



VISION & VOICE

FAITHFUL CITIZENS AND HEALTH CARE

Claiming Our Vision:
The Faith Community as Healer

FACILITATOR MANUAL SESSION TWO



SESSION 2

CLAIMING OUR VISION: THE FAITH COMMUNITY AS HEALER

THEME

Exploring faith teachings on our shared responsibility for health care

OUTCOMES

People in your group will leave this session with a(n):

- Recognition of ways faith communities provide healing by offering health care services.
- Assessment of how sufficient these healing activities are in meeting the needs of our nation's health care future.
- Greater awareness of faith teachings so that they can state a moral case for change in health care.

PREPARATION

Supplies/resources needed:

- Wall mural “The Road to Our Health Care Future”
- Tape for putting up the wall mural
- Vision and Voice DVD: faith leaders segment
- Depending on the format and equipment available you will need one of the following:
 - + Laptop, LCD projector and screen
 - + DVD player and TV monitor

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- Printed version of faith leader statements (See “[download materials](#)” on Vision and Voice website)
- Paper and pencil, one for each participant
- Tape or glue to put responses on wall mural
- Photocopies of band-aids, several for each participant ([page 11](#) of these materials) Note: If you have an hour session, you will do a lecture and will only need as many band-aids as you will use in your brief presentation.
- If you will invite people to use the “Prayer Tent for Children’s Health Care,” visit <http://www.stjoechr.org/?p=1309> to download the materials.
- If you will be using the survey “We Want Healthy Kids” survey:
 - + follow the directions on [page 9](#) to set up a group number
 - + write this group number on the participant pages under “What to do between this session and the next” where it gives directions for taking the survey
- Copies of participant page, one for each person, which includes:
 - + Outcomes for this session
 - + Some assumptions for this session
 - + What to do between now and next session
- Opening and closing words/prayers (See the document in “[download materials](#)” on Vision and Voice website)

Note: Activities marked as “optional” are for sessions longer than one hour.

Before the session:

- Review the “commitment and action check-in forms” that participants completed in session one. Use what you learn from this to guide your planning for this session.
- Post wall mural “The Road to Our Health care Future” from previous session

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- Print copies of the faith leader statements for participants
- Review the DVD to get familiar with its content
- Set up LCD projector & screen or DVD player and TV
- For sessions longer than one hour, cut out at least 2 band-aids per participant, plus a few extras
- Create one or two sample band-aids that give examples of ways a faith community provides health care
- Post chart with overview of the four sessions
- Consider which of the “What to do between now and the next session” activities you will invite people to take

OPENING

Arrival Activity: What have you heard about health care this week?

As people arrive invite them to paste or add to the wall mural any articles or additional information they have gathered since the last session. Invite people to walk along the mural to see what has been added.

If you have more than an hour session:

Invite participants to share “snippets” of what they are hearing or reading about health care – both in the news as well as in their day-to-day lives – by posting articles they have brought in or writing summaries of what they are hearing on the wall mural.

Invite people to take a brief walk along the mural and look at what has been added. Ask two or three people to share briefly about what they have added.

Opening words that tie faith with action

5 min

Welcome, introductions and overview of the session.

5 min

After opening words, share the Outcomes and Assumptions for this session, which are included on the participant page.

Some Assumptions of this Session

- Our faith communities have been generous in providing health care services that bring healing to people who are ill. Faith communities have been less involved in working to make changes in the U.S. health care system.
- Our faith traditions offer a moral lens for looking at health care. This lens can help us talk about health care in a way that is different from “politics as usual.”
- Our Faith Values + Our Active Citizenship (learning about issues, voting, etc.) = Power for Change

REFLECTION

Healing Activities of Faith Communities

Introduction: Through the centuries, people of faith have identified health and health care as central to the wholeness of body and spirit. As a result, people in faith communities have been directly involved in health care in many different ways.

In our first session, we identified that there are differences in how people experience U.S. health care. In this session we will focus on what we — as people of faith — are doing for people who move along the “road to our health care future” with caution or great difficulty. In addition, we will begin to reflect upon what more we can do.

