



Church Health
care for one another

The Burden of Being Sick Faith Responses to Racism in Health Care

*Six step-by-step Bible-based sessions to help
Christian congregations understand health care injustice*

Susan Martins Miller

Founded in 1987, Church Health is a charitably funded, faith-based, not-for-profit organization with a mission to *reclaim the church's biblical commitment to care for our bodies and our spirits*. Church Health provides comprehensive, high-quality, affordable health care to uninsured and underserved individuals and their families and gives people tools to live healthier lives. With the generous support of volunteer providers, the faith community, donors, and community partners, we work tirelessly to improve health and well-being so that people can experience the full richness of life. For more information, visit www.ChurchHealth.org.

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Table of Contents

Our Mission	3
Introduction	4
Session 1 Your Place in God’s Worth	8
[Genesis 1:26–31, 2:7–8, 18–23]	
Session 2 Ready to Hear God’s Call	13
[Exodus 1:8–11, 5:6–9, 14:21–27]	
Session 3 Hear Humbling Words	19
[1 Kings 21:1–29]	
Session 4 Proclaim Good News in Health Care	24
[Luke 4:15–21]	
Session 5 Stop to Ask the Difference	29
[Luke 5:17–26, 18:35–43 John 4:7–15]	
Session 6 A New View of God’s Justice	35
[Galatians 3:26–38, Philippians 2:1–4, Romans 12:9–10]	
Resources for Local Action	40

Our Mission

Church Health is a faith-based organization. The mission of Church Health is to reclaim the church’s biblical commitment to care for our bodies and spirits. Each day, we stand ready to care for people who are hurting but live within a health care system that has left them behind.

We know from history that Christians have always cared for the underserved, both in body and spirit. Jesus asks us to care about what he cares about—wellness and wholeness of all people.

In Memphis, Tennessee, Church Health provides clinical services to working underserved individuals in the areas of medical, dental, optometry, physical rehabilitation, and behavioral health, along with wellness services in nutrition, life health coaching, child well-being, and disease prevention. Our funding comes from charitable sources, and hundreds of volunteers augment our staff to care for thousands of patients. Beyond Memphis, we reach across the country with a ministry of publications for healthy living.

Your use of this publication shares in our mission to care for bodies and spirits in a way that shows the love and hope of Jesus on the road to living in healthier ways that honor God’s love for us.

For more information visit www.churchhealth.org.

Introduction

Why do we need a curriculum for churches about racism in health care? And why is Church Health, a faith-based health care ministry, creating it?

These are legitimate questions. Church Health is committed to helping the church care for people's bodies and spirits. Christians have always cared for the underserved. They were the first to open hospitals, for instance, and early nursing orders were rooted in religious expression. We understand from our own sacred texts that compassion and generosity are at the heart of following God's way.

At the same time, we have a very mixed record in our actions when it comes to something like racial justice. The Crusades, for all their religious fervor in service to God, were full of violence against Jews and Muslims. Later, Christians for centuries participated in human enslavement by both buying and selling other humans and laid an economic framework that advantages persons of European descent at the expense of those whose ancestors came to our shores in the cargo hulls of ships against their wills. We also expanded our nation's boundaries, right from the start, by pushing Native Americans off their traditional lands again and again. In all the decades after the Civil War, we have wrestled with our collective commitment to the noble words we speak and the laws we have passed to try to make things right.

And we know the work is not yet done.

And we have come to a point where we have significant evidence that disparities in health care exist that trace to how people are treated based on their race. **People of color bear a disproportionate burden when it comes to being sick.** In lack of access to care. In disease prevalence. In poor outcomes. In shorter lives.

This is an opportunity for the church to speak up with a healing message of wholeness and justice for bodies and spirits—if first we understand the issues and can respond to them by expressing and applying our faith.

Your church may have chosen this curriculum for one of several reasons. Perhaps you believe addressing the topic is the right thing to do—even if you're not entirely comfortable handling the topic on your own. You may know health injustices exist, but you don't know how to respond. It might be that the COVID-19 pandemic brought to the forefront for you the reality of racial injustice in health issue, and you're looking for a thoughtful, gospel-centered, theologically sound response.

