a network-wide strengths and gap analysis of cultural competency to identify priority areas for intervention. Implementation of an action plan to address gaps may include the creation of additional culture-specific centers of excellence within the PPS network as well as training on the relationship between cultural values and health beliefs, the role of alternative medicine, and culturally-rooted concepts of health, illness, pain, and healing.

The CC/HL experts at the PPS will also work in conjunction with the selected workforce training vendor to ensure both that training includes CC/HL training and that the training is actually conducted in a culturally competent manner. The PPS may also include representatives from key populations experiencing health disparities in a committee to develop the workforce strategy to

## Brooklyn Bridges PPS Cultural Competency and Health Literacy Strategy

identify language and cultural needs of the community and to increase workforce concordance.

---

### Cultural Competence and Health Literacy Strategy Timeline and Action Plan

<b>Activities</b>	<b>Action Steps</b>	<b>Completion Date</b>
Assess PPS partner's Cultural Competence and Health Literacy	<ol style="list-style-type: none"> <li>1. Conduct PPS partner CC/HL survey</li> <li>2. Collect survey results</li> <li>3. Perform analysis to determine needs</li> <li>4. Follow-up with PPS partnerships for best practices</li> </ol>	DY1, Q3 (12/31/2015)
Develop Training Strategy	<ol style="list-style-type: none"> <li>1. Review PPS CC/HL survey analysis</li> <li>2. Identify training needs</li> <li>3. Identify existing training resources</li> <li>4. Determine scope, scale, audience, format and content for training programs, focused on targeted populations, and health disparities</li> <li>5. Develop Training Strategy</li> <li>6. Acquire PPS Board approval</li> </ol>	DY2, Q1 (6/31/2016)
Implement Training	<ol style="list-style-type: none"> <li>1. Initiate training strategy by developing timetable and curriculum by training methodology, training population, and resources</li> <li>2. Develop training evaluation tool</li> <li>3. Implement training</li> </ol>	DY2, Q3 (12/31/2016)
Evaluate Training and Revise Strategy as Necessary	<ol style="list-style-type: none"> <li>1. Utilizing evaluation tool, evaluate training methodology, and materials</li> <li>2. Identify areas of improvement</li> <li>3. Modify training curriculum, methodology, and strategy as needed</li> </ol>	DY2, Q4 (3/31/2017)
Complete Training	<ol style="list-style-type: none"> <li>1. Analyze training activities and results</li> <li>2. Report to PPS board</li> <li>3. Make recommendations</li> </ol>	DY3, Q1 (6/30/2017)

The CC/HL team will work with PPS project stakeholders on an ongoing basis to monitor progress on the action plan and make adjustments if necessary.

# Brooklyn Bridges PPS Cultural Competency and Health Literacy Strategy

---

## Conclusion

The predominant theme that emerged from the Brooklyn stakeholder and community engagement process was "disparity," with residents pointing to differences among neighborhoods in distribution of resources and opportunities for improvement. To address these disparities, the Brooklyn community expressed interest in partnering with health care providers and hospitals to promote good health and reduce hospitalizations. To this end, residents identified solutions help improve health outcomes, including: increased ease of access for medical visits; improved provider sensitivity; expand availability of supportive services to help manage medical conditions and care for high-risk populations; and offer health education focused on disease prevention and management, insurance, and mental health issues.

These solutions are aligned with Brooklyn Bridges PPS's strategy. The PPS is committed to transforming healthcare delivery and envisions an integrated delivery system comprised of an organized, collaborative network of primary, specialty, behavioral, post-acute, and long-term care as well as community-based providers to address the substantial CNA-identified community needs.

To achieve this the PPS will invest in projects that reduce costly utilization while reconnecting patients to more appropriate and effective settings for care. A centralized Patient Navigation Center will provide support for care transitions, engagement and retention in primary care, and linkage to supportive services. Disease management projects will address some of the primary drivers (diabetes and asthma) of preventable admissions. The integration of behavioral health screening and services into a robust primary care network will increase capacity and access to critically needed behavioral health services, and population-wide HIV and tobacco use cessation programs will tackle root causes of poor health outcomes. Throughout all these projects, cultural competency and health literacy will be woven in to ensure that the Brooklyn community has an equitable opportunity to reach their fullest potential of health.

# Brooklyn Bridges PPS Cultural Competency and Health Literacy Strategy

---

## Appendices – Examples of Cultural Competency Tools

The following are examples of the cultural competency and health literacy tools that may be used by the Brooklyn Bridges PPS.

# Religio-Cultural Competence

## *A Guide for Patient Care*

**Inclusivity:** one of the four core values at Lutheran HealthCare.

*“We are committed to providing equitable access to the highest quality care in a diverse, multi-cultural, multi-faith context; we maintain the highest possible standards and practices of religio-cultural competence.”*

**Religion** is one of the most powerful and pervasive forces in life, health, and healing. To overlook a person’s spiritual outlook or religious practice is to literally brush aside one of the most important features of the human condition. It is to ignore what people fundamentally believe, trust and hope – what “grounds” them – all of which research repeatedly shows can profoundly affect how we understand, provide, and receive healthcare services. Religious beliefs and cultural assumptions are often so intimately intertwined that it is rarely, if ever, possible to disentangle them. Further, many of those in our care identify with no particular religion or expression of spirituality. That is why we sensitively practice **religio-cultural competence** at Lutheran.

Each of the major spiritual traditions in this guide, in its own unique way, shines a light on what it means to be whole and fully human. Each of them addresses what it means to grow, to endure, to cope, heal and develop – to live life with both meaning and purpose. Very importantly, each of these great spiritual traditions has multiple variants of one or two central messages. They all spring from the same fundamental and universal spiritual impulse as they express wholeness, transcendence, hope, and ultimate meaning. But they do so with **very distinct variations in custom, expression, and practice.**

This resource calls upon us as caregivers to be **aware and respectful** of the **particular** faith understandings and practices of those in our care. It acknowledges the obvious: that different people – especially in a context as diverse as that served by Lutheran HealthCare – have different spiritual/religious beliefs, orientations, and practices.

