

Seeking Justice in Health Care

**A guide to starting
conversation in your
congregation and
community**



Seeking Justice in Health Care

An Introduction

For a hundred reasons – maybe more – we as the church need to speak up about justice in health care. For starters, Jesus told us to preach, teach and heal. And it is a justice issue, not to be co-opted by partisan politics.

People are afraid to discuss health care reform for many reasons. Feelings run deep. Many fear that health care reform means socialized medicine. Many benefit from the system as it is. Many people fear they cannot possibly have enough information to form a legitimate opinion, even though the system is so complex that not even the experts understand it!

Often, health ministers and parish nurses see their role as caring for individuals, advocating for them: speaking on their behalf, teaching about right eating, right exercising, right medications, and so on. Health ministers need to care for the larger community as well, the faith community and the community beyond. We need to expand our minds and our hearts to include the care of the community as part of our role.

Jesus certainly did. He cared for individuals, and he also spoke out against systems that were unjust. And he spared no one his opinions. The frequently asked question, “What would Jesus do?” applies to the issue of health care access.

Creating a place for open dialogue is a gift the church can give to the community. The Episcopal Church is especially open to offering this, having so many varied perspectives within her own ranks and having made clear statements through General Convention of the underlying principles that need to inform decisions.

I choose the word dialogue carefully. Dialogue is not debate, with one side trying to prove its case. It is not even discussion, where one party might try to convince the other to change his or her mind. Dialogue is an effort to hear the issues and hear each other. Dialogue is not about coming down in favor or against a piece of proposed legislation. It is not about backing people into a corner. It is not about having the answer. It is about raising the questions that faith and justice demand.

Included here are aids to assist you in opening in your community a dialogue on justice in health care. These aids are borne from the experience of one diocese (Indianapolis) where National Episcopal Health Ministries and Episcopal Peace Fellowship combined their energy. Our experience, in short, is this:

The speaker from Universal Health Care Access Network, the Rev. Linda Walling, is knowledgeable and dynamic.

- Bringing Walling to our church was a gift we could give the community, and might be a tool for evangelism.

- We sought and received generous financial support from health institutions, allowing us to charge a minimal fee to registrants.
- People attended from many different faith communities.
- Seeds were planted that will need watering.

The contents include a Timeline and Work Plans for

- Gathering and planning
- Developing a budget
- Lining up sponsors
- Securing nursing CEU's
- Communicating about the workshop
- Arranging for food
- Taking registrations
- Preparing the learning environment
- Enjoying the day
- Following up

TIMELINE
for
Seeking Justice in Health Care

Goal: To increase awareness of the health care system through educating local congregations and empowering them to act.

Date of Event _____

Overall Timeline

Due	Due Date	Objective	Date completed
-20 weeks		1 Gather interested parties and start planning	
-18 weeks		2 Develop a budget	
-12 weeks		3 Line up sponsors and get money in	
-8 weeks		4 Secure CEU's for nurses	
-6 weeks		5 Communicate about the workshop	
- 6 weeks		6 Take registrations	
-4 weeks		7 Arrange for healthy food	
-1 day		8 Prepare the learning environment	
THE DAY		9 Learn and enjoy!	
+2 days		10 Follow-up	

1. Gather interested parties and start planning

-20 weeks Due Date _____

What	How	Who	Due
Review UHCAN website and materials	Go to www.UHCAN.org		
Schedule brainstorming sessions, at least two.			
Educate yourselves about the stance of the denomination on health care access.	Read the “Statement on Health Care Access by the General Convention of the Episcopal Church”		
Identify group members passions and talents, and assign tasks accordingly			
Contact UCHAN for dates and details	walling@UCHAN.org		
Brainstorm target audience	Use sample list “Who Should be Contacted”		

Statement on Health Care Access by the General Convention of the Episcopal Church

**Report of the Standing Commission on Health, *Journal of the General Convention,*
1994**

Preface

During this triennium, the Standing Commission on Health was faced with an area of concern which dominated our society. Whether it was the Clinton Health Plan or the innovations of high technology and the resulting ethical questions, we realized that whatever we did would be subject to the headlines and even the most careful work might be outdated by the beginning of the 71st General Convention.

Therefore, we have centered our work in a theological statement crafted by the Bishop of Missouri, but representing the work and thought of the entire Commission. It is our hope that this invitation to theological discussion and the five principles or elemental objectives for an approach to health care by Anglican Christians will assist the Church in coping with the chaotic and complex world of health in the coming century.

We also are aware of certain specific areas which we felt important to bring to the attention of our Church. Our strategy is to mail the complete reports of this Commission to each diocesan bishop and the chair of each deputation. Aware of the request to use other means as well as legislative resolution, we have only included those resolutions that we feel absolutely necessary at this time.

Our hope, our goal, is to start a discussion in this Church that will be more than strident parties defending a rigid position, but rather the work of pilgrims seeking God's Kingdom and truth.

CHRISTIANS AND THE FORMATION OF PUBLIC POLICY ABOUT HEALTH CARE

A Theological Rationale

Introduction

What follows is undertaken as the beginning of a conversation. It is the first segment of a work in progress, a work to which Episcopalians are invited to contribute throughout the upcoming triennium. Over the next three years, particular groups will be asked by the Standing Commission on Health to respond to this essay; e.g., Episcopalian ethicists, liturgists, theologians, physicians and nurses and research scientists in the health care field, and health care workers of all kinds. It will be important that the diverse elements

of the Episcopal Church be drawn into the dialogue so that voices from every corner of our communion may be heard and heeded. The contributions of these groups, and others, are intended to enlarge the conversation, broadening and deepening it, and the outcome will be a second version of this essay, to be published for the Convention of 1997. It is proposed that the exercise be repeated in the *next* triennium and a final Teaching Document for the Church be published for the General Convention in the year 2000.

