

## History of Christmas Trees

By HISTORY.COM EDITORS

Source: <https://www.history.com/topics/christmas/history-of-christmas-trees>

The history of Christmas trees goes back to the symbolic use of evergreens in ancient Egypt and Rome and continues with the German tradition of candlelit Christmas trees first brought to America in the 1800s. Discover the history of the Christmas tree, from the earliest winter solstice celebrations to Queen Victoria's decorating habits and the annual lighting of the Rockefeller Center tree in New York City.

### How Did Christmas Trees Start?

Long before the advent of Christianity, plants and trees that remained green all year had a special meaning for people in the winter. Just as people today decorate their homes during the festive season with pine, spruce, and fir trees, ancient peoples hung evergreen boughs over their doors and windows. In many countries it was believed that evergreens would keep away witches, ghosts, evil spirits, and illness.

In the Northern hemisphere, the shortest day and longest night of the year falls on December 21 or December 22 and is called the winter solstice. Many ancient people believed that the sun was a god and that winter came every year because the sun god had become sick and weak. They celebrated the solstice because it meant that at last the sun god would begin to get well. Evergreen boughs reminded them of all the green plants that would grow again when the sun god was strong and summer would return.

The ancient Egyptians worshipped a god called Ra, who had the head of a hawk and wore the sun as a blazing disk in his crown. At the solstice, when Ra began to recover from his illness, the Egyptians filled their homes with green palm rushes, which symbolized for them the triumph of life over death.

Early Romans marked the solstice with a feast called Saturnalia in honor of Saturn, the god of agriculture. The Romans knew that the solstice meant that soon, farms and orchards would be green and fruitful. To mark the occasion, they decorated their homes and temples with evergreen boughs.

In Northern Europe the mysterious Druids, the priests of the ancient Celts, also decorated their temples with evergreen boughs as a symbol of everlasting life. The fierce Vikings in Scandinavia thought that evergreens were the special plant of the sun god, Balder.

### Christmas Trees From Germany

Germany is credited with starting the Christmas tree tradition as we now know it in the 16th century when devout Christians brought decorated trees into their homes. Some built Christmas pyramids of wood and decorated them with evergreens and candles if wood was scarce. It is a widely held belief that Martin Luther, the 16th-century Protestant reformer, first added lighted candles to a tree. Walking toward his home one winter evening, composing a sermon, he was awed by the brilliance of stars twinkling amidst evergreens. To recapture the scene for his family, he erected a tree in the main room and wired its branches with lighted candles.

### Who Brought Christmas Trees to America?

Most 19th-century Americans found Christmas trees an oddity. The first record of one being on display was in the 1830s by the German settlers of Pennsylvania, although trees had been a tradition in many German homes much earlier. The Pennsylvania German settlements had community trees as early as 1747. But, as late as the 1840s Christmas trees were seen as pagan symbols and not accepted by most Americans.

It is not surprising that, like many other festive Christmas customs, the tree was adopted so late in America. To the New England Puritans, Christmas was sacred. The pilgrim's second governor, William Bradford, wrote that he tried hard to stamp out "pagan mockery" of the observance, penalizing any frivolity.

The influential Oliver Cromwell preached against "the heathen traditions" of Christmas carols, decorated trees, and any joyful expression that desecrated "that sacred event." In 1659, the General Court of Massachusetts enacted a law making any observance of December 25 (other than a church service) a penal offense; people were fined for hanging decorations. That stern solemnity continued until the 19th century, when the influx of German and Irish immigrants undermined the Puritan legacy.

In 1846, the popular royals, Queen Victoria and her German Prince, Albert, were sketched in the Illustrated London News standing with their children around a Christmas tree.

(continued on page 2)



## December 2020 Calendar

*Universal Human Rights Month*

- 1 – World AIDS Day
- 6 – Saint Nicholas Day (Christianity)
- 8 – Bodhi Day (Buddhism)
- 10 – International Animal Rights Day
- 11-18 – Hannukkah – (Judaism)
- 12 – Feast Day of Our Lady of Guadalupe (Christianity)
- 21 – Yule – Litha (Wicca/Pagan)
- 25 – Christmas (Christianity)
- 26 – Zarathosht Diso (Zoroastrian)
- 26-Jan.1 – Kwanzaa (International)
- 31 – New Year's Eve (International)

(continued from page 1)

Unlike the previous royal family, Victoria was very popular with her subjects, and what was done at court immediately became fashionable—not only in Britain, but with fashion-conscious East Coast American Society. The Christmas tree had arrived.