It is almost impossible to respect or caringly integrate that which we do not understand or acknowledge. When we do not understand, it is absolutely **essential that we ask and become informed.**

**Please Note:** All employees and caregivers at Lutheran HealthCare are expected to fully adhere to Policy **P-P 4-27, “Spiritual Care and Prayer”**, available through the intranet.

## Table of Contents

<b>Buddhism .....</b>	<b>3</b>
<b>Christianity .....</b>	<b>3</b>
I. Christian Science .....	4
II. Eastern Orthodox .....	4
III. Jehovah's Witness .....	5
IV. Mormon (Church of Jesus Christ of Latter Day Saints) .....	6
V. Protestant .....	7
VI. Roman Catholic .....	8
VII. Seventh Day Adventist .....	10
<b>Hinduism .....</b>	<b>11</b>
<b>Islam (Muslim).....</b>	<b>12</b>
<b>Judaism.....</b>	<b>14</b>
<b>Sikhism .....</b>	<b>16</b>

## **BUDDHISM**

### **Beliefs**

- Central focus is the attainment of a clear, calm state of mind undisturbed by worldly actions or suffering and full of compassion and enlightenment (the state of Buddhahood);
- Basic tenet is reincarnation.

### **Daily Practices**

- Chanting, meditating, observance of other rites and/or rituals according to the form of Buddhism followed.

### **Death/Dying**

- Death is regarded as the actual time of movement from one life to another;
- Person's state of mind at moment of death is believed to influence rebirth;
- Acceptance of death does not mean resignation or refusal of conventional medical care.

### **Facilitating Practices**

- Ensure calm, meditative, and peaceful environment and comfort, especially for dying persons.

### **Food**

- Varies person to person; may be vegetarian.

### **Health/Healing**

- Healing and recovery promoted by awakening to wisdom of Buddha, which is spiritual peace and freedom from anxiety;
- No restrictions on blood or blood products, surgical procedures, organ donation, autopsy.

### **Holy Days/Festivals**

- Some celebrations common to all; many are unique to particular schools.

### **Pregnancy/Birth**

- Artificial insemination, sterility testing, birth control are acceptable;
- Circumstances of patient determine whether abortion is acceptable.

### **Rituals/Ceremonies**

- Blessing and giving of Dharma name to baby.

### **Spiritual Instruments/Symbols**

- Incense burning, flower and fruit offerings, altars in temples and homes with images of Buddha; prayer beads;
- Ordained spiritual community involves full ordination for women and men;
- Monks significant religious practitioners and teachers.

## **CHRISTIANITY**

All believe in:

- One Creator God who is almighty, loving, just, and merciful;
- Jesus Christ as the Messiah, Son of God, and Savior;

- Jesus' death and resurrection;
- Eternal life with God following physical death – through resurrection to new life;
- Scripture as norm/authority for belief, doctrine and practice – including both Hebrew Bible (Old Testament) and New Testament;
- Faithfully following the example, preaching, and teaching of Jesus Christ in daily life.

## I. CHRISTIAN SCIENCE

### Beliefs

- a. Includes study of Metaphysics, which suggests the presence of spiritual powers operating on the mind and body;
- b. Faith does not rest on blind belief, but understanding perfection of God's spiritual creation in the present;
- c. All religions have value.

### Daily Practices

- Prayer and sacraments.

### Death/Dying

- Most adherents do not donate body or organs;
- Disposition of body and burial is a family decision.

### Facilitating Practices

- ***Always clarify if and what*** medical and/or behavioral health treatment, practice, procedures, or medications patient and family wish to use.

### Food

- No restrictions.

### Health/Healing

- Illness believed to be the result of disharmony between mind and matter;
- Belief that healing occurs when one draws closer to God and experiences moral and spiritual change;
- Not completely opposed to medical treatment, but may be fearful/concerned of being forced to accept unwanted treatments which violate individual personal beliefs.

### Pregnancy/Birth

- Abortion incompatible with faith;
- Birth control an individual decision;
- May desire midwife.

### Spiritual Instruments/Symbols

- Primary text is ***Science and Health with Key to the Scriptures***;
- ***No clergy, but full-time healing ministers (practitioners) who practice spiritual healing, which is uniquely different from medical or psychological techniques.***

## II. EASTERN ORTHODOX

### Beliefs

- As with other Christian communities, Orthodox Christians view the Trinity as three persons – Father, Son and Holy Spirit – one in essence, undivided;
- The Bible is considered the “Word of God,” though not considered inerrant or literal;

- Veneration of Mary referred to as the Theotokos (God-bearer) in that she carried the New Covenant in the person of Christ;
- All are already saved and will be saved in the future (second coming of Christ);
- A person's communion with God is expressed in love.

#### **Death/Dying**

- Holy Unction – anointing with oil – is administered to the sick by ordained Orthodox clergy;
- Belief that the departed soul can be affected by intercessory prayers; redemption and reconciliation with God is possible after death.

#### **Facilitating Practices**

- Orthodox pray in the presence of icons, making the sign of the cross; icons are not worshipped, but instead are venerated and honored as “windows” into divine reality and as an aid to prayer.

#### **Food**

- Many Orthodox fast from meat, dairy and oil on Wednesdays and Fridays. During Great Lent and Advent (“Christmas Lent”), a 40-day period of fasting from meat, dairy and oil is observed;
- Fasting is flexible for those with health concerns or those who are pregnant.

#### **Health/Healing**

- God is understood to be the “Divine Physician” and the healer of our souls and bodies;
- Traditional medical interventions are generally accepted.

#### **Holy Days/Festivals**

- There is a structured liturgical cycle of 12 feast days;
- Easter (Pascha) is considered the “feast of feasts.”