The purpose of this undertaking is to engage the Church, over time, in serious discourse about Christian social responsibility in the area of health care. It is our conviction that the separation of church and state in our society does not preclude Christians from taking part in the formation of public policy, including policy respecting health care for all Americans. The present document seeks to make a beginning at involving Episcopalians in an important public debate and to instruct conscience in respect to certain fundamental precepts to be used as guidelines in that debate. We have no illusion that people of Christian conscience (or Episcopalian Christian conscience!) have exclusive access to the moral truths that should govern the formation of public policy in health care. We believe only that our tradition both equips and commissions us to engage fully in the discussion of these issues which so greatly affect the common good.

The Baptismal Covenant in *The Book of Common Prayer* includes two questions, put to those who seek to commit themselves to Christ by baptism, and to those who renew their baptismal vows:

“Will you seek and serve Christ in all persons, loving your neighbor as yourself?”

“Will you strive for justice and peace among all people, and respect the dignity of every human being?”

The answers to those questions are the same: “I will, with God’s help.” To say, “I will,” to those central questions of faith is to be summoned into the realm in which social policies are made, the realm where the commonwealth is shaped. Very many others occupy that realm: Politicians and economists, clinicians and surgeons, insurance executives and benefit managers, social philosophers and professional ethicists. It is essential that those who mean to be true to their baptismal vows join that large and diverse company and give voice to the imperatives of Christ the Healer. Absent their voices, the decisions about health care in our nation may be left to those for whom health care is a mere commodity, and those in need of it considered to be only consumers.

The Biblical Imperatives

To find a response to the question, “Why should Christians concern themselves with issues of health care?” one need only refer to the Bible. There is a sense in which the whole of the biblical story, from the third chapter of Genesis forward, is the tale of the Creator seeking to mend the broken creation. Moreover, as the texts reveal, God persistently calls men and women to join in the work of mending the creation, to be themselves healers, both of individuals in need and of the social order.

In Jesus Christ, the sign of God's presence as healer in the world's life is supremely expressed. In Jesus of Nazareth is the full disclosure of the divine intention to seek out the weak and the sick and the outcast and to heal them, restoring them to the communities where they belong. In the healing presence of Christ there is the proclamation that God heals, and also that God *reigns*. The Gospel accounts include the mandate of Jesus to his followers that they go into the world to "heal the sick" in his name. As they go, they become signs of the inbreaking of the rule of God. In the summary of his teaching, Jesus says of the true servant of God, "When I was sick you came to my help." As the story of Peter and John healing a crippled beggar in Acts 3 illustrates, the infant Christian community saw the care of the sick as among its principal works of ministry. What is plain from the biblical texts is that Christ the Healer charges those who would follow him with the works of consolation and comfort, of sacrifice and compassion and healing. The community of the baptized is empowered by the presence of the healing Christ. Each individual Christian, organically joined to Christ in baptism, is equipped to function as a healer in his name. These works were not just good undertakings of individuals, but of a people fortified by the *community* of faith, in which each received according to need. (Acts 2:45).

The Church as the Evidence of the Healing Presence of God in the World

Christianity brought into the world what one commentator has described as "the most revolutionary and decisive change in the attitude of society toward the sick.... It addressed itself to the disinherited, to the sick and afflicted, and promised them healing.... It became the duty of the Christian to attend to the sick and the poor.... The social position of the sick...became...a preferential position" (Henry Sigerist, quoted in *Health/Medicine and the Faith Communities*, M. Marty and K. Vaux, eds., Fortress Press, 1982, p. 110). Across the centuries of the Common Era, there are very considerable evidences of Christians caring for the sick, honoring them as they ministered to their needs, risking illness themselves by exposure to victims of plagues. By the early medieval period, the centrality of the ministry to the sick appears in *The Rule of St. Benedict*: "Before all things and above all things care must be taken of the sick..." (Chapter 36). From this conviction, especially as it was manifest in the monastic orders, hospitals were born. These were meant as signs and emblems of the presence in the world of Christ the Healer. Indeed, the sick themselves were seen as evidences of the presence of the suffering Christ, such that in certain parts of western medieval Christendom the sick were declared as an "ordo" of ministry, a distinct category of sacred ministers along with catechumens, widows, and so on.

Anglicans, of course, inherit this tradition, and nowhere is it more apparent than in the service for the "Ministration to the Sick" in *The Book of Common Prayer*. The three-part service—The Ministry of the Word, The Laying on of Hands and Anointing, and Holy Communion—asserts that God is present, in and for and to the sick person. The sign of unction is primarily the sign of God's presence, just as the proclamation of the Word and partaking of the bread and wine are signs of a present, restorative God. As hands are laid upon the sick one, the priest beseeches "our Lord Jesus Christ to sustain you with his presence."

So it is that the participation of Christians in the public dialogue about what constitutes sound and appropriate and equitable health care is sponsored by the determination that it is a Christian calling to represent the healing power of Christ in the midst of the world's life.

Precepts to Guide a Christian Approach to Health Care

The fundamental assumption of the Christian approach to the issues of health care is that human life is of infinite value, that every individual is of irreplaceable worth. This conviction is derived from the Christian doctrine of creation. It declares that because it is of God, all creation is good and that humankind is the apex of the divine work, the masterwork of God. God entrusts the created order to human beings, at the same time blessing them, in the words of a eucharistic prayer, with “memory, reason, and skill,” making them stewards of creation. That trust requires that all life be treated with reverence, but that human life has the highest claim. The incarnation of God in Christ, in Jesus the God-human, puts a seal upon that claim. To be obedient to the baptismal promise to “seek and serve Christ in all persons” is to acknowledge the infinite sanctity of every human life. Acknowledging the sanctity of life, however, does not mean honoring life in a merely vitalistic definition. What is to be acknowledged and honored is the sacred gift of selfhood. When that sacred, personal reality is gone, life in the sense in which God gives it is also gone. Determining the presence or absence of selfhood is not an easy undertaking. It is clear, in the Christian—and specifically in the Anglican—tradition, that such decisions belong to the community. Hard choices about the continuation or discontinuation of medical treatment, for example, need to be made by means of dialogue among the patient (if possible) and the patient's family and the physician and nurses and all other relevant parties. Those difficult choices need to be made in the light of the good stewardship and allocation of resources to which Christians are called.