By the 1890s Christmas ornaments were arriving from Germany and Christmas tree popularity was on the rise around the U.S. It was noted that Europeans used small trees about four feet in height, while Americans liked their Christmas trees to reach from floor to ceiling.

The early 20th century saw Americans decorating their trees mainly with homemade ornaments, while the German-American sect continued to use apples, nuts, and marzipan cookies. Popcorn joined in after being dyed bright colors and interlaced with berries and nuts. Electricity brought about Christmas lights, making it possible for Christmas trees to glow for days on end. With this, Christmas trees began to appear in town squares across the country and having a Christmas tree in the home became an American tradition.



## The Need for Cultural Competence in Healthcare

By HUSSON UNIVERSITY ONLINE

[https://medcitynews.com/?sponsored\\_content=the-need-for-cultural-competence-in-healthcare&rf=1](https://medcitynews.com/?sponsored_content=the-need-for-cultural-competence-in-healthcare&rf=1)

**In order to meet the needs of patients, healthcare providers will need to promote cultural competency.**

Certain types of cultural barriers in healthcare have the power to negatively impact outcomes and lead to expensive consequences for health systems. Language barriers, for example, can have devastating effects, as they did when a two-year-old Latina girl had two serious injuries within two months – one of which caused her collarbone to fracture.

According to Smithsonian, the girl's mother told the attending resident "Se pegó, se pegó," which sounded like "she was hit." The resident understood the phrase as though the girl was physically struck by someone. That interpretation combined with the girl's recent medical history led to her and her brother being taken away from their mother for several days due to suspected child abuse.

Another story involves a high school teenager collapsing during a sporting event. He and his girlfriend spoke little English, and the girl kept repeating the word "intoxicado." The boy received treatment for drug abuse and spent 48 hours in a coma. However, while "intoxicado" can mean "intoxicated," it can also refer to a "sick to the stomach" feeling, a symptom of a brain aneurysm. That misunderstanding resulted in a \$71 million malpractice lawsuit.

The previous examples illustrate how language barriers can prevent healthcare practitioners from the getting information they need. Data from the U.S. Census Bureau indicates that 8.5% of the population speaks English "less than very well." In areas with the greatest need for language services, about 36% of hospitals lack those systems, according to a study in Health Affairs.

Language barriers are just one of several issues that prevent healthcare professionals from delivering quality care. To meet patients' needs, healthcare providers need to promote cultural competency.

### What is Cultural Competency? How Does it Relate to Healthcare?

Cultural competency refers to the ability to interact with people across cultures. When used in healthcare, the term focuses on being able to care for patients with diverse values, beliefs, and behaviors. Healthcare delivery needs to be tailored to patients' social, cultural, and linguistic needs, according to a report from Health Research & Educational Trust, the not-for-profit research and educational affiliate of the American Hospital Association.

"A key component to new care delivery models, such as patient-centered medical homes and accountable care organizations, is the ability to engage and educate patients about their health status," the report added. "While doing this is challenging with all patients, for diverse patient populations it can be even more difficult due to language barriers, health literacy gap, and cultural differences in communication styles."

Cultural competency in healthcare can overcome health disparities such as language barriers, cultural beliefs and practices, unconscious and conscious medical bias, variations in care access and quality, and low health literacy, according to the global health service company Cigna. The organization noted that racial and ethnic minorities currently comprise around a third of the U.S. population. By 2055, minorities are expected to become the majority.

### The Importance of Cultural Competence in Healthcare

Culturally competent care benefits the organization, patients, and the community, according to Health Research & Educational Trust. "Organizations that are culturally competent have improved health outcomes, increased respect and mutual understanding from patients, and increased participation from the local community," the report said.

It outlined three primary benefit areas of becoming a culturally competent healthcare organization.

**Business benefits** include enhancing the efficiency of care services, increasing the market share of the organization, decreasing barriers that slow progress, helping to meet legal and regulatory guidelines, and incorporating different, perspectives ideas, and strategies into the decision-making progress.

(continued on page 3)

**Health benefits** include reducing care disparities in patient population, enhancing preventive care, improving collection of patient data, and reducing the number of medical errors, treatments, and medical visits.

**Social benefits** include increasing trust, promoting community member inclusion, involving the community in health issues, assisting patients and families in their care, promoting patient and family health responsibility, and increasing mutual respect and understanding for patients and the organization.