#### **Pregnancy/Birth**

- Babies are baptized by immersion as early as 2 months of age; after baptism, they receive Holy Communion and are full members of the body of the Church.

#### **Rituals/Ceremonies**

- Orthodox worship is structured and liturgical; the focus of the liturgy is the blessing and receiving of Holy Communion

#### **Spiritual Instruments/Symbols**

- The Three-Bar Orthodox Cross Prayer;
- Icons.

### **III. JEHOVAH’S WITNESS**

#### **Beliefs**

- No Holy Trinity; God is the Father, while Jesus Christ is His son – a separate person. The Holy Spirit is God’s motivating force;
- Believe that after the world is restored to a state of paradise, beneficiaries of Christ will be resurrected with healthy, perfected physical bodies and will inhabit the earth.

#### **Daily Practices**

- Prayer and reading of Scripture.

### **Death/Dying**

- Death is a state of total unconsciousness;
- Euthanasia strictly forbidden;
- Autopsy acceptable if legally required;
- Donation of body organs is a personal choice.

### **Facilitating Practices**

- ***Be alert and sensitive to strong religious beliefs opposing use of blood, or practices involving blood products;***
- ***Encourage patient and/or family to consult with congregational elders or to contact the local Hospital Liaison Committee for assistance.***

### **Food**

- Avoid food that contains blood.

### **Health/Healing**

- ***Likely to be strongly opposed to blood transfusion;***
- Medications from blood products may not be acceptable;
- Use of extraordinary means to prolong life or right to die is individual choice.

### **Holy Days/Festivals**

- Meetings are held 3 times per week in local Kingdom Halls;
- Weekly meetings in homes;
- Most important gathering is a congregational celebration of the memorial of Christ's sacrificial death.

### **Pregnancy/Birth**

- Abortion and artificial insemination by a donor are strictly forbidden;
- Birth control is an individual choice;
- No infant baptism.

### **Rituals/Ceremonies**

- Adult Baptism;
- No special rituals for sick or death/dying.

## **IV. MORMON (Church of Jesus Christ of Latter Day Saints)**

### **Beliefs**

- Centered and focused on Jesus Christ as a firstborn of God, Mormons intently consider their denomination as an expression of Christianity;
- Adhere to the Old and New Testaments and Book of Mormon as Holy Scripture;
- Members are literal spiritual sons and daughters of a living Father in Heaven;
- Mortality is a probationary period in which people are tested to see if they will obey the Lord's commandments, given through ancient and current prophets.

### **Daily Practices**

- Prayer and reading of Scripture.

### **Death/Dying**

- Belief that all individuals will be resurrected and will attain a degree of glory in heaven for which they qualified while living in mortality;
- Organ donation an individual choice;
- Autopsy permitted.

**Food**

- Caffeinated coffee, tea, tobacco and alcohol prohibited;
- Fasting: no food or drink for 24 hours – required once each month; ill people not required to fast.

**Health/Healing**

- Faith healing (through faith in Jesus Christ and the power of the priesthood to heal) and medical care/treatment used together;
- No restrictions on blood, blood products, or medications.

**Holy Days/Festivals**

- Follow basic Christian holidays such as Christmas and Easter, as well as national holidays and church-specific holidays.

**Pregnancy/Birth**

- Belief that the one central purpose of life is procreation;
- Birth control contrary to beliefs;
- Abortion forbidden, except when mother's life in danger, or on event of rape;
- Artificial insemination acceptable between husband and wife.

**Rituals/Ceremonies**

- Naming and blessing of children;
- Two elders required for ritual of blessing of the sick;
- “Family Home Evenings” – important and held once a week.

**Spiritual Instruments/Symbols**

- Recognized Scripture: King James version of Hebrew Scripture (Old Testament) and New Testament; and Book of Mormon;
- No formal clergy; but designated leaders for specific roles, including Bishops and Elders.

**V. PROTESTANT**

**Denominations and Expressions:** often delineated as Mainline, Evangelical, Pentecostal, Non-denominational, and Independent.

**Mainline Denominations Include:** Baptist, Christian (Disciples of Christ, Churches of Christ), Episcopal (Anglican), Lutheran, Mennonite (also Amish), Presbyterian, Reformed, United Church of Christ, United Methodist.

**Beliefs**

- Jesus of Nazareth is “The Word” and “The Way”: Jesus Christ is Son of God, Savior, God’s decisive revelation in salvation history;
- Emphasis on Bible – both Hebrew Scripture and New Testament – as the authoritative/normative word of faith and life; groups vary widely in how literally they adhere to Scripture;
- Traditionally two Sacraments: Baptism and Holy Communion (Eucharist);
- Community worship (normally Sunday) important, as is community/individual prayer life;
- Some denominations continue to sponsor hospitals and healthcare systems.

**Daily Practices**

- Prayer and Scripture reading.

**Death/Dying**

- Most believe that, with Christ’s death and resurrection opening the way, they will inherit eternal life through their own death and resurrection.

- Organ donation, autopsy, and burial or cremation usually an individual or family decision;
- Body to be treated with respect.

#### **Facilitating Practices**

- Given so many denominations and varying practices, ask patient and family what practices are meaningful sources of support to them.

#### **Food**

- Usually no restrictions, but be sure to ask particularly Jehovah's Witness and Mormon.

#### **Health/Healing**

- Prayer, anointing, Eucharist (Communion) and other rituals may be important, as well as contact with clergy;
- Most decisions about medical/surgical practices are an individual choice;
- Importance of wholeness as unity of body, mind and spirit;
- Some may practice faith healing, either separate from or complementary to traditional medical practice.

#### **Holy Days/Festivals**

- Traditional Christian holiday and observances; two most important are Christmas and Easter.

#### **Pregnancy/Birth**

- In most denominations, decisions about genetic counseling, birth control, sterility tests, and artificial insemination are matters of individual choice; some denominations may have restrictions or proscriptions;
- Baptism of infants practices in many denominations, including some instances, deceased infants; others may desire a blessing or dedication ritual; be sure to ask.