The Christian view of the value of human lives leads to a determination to build a social order in which each person is cared for according to his or her needs. That distinguishes the Christian social view from one that would serve each individual according to his or her assets, or serve each according to some definition of “societal worth.”

At present, in the matter of the distribution of health care assets in American society, very many with need are unserved or underserved. Where Christians would contend that *need* alone is the criterion for receiving health care, the present society distributes health care according to the *assets* of the recipients. Those who can pay (or are insured) are cared for, and those who cannot, go without. At the same time that a large segment of the population is made to go without adequate health care (approximately 36 million uninsured Americans in 1992), large sums are spent by the whole society to provide for those who can afford it. There is a striking equality among the sick. As one contemporary ethicist has put it, “When we are sick, we are as human beings on a level playing field in a way characteristic of few other circumstances” (Philip Turner). That such fundamental human equality is addressed in unequal ways constitutes a failure of justice that strikes at

the heart of Christian convictions about human worth. In the Baptismal Covenant the worth of every individual in the eyes of God is firmly established, as it is again in the Burial Office, where the same pall lies upon the casket of people of every kind and condition.

Christians and the Making of Public Policy in the Health Care Field

Christians, and those in the Anglican tradition in particular, can bring to the public discussion and the making of public policy certain perspectives that are capable both of elevating the discourse and of bringing it into line with the reality of human existence.

Episcopalian Christians can, for example, stand fast against what one commentator has called, “a Promethean vision of medical possibilities” (D. H. Smith). That is a vision that characterizes some approaches in American medicine and it fails to account for finitude and the truth that “ultimately all medicine is palliative.” It is a vision that is blind to the inevitability of suffering and death, realities that are at the heart of the Christian diagnosis. “The brokenness of life—of healer and patient—is there for anyone with eyes to see” (Smith, *Health and Medicine in the Anglican Tradition*, Crossroad, New York, 1986, p. 7).

The truth that life is limited is joined by the fact that there are limitations of all kinds in the world, including limitations of health care resources. Issues arising out of the way in which those resources are distributed—to high technology neo-natology units or to programs in pre-natal care among the undereducated poor, for example—are issues in which people of conscience, and especially people of Christian conscience, should have important things to say.

Essential to the discussion and to the making of health care policy is the need to agree upon the common good. Christians must approach that definition, not as utopians, but, recognizing that, as Dean Turner has put it, “We wait with eager longing in a world that cannot yield all we want it to. In public policy, we can only hope for a good enough society.” The resurrection of Christ is the sign that the ultimate outcome is God’s and *also* the holy encouragement to Christ followers to strive mightily for a social order that is grounded in righteousness.

Whatever the definition of the “good enough” society turns out to be in this country, some elemental objectives for an approach to health care are clear:

- That universal access to quality, cost effective, health care services be considered necessary for everyone in the population, including those requiring long term care.
- That “quality health care” be defined so as to include programs in preventive medicine, where wellness is the first priority.
- That “quality health care” include interdisciplinary and interprofessional components to insure the care of the whole person—physiological, spiritual, psychological, social—in the community in which that person lives.

- That “quality health care” include the balanced distribution of human resources and not merely of financial resources, so that no region of the country is underserved by health care professionals, including primary care providers and nurses.
- That “quality health care” should include the treatment of incurably ill persons such that pain and distress are relieved even if life is shortened. Followers of the crucified and risen Christ do not place highest value on mere biological existence.

Conclusion

As stated at the outset, it is the hope and expectation of the Standing Commission on Health that these observations, including the five basic principles at the end of the document, become the basis for discussion and debate within the Episcopal Church. That proceeding should include attempts to refine the broad statements of this essay and begin to address the particular questions posed, for example, by the tension between the development of high-technology medical remedies and the crying need for primary care among large segments of the population.

Who Should be Contacted

Episcopal groups

- Diocesan office
- Diocesan newsletter
- Diocesan email
- Diocesan organizations
- Members of the diocesan personnel committee
- Episcopal Peace Fellowship
- Jubilee Centers
- *Episcopal Life*
- *The Living Church*
- Deacons network in the diocese
- Peace and Justice Office at the Episcopal Church Center in NYC

Faith groups in the community

- Offices of judiciaries
- Newspapers from the judicatories, including the Roman Catholic
- Large congregations
- Traditional social justice churches (Brethren, Quaker, Mennonite) and the United Church of Christ (strong social justice involvement)
- Jewish congregations
- Islamic congregations

Hospitals

- Mission Effectiveness
- Chaplaincy offices
- Pastoral Care/CPE groups/supervisors

Interfaith Groups

- Church Federation

The media

- Religion editor of city newspaper
- Health editor
- Neighborhood newspapers
- Radio stations for interviews

Colleges and Universities

- Seminaries
- Schools of nursing
- Schools of medicine
- Schools of public health
- Schools of social work

Health related groups

- Medical society
- Health department, local and state
- Home health organizations

Government groups

- Office of Faith-Based initiatives
- Department of Family and Social Services

Email groups

- Parish nurse/health ministers networks
- Local clergy groups

Legislators

- Mayor's office
- Governor's office
- Offices of elected members of Congress
- Offices of elected Senators
- State government

2. Develop a budget

-18 weeks Due Date _____

What	How	Who	Due
Establish a budget based on cost and proposed income	Review sample budget in appendix		
Identify in-kind donations	Review "Comments on Keeping costs Down"		
Brainstorm potential sponsors by identifying contacts from within the group	Review "Comments on Sponsors"		

Keeping Costs Down

Several people volunteered to help in ways that kept the cost down.

- A local church allowed us to use the space and equipment without charge.
- Someone volunteered to have the speaker stay at her home.
- People baked healthy foods for breaks, and the church donated coffee.
- Someone who loves flowers donated them for beautifying the meeting room.
- Someone volunteered to put together the CEU application, and submit it.