All of these are reasons why Church Health is pleased to offer this resource.

God's Justice in Health Care

The Burden of Being Sick: Faith Perspectives to Racism in Health Care helps people in Christian congregations begin discussing topics that may be both outside their scope of awareness and comfort zones if most of the members are white or the congregation is situated in a predominantly white community. The idea that health care—the basic system for supporting people's physical health—is not available in equitable ways often makes people uncomfortable. The first chapter of the Bible tells us that every person bears the image of God, and the prophetic cry of Scripture tells us that God is on the side of the poor and oppressed. **Justice in health care is a value of our Christian faith and an outgrowth of the gospel because of our value to our loving God.** Talking about the ways we fall short of reflecting the image of God in listening to and understanding

People of color
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each other shows that we all have blind spots, but God's grace redeems us even in this journey together.

These six sessions help build the human connections we need to bravely listen to other voices, compassionately hold one another up, and courageously care for each other in practical ways. They offer theological reflections on why health justice matters to our faith, clear explanations of terms that shed light on inequity in health care, and stories from people of color of their experiences of injustice in the health care system.

You don't have to be an expert in racism and health to lead this class. You'll see that each lesson is laid out in a step by step manner including these features to make teaching easier:

- **short videos** for easy presentation of first-person stories
- **opening group exercises** to introduce concepts related to health justice in nonthreatening experiences that spur discussion
- **Bible study steps** that are broken out with summary concepts to guide the flow of the discussion
- **suggested answers** to discussion questions to help you guide the discussion in a substantive direction
- **bolded text** to give suggested explanatory language for key concepts, if you are not comfortable using your own words

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Lesson at a Glance

The Burden of Being Sick is suitable for teaching in person or with a group gathering virtually. The supplies needed are simple—generally pencil and paper that participants can assemble in their own homes, if necessary, and Bibles in whatever translation they prefer. If you are meeting virtually, and if your group is more than a few people, you may want to plan a system to encourage and manage discussion. This could be asking people to raise their physical hands and wait for you to call on them to avoid having people talk over each other and make sure everyone can hear. Or, use the “raise hand” feature in Zoom to alert you that someone would like to speak. (This may require brief instruction to make sure everyone knows where to find it and how to use it.) Another idea is to use the chat feature if you are meeting on Zoom. Participants could leave a short comment in the chat to let you know they're ready to speak and you can call on them.

Here's a walk-through of what you'll find in each lesson:

Getting Started [10 minutes]

Ahead of each session, send out the short (three or four minutes) assigned video of an individual telling a story about health justice experiences. Then *Getting Started* is a time to briefly welcome the group, conduct a short interactive activity that introduces the session's theme followed by discussion questions, and review the story from the advance video (or watch it together).

The six stories are downloadable in mp4 files that you can in turn send out to class participants through text messages or emails for them to listen to in advance. Point out that the videos are short and that listening to these first-person stories will help everyone prepare for class discussion. These are the stories to download:

- Session 1—Marlon Foster
- Session 2—Cortez Heaston

Session 3—Jocelyn Bracy
Session 4—Susie Hunt
Session 5—Joan Heaston
Session 6—Kayana Marks

On the Same Page [10–15 minutes]

During this part of the session, you'll introduce one or two key vocabulary terms and reflect on how they connect to the opening exercise and video story. Then you'll explore other examples of how what the term might look like in real lives of real people.

Hearing the Word [20-25 minutes]

This is the main Bible study portion of the lesson. After a short introductory section, the chosen Bible passages are broken down to short sections to read and discuss, with the main point of each session provided in bold text so you can see the developing flow. Following each discussion question, in parentheses, are possible answers participants might offer or comments you might offer to deepen the discussion before proceeding to the next point. At the end of the Bible study discussion, you'll find a summary section that wraps up the main points. This text appears in bold to indicate it is suggested language you might want to use if you prefer, rather than creating your own summary of the teaching points.

Our Response [5–10 minutes]

This is an opportunity to make the transition from understanding the Bible to reflecting on ways we apply what we learn.

