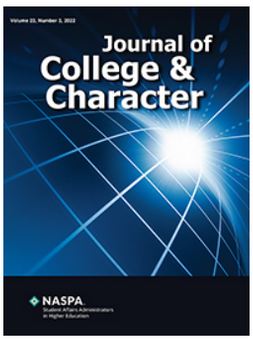

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Leveraging the Power of Religious Diversity in Health Fields

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Abstract

Religion and spirituality played a founding role in American healthcare. Though it shows up differently today, religious diversity continues to be present in powerful ways in American medicine. However, despite its relevance, most health field professionals are not adequately prepared to engage the religious diversity they encounter. This article explores how religious identity and diversity curricula in health fields programs can ultimately improve patient care and health equity. Highlighting best practices and key pedagogies, this article profiles campuses that have successfully integrated religious diversity education into health fields curricula.

For most of human history, health and wellness were considered a central component of what we now call *religion*. While the birth of modern science ultimately led to a distinction between Western medicine and religion, religious communities continued to play a significant role in both caring for the sick and the development of central healthcare professions, systems, and institutions including the field of nursing and the concept of hospitals (Penn Nursing, n.d.).

The first hospital in the United States, championed by Benjamin Franklin, began in a Quaker home in Philadelphia and had an image of the good Samaritan as its seal (Penn Medicine, n.d.). Throughout the 18th through 21st centuries, religious communities founded, staffed, and funded hospitals across the United States. In recent years and for a host of reasons, many of these religiously affiliated hospitals closed or were purchased by for-profit companies. Many others no longer publicize their religious identity and doctrine. In their book, *No Longer Invisible: Religion in University Education*, Rhonda and Douglas Jacobsen (Jacobsen & Jacobsen, 2012) traced the history of religion in higher education. They argued that though many campuses are nominally secular, religion has not disappeared from higher education. Rather, it shows up in new and different ways. Something similar is happening in healthcare. The United States has reached a new era of religion and medicine. There are far fewer hospitals with names like *Mercy* and *St. Joseph*, and crucifixes do not hang above every bed. But religion still lives within the walls and walks the halls, though it looks different now.

In this article, I contend that religion remains relevant to healthcare but is showing up in unprecedented ways. As such, health professionals need new skills, experiences, and literacy to notice, engage,

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and attend to the religious diversity they inevitably encounter. With thousands of health field programs at colleges and universities across the country, integrating religious diversity education into undergraduate and graduate professional programs offers a great opportunity to prepare the next generation of health care practitioners for the ever-increasing religious diversity of our world.

Religion in the United States

One of the most religiously diverse nations in the world, the United States, continues to experience growth and change in its religious landscape. The Public Religion and Research Institute (PRRI) reported that over the last 30 years, the proportion of the United States that is both White and Christian has declined by nearly one third (Jones, 2017). Young Americans, 18–29, at the time of the report were the most religiously diverse, and one-third of this age group identified as "none in particular." Over a quarter of this group were People of Color who identified as Christian, and the remainder of the age group were Jewish (2%), Muslim (2%), Buddhist (1%), Hindu (1%), or another religion (1%; PRRI, 2021). In addition to these demographics, many people's faith, spirituality, and religiosity have been manifesting in new and different ways. Despite the growth in those who checked "none in particular," it remains the case that most patients have a spiritual life and believe it to be as important as their physical health (Mueller et al., 2001). These findings suggest that health care practitioners can neither dismiss religion as a factor nor assume that it will look like what it has in the past.

These data suggest that todays' health fields students are more religiously and racially diverse group than any previous generation. They are bringing new and different questions, perspectives, and insight to the field of health—and critically, they are more likely to engage patients who are religiously different than they are.

The Relevance of Religion in Health Care

Of the myriad ways religion relates to health, three points are especially important to the development of religious diversity curricula for health fields.

First, studies repeatedly show that religious belief and communities have a positive impact on people's health (Mueller et al., 2001). Research indicates that both the experience of communal belonging and attention to the spiritual improve well-being. In so far as it remains an important factor in health, religion matters for health professionals.