Note: If you have an hour session, condense the following activity into a brief lecture. As a facilitator, post five or six band aids that hold up health care ministries in your local community as well as national and international activities of which you are aware.

Optional Activity: Your Experiences

Invite participants to reflect on the question: Where do you see faith communities engaged in activities that bring healing — in the form of health care — to people’s minds and bodies?

Post your examples so participants have an example.

5 min

10 min

On the band aids provided, write examples of a faith community engaging in health care. Write one activity per band-aid, but as many as you want to use.

Place the band-aids on intersections on the wall mural “The Road to Our Health Care Future.” Then, walk around the mural and view what has been posted.

The band-aid is being used for two reasons: 1) It represents healing: in the right situation like a cut or after surgery, it is an important and necessary thing. 2) A band-aid, like other things in medicine has limitations. If you need your appendix removed, it is not going to do the trick. You need a scalpel and a skilled surgeon. The band-aid is an intentional symbol here. It represents both the healing and the limits of what faith communities do for people and their health.

Optional Activity – Dialogue:

10 min

Ask participants to gather in groups of 2 or 3 and to respond briefly to the following questions:

1. What health care activities did you place on the road?
2. Are these band-aids/efforts sufficient to meet the health care needs of all people in the community? What is the main reason for your answer?
3. What health care needs are not being addressed adequately?
4. Given all of this, what message(s) do people of faith need to bring to candidates and the country about health care both during the election and afterwards?

In the large group, have two or three of the small groups share their responses to question four.

LEARNING

Activity: Four Themes for Faithful Citizens and Health Care

30 min

Introduction: It is becoming clear to many — including faith leaders — that what is often missing from the debate about health care reform

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is a moral argument for health care that is grounded in the teachings of our faith traditions. In a few moments we will hear from some faith leaders on this very topic.

As you watch the presentation, consider four moral themes which are common to a variety of faith traditions. These themes offer guidance in how people of faith can think and talk about health care. These themes are:

- Human dignity / Image of God / sacredness of life
- Common good / community / brother's/sister's keeper / love of neighbor
- Preferential option for people who are poor / the “least of these” among us
- Scarcity and abundance / fair distribution of resources

Following the video, you will be asked to consider these questions:

1. What theme or idea especially caught your attention?
2. Which theme seems like it would be most useful to you in talking with other people of faith about health care?
3. What would be one way to communicate this theme to elected leaders who are engaged in health policy reform?

Activity: Dialogue

Pass out written copies of the faith leaders' statements for people to refer to after watching the DVD.

In groups of two or three dialogue about:

1. What theme or idea especially caught your attention?
2. Which theme seems like it would be most useful to you in talking with other people of faith about health care?
3. What would be one way to communicate this theme to elected leaders who are engaged in health policy reform?

Engage in a few minutes of total group sharing.

ACTION

A Parable About Change

10 min

Introductory statement: The four themes presented in this session give faith communities guidance for both serving people who need physical healing and finding solutions to the problems of the U.S. health system. A popular parable helps us think about the place of each of these.

Babies in the River Parable

“A group of people are standing at a river bank. Suddenly they hear the cries of a baby. Shocked, they see an infant floating — drowning in the water. One person immediately dives in to help the child. As this heroic rescue is in progress, the group notices yet another baby floating down the river, and then another! People continue to jump in, one by one, to save the babies. After awhile, they notice that one person from the group has started to walk away, heading up river. Accusingly they shout, “Where are you going?” The person walking away responds: “I’m going upstream to stop whoever’s throwing these babies into the river.”

This parable offers an image of the work we need to do on health care. We need to take care of those who are “struggling in the river” and we need to “go up stream” and fix what is causing the problem.

Between this session and the next, we are invited to literally consider some of these “babies in the river of U.S. health care,” that is, the nine million uninsured children who make up one of the intersections in the “road to our health care future.” [*Refer to this intersection on the mural.*] Certainly there are other groups of people we could choose for our case study. However, since most of us have some connection to children — our own, nieces and nephews, grandchildren, the young people in our religious education program or in our neighborhood — this is the group we will consider.

In choosing one or more of the suggested activities, you will be invited to reflect on how the U.S. health care system impacts children.