#### **Rituals/Ceremonies**

- Prayers for healing and comfort of the sick, personal prayer;
- Sacraments of Baptism and Holy Communion (Eucharist);
- Commendation of the dying, with prayers and blessing.

#### **Spiritual Instruments/Symbols**

- Bible;
- Cross;
- Many mainline denominations ordain both men and women, while some more conservative denominations and faith communities may have only male leadership.

### **VI. ROMAN CATHOLIC**

#### **Beliefs**

- Strong liturgical tradition;
- Emphasis on sacraments, including baptism, Eucharist, sacrament of the sick, marriage, confirmation, and confession/penance;
- Dedication to creeds;
- Belief in apostolic succession and male hierarchical system of clergy leadership (Pope, Cardinal, Archbishop, Bishop, Priest, Deacon);
- Health, healing and healthcare very important social welfare ministry to humankind; sponsor many hospitals and healthcare systems around the world.

#### **Daily Practices**

- May desire daily Eucharist or attendance at Mass;

- Use of sacramentals or aids in the spiritual life, including rosary beads, holy images, statues of saints, candles, etc.

### **Death/Dying**

- Belief in life after death;
- Persons experiencing grave suffering and/or approaching death are usually encouraged to attach their suffering to that of Christ;
- May believe in concept of purgatory;
- Sacrament of anointing of the sick (formerly referred to as Last Rites) very important, especially for the seriously ill, frail and elderly;
- Autopsy and organ donation acceptable;
- Waked encouraged – usually in a funeral home the day before the funeral;
- Funeral Mass is norm; can be replaced with graveside service or funeral version of Liturgy of the Word.

### **Facilitating Practices**

- ***Ask patient and family about preferred practices;***
- ***Ask about ritual and needs such as Eucharist/Communion and anointing;***
- ***Arrange with chaplains for identified ritual needs, such as anointing and/or Communion.***

### **Food**

- Traditional Catholics may fast and/or ask for sacramental confession prior to receiving Eucharist; may wish to avoid meat on Fridays, especially during the season of Lent; fish is a suitable substitute food.

### **Health/Healing**

- Sacrament of the Sick (anointing by an ordained priest) may be very important;
- May believe suffering is part of one's fate or associate suffering with punishment from God.

### **Holy Days/Festivals**

- Traditional Christian holidays, as well as observance of special holy days, attendance at mass may be viewed as an obligation;
- Holidays such as Christmas and Easter are celebrated as a season, not only for one significant day.

### **Pregnancy/Birth**

- According to doctrine and teaching, natural means of birth control only;
- Abortion and sterilization prohibited;
- Artificial means of conception discouraged;
- Baptism of infants may be required and urgent if prognosis is grave.

### **Rituals/Ceremonies**

- Attending Mass on Sunday, Holy Days and, for some, daily;
- Sacraments closely observed;
- Praying the rosary (9 beads to aid in prayer);
- ***Be aware of cultural differences in observance and practice, especially in the large and growing number of Hispanic Catholic communities; also, be aware of wide variations in traditional and contemporary practices.***

### **Spiritual Instruments/Symbols**

- Crucifix;
- Rosary, holy water, incense;

- Statues, pictures;
- Only male priest can offer sacraments, though lay male and female Eucharistic ministers can provide Communion;
- Saints, especially Mary the Mother of Jesus, as well as saints associated with healing and protection;
- Name of Jesus important;
- Leadership includes Priest (Father), Deacon, Nun (Sister), and Brother, all of whom have taken appropriate vows, Chaplains – both ordained and lay, men and women – who are specially trained and certified for specialized ministries.

## VII. SEVENTH DAY ADVENTIST

### Beliefs

- Bible accepted literally;
- Believe it is a duty to warn others to prepare for the second coming of Christ;
- Body considered temple of God and must be kept healthy;
- Operate one of the world's largest religious health systems.

### Daily Practices

- Prayer.

### Death/Dying

- Autopsy and donation of body or organs acceptable;
- Disposition of body and burial are individual decisions;
- Death is held to be a state of unconsciousness with a return to consciousness coming at the Second Advent (do not believe in continuation of life after death, until return of Christ.)

### Facilitating Practices

- ***Ask patient and family about beliefs and preferences.***

### Food

- ***Vegetarian diet encouraged;***
- ***Alcohol, tea and coffee prohibited;***
- ***May practice fasting.***

### Health/Healing

- Believe healing can be accomplished both through medical intervention and divine healing;
- Chaplains and Physicians inseparable;
- Emphasize physical medicine, rehabilitation, and therapeutic diets;
- No restrictions on medications, blood, blood products, or vaccines;
- May not wish narcotics or stimulants;
- No restrictions on surgical procedures, although some may refuse interventions on Friday evening and Saturday Sabbath.

### Holy Days/Festivals

- Saturday is Sabbath – a day of worship and rest.

### Pregnancy/Birth

- Birth control an individual choice;
- Abortion discouraged, but choice left to conscience of the women; therapeutic abortion acceptable in cases of danger to mother, rape, or incest;
- ***Opposed to infant baptism.***

**Rituals/Ceremonies**

- Pastors and Elders may pray anoint ill person with oil.

**Spiritual Instruments/Symbols**

- In some groups, Pastors and Elders are male; in other groups, females do serve in role of Pastor or Elder.

**Male Circumcision (Infant/child)**

- Most Christian denominations are neutral about biblical male circumcision, and it is not considered obligatory.
- As for the modern Roman Catholic Church, a neutral position on the practice is held.

## HINDUISM

**Beliefs**

- A wide variety of beliefs held together by an attitude of mutual tolerance and belief that all approaches to God are valid;
- Humankind's goal is to break free of this imperfect world and reunite with God;
- Reincarnation and *karma* (law of cause and effect);
- One must perform his/her duties to God, parents, teachers, and society.