Second, religion informs people's health care decisions. The organization Interfaith America has been working with a group of healthcare faculty around the country to develop case studies taken from real-life scenarios. In one case study, a Muslim woman is brought in unconscious, and her hijab and other clothing are cut off without concern for her modesty needs. In another case, a Native American man is dying in the hospital but would like the traditional smudging ceremony performed prior to the death of elders. There is a case study of a Jehovah's Witness patient who is pregnant and cannot accept the blood transfusion that would save her and her child's life. There are countless other daily needs and practices related to religious identity that medical practitioners should be aware of including consumption of animal products, prayer and meditation needs, fasting practices, consultation of elders and religious leaders, and significant rituals.

Finally, studies suggest that religion is an important factor in health equity. A wide body of research has indicated that religious diversity education for healthcare practitioners leads to improved

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health outcomes and better care. These include reduced provider bias (Stone & Moskowitz, 2011: Tervalon & Murray-García, 1998), better patient-provider communication (Aeder et al., 2007; Beach et al., 2005; Fung et al., 2010), improved patient-centered care (Parisi et al., 2012; Seeleman et al., 2009; Shapiro et al., 2006; Wilkerson et al., 2010), increased healthcare access (Betancourt, 2003), and greater patient satisfaction (Brunett & Shingles, 2018). Furthermore, studies show that the same groups who are disproportionately affected by healthcare inequities—African American, Latina/o/x, rural, low-income, and other minority ethnic identities (Ndugga & Artiga, 2021)—are also more likely to actively participate in a religious tradition than other population groups (Eckhart Queenan et al., 2021). These findings suggest that understanding, valuing, and recognizing religion is an important part of providing equitable care and increasing health outcomes for people with marginalized identities (Egede, 2006).

Interfaith Studies and Health Fields Curricula

According to the National Center for Education Statistics, health professions are among the most common majors at four-year institutions, and interest in these fields continues to grow (National Center for Education Statistics, 2021). Many health fields programs have recognized the importance of addressing race, gender, and culture in their curricula. Religion, however, is often left out entirely, lumped in with cultural competencies, or addressed primarily as an end-of-life concern (Chan & Sitek, 2021). When curriculum does address religion, it is cursory and overly simplistic. While this is an important start and does give practitioners information that can help accommodate religiously diverse patients, it is far from sufficient preparation for understanding and responding to the ways that religion impacts healthcare.

In the last five years, Interfaith America has seen a growing interest from health fields faculty in increasing religious diversity curricula in their programs. In our conversations with faculty, they have shared that while they see a need, they feel unprepared and under-resourced to teach about religious diversity.

Interfaith America has been working with hundreds of faculty over the last 10 years to build and understand a field of interfaith studies. In partnership with health fields faculty, we are now employing and adapting the method and pedagogies that have been developed largely in religious studies and other humanities fields for pre-professional health programs.

Having seen interfaith studies grow into a field of over 500 courses and 50 programs, Interfaith America has identified the following key pedagogies and learning outcomes as especially effective in and valuable to health field courses.

Developing a Radar Screen for Religious Diversity

In many ways, a religious diversity radar screen is the first and most important interfaith leadership skill to develop. A radar screen for religious diversity refers to an attunement to where, when, and how religion shows up in American life (Patel, 2016). When someone has a radar screen for religious diversity, even when they do not know much about the religion at play, they notice that it is important, and they are more likely to ask questions, do research, and value it as an important part of someone's identity.

Cultivating Religious Literacy

Increasing students' religious literacy is an important part of health fields curricula. Though students will never know everything or even the most important things about every religious tradition, they benefit from learning important things about traditions that they are likely to encounter. Furthermore, studying even a handful of traditions elucidates common categories or concerns across religious traditions (i.e., dietary restrictions, prayer and meditation, rituals at birth and death). Basic religious literacy increases the likelihood that students will ask about or pay attention to religion in general. The goal is to teach students how to learn rather than try to teach them everything they need to know.

Utilizing Case Studies

Interfaith studies professors have recognized case studies as an especially effective tool for teaching the skills of interfaith engagement. Under the direction of Diana Eck, Harvard's Pluralism Project has led the way in creating and using case studies to teach interfaith skills (The Pluralism Project, 2022). Drawn from the news and personal stories, case studies demonstrate the daily relevance of religious identity and invite students into scenarios where they must make decisions without all the information. Case studies can illuminate gaps in religious literacy, prompting students to learn more before they encounter a similar situation in the real world. The simulations and case studies that are already used in health field curricula are a great place to integrate religious diversity topics.