Options for Action

1. Help this group learn what we see as important in terms of health care for children. Take the survey on priorities for children's health care at www.wewanthhealthykids.org/participate/welcome.php; use the code for your group so your facilitator can gather your group's results
2. Take home and use the Prayer Tent for Children's Health Care and the accompanying one-pagers as a daily reflection.
3. On your dining table, or another spot you see often, set up pictures of children who are important in your life. As you go through the week, reflect upon this question: What is needed to make possible a "healthy next generation"? Bring a picture to post on "The Road to Our Health Care Future."
4. Look / listen for stories of children who do not have health care. You will find some of these at www.covertheuninsured.org/stories. Look for stories about children as well as SCHIP (State Children's Health Insurance Program). Identify and learn more about a current national or state legislative action focused on children.
5. Research what faith leaders in your area are doing to help address the issue you researched.
6. Find out if your faith community is working on this issue; if so, learn how you could get involved; if not, determine what actions your faith community could take to be part of this effort.

For further study: Refer participants to this section of the hand out.

- Learn how well your state is meeting the needs of children. See how it stacks up against other states and the U.S. as a whole. Visit the interactive website www.statehealthfacts.org/children
- Visit the Vision and Voice website and listen to the full interviews with faith leaders featured in the video for this session (www.VisionandVoice.org).

PRAYER

Closing Words

5 min

USING THE WE WANT HEALTHY KIDS SURVEY

We Want Healthy Kids is a survey designed to help groups consider and talk about what is most important in a future health care system for children. Participants will take the survey online before the next session, and the facilitator then generates the report of the group's priorities to present at the next session.

Prepare to take the Survey

1. Preview the Survey at:

English www.wewanthehealthykids.org/participate/welcome.php

Spanish www.wewanthehealthykids.org/participate/bienvenida.php

2. Go to the administrator page www.wewanthehealthykids.org/admin/manage.php
3. Assign a Group Number for your group.

Suggestion: Use the abbreviation of the group taking the Survey plus the month and year (MMYY). For example, St. Mark's Church taking the Survey in March 2008 might be assigned the code SM0308.

Go to the "Resource Codes" drop down menu. Make sure the Group Number you have selected for your group is NOT already listed.