**Daily Practices**

- Personal hygiene very important and bath required every day; but, bathing after meal may be viewed as harmful;
- Hot water may be added to cold, but not the opposite;
- Removal of shoes before entering a room.

**Death/Dying**

- The atmosphere around the dying person must be kept peaceful;
- The last thoughts or words are of God; the Gita (scripture) is recited to strengthen the person's mind and provide comfort; religious chanting before and after death is continually offered by family, friends, and priest;
- Prefer to die at home, as close to mother earth as possible (usually on the ground);
- No custom or restriction on prolongation of life;
- Immediately after death, priest may pour water into mouth of deceased and family may wash the body;
- Customary for body not to be left alone until cremated;
- Autopsy and organ donation acceptable;
- Cremation is common on day of death;
- Fetus or children under age 2 may be buried; no rituals observed.

**Facilitating Practices**

- Involve family members in plan of care and determine which member will provide personal care;
- Father/husband is primary spokesperson to whom questions should be directed.

**Food**

- Usually vegetarian; if not vegetarian, may still avoid beef and pork;
- According to dietary law, right hand is used for eating and left hand for toileting and hygiene;
- May fast on special holy days.

### **Health/Healing**

- Prayer for health considered low from of prayer, stoicism preferred;
- Medication, blood and blood products, donation and receipt of organs all acceptable;
- Pain and suffering seen as result of past actions;
- Future lives influenced by how one faces illness, disability and/or death.

### **Holy Days/Festivals**

- Several, which are observed at home; some take place in a temple;
- Must be barefoot during religious worship or any kind of religious celebration;
- Must sit at a lower elevation than where the image of the deity has been placed.

### **Pregnancy/Birth**

- Birth control, artificial insemination and amniocentesis acceptable;
- Exact time of birth may be important to family;
- May not want to name the newborn immediately.

### **Rituals/Ceremonies**

- On the 10<sup>th</sup> and 11<sup>th</sup> days after birth, priest performs naming ceremony;
- Praying, meditating, scripture reading and recitation is common;
- Specific ceremonies vary according to local customs.

**Male Circumcision:** Khitan or Khatna is the term for male circumcision carried out as an Islamic rite. Although not obligatory, circumcision is highly recommended. This may occur before the newborn leaves the hospital; or as early as on the seventh day after birth; or sometime before the age of ten, and//or as late as the commencement of puberty. It is not a requirement for converts to Islam.

### **Spiritual Instruments/symbols**

- Various sacred writings;
- Various objects for rituals – including sandalwood, incense, candles, symbol structures and/or pictures, fresh flowers, prayer beads;
- “Om” symbol, a Sanskrit term for the Supreme Reality of god, taken from the sacred writings of the Vedas;
- No hierarchical leadership structure;
- Religious practitioner, referred to as priest, acceptable.

## **ISLAM (MUSLIM)**

***Two Major Branches - both of which share the fundamental Islamic beliefs and principles:***

### **I. SUNNI**

- Follows the “words and actions,” or example of the Prophet Muhammad.
- Believe that when the Prophet Muhammad died, the next leader was to be elected; Abu Bakr, Muhammad’s closest friend, was elected and became the first Caliph (leader).
- Believe the Caliphs (leaders) of Islam should continue to be elected;
- 85% of Muslims are Sunni.

### **II. SHIA**

- Translated means “party of Ali”.

- Believe that when Muhammad died, it was his wish that Ali, his cousin and son-in-law, would be the new Caliph;
- Believe that the Caliphs (leaders) of Islam should continue to be direct decedents of the Prophet Muhammad;
- 15% of Muslims are Shia.

### **Beliefs Common to all Branches:**

#### **Five Basic Principles (Tenets of the Faith)**

- **Shahadatain (Declaration of Faith)** – to declare there is only one God, Allah, and that Muhammad is his messenger.
- **Salat (Prayer/Worship)** – Muslims must pray 5 times a day. The Qur'an is the final revelation to humanity;
- **Zakat (Charitable Contributions)** – requires that once-a-year a Muslim is to give at the rate of 2.5% of their income and assets to a charitable cause;
- **Sawm (Fasting)** – participate in the month-long fast of Ramadan, in which Muslims refrain from food, drink, and sex during daylight hours; excused from this practice if ill, Pregnant, or nursing
- **Hajj (Pilgrimage to Mecca)** – if financially and physically able, believers must make the pilgrimage to Mecca once in their lifetime.

### **Beliefs**

- Believe that there is only one God, Allah.
- Complete submission to God;
- Muslims believe in all of the prophets and messengers sent by God.
- Believe that Jesus was a prophet;
- A judgment day and life after death; belief in reward and punishment;
- Commitment to fast during the holy month of Ramadan: abstaining from food, drink, sexual intercourse, from sunrise to sunset and avoid evil intentions and actions;
- Commitment to attempt a pilgrimage to Mecca at least once in life;
- Duty to give generously to poor people.

### **Daily Practices**

- Prayer 5 times a day, facing Mecca (dawn, mid-day, mid-afternoon, sunset, night); face, hands and feet are washed before prayer. Do not interrupt or walk in front of patient/family when they are saying prayers, unless emergency;
- Days of observance occur throughout the Muslim lunar calendar.

### **Death/Dying**

- Death is controlled by God's plan;
- Organ or body donation acceptable;
- Autopsy permitted only for medical reasons;
- Declaration of faith (Shahadatain), confession of sins and asking forgiveness often occur in presence of family as approaching end-of-life.
- As moment of death approaches, Islamic Creed (Shahadatain) should be recited;
- Very important to follow 5 steps of burial procedure: First step is traditional washing the body, by a Muslim of same gender; second is to enshroud (wrap) the body in white cotton or linen cloth; third is the Funeral prayer; fourth is the burial; fifth is to ensure the positioning of the deceased so that the head is faced towards Mecca.
- Grief expressed by shedding tears, but forbidden to wail, beat breast, slap face, tear hair or garments, complain, or curse;

- The **Janazah Prayer** (prayer for the deceased) must be said in Arabic and led by a male – Imam preferred. This process should take place as soon as possible after death. Therefore, a death certificate should be completed quickly to facilitate the process.

