



UPDATE: June 2013

FOURTH EDITION

*This is the fourth edition of the EthnoMed newsletter. [Click here](#) to view previous editions.*

## A message from Medical Director, J. Carey Jackson, MD, MA, MPH:

### Ramadan 2013

This year Ramadan is in July. It is a month that most of our Muslim patients look forward to and enjoy. Not that it is without its challenges, especially through the long summer days. But it is a time of spiritual renewal, a time the family and community are united in prayer and fasting, and a time of great dietary traditions once the sun has set. You will find many references to Ramadan in the pages of EthnoMed ([see below](#)) since it requires flexibility and some creativity to manage diabetes and other medication regimens.



Those of us who practice in cross-cultural settings are sometimes asked to teach about cross-cultural skills. We often find ourselves looking for cases or good examples of where culture comes into play in medicine. Ramadan always provides a great example.

Food is central to community and cultural life: how it is prepared, when it is eaten, why it is eaten, and when it is not eaten. Ramadan is infused with histories global and personal for families. It is a seasonal marker and measure of time passing. Ramadan is about forgoing calories, it is about feeling hungry, it is about values, and it is about faith. Like a force of nature, the wise clinician works with it, and this requires first understanding the tradition and especially how your patient observes it. Anticoagulation, blood draws, surgeries, T1D regimens, procedures, and provider schedules can all be frustrated if they are not designed with Ramadan in mind. Discussing the fast with your patients will bring the clinician quickly into their community life and inner world and provide an opportunity to learn how culture and practice vary by region and by family. Adapting medical practice in a flexible manner to accommodate Ramadan is a great first step toward a myriad of other conversations with patients about practices and values that confound medical therapies and are glossed over as “non-compliance” instead of as medicine’s failure to meaningfully engage the patient. Ignoring the role of faith and religious practice in a patient’s life is naive and ill advised. There is an old adage in medical culture that says “the best medicine is the one the patient will take” ... well if they won’t take it, there is often a powerful reason why.

Best,

Carey

#### OF INTEREST ON ETHNOMED

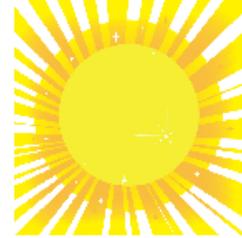
### Ramadan Content

- [Clinical Pearl: Ramadan - Reminder to Health Care Practitioners](#)
- [Muslim Religious Observances and Diabetes](#)

- [Diabetes in the Somali Community: Cultural Information and Recommendations for Diabetes Educators](#)
- [Breastfeeding in Ramadhan](#)
- [Food and fasting in Somali Culture](#)
- [Report on Somali Diet](#)
- [Health Care in Islamic History and Experience](#)

## Summer Spotlight

Summer safety issues include sun exposure, water safety concerns, and use of fireworks or concern about fire. Here are a few Summer Resources to keep kids safe and healthy:



- [MedlinePlus](#) (National Library of Medicine): Child safety resources in multiple languages
- [Healthy Roads Media](#): Emergency topics (blackouts, firesafety, flash flooding, heat waves, etc) in multiple languages and formats.
- [Seattle Children's Hospital & Medical Center](#): Many safety and injury prevention topics
- [Summer Feeding Program](#): The USDA wants to expand summer feeding program for low-income children by reimbursing organizations that serve children meals at feeding sites during summer months.
- [Summer Learning](#): 1 page of summer learning activities, and other parenting topics, available in Arabic, Chinese, Farsi, Korean, Spanish, Urdu, Vietnamese. From Fairfax County (VA) Public Schools

## Washington State Department of Health's Domestic Medical Screening Guidelines Checklist for Newly Arriving Refugees

Based upon the CDC Guidelines for the US Domestic Medical Examination for Newly Arriving Refugees and the Office of Refugee Resettlement (ORR) Domestic Medical Screening Guidelines Checklist, the purpose of this document is to provide guidance around screening asymptomatic refugees. WA DOH provides two versions of the guidelines:

- [Local Health Jurisdiction Based Screening](#)
- [Primary Care Based Screening](#)

### CALENDAR ITEMS OF INTEREST

## Healing Voices: Interpreting for Survivors of Torture, War Trauma and Sexual Violence

This training program, June 3-7, 2013 is offered by The Voice of Love non-profit group which supports interpreting for survivors of torture, war trauma and sexual violence.

## North American Refugee Health Conference

This conference June 6-8, 2013 in Toronto, Canada, and brings together health professionals and other disciplines to discuss the best health practices, challenges, research and advocacy for refugee patient populations.

[READ MORE >>](#)

### ABOUT ETHNOMED

EthnoMed was founded in 1994 and is a joint program of the University of Washington Health Sciences Library and Harborview Medical Center in Seattle, Washington. EthnoMed grew out of another hospital program, [Community House Calls](#), which was successfully bridging cultural and language barriers during medical visits, through interpretation, cultural mediation and advocacy with immigrant patients, families and communities. The website was created to reflect and support that experience. In recent years, our content has expanded to reflect many new communities that have settled in the Seattle area.

EthnoMed aims to address disparities in care through enhancing understanding between the medical culture and the culture of the patient. The program is grounded in relationships established with local ethnic communities and the providers who care for them. Our contributors come from a wide range of disciplines and experiences and include nurses, physicians, nutritionists, psychologists, academic faculty, medical interpreters, librarians, community members, and students. Health care providers and community members review content for clinical accuracy and cultural relevance.

We invite you to share your knowledge and educational materials with the EthnoMed audience. Consider being a content contributor, collaborator or reviewer. [Contact Us](#).

*We hope that every newsletter edition (approximately 6 a year) will lead you to something helpful to your work. Please help us spread the word by forwarding this newsletter to a colleague or two, using the button below. Thank you!*

 Join the Mailing List    Send to a Colleague

THIS E-COMMUNICATION WAS SENT BY:

UW Medicine | EthnoMed Newsletter

© 2017 University of Washington | [Contact Us](#) | [Privacy Policy](#)

This email message was sent to [marchand@u.washington.edu](mailto:marchand@u.washington.edu)  
unsubscribe or change your e-mail address.

[EthnoMed.org](http://ethnomed.org)

**UW Medicine**  
HARBORVIEW  
MEDICAL CENTER

## Plain Text

UW MEDICINE |  
<http://uwmedicine.washington.edu/Pages/default.aspx>

ETHNOMED NEWSLETTER  
<http://engage.washington.edu/site/MessageViewer>

Uw Medicine | EthnoMED NewsLetter

<http://ethnomed.org/>

UPDATE: June 2013

FOURTH EDITION

This is the fourth edition of the EthnoMed newsletter. Click [here](http://ethnomed.org/about#section-12) to view previous editions.

A message from Medical Director, J. Carey Jackson, MD, MA, MPH:

Ramadan 2013

Quran photo by Ranoush [creativecommons.org 2.0 license](http://creativecommons.org/licenses/by-sa/2.0/deed.en)  
This year Ramadan is in July. It is a month that most of our Muslim patients look forward to and enjoy. Not that it is without its challenges, especially through the long summer days. But it is a time of spiritual renewal, a time the family and community are united in prayer and fasting, and a time of great dietary traditions once the sun has set. You will find many references to Ramadan in the pages of EthnoMed (see below) since it requires flexibility and some creativity to manage diabetes and other medication regimens.  
<http://creativecommons.org/licenses/by-sa/2.0/deed.en>  
#Ramadan

Those of us who practice in cross-cultural settings are sometimes asked to teach about cross-cultural skills. We often find ourselves looking for cases or good examples of where culture comes into play in medicine. Ramadan always provides a great example.

Close