### How to Become a Culturally Competent Practice

Healthcare providers and employers can take several steps toward becoming culturally competent. Consulting the National Culturally and Linguistically Appropriate Services (CLAS) Standards is a good starting point for healthcare organizations. The 15 action steps of the National CLAS Standards aim to advance health equity, improve quality, and eliminate healthcare disparities.

Another strong resource comes from Health Research & Educational Trust and the Institute for Diversity in Health Management. The guide explores how to enhance cultural competency in healthcare, and it presented seven tasks hospital leaders can focus on. Self-assessment questions are provided to go along with the seven recommendations that are provided here.

- Collect race, ethnicity, and language preference (REAL) data.
- Identify and report disparities.
- Provide culturally and linguistically competent care.
- Develop culturally competent disease management programs.
- Increase diversity and minority workforce pipelines.
- Involve the community.
- Make cultural competency an institutional priority

From an employer perspective, expanding staff to include experts in cultural competency and diversity can help the institution become stronger in this area, according to Cigna. The institution can provide materials and benefits information that is culturally competent, to help staff members enhance their knowledge in the field. Other ideas include obtaining feedback from diverse groups of employees about their personal experiences in healthcare and having multicultural staff representatives support onsite health services, like health fairs and open enrollment.

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## Considerations for Hosting or Attending a Gathering

Source: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html>

If you will be hosting a gathering during the holiday season that brings people who live in different households together, follow CDC tips for hosting gatherings. If you will be attending a gathering that someone else is hosting, follow CDC Considerations for Events and Gatherings. Below are some general considerations for hosting a gathering that brings together people from different households. Guests should be aware of these considerations and ask their host what mitigation measures will be in place during the gathering. Hosts should consider the following:

- Check the COVID-19 infection rates in areas where attendees live on state, local, territorial, or tribal health department websites. Based on the current status of the pandemic, consider if it is safe to hold or attend the gathering on the proposed date.
- Limit the number of attendees as much as possible to allow people from different households to remain at least 6 feet apart at all times. Guests should avoid direct contact, including handshakes and hugs, with others not from their household.
- Host outdoor rather than indoor gatherings as much as possible. Even outdoors, require guests to wear masks when not eating or drinking.
- Avoid holding gatherings in crowded, poorly ventilated spaces with persons who are not in your household.
- Increase ventilation by opening windows and doors to the extent that is safe and feasible based on the weather, or by placing central air and heating on continuous circulation.
- For additional information on increasing ventilation, visit CDC's information on [Cleaning and Disinfecting Your Home](#).
- Winter weather can be cold, wet, and unpredictable. Inclement weather makes it difficult to increase ventilation by opening windows or to hold an event outdoors.
- If setting up outdoor seating under a pop-up open air tent, ensure guests are still seated with physical distancing in mind. Enclosed 4-wall tents will have less air circulation than open air tents. If outdoor temperature or weather forces you to put up the tent sidewalls, consider leaving one or more sides open or rolling up the bottom 12 inches of each sidewall to enhance ventilation while still providing a wind break.
- Require guests to wear masks. At gatherings that include persons of different households, everyone should always wear a mask that covers both the mouth and nose, except when eating or drinking. It is also important to stay at least 6 feet away from people who are not in your household at all times.
- Encourage guests to avoid singing or shouting, especially indoors. Keep music levels down so people don't have to shout or speak loudly to be heard.
- Encourage attendees to wash their hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use hand sanitizer that contains at least 60% alcohol.
- Provide guests information about any COVID-19 safety guidelines and steps that will be in place at the gathering to prevent the spread of the virus.
- Provide and/or encourage attendees to bring supplies to help everyone to stay healthy. These include extra masks (do not share or swap with others), hand sanitizer that contains at least 60% alcohol, and tissues. Stock bathrooms with enough hand soap and single use towels.
- Limit contact with commonly touched surfaces or shared items, such as serving utensils.
- Clean and disinfect commonly touched surfaces and any shared items between use when feasible. Use EPA-approved disinfectant external icon.
- Use touchless garbage cans if available. Use gloves when removing garbage bags or handling and disposing of trash. Wash hands after removing gloves.
- Plan ahead and ask guests to avoid contact with people outside of their households for 14 days before the gathering.
- Treat pets as you would other human family members – do not let pets interact with people outside the household.

The more of these prevention measures that you put in place, the safer your gathering will be. No one measure is enough to prevent the spread of COVID-19.