### Facilitating Practices

- Carefully explore what practices are most important to patient/family;
- Be aware that some customs prohibit handshakes or any contact between genders;
- Female patients may want a female physician.

### Food

- **Tanya**: what is good, pure, clean, wholesome, nourishing, pleasant and tasteful;
- **Halal**: what is lawful and allowed for Muslims to eat; pork is prohibited; alcohol is also prohibited;
- No pork or pork by-products are permitted, in any form including cooking oil.
- Any good invoked by a name other than Allah's is prohibited;
- **Fasting**: Children, pregnant women and those who are ill are exempt from fasting laws; however, may resist and need support/permission from faith group/leader.

### Health/Healing

- No restrictions on blood or blood products, medications, amputations, organ transplants, or biopsies;
- Most surgical procedures permitted.

### Holy Days/Festivals

- Fasting during the month of Ramadan is included in the 5 pillars of Islam and is considered to be a spiritual obligation. Fasting occurs from sunrise to sunset. The ill and children are exempt from fasting, but they may join if safe to do so;
- **Jum'ah Prayer** (congregational prayer) held every Friday, the holiest day for Muslims, and takes place at noon prayer; one may not work during this time;
- Islamic days are based on the lunar calendar. Muslims do not work on two Holy Days during the year: **Eid-ul-Fitr** (celebration of the fast-breaking) at the end of Ramadan. This is held on the first day of month called Shawwal of the lunar calendar; **Eid-ul-Aha** (celebration of the sacrifice of Abraham) – a three-day celebration beginning on the 10<sup>th</sup> day of the 12<sup>th</sup> month called **Dhul Hijjah**. These holy days consist of prayer and a short sermon in congregation, followed by food, entertainment, feeding of the poor, and visiting the sick and homebound.

## JUDAISM

### Three Major Jewish Movements:

#### I. Conservative

- Acceptance of traditional and modern religious observances
- Conservation of Jewish tradition, but also changing to fit modern times

#### II. Orthodox

- Strict and traditional interpretation/adherence to laws and commandments
- The Torah is divine and unalterable
- Following the code of Jewish law

#### III. Reform

- Freedom to interpret the Torah and choose religious observances and practices

- Revelation interpreted by the individual in a dialogue between Jewish history and contemporary wisdom.

### **Beliefs Common to All Movements**

- One all-powerful God, who created the universe
- The Hebrew Scriptures (Old Testament)
- God communicates the Ten Commandments to Moses on Mt. Sinai; they are written in the Torah
- Commitments, obligations, duties, and commandments to religion have priority over rights and individual pleasures
- Sanctity of life overrides nearly all religious obligations; therefore, the sick are exempt from normal fasting requirements.

### **Daily Practices**

- **Conservative** – daily prayers valued; individual approaches can vary;
- **Orthodox** – may pray three times daily, ideally in community; less open to non-liturgical prayer life;
- **Reform** – prayers are valued; can be more open to multi-faith and prayers at bedside.

### **Death/Dying**

- Belief in life after death accepted by **Orthodox** and **Conservative; Reform** acknowledges as part of tradition, but allows for individuals to form their own belief system;
- **Orthodox** – ALWAYS have in direct contact with their Rabbi for guidance/direction;
- Prayers for sick can be an important part of faith in illness for those who celebrate Judaism in a religious fashion. The most common prayer used in this context is called **MICHEBERACH**;
- Autopsy and organ donation acceptable to the **Conservative** and **Reform** movements and to some smaller segments of Orthodoxy. ALWAYS HAVE FAMILIES IN CONTACT WITH THEIR RABBI.
- Body to be treated with respect. Family may want to stay with body until it is removed by the funeral director;
- Burial recommended AS SOON AS POSSIBLE;
- Cremation either prohibited or discouraged;
- Funeral home and graveside services typical.

### **Facilitating Practices**

- **Orthodox** should be asked if they would like to make direct contact with their Rabbi; or a Rabbi available through the hospital;
- ALWAYS ask patient and family about preferred practices;
- Find out if patient wants kosher food and whether patient is referring to a particular type of food or how the food should be prepared.

### **Food**

- **Kosher**: means fit or proper according to dietary laws. Means a given product is permitted and acceptable according to religious law;
- **Orthodox** and **Conservative** will most likely need Kosher-certified foods.

### **Health/Healing**

- Blood and blood products acceptable;
- No restrictions on medications or transfusions;
- **Orthodox Jews** may have very specific beliefs and practices that must be considered such as patient not being touched by a caregiver of the opposite sex. Ask patient about practices and preferences and/or call Rabbi;

- Consult Rabbi with issues of tube feeding, life support, and DNR.

### **Holy Days/Festivals**

- Many holy days and celebrations including Rosh Hashanah (Jewish New Year,) Yom Kippur (fasting day of atonement), Sukkot, Channukah (eight-day festival of lights), Purim, Passover (week-long remembrance of Exodus), Pentecost.
- Sabbath begins at sundown on Friday and continues through Saturday; for **Orthodox**, Sabbath may be time when electricity is not used and require use of specially-designed elevator – consult with Rabbinic authority.

### **Pregnancy/Birth**

- **Orthodox** – consult Rabbinic authority about birth control; other denominations more moderate/liberal
- All denominations allow abortion to save life of mother; consult Rabbinic authority.

### **Rituals/Ceremonies**

- Sabbath from sundown Friday to Saturday night; important time of rest;
- Synagogue/Temple attendance;
- Lighting candles before Sabbath and Holidays;
- Be aware/ask about cultural differences in observance and practice.