4. Return to the Survey and take it. At the end, be sure to enter the Group Number you have selected.

Take the Survey

1. Introduce the Survey to your Group.
2. Explain that group participants are asked to take the survey by

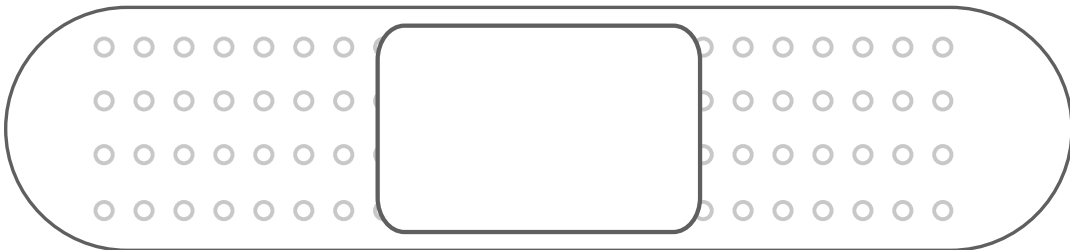
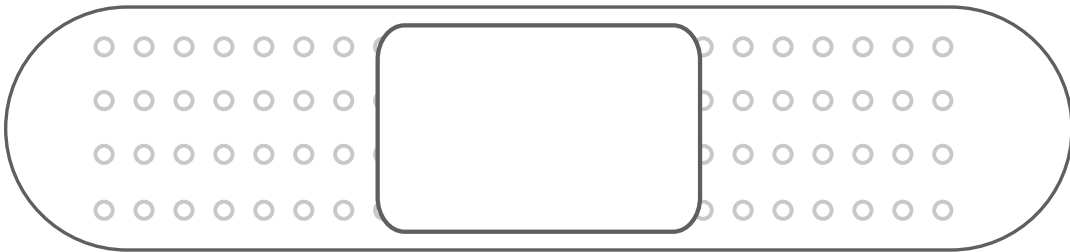
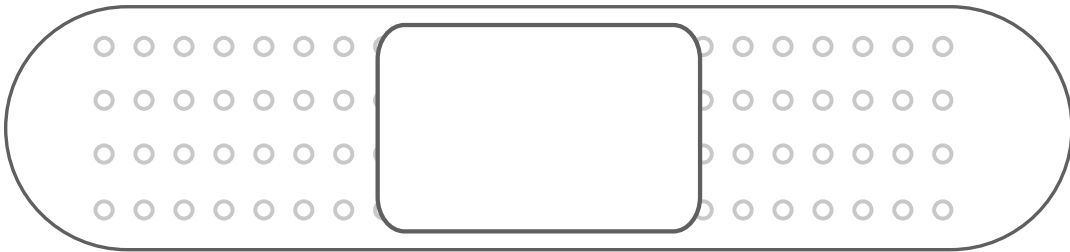
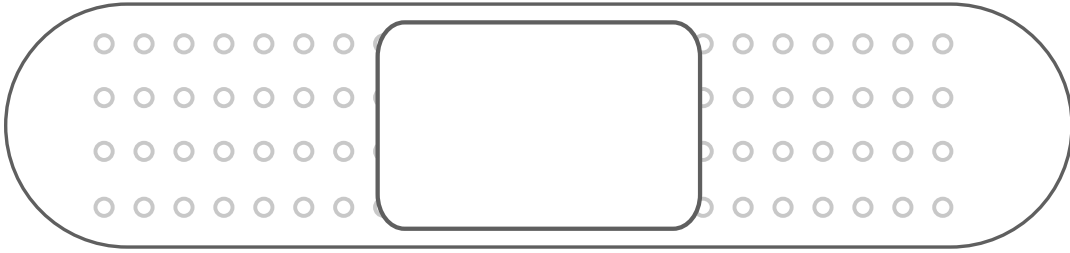
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a certain date before the next session.

3. Note that the website for the Survey is on the Participant Page.
4. Note that the Group Number for the Survey is also on the Participant Page and explain that using this number will enable you to compile the group's answers.

Gather and Print the Results for Your Group

1. Go to the administrator page at www.wewanthealthykids.org/admin/manage.php.
2. Go to the "Resource Codes" drop down menu and select your Group Number for the results.
3. Click on the button that says "Open English Chart" or "Open Spanish Chart" and the results will open. (Note: You can print the same results in both languages by repeating the directions and selecting the other language.)
4. At the bottom of the page, select "Open Chart" to generate a handout.



OUTCOMES FOR SESSION TWO

You will leave this session with a(n):

- Recognition of ways faith communities provide healing.
- Assessment of the sufficiency of these healing activities in meeting the needs of our nation’s health care future.
- Greater awareness of faith teachings so that they can state a moral case for change in health care.

SOME ASSUMPTIONS OF THIS SESSION

- Our faith communities have been generous in providing health care services that bring healing to people who are ill. Faith communities have been less involved in working to make changes in the U.S. health care system.
- Our faith traditions offer a moral lens for looking at health care. This lens can help us talk about health care in a way that is different from “politics as usual.”
- Our Faith Values + Our Active Citizenship (learning about issues, voting, etc.) = Power for Change

VIDEO: FAITH LEADERS & HEALTH CARE

As you watch and listen, consider four moral themes that arise out of our faith traditions and help us think about how we do health care in the U.S.

- Human dignity / Image of God / sacredness of life
- Common good / community / brother’s/sister’s keeper / love of neighbor
- Preferential option for people who poor / the “least of these” among us
- Scarcity and abundance / fair distribution of resources



Following the video, we will do some sharing around several questions:

1. What theme or idea especially caught your attention?
2. Which theme seems like it would be useful to you in talking with other people of faith about health care?
3. What would be one way to communicate this theme to candidates in the upcoming election and beyond?