In other places, I imagine there might be people willing to cater the lunch for the cost of ingredients.

We chose to run an ad in a neighborhood newspaper, but that was the only advertising cost. Signs were put up in local coffee shops and grocery stores. The city newspaper would not do an interview, but did add information about the workshop to its list of “What’s Happening?”

Be sure to honor in-kind donations. They matter very much.

Comments about Sponsors

I was initially concerned about how realistic it would be to find sponsors. So many people see this as a political hot potato, and veer away from identifying with “partisan issues.”

The fears were unfounded. We approached a Catholic hospital first, through the Chaplaincy Department, where one of our planning team had worked. Roman Catholics are strong in social justice issues. The department head took the request to the right person in the system, and asked if that institution would pay for bringing the speaker to town. The cost of doing this was identified as including the fee to UCHAN, transportation and room and board. The hospital said yes, probably because of who asked!

After that, a different hospital that is also religiously based was approached. Again, the contact was made at a fairly high level. Initially the response was lukewarm. “Too political,” said this vice president. He said he would consider it, after being told that this workshop was not partisan, and that access to health care would be framed as a justice issue for the faith community. He was told that another hospital in the community was sponsoring bringing the speaker. He called back in an hour and offered a substantial sponsorship.

Two other hospitals were approached, but these had to be through the “proper lines of communication” as no one knew anyone in the higher administrative positions. Both these institutions declined to sponsor, though one offered “give-aways” in the form of pens. (We chose not to take them up on that offer.)

A local home health agency was approached. The former wife of the CEO who was on the planning teams approached her ex-husband for sponsorship. (Wow!) And he was willing to sponsor.

Lastly, a planning team member went to her boss at the local health department, told about the workshop and walked away with a small but helpful sponsorship.

Sponsorships are possible. Maybe the diocesan budget has some education money. Maybe the big Methodist church in town wants to spearhead this. The sky’s the limit. Be imaginative.

3. Line up sponsors and get money in

-12 weeks Due Date _____

What	How	Who	Due
Identify potential sponsors	Consider those known to your planning team who are in “high places” of local institutions Consider hospitals, especially religiously based ones.		
Identify levels and benefits for sponsors	Make your own from sample “Tracking Sponsors”		
Have sponsorship information sheet prepared	Make your own from sample “Sponsorship for Seeking Health Care Justice”		
Approach potential sponsors			
Letter and “invoice” sent to committed sponsors	Make your own from sample “Letter” and “Commitment”		
Invite partners to send a participant free of charge			
Add sponsors’ logos to the registration form			

Tracking Sponsors

Ranges

\$50 - \$250
 \$251 - \$500
 \$501 - \$750
 \$751 - \$1,000
 Over \$1,000

Levels

Bronze Fifth tier
 Silver Fourth tier
 Gold Third tier
 Platinum Second tier
 Diamond First tier

Date of contact	Sponsor Name and Address	Contact's Name, Phone and email	Level	Amount	Date Letter Sent	Date Money Rec'd	Date Logo Rec'd	Date Thank You Sent

**YOUR LOGO
HERE**

Sponsorship for Seeking Health Care Justice

About the Workshop

An all-day workshop “Seeking Health Care Justice” is being brought to [your area] on [date]. The workshop was developed by the Universal Health Care Access Network, and the presenter is the Rev. Linda Walling, Director of the Faith Project.

The objectives of the workshop are for participants to:

- * Better understand the U.S. health system
- * Identify the issues related to the moral, medical and economic imperatives for reform
- * Think critically about the challenges to justice in U.S. health care, and
- * Identify ways in which faith communities and grassroots activists can be engaged in health care justice and advocacy

This workshop is for people of faith and others who care about health care justice, including clergy, health ministers and parish nurses, students of the health professions, chaplains, social workers, health educators, and journalists.

About Sponsorship

[Your group] is offering this to [your area] and is seeking sponsors. As a sponsor:

- * Your logo will appear on [your group’s] web site pages announcing the workshop and will include a link to your web site.
- * A table will be available during the entire workshop for your literature.
- * Signage noting your sponsorship will be posted at registration on [date].
- * You will also be given an opportunity to present a brief introduction to your ministry or company prior to the lunch break.
- * A section in the conference notebook will include one page of information about each sponsor.

The following opportunities for sponsorship are available until [8 weeks prior to the date].

Donation ranges are:

- \$50 - \$250
- \$251 - \$500
- \$501 - \$750
- \$751 - \$1,000
- Over \$1,000

If you wish to be a sponsor, please contact [your designee] at [your phone], or by e-mail at [email address], or at [full address].

Sponsor Follow-up Letter

[Date]

[Name]
[Address]
[City, State zip]

Dear [Name],

I am so grateful for your willingness to help sponsor “Seeking Health Care Justice” on [date]. This is a project that would not be possible without the assistance from groups like yours, who care for health **and** for justice. Our goal is to share information and to stimulate dialogue and action in our faith communities about health care in America. It is important that we all be at the table to speak.

If you would like, please email to us a picture ready copy of your logo in jpg format and information about the health department that we can print out and include in the workshop notebook. The address is [your email]. There will also be a table available for our sponsors to display literature about their organizations.

I am enclosing a form that serves as an “invoice” to facilitate the flow of information and financial support.

We look forward to an inspiring day on [the date]. Thank you for making it possible!

Faithfully,

[Your name]

Commitment to Sponsorship

for

Seeking Health Care Justice [Date]

To:

From:

[Your group's name], a not-for-profit organization presenting "Seeking Health Care Justice" to share information and to stimulate dialogue and action in our faith communities about health care in America.