**Male Circumcision:** Brit milah is the term for male circumcision. According to Jewish law, ritual circumcision of male children is a commandment from God that Jews are obligated to follow, and is only postponed or abrogated in the case of threat to the life of the child. Subject to overriding medical concerns, the circumcision must take place eight days after the birth of the child.

### **Spiritual Instruments/Symbols**

- Scripture;
- Six-pointed star of David;
- Electric Sabbath candles can be meaningful;
- Strictly observant male may wear cap and prayer shawls;
- Rabbi is spiritual leader and authority

## **SIKHISM**

### **Beliefs**

- One God, whose name is truth eternal, who is the supreme Guru, revealed as guide and teacher through the Word;
- God is formless, eternal, and unobserved;
- Reincarnation as a cycle of birth and rebirth;
- Salvation in liberation from the cycle of birth and rebirth; salvation can be achieved through disciplined meditation and spiritual union with God;
- Equality of all people.

### **Daily Practices**

- Private worship twice daily: morning and night;
- Following the 10 Sikh gurus (enlightened leaders and the Holy Scriptures).

### **Death/Dying**

- Body is bathed, dressed, and cremated;
- Floor is washed and covered with white sheets; shoes taken outside of room.

### Facilitating Practices

- *Respect wearing of religious objects; do not remove without permission.*

### Food

- Fasting not accepted as a religious practice although can be observed for medicinal reasons.

### Health/Healing

- *Adult members have made a vow never to cut the hair on any part of their body; thus carefully check with patient and family if this must be done for medicinal purposes.*

### Pregnancy/Birth

- Child is often named by opening the **Guru Granth Sahib** (book of collected religious writings) at random; the first letter of the first verse on the left-hand page becomes the first initial of the child's name;
- **Gurthi**: a respected, intelligent and favorite member of the family gives a drop of honey to the newborn child, so as to give the child his characteristics later in life (not a ritual, usually takes place in the hospital.)

### Rituals/Ceremonies

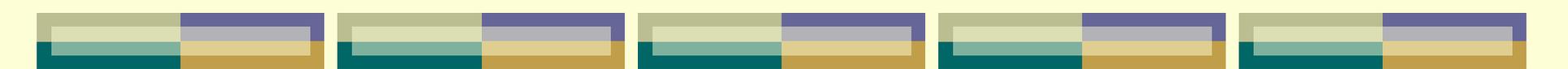
- Sikh baptism (Amrit);
- Naming ceremonies;
- Birth ceremonies.

### Spiritual Instruments/Symbols

- Guru Granth Sahib: collection of primary religious writings, is the "Living Word" and the "Living Guru" or teacher;
- A turban may be worn as a symbol of personal sovereignty and responsibility to others;
- Symbolic objects include: wooden comb, cloth around chest, bracelet; ***bracelet must never be removed***;
- Local leadership consists of elected committee of 5 elders;
- **Khanda**: appears like two crossed swords with circle overlapping; reflects certain fundamental concepts of faith.

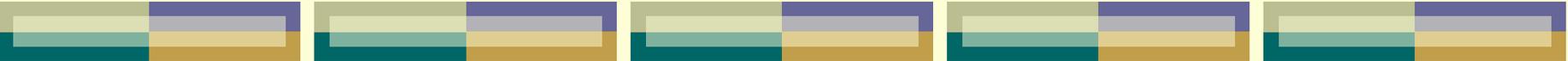
# The Month of Ramadan

Impact on Daily Lifestyle



# Life Style Changes

- The month of Ramadan is a great opportunity to focus on bringing back a balanced and health lifestyle.
    - Most significant is the change in the usual 24hour pattern of eating, sleeping and work.
  - Ramadan is a sacred time for all Muslims, whether they are fasting or not and affects every aspect of their life in many small ways.
    - A month of keeping schedules and meeting social and community obligations.
- 



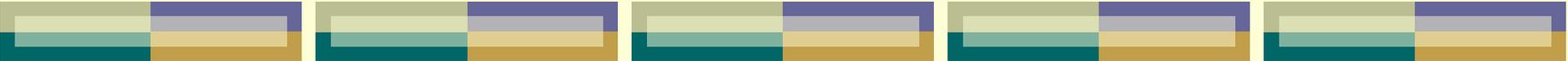
# Changes...

- Cannot be generalized to all Muslim communities.
  - The Muslim community in New York is quite diverse.
- 

# Diversity



- Muslims may be from Arab-speaking countries; from India and Pakistan; African-Americans; Chinese; Africans from countries such as Nigeria, Senegal and Ghana, to name a few.



# Impact on sleep...work...

- Sleep habits vary with climate, cultural backgrounds and the particular customs of each community and the mosques they attend.
  - Age, status of health and work schedules also affect sleep patterns during this month.
- 