Each session closes with notes about following up, especially being watchful for how members of our group might want to be involved in closing racial gaps in health care in the community.

Plan for Success

Ahead of each session, make sure to send out the videos a day or two in advance. Sending them too soon might cause them to get lost in people's email and text messages before they watch them. A shorter lead time will keep the file closer to the top of their inboxes and easy to find.

Make sure to set aside time for your own prayerful preparation. Watch the video and read through the lesson ahead of time. As you move through the sessions, consider what went well previously and what might need adjusting because of what you know about *your* group and setting. Don't forget the follow-up—watching for topics that pique interest in your group and ways individuals might want to get involved in health justice locally.

While *The Burden of Being Sick* specifically focuses on realities around the experiences of our Black brothers and sisters, further exploration of the principles presented in this curriculum could include the experience of brown, Asian, LTGBQ, or other groups who experience health care injustice.

Tips for Leading a Group

Because discussing racism is often uncomfortable, the topic may affect group dynamics. Some group members struggling with concepts being introduced may bring up outlying examples that seem to point to exceptions to established patterns or statistics as reasons not to believe them. It's also common for people to wrestle with learning new vocabulary by trying to make terms mean what makes sense according to their own experiences, rather than experiences of groups affected by racism. Leading this group may require an extra dose of patience. Whether that's true in your setting or not, here are some tips that may be helpful as you prepare to facilitate discussions.

1. Frame your expectations. You know the people in your congregation. You'll know who might have a personality ready to charge ahead and who might need more time to process. Make space for a diversity of personalities and readiness for learning about a challenging topic.

2. Encourage respect. As the leader one of your roles is to help the whole group respect everyone's time. Respectful listening and turn-taking in discussion will benefit everyone.

3. Guide discussion. The goal of discussion is to get people thinking, but you also may need to keep the discussion on track for the announced topic by watching the time and occasionally redirecting. Also, if you ask a question and no one answers immediately, wait a few more seconds. Often people will then speak up. If not, can you rephrase the question? The suggested answers provided may help you come at it from another angle.

4. Balance participation. It is not unusual for groups to have personalities that dominate discussion. Usually the people who do this are unaware that they are becoming obstacles to others having an opportunity to participate. You may need to say something like, "Joe, I wonder what your thoughts are" to include someone who is quieter. This will especially be true if you are meeting virtually

5. Line up wisdom in your corner. It's okay to need back-up. If a topic, personality, or group dynamics hits a snag, who can you turn to for assistance—whether this is advice for you or hands-on help handling something that comes up? Anticipating in *your* setting what might happen and having a plan for success acknowledges that the topic of racism in health care can be uncomfortable but growing through it together is an act of obedience and discipleship.

"True peace is not merely the absence of tension; it is the presence of justice."
—Martin Luther King, Jr.

Session 1 Your Place in God's Worth

Getting Started [10 minutes]

Welcome everyone to the class. Open in prayer if you'd like.

If you are meeting in person, you can have everyone stand inside a large circle and adapt this exercise to do physically, even changing some of the items that cause movement based on what you know about members of your class. If you are meeting virtually, ask everyone to use their imaginations.

Say, Imagine you exist in a big circle. You have always lived right in the middle of this circle and it seems normal to you. You're comfortable there. You can see everything, so it's the best place to be.

- Now imagine that your income drops by \$10,000 and this means you have to take one step away from the center.
- Imagine that only people of the gender you don't belong to can stay at the center, and you have to take another step back.
- Then the circle is divided into wedges of a pie, and the part of the pie you stand in depends on your ethnic background. (Choose several ethnic backgrounds represented in your group and move people toward or away from the circle's center.)
- Now you've grown older, and you discover older people are supposed stand on the rim of the circle and the younger can be closer to the action in the center.
- Now suppose someone starts milling around the circle asking people questions about what they believe about God, and depending on the answers, people can move closer to the center or out to the edges.

Discuss:

- How many different views would you have of life in this circle if it was real? What would affect your experience?
- These were just a few examples. What are some other kinds of experiences that influence where we find ourselves positioned in a real-life social system? (*Occupations, education, neighborhoods, family structures.*)

Explain: In today's lesson, we'll be connecting our new key word with our understanding of God's creation of each individual with dignity and the world God created for us to thrive in.