Amount pledged:

Please make checks payable to:

4. Secure CEU's for nurses

-20 weeks Due Date _____

What	How	Who	Due
Make arrangements with a local nursing CEU provider			
Complete application	Use material in sample (in Appendix A) to create your own program, or use as is. (It was originally created by Sister Anne Victory of the Sisters of the Humility of Mary in Cleveland, Ohio) <ul style="list-style-type: none"> • Abstract • Objectives • Content outline (see Appendix B) • Participant Roster • Evaluation 		
Collect necessary information on the roster on the day of the workshop			
Submit evaluations and money to the provider following the workshop.			

For Nursing Continuing Education Units

[Date]

[Place]

Abstract

Given the condition of the health care delivery system in the United States, faith communities need to be educated in order to add their critical voice to the debate. This day-long workshop will assist participants to better understand the U.S. health care system, identify issues related to the moral, medical and economic imperatives for reform, think critically about the challenges to justice in health care, and identify ways in which people of faith can be engaged in health care justice.

Objectives

- 1) Define health care justice and relate justice to moral, medical and economic imperatives for change.
- 2) Outline the challenges to health care reform in the United States, focusing on access and cost.
- 3) Describe current methods of insuring and delivering health care in the U.S.
- 4) Examine ways to make a more just system of the delivery of health care through changes in culture, institutions and laws.
- 5) Explore the role of faith communities in working for health care justice.

Evaluation Form

[Your CEU Provider]

Program Title: Seeking Justice in Health Care
Instructor: The Rev. Linda Walling
Provider Number: [Insert]

Contact Hours: [Insert]
Date:

Course Objectives

1) Define health care justice and relate justice to moral, medical and economic imperatives for change.

Excellent Good Fair Poor Not applicable

2) Outline the challenges to health care reform in the United States, focusing on access and cost.

Excellent Good Fair Poor Not applicable

3) Describe current methods of insuring and delivering health care in the U.S.

Excellent Good Fair Poor Not applicable

4) Examine ways to make a more just system of the delivery of health care through changes in culture, institutions and laws.

Excellent Good Fair Poor Not applicable

5) Explore the role of faith communities in working for health care justice.

Excellent Good Fair Poor Not applicable

Teaching methods were effective

Yes No

Opportunity for participation

Too much

Not enough

Just right

Content

Relevant to offering objectives

Yes

No

Appropriate for your level of practice

Yes

No

Physical facilities conducive to learning

Yes

No

Your comments are important to us. Please share any other additional comments about this program.

5. Communicate about the workshop

– 8 weeks

Due Date _____

What	How	Who	Due
Develop written materials for distribution by email and personal contact	<p>Modify the description and registration form “Seeking health Care Justice”</p> <p>Modify the “Article to for Congregations’ Newsletters” and use for diocesan newspaper as well</p> <p>Modify announcement to put into congregations’ bulletins and diocesan newsletter</p>		
Encourage faith communities to share this information with their congregations	<p>Make face-to-face contact with congregations and judicatories</p> <p>Offer them article In electronic form as well as printed</p>		
Contact newspapers	<p>Speak with the Religion Editor or the Health Editor</p> <p>Encourage newspaper to do a telephone interview with the Rev. Linda Walling before the workshop</p>		
Identify contacts and who will connect with them (and how)	<p>Refer to “Who Should be Contacted”</p> <p>Track contacts using “Tracking Contacts in the Community”</p>		

SEEKING JUSTICE in HEALTH CARE

[Your date] from 8:30 am – 4:00 pm

[Your place and address]

“The U.S. health care system is broken and the religious community needs to address this critical issue. Many of our congregations are asking how they can better prepare to lift their prophetic voices to engage in the continued struggle for health care justice. This is just what they need!”

-- Barbara T. Baylor, Minister for Health and Wellness Programs, The United Church of Christ

The workshop will help participants:

- Better understand the U.S. health system
- Identify the issues related to the moral, medical and economic imperatives for reform
- Think critically about the challenges to justice in U.S. health care, and
- Identify ways in which faith communities and grassroots activists can be engaged in health care justice advocacy

The workshop is for people of faith and others who care about health care justice, including clergy, health ministers, parish nurses, physicians, nurses and other health care professionals, chaplains, health educators, journalists.

The training will focus on the use of **SEEKING JUSTICE IN HEALTH CARE: A GUIDE FOR ADVOCATES IN FAITH COMMUNITIES**. This 80-page educational resource was developed by the Faith Project of the Universal Health Care Action Network (UHCAN) to give people of faith the informational tools needed to engage responsibly in health care justice advocacy. It is included in the cost of registration.

If you have questions, please contact [your contact person] at [your phone number], or email [email].

REGISTRATION

The registration cost per person is \$30. Lunch is included. Please make your check payable to [Your group]. If you are seeking Professional **Nursing CEU's**, please indicate below and add \$5.00 to the registration. (Note: You will need to bring your nursing license with you to the workshop.) To guarantee a seat at the workshop, early registration is encouraged. Please print.

CEUs for RN: Yes No

Name(s)

Name of congregation//organization

Address

City

State

Zip

Telephone

Email

Please list any special needs you have (such as dietary or accessibility):

Please send this form, along with payment, to:

[Your group's name and address]

YOUR LOGO

Article for Congregations' Newsletter

Seeking Justice in Health Care

Today, a major issue for the American people –including those who attend worship – is health care. The issue is personal and social. The problems are intricate, complex and thorny, and it is no wonder that solutions are not easy to come by. Faith communities need to be informed about health care in order to prayerfully consider their role in speaking for both justice and charity.

Seeking Justice in Health Care is a one-day workshop developed by the Faith Project of the Universal Health Care Access network (UHCAN), and it will be presented at [your place] on [your day and date] from 8:30 till 4:30. The speaker is the Rev. Linda Walling, Director of Faith Project of UHCAN, and a pastor in the Disciples of Christ tradition. The workshop is for anyone who needs or cares about health care.

Barbara T. Baylor, Minister for Health and Wellness Programs in the United Church of Christ, said, “The U.S. health care system is broken and the religious community needs to address this critical issue. Many of our congregations are asking how they can better prepare to lift their prophetic voices to engage in the continued struggle for health care justice. This is just what they need!”