The Importance of Self-Reflection

Interfaith studies faculty have noted that when studying other religions, students inevitably spend time reflecting on their own. Recognizing that this is an important developmental step but that the entire course should not be about self-reflection, interfaith studies faculty recommend including assignments like journaling that provide opportunities for students' self-reflection. Understanding one's own perspective, values, and experience is a valuable interfaith skill and an important first step toward appreciating those that are different (Jones & Meyer, 2022).

Incorporating Experiential Learning

While not always possible, it is valuable to learn about traditions from the people who practice them. Site visits to religious communities and guest speakers can both increase religious literacy and provide students with opportunities to practice engaging real people who are religiously different from them. In addition, local communities and speakers can illustrate the way their religious identity is lived out in and practiced in the world. In these interactions, religion takes on flesh in a way that it cannot in texts (or even film) alone.

A Model for Curriculum Design

Thanks to a generous grant from Steve and Jessica Sarowitz, Interfaith America has been working with the University of Illinois Urbana-Champaign and the University of Illinois at Chicago to develop interfaith studies curricula for pre-professional programs. They have been remarkably successful in

cultivating relationships across their universities and developing effective interfaith studies curricula for health fields.

The project leads at UIUC are the chair of the religion department, Jonathan Ebel, and the director of curriculum development and education in the vice chancellor's office for Diversity, Equity and Inclusion, Ross Wantland. Ross and Jonathan began the project by meeting with faculty in pre-professional schools across the institution to gauge interest. Faculty in medicine, nursing, and veterinary science jumped at the opportunity to integrate religious diversity into their programs, recognizing its increasing relevance and the lack of resources and training.

Health field degree programs often have stricter curricula and more requirements than many liberal arts programs. Finding space within these programs to add courses or units requires creativity and persistence. Ross and Jonathan worked with faculty in each department to determine the best way to integrate the content into their courses of study. At UIUC, the nursing program already uses scenarios. In their case, the team supplied them with case studies that centered religious identity within a medical setting that they could incorporate into courses that were already employing real-world scenarios. With the school of medicine, the team created and proposed an elective course on religious issues in medicine that will be taught as an intensive. The project leads worked with Yvette Johnson-Walker, faculty and coordinator of diversity and inclusion for UIUC's College of Veterinary Medicine, to design a course on religion and the care of animals. The course was built around case studies provided by Johnson-Walker that centered on issues that arose in veterinary practice relating to religion.

At the University of Illinois at Chicago (UIC), Laura Dingledein and Junaid Quadtri made health and religion the focus of their introductory religious studies course Though housed in the religious studies program, it was open to all departments, and the majority of the class were health field students. In addition, they partnered with the Simulation and Integrative Learning Institute at UIC to produce a series of simulation videos that centered religious identity. This partnership is a great example of looking at the resources that a campus has and finding ways to use those to increase religious diversity skills and literacy.

Interfaith America has just administered 30 faith and health grants to staff, administrators, and faculty across the country. These grantees teach in pharmacology, physician assistant studies, athletic training, public health, health administration, nursing, sociology, biology, and other humanities fields. Their courses include "Health Promotion and Disease Prevention"; "Nineteenth Century Religion and New Views of the Body and Health"; "Medical Anthropology and the Body"; "The Art and Science of Nursing"; "Public Health and Religion"; and "Spirituality and Black Trauma." This is just a small sample of the myriad of ways faculty are exploring the intersections of health and religion.

Conclusion

If there has ever been a time to employ new resources and wisdom for healing, it is now. The COVID-19 pandemic shook our world, revealed inequities in new light, and depleted the energy and resources of the healthcare system. In the rebuilding, religious identity and diversity can and should play a heightened role.

Health field programs are rising to this new moment by creating interesting, relevant, and effective content and pedagogies. Religion does not belong solely to religion departments, and it is not only the inanimate subject of scholars and historians. Religion lives and breathes, activating our world and shaping

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civic society. Learning, engaging, noticing, and discussing it can connect us to each other, help us solve complex problems, and improve our well-being. If positively engaged, religious diversity and identity can play a valuable role in the next phase of American healthcare (Parisi et al., 2012; Seeleman et al., 2009; Shapiro et al., 2006; Wilkerson et al., 2010).

Disclosure Statement

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