Take a minute for a quick check to see whether most people have had a chance to watch the video for this session in advance. You can always decide to watch it together in class before proceeding with the discussion.

Marlon's experience as a pastor and founder of a nonprofit in the same neighborhood he grew up in gives him perspective about ways these life experiences are formative of our world views and experience of life.

Discuss:

- What is something Marlon said that is most unlike and most like your own experience of the neighborhood you live in?
- How do you respond to Marlon's explanation of how lower-income parents who buy expensive shoes are providing for their kids in the same way that higher-income parents are when they pay for music lessons and private schools?

Explain: The exercise we did and the story we heard help us to understand that we don't all have the same experiences, and the web of experiences we have individually influences the assumptions and conclusions we might come to about how life works. It seems like we see the same things, but we need to look deeper to see what others may be seeing because of their experiences, which are different than our own.

On the Same Page [10–15 minutes]

To talk about the theme together, we need some common vocabulary. Introduce the key term.

Explain: What we've been talking about is called "**social location.**" This means:

the social position of an individual within society based upon social characteristics the society deems important, such as gender, race, class, age, religion, sexual orientation, and geography.

Discuss:

- How does this term and its definition help you reflect further on the opening exercise with the circle? *(The definition specifies that what society deems important influences social location, so it's not always neutral.)*
- What do you think about the value of being at the center of the circle, compared to the definition of social location? *(It falsely suggests it was better to be at the center, when actually all the reasons given to step away from the center were neither better nor worse. The center was just another place, but the exercise gave it value.)*

Briefly give some other examples of social locations, such as:

1. An older male social worker with a lot of experience in a complex rural setting is on a county committee with a younger urban woman with the latest popular degree and technology. It seems like no one wants to hear his ideas.

2. An immigrant Muslim woman works in a medical research lab dominated by white males. They repeatedly seem surprised at her accomplishments, even though she has the same educational qualifications they do.

3. A Black mother of three children has canceled a doctor's appointment for the fourth time because she can't find a babysitter. She decides not to reschedule because the bus ride is too long, the pain isn't that bad, and she probably can't afford to do anything about it anyway.

Discuss:

- What do these brief summaries tell us about the social locations of these three individuals?
- Think about how you would write a summary of your own social location at this stage in your life. What are the parts of you that you would want others to understand because they influence how you experience the world?

Hearing the Word [20–25 minutes]

Explain: Each week as we explore the themes of *The Burden of Being Sick*, we look to God's Word to direct the formation of our beliefs, shape our attitudes, and guide our actions to care for one another. This week, we will look at the story of creation in Genesis 1 and 2 to help us put what we understand about social location in the context of seeing the image of God in every person.

Genesis begins with, "In the beginning when God created." Then the earth was formless, dark and nothingness, and God set to work. We keep reading phrases like:

- "Then God said."
- "So God made."
- "And God saw."
- "And God called."
- "And there was."
- "And it was so."
- "And it was good."

God is very active, and we see the creativity of God as God brings forth beauty and abundance from nothingness. Day and night, waters and sky, vegetation bearing fruit, great lights of the sky, swarms of multiplying living creatures of every kind. And then, in the midst of this ingenious bounty from the imagination of God came the idea of us.

These two verses are the most well-known verses in the Bible about the image of God.

Read Genesis 1:26-27. Discuss:

- We are created in God's image. What do these two verses show us are key concepts of our identity in God's image? (*God intentionally chose to create humans different from all the animals that came before. The image of God applies to all humans. Both men and women equally bear God's image. God had a particular role in mind for humans in relation to the creation God had said was good [verse 26].*)

In these verses, we learn more about how we express the image of God.