By the end of the workshop, participants will better understand the U.S. health system; know the issues related to the moral, medical, and economic imperatives for reform; consider the challenges to justice in U.S. health care; and identify ways that faith communities can responsibly engage in health care justice and advocacy.

The cost for the workshop is \$30, which includes lunch and *Seeking Justice in Health Care: A Guide for Advocates in Faith Communities*, an 80-page educational resource developed by the Faith Project of UHCAN. Some scholarships are available.

The agenda for the day is as follows:

- 8:30 Registration, coffee
- Morning Justice Imperatives and Criteria for Change, Challenges of US Health Care, Insuring US Health Care
- 12:15 Lunch
- Afternoon Delivering US Health Care, Making Change Happen, Engaging Faith Communities
- 4:30 Dismissal

[Your organization] is presenting this workshop. Sponsors for the workshop include [your sponsors' names].

To register, simply download the registration form from [your website] or contact [your person] at [your number].

Announcement for Congregations' Bulletins

Concerned about Health Care?

Seeking Justice in Health Care, an educational, day-long workshop will address the current issues of health care in America and what the faith community can do. This program was developed by the Faith Project of the Universal Health Care Access Network. It will be held on [your day and date] from 8:30 till 4:30 at [your place and address]. For more information and registration, go to [your website] or contact [your person's name] at [your phone number].

6. Arrange for healthy food

- 4 weeks

Due Date _____

What	How	Who	Due
Identify caterers for two breaks and lunch	Work from referrals Consider volunteer cooks at the church		
Assure “healthy” foods (perception goes a long way!)	Review menus		
Address issues of serving and seating	Attempt to have the meal in a different room from the workshop		

7. Take registrations

On-going

Due Date _____

What	How	Who	Due
Track registrations as they come in	Modify “Registrants” template and make it your own Identify which registrants are “free” because of scholarship or associated with sponsor		
Order manuals from UCHAN at least two weeks in advance of the workshop			
Make name tags, table tents and packets for registrants			
Make welcome packets	Include “Program Schedule,” names and information about sponsors, and list of participants’ names and email or phone information		

Program Schedule

Seeking Justice in Health Care

YOUR LOGO HERE

With the Rev. Linda H. Walling
Director of the Faith Project
Universal Health Care Access Network

[Day and Date]

8:30-8:45	<i>Registration, coffee</i>	
8:45-9:00	Welcome and Overview	10 minutes
9:00-10:00	Justice Imperatives and Criteria for Change	60 minutes
10:00-10:15	<i>Break</i>	
10:15-11:15	Challenges of US Health Care	60 minutes
11:15-12:15	Insuring US Health Care	60 minutes
12:15-12:45	<i>Lunch</i>	
12:45-1:45	Delivering US Health Care	60 minutes
1:45-2:45	Making Change Happen	60 minutes
2:45-3:00	<i>Break</i>	
3:00-4:00	Engaging Faith Communities	60 minutes
4:00-4:45	Questions and Answers, Evaluation	10 minutes

Brought to you by
[Your organization]

Universal Health Care Access Network (UHCAN), the Faith Project
2800 Euclid Avenue # 520
Cleveland, OH 44115

Phone: 216.241.8422x15 FAX: 216.241.8423 Email: faithproject@uhcan.org

9. Enjoy the day

Date _____

What	How	Who	Due
Give written instructions to registrar	Have registrar confirm registration, accuracy and completeness of their contact information, and payment		
	Give manual, packet and nametag		
	Have nurses seeking CEU's sign roster and enter their nursing license number		
Have coffee, tea and water available			
For nurses seeking CEU's, give the additional evaluation to be completed at the end of the session and to submit to registrar			

10. Follow-up

+2 to +5 days Date _____

What	How	Who	Due
Send out personalized thank you letters to sponsors			
Make corrections on the roster of participants			
Mail updated roster to participants and to Linda Walling at UHCAN			
Evaluate the workshop	<p>Compile results of evaluations</p> <p>Gather the planners for a face-to-face meeting or telephone conference call.</p> <p>Review objectives and ask if they were accomplished</p> <p>Use a Round robin approach to have each person state: "The best part of the workshop was." And "The part I wish had been different is...."</p> <p>Review written evaluations</p>		

Sample CEU Content Outline

for

Seeking Justice in Health Care

Objectives	Content	Time Frame	Faculty	Teaching Method
Define health care justice and relate justice to moral, medical and economic imperatives for change.	<p>I. Welcome and overview</p> <p>A. Brief history of project</p> <p>B. Review of objectives</p> <p>II. The imperatives and criteria for change</p> <p>A. Identifying the imperatives and how they present themselves</p> <ol style="list-style-type: none"> 1. Moral 2. Medical 3. Economic <p>B. Defining the problem</p> <ol style="list-style-type: none"> 1. Most agree that: <ol style="list-style-type: none"> a. Health care is an important public issue b. Everyone should have access to health care 2. Most do not agree on: <ol style="list-style-type: none"> a. The solution to expanding access to health care b. How to pay for health care for everyone <p>C. Challenges to justice</p> <ol style="list-style-type: none"> 1. Moral 2. Medical 3. Economic 	10 minutes		Lecture handouts
		60 minutes		Clip from movie <i>John Q</i> : brainstorm issues
				Public opinion poll; compare results with poll results
				Lecture/discussion Power Point / Overheads
				Lecture/discussion Power Point / Overheads