WHAT TO DO BETWEEN THIS SESSION AND NEXT

Reflecting on the health care needs of our children:

1. Help this group learn about what we see as important in terms of health care for children. Take the survey on priorities for children's health care at www.wewanthekids.org; use the code for your group so your facilitator can gather your group's results. Your code is _____ .
2. Take home and use the Prayer Tent for Children's Health Care and the accompanying one-pagers as a daily reflection.
3. On your dining table, or another spot you see often, set up pictures of children who are important in your life. As you go through the week, reflect upon this question: What is needed to make possible a "healthy next generation"? Bring a picture to post on "The Road to Our Health Care Future."
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5. Research what faith leaders in your area are doing to help address the issue you researched.
6. Find out if your faith community is working on this issue; if so, learn how you could get involved; if not, determine what actions your faith community could take to be part of this effort.

FOR FURTHER STUDY

- Learn how well your state is meeting the needs of children. See how it stacks up against other states and the U.S. as a whole. Visit the interactive website www.statehealthfacts.org/children
- Visit the Vision and Voice website and listen to the full interviews with faith leaders featured in the video for this session www.VisionandVoice.org.

WHAT IS DIALOGUE?

In dialogue, we pay attention to the wisdom of the group. We listen for new thinking and ideas that help us address complex and challenging issues. A conversation is a dialogue when people in a group agree to:

- Listen deeply to one another, giving full attention to each other, looking for common ground.
- Respect the ideas and viewpoints of each person, trusting that others have part of the answer.
- Give voice to their own ideas and thinking.

In dialogue, each person also monitors her/his participation, taking responsibility for getting her/his ideas out there, while making sure that others in the group have both the clock time and a respectful environment in which to share their ideas. In dialogue, we see changes in thinking and often see new ideas emerge.

Dialogue is usually in danger when people defend their point of view, assume there is one right answer, criticize others' thinking, ask questions that are really opinions or judgments, and look only for conclusions that agree their thinking.

Quoted from www.OurHealthcareFuture.org.



WHAT WILL SUCCESS LOOK LIKE?

Here is what success will look like for these Vision and Voice sessions:

- People of faith who participate in these sessions will have a deeper understanding of moral issues related to U.S. health care.
- Individuals and faith communities will have some tools to help them talk about the future of U.S. health care in a way that reflects the values of their faith traditions.
- Communities of faith will learn ways to share these messages in the media and election events.

For those participants and communities ready to take action, success for these sessions might also include:

- Your/our faith community —or a group of individuals within it— will commit to activities that will help keep health care front and center with elected officials as they engage in health policy reform.
- Your/our faith community —or a group of individuals within it— along with other faith groups will take action to help keep the conversation on health care active and growing in your faith community, local area, state and the nation.



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FAITHFUL CITIZENS AND HEALTH CARE

ADVISORY GROUP AND DESIGN TEAM

An Advisory Group and Design Team worked collaboratively to create this series. Organizations are listed for identification purposes.

Stephanie Beck Borden
Bellarmine Chapel
Cincinnati, OH

Linda Clark
St. Charles Borromeo Catholic Church
Oklahoma City, OK

Rev. Jackson Day
General Board of Church and Society of the United
Methodist Church
Washington, DC

Sara Dwyer, ASC
NETWORK Education Program
Washington, D.C.

Lauren Hamvas
Interfaith Partnership of Metropolitan St. Louis and Faith
Beyond Walls
St. Louis, MO

Aiman Janmohamed
Texas Impact
Austin, TX

Nancy Largent
Catholic Charities, Archdiocese of Oklahoma City
Oklahoma City, OK

Rachel Lustig
Catholic Charities USA
Alexandria, VA

Bee Moorhead
Texas Impact
Austin, TX

Mark Pelavin
Religious Action Center of Reform Judaism
Washington, DC

Ryan Rinn
Virginia Interfaith Center for Public Policy
Richmond, VA

Mary Schmuck, RSM
Catholic Charities of
Louisville, KY
Nazareth, KY

Jessica Weiser
Religious Action Center of Reform Judaism
Washington, DC

DESIGN TEAM

Michael Culliton
Center for Healthcare Reform, St. Joseph Health System
Orange, CA

Ed Gerardo
Bon Secours Health System
Marriottsville, MD

Ann Neale
Center for Clinical Bioethics, Georgetown Medical Center
Washington, D.C.

Rev. Linda Hanna Walling
Faithful Reform in Health Care
Cleveland, OH