Read Genesis 28–31. Discuss:

- Verse 28 says the first thing God did was bless the first humans. Why do you think this is important to include in the story? (*It establishes relationship distinct from relationship God has with the animals. It is a relationship meant for their good.*)
- In the blessing, we learn more about the dominion God gives the first humans. What stands out to you? (*These verses are a short description of positive relationship with all of creation because they are gifts from God. Part of having the image of God is caring for the world God created the same way God would.*)
- All throughout the creation story, the narrator tells us "And God said." Why do you think it might be especially important that the writer included the detail that God spoke to the first humans? (*This*

is another indication of relationship. Being created in God's image means we are able to be in relationship with God. This applies to all humans.)

The second chapter of Genesis gives another account of creation, and we learn some other details of the first humans.

Read Genesis 2:7–8. **DISCUSS:**

- Why do you think it's important to remember that Adam was created from both dust and breath? *(We are both body and spirit, and we relate to God in both body and spirit—and we relate to each other in both body and spirit.)*

Read Genesis 2:18–23. **DISCUSS:**

- What do you make of God's invitation to Adam to help name the animals and birds? *(It seems like they were looking for a suitable companion, but it's important to note that God doesn't treat Adam as one of the animals. Inviting him into this task is an example of the image of God at work—being in relationship with God and sharing in the work of God in the world.)*
- God decides to create a partner for Adam. What observations do you have about the process God chose? *(God continues to seek Adam's best welfare because Adam bears God's image. God creates a partner who will be on equal footing with Adam and share the image of God.)*
- When God made the woman, God brought her to Adam. The first human relationship was a gift that rose out of the divine relationship between God and humans. What might this tell us about how we should regard the image of God not only in ourselves but in one another? *(We can see every person as a person created by God and bearing God's image. We can re-evaluate our relationships according to whether we are regarding everyone on equal footing. We can ask ourselves if we are caring for creation, including the creation of other humans, with the same care God would offer.)*
- How would you describe Adam and Eve's social location? *(Some answers might focus on living in the Garden of Eden, being in close relationship with God and each other, having responsibility given by God, having meaningful work.)*

Summarize: Humans are like God in that God has created us different from other creatures and gifted us to relate to God. We see this in the way God speaks to Adam and the way Adam speaks back. We also see this dignity in God's invitation for Adam to participate in the creative work of naming the creatures God created and God assigning the role to humans to care for creation and each other in the same way that God does. Because we are created in God's image we have capabilities, relationships, and purpose that set us apart from other creatures. This worth and dignity applies to all persons. Adam and Eve began with the ideal social location in the heart of God's love and security of God's worth.

Our human ideas of worth and dignity as concepts that must be earned or deserved, often by artificial standards, chip away at our ability to recognize and affirm the image of God in all people. We end up with flawed social systems and people experiencing social locations that diminish their worth because society chooses which characteristics to value.

As disciples of Jesus, our calling is to return to seeking and affirming the image of God in all people.

Our Response [5–10 minutes]

Explain: We started out by hearing a true story that demonstrated for us the concept of social location and interacting with a basic definition before digging into what the Bible has to say on a theme that can help us understand it more deeply.

Discuss:

- What are some of the easiest or most common ways we fail to recognize and affirm the image of God in each other in daily life? (*Setting ourselves apart from others rather than seeking what we have in common; lack of grace; thinking of people as undeserving rather than deserving.*)
- As you reflect on what the image of God in all persons means, in what ways might you become more curious about the stories or social locations of people you meet, especially if you find yourself making assumptions about them because of differences between you?

Before dismissing class, remind everyone to look for next week's short video close to the time you will meet again and encourage them to watch it in advance.

Close your time together in prayer in your own words or use this one.

God of creation, you are the giver of worth and dignity. Help us to receive this gift and steward it well in our relationships with all your children. Amen.

Follow-up

- * As you move through the sessions, be watchful for particular areas of interest that arise to explore practical ways to be involved in closing racial gaps in health care in the community. The resource list included with this curriculum can help you direct individuals or groups to local agencies and opportunities for partnership to make a practical difference in real lives.
- * Make a note in your calendar to send out next week's video, a story from Cortez, two or three days before your next class meeting.

Session 2 Ready to Hear God's Call

Getting Started [10 minutes]

Welcome everyone to the class. Open in prayer if you'd like.