	<p>D. Where so we go from here?</p> <ol style="list-style-type: none"> 1. Grassroots education 2. National dialogue and debate 3. Engaging those who care about justice 			
<p>Outline the challenges to health care reform in the United States, focusing on access and cost.</p>	<p>BREAK</p> <p>III. Challenges in US health care</p> <ol style="list-style-type: none"> A. How people make decisions about expensive purchases B. How health care decisions are made C. Variety of challenges in US health care make reform difficult <ol style="list-style-type: none"> 1. Costs of salaries, supplies, equipment, capital 2. International comparisons 3. Ways in which health care is paid for 4. Consumer expectations D. Most difficult: expanding access and containing cost while maintaining quality E. Options: <ol style="list-style-type: none"> 1. Decrease costs 2. Decrease access 3. Improve quality and access within a limited budget 	<p>15 minutes</p> <p>60 minutes</p>		<p>Clip from movie <i>Damaged Care</i></p> <p>Lecture/discussion</p> <p>Power Point / Overheads</p> <p>Handouts</p> <p>Flip Chart</p>
<p>Describe current methods of insuring health care in the US</p>	<p>LUNCH</p> <p>IV. Insuring US health care</p> <ol style="list-style-type: none"> A. Historical overview <ol style="list-style-type: none"> 1. Access 2. Costs 3. Social-political contexts 	<p>60 minutes</p> <p>60minutes</p>		<p>Agree/Disagree chart; note differences</p> <p>Lecture/discussion</p> <p>Power point / overheads</p>

	<p>B. Primary sources of insurance</p> <ol style="list-style-type: none"> 1. Individual / private 2. Public <ol style="list-style-type: none"> a. Medicare b. Medicaid and CHIP 3. Uninsured C. Challenges to justice <ol style="list-style-type: none"> 1. Identify issues 2. Truth as witness to the whole 3. Health care = health security 		<p>Jigsaw small group work re: issues with each insurance type; report to large group</p> <p>Flip chart; color code issues according to imperatives</p>
<p>Define current methods of health care delivery in the U.S.</p>	<p>V. Delivering US health care</p> <ol style="list-style-type: none"> A. Introduction <ol style="list-style-type: none"> 1. History 2. Current status B. Scenarios <ol style="list-style-type: none"> 1. Delivery of care in each arena <ol style="list-style-type: none"> a. Physician / patient b. Hospitals c. Safety net institutions d. Managed care organizations 2. Justice issues associated with each scenario <ol style="list-style-type: none"> a. Who benefits? b. Who is left out? c. What is the biggest concern driving the system? 	<p>60 minutes</p>	<p>Handouts</p> <p>Small group skits demonstrating challenges in each scenario.</p> <p>Power point / overheads</p> <p>Brainstorm: record on flip chart</p>
	<p>BREAK</p>	<p>15 minutes</p>	
<p>Examine ways to make a more just system of the delivery of health care through changes in</p>	<p>VI. Making change happen in US health care</p> <ol style="list-style-type: none"> A. Introduction: making changes B. How change happens 	<p>60 minutes</p>	<p>Chalk talk re: life changes</p> <p>Lecture / discussion</p>

<p>culture, institutions and laws.</p>	<p>1. Culture: deepening understanding of the problem</p> <p>2. Institutions</p> <ul style="list-style-type: none"> a. Payers (business, labor, government, self) b. Providers (hospitals, physicians, drug companies, insurance companies, managed care companies) <p>3. Laws</p> <ul style="list-style-type: none"> a. Elected representatives b. Interest groups c. The public (people affected) <p>C. Which elements were most important in:</p> <ul style="list-style-type: none"> 1. The civil rights movement 2. Status of women 3. Health care reform: different because those affected are sickest, least able to advocate for themselves <p>D. Seven stages of legislative change</p> <ul style="list-style-type: none"> 1. Awareness 2. Developing a sense of urgency 3. Reacting to early proposals 4. Confronting wishful thinking and resistance 5. Deliberating the pros and cons of hard choices 6. Reaching a provisional decision 7. Coming to full deliberative judgment <p>E. Early proposals</p>		<p>Power point / overheads</p> <p>Q & A discussion</p> <p>Handouts Power point / overheads Lecture / discussion</p>
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	<p>1. Health insurance as an individual responsibility</p> <p>2. Expansion of employer-based health benefits</p> <p>3. Expansion of public health insurance</p> <p>4. Hybrid models</p> <p>F. Change is difficult but not impossible</p> <p>1. Involves balancing and compromise</p> <p>2. Focus on justice: fair and sustainable</p> <p>3. There may be more than one right answer</p>			
<p>Explore the role of faith communities in working for health care justice</p>	<p>VII. Engaging faith communities in working for health care justice</p> <p>A. What people of faith can do</p> <p>1. Education</p> <p>2. Advocacy</p> <p>3. Bridge-building</p> <p>B. What about separation of religion and politics?</p> <p>1. The myth</p> <p>2. The truth: what non-profits are allowed to do</p> <p>3. The truth: What non-profits are not allowed to do</p> <p>C. What faith groups are saying about health care for all</p>	<p>50 minutes</p>		<p>Power point / overheads</p> <p>Lecture / discussion</p> <p>Handouts</p> <p>Flip charts</p>
	<p>VIII. Conclusion and evaluation</p>	<p>10 minutes</p>		

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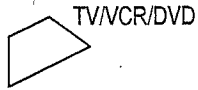
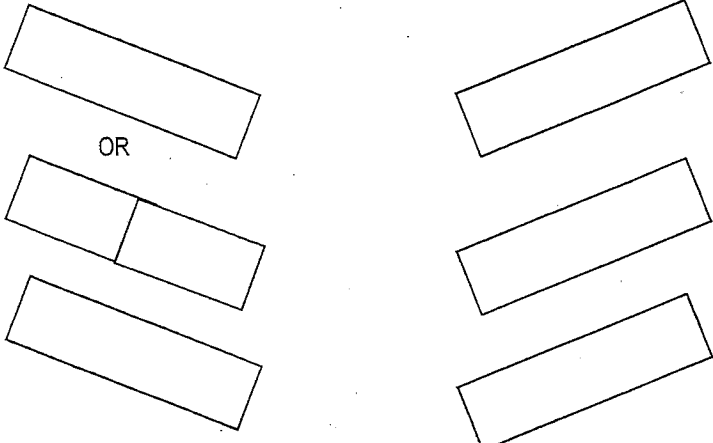
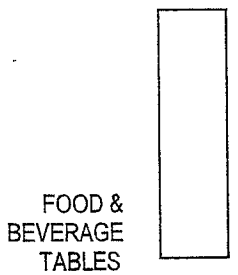