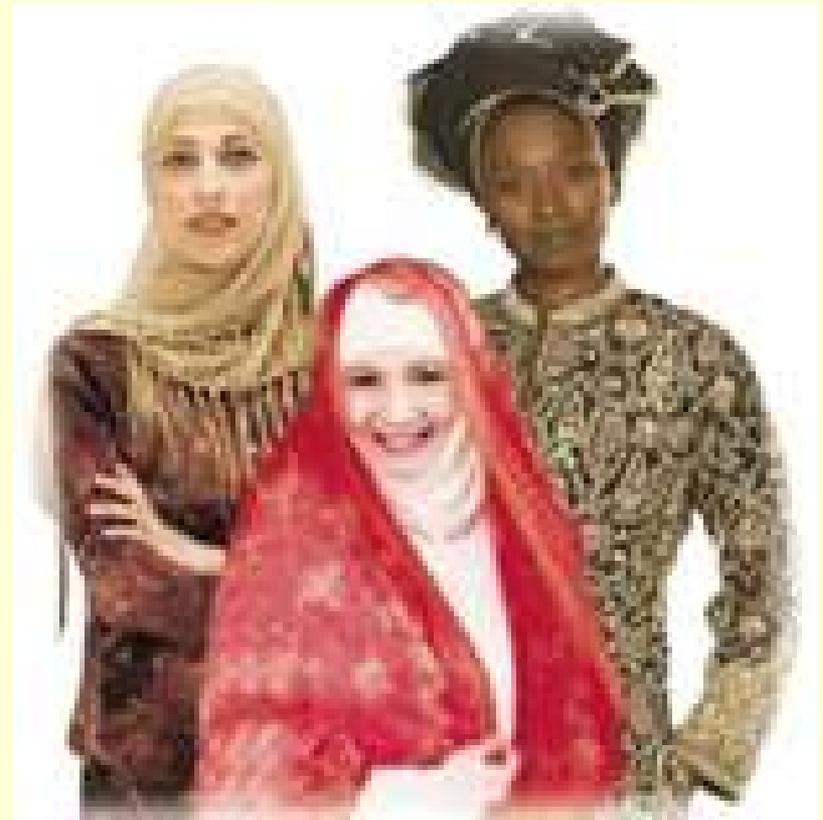
# Who is exempt?

Children under the age of puberty and discretion	Those who cannot be accountable for their deeds	Those too old to bear the hardships of fasting
Those who are sick or whose health will be severely affected	People who are traveling a great distance	Expectant women and nursing women; women in periods of menstruation



# Advisory

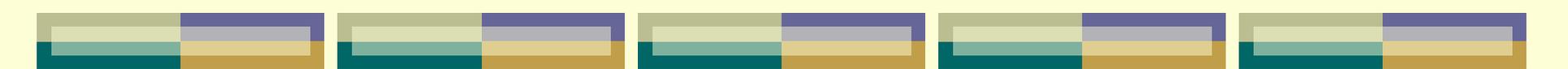
- All pregnant or nursing women should consult with their physician before making the decision to fast.





# If you are not fasting...

- If exempt from fasting either temporarily or due to long-term conditions, a Muslim, if able, offers at least one needy poor Muslim an average full meal or its value, per day. This is called Fidyah.
  - Women in periods of menstruation postpone fasting until recovery and then make up for it day for day.
- 



# Fasting during Ramadan means:

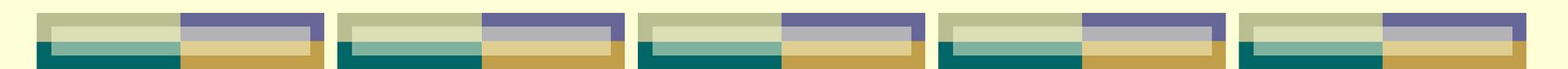
- Abstinance from food, drink and sexual intercourse from dawn to sunset, for the entire month [29-30 days].
  - This means no water, juice, coffee, tea or food.
  - Married couples must abstain from physical contact during the daylight hours.
- 



# For those that are fasting

- Each day begins with intention, silently to oneself... “I intend to observe fast for today...”





# The day begins pre-dawn

- Suhoor: A light predawn meal, to take before fasting. Any consumption of food or drink should cease at least 5-10 minutes before the onset of dawn.
  - Yes, it is a challenge to get up that early...it's even more of a challenge to prepare food that early!!
- 

# The day ends at sunset

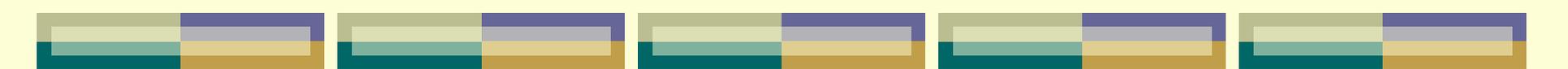
- Iftar: An Arabic term meaning ‘breaking the fast’ begins immediately after sunset. It is recommended to break the fast with a light snack of dates, along with liquids such as water or juice or light soup. Then after the prayer, have another small meal.



# A month of feasts

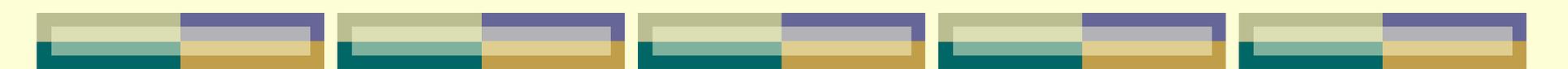
- The Iftar meal is often a time for family and friends to gather and share favorite foods and recite the Quran.
- Avoid excessive sweets and fried foods to prevent sugar shock and heartburn
- Avoid your trigger foods...such as too much bread!





# What does not break the fast?

- Eating or drinking by mistake
  - Unintentional vomiting
  - Brushing teeth
  - Swallowing things, which are not possible to avoid such as one's own saliva.
- 



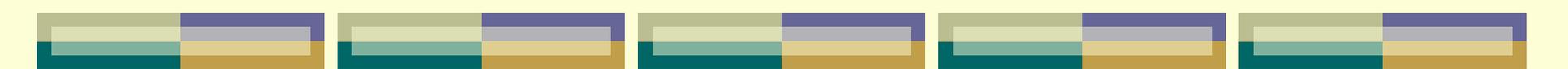
# Managing Daily Tasks

- Appointments: when possible have them earlier in the day.
  - If possible, postponing medical tests until after Ramadan.
  - Daily readings of the Quran: 1/30<sup>th</sup> each day.
  - Better management of work and tasks to avoid exertion.
- 

# Ramadan is a special time

- A time of reflection.
- A time to seek peaceful solutions to daily challenges.
- A time to enjoy family and friends.





# For More Information Contact

- Dr. Manzur Sheikh, Pediatrics Department,  
718-630-7724
  - Faozia Aljibawi, Patient Relations,  
718-630-6919
  - Khadijah Matin, Organizational Learning,  
718-630-6737
- 