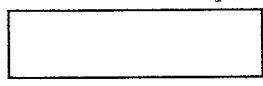
TABLE FOR LCD PROJECTOR, LAPTOP,
and OVERHEAD PROJECTOR
(provide extension cords as needed)



Additional tables
needed where
convenient for
registration &
literature



FOOD &
BEVERAGE
TABLES
(along either side or at the back)



- # of tables dependent on # of participants
- # of chairs per table dependent on table length
- all chairs should face forward (leave one side of table empty)

Room Set Up "B"

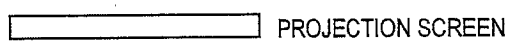
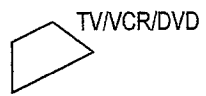
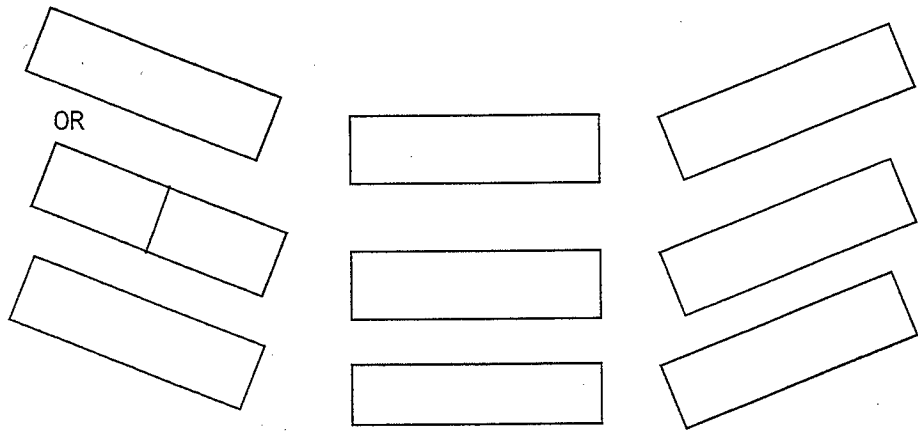
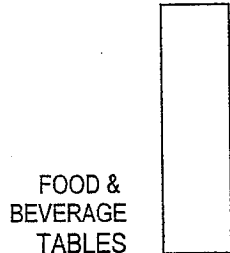


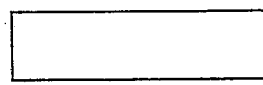
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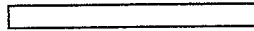


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Room Set Up "C"



TV/VCR/DVD



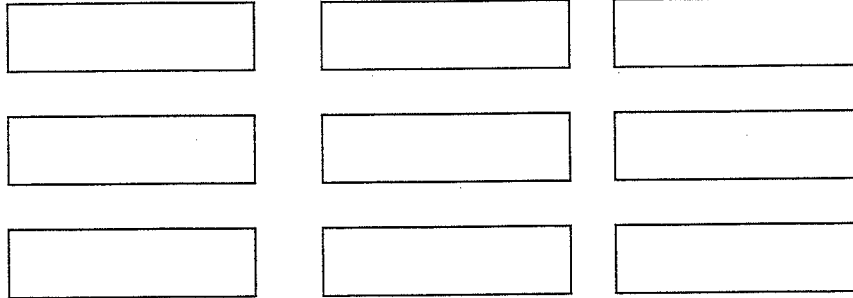
PROJECTION SCREEN



PODIUM



TABLE FOR LCD PROJECTOR, LAPTOP,
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FOOD &
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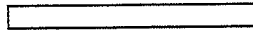
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- all chairs should face forward (leave one side of table empty)



Room Set Up "D"



TV/VCR/DVD



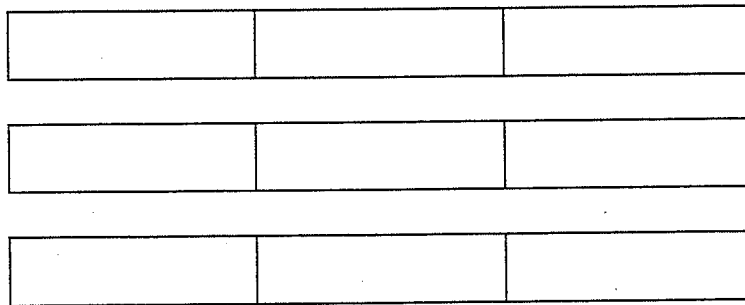
PROJECTION SCREEN



PODIUM



TABLE FOR LCD PROJECTOR, LAPTOP,
and OVERHEAD PROJECTOR
(provide extension cords as needed)



Additional tables
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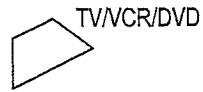
FOOD &
BEVERAGE
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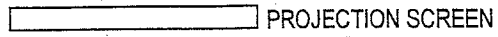
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Room Set Up "E"



TV/VCR/DVD



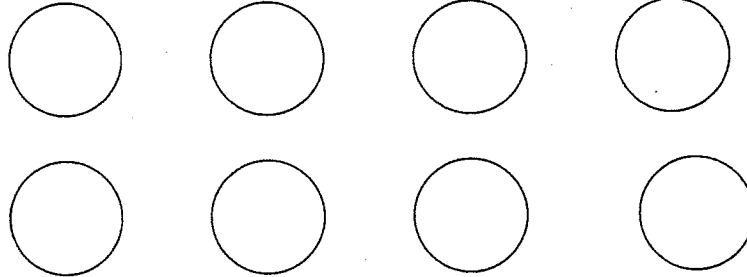
PROJECTION SCREEN



PODIUM



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- # of tables dependent on # of participants
- # of chairs per table dependent on table size
- all chairs should face forward (leave one side of table empty)