Whether you are meeting in person or virtually, make sure everyone has a sheet of paper and pen or pencil to work with for this opening activity. Ask participants to write the number 50 at the top of the page. Explain that you are going to read a list of descriptions that might have been true or false about their childhoods or any time during adulthood along with instructions for numbers to add or subtract from the 50 points everyone starts with.

- If you had a grocery store with two miles of your home, **add 2**.
- If you had green space or a playground you could easily walk to, **add 2**.
- If you had your own bicycle as a child, **add 3**.
- If the sight of a police car in your neighborhood was a bad thing, **subtract 5**.
- If your family owned a car, **add 2**.
- If your family owned more than one car, **add 5**.
- If your family depended on others for rides, **subtract 3**.
- If public transportation where you lived was unavailable or unreliable, **subtract 2**.
- If you went to the doctor when you got sick, **add 2**.
- If someone in your family ever *didn't* go to the doctor because it cost too much, **subtract 5**.
- If you have ever been without health insurance, **subtract 6**.
- If you ever experienced a burglary in your home, **subtract 3**.
- If your family usually ate dinner together, **add 4**.
- If a parent read to you, **add 4**.
- If you ever witnessed a violent crime, **subtract 8**.
- If your family had fruits and vegetables every day, **add 3**.
- If your family ate a lot of sandwiches but few fruits and vegetables, **subtract 3**.
- If you could have seconds on food any time you wanted, **add 3**.
- If you moved frequently because of unemployment, **subtract 4**.
- If your parents had stable income, **add 5**.
- If you lived in an area with a reputation for "good" schools, **add 4**.
- If you lived in an area with a reputation for "bad" schools, **subtract 5**.
- If a lot of your friends didn't finish high school, **subtract 2**.
- If you attended at least some college, **add 2**.
- If you finished a bachelor's degree, **add 4**.
- If you finished a graduate degree, **add 6**.
- If you have paid sick leave, **add 7**.
- If you have had a paid vacation in the last five years, **add 5**.
- If you have *not* had a paid vacation in the last five years, **subtract 5**.
- If you own your home **add 8**.

Check and see what the ending highest number and lowest numbers in the group are.

Discuss:

- Most of these questions were not directly about doctors or being sick. What might a higher or lower number at the end say about a person's health? *(Many other aspects of the context of our lives affect our health over our life spans, even how long we might live. We might be surprised how much education and financial stability affects stress and health, for instance.)*
- Looking back on your life, what would you say have been some factors that most influenced your own health and well-being?

Explain: In today's lesson, we'll be connecting our new key word with the experience of the enslaved Israelites finding liberation and flourishing in God's care.

Take a minute for a quick check to see whether most people have had a chance to watch the video for this session in advance. You can always decide to watch it together in class before proceeding with the discussion.

Cortez is a pastor of a Black congregation in a low-income Black neighborhood with few resources. Every day he sees how circumstances people he care about have little control over have a negative impact on their health.

Discuss:

- Cortez says that the baseline of many of the health issues in his congregation is because the people are poor. If poverty is so limiting to health for entire neighborhoods, what does that mean about how we need to change how we think about health?
- All of this poverty comes to church, Cortez says. How well do you think most churches do at recognizing poverty in their midst? What makes the difference in a response that seeks justice and one that doesn't?

Explain: The exercise we started with and the story we heard in the video help us to understand that we don't all experience the same environment. Even people who live in the same city can have very different experiences and very different outcomes when it comes to health.

On the Same Page [10–15 minutes]

To talk about the theme together, we need some common vocabulary. Introduce the key term.

Explain: What we've been talking about is called "**social determinants of health**," which means:

conditions in which people live, learn, work, play, worship, and age that affect a wide range of health outcomes and risks. Determinants can be positive or negative.

Discuss:

- How does this term and its definition help you reflect further on the opening exercise of what we added to and subtracted from the original 50 points? *(Some of the circumstances described in the reasons for gaining or losing points affect how individuals may be positively or negatively affected in their risks for health outcomes.)*

Some of them we may need to learn more about, such as why witnessing a violent crime as a child can shorten a person's life span or put the person at risk for diseases, but we see in research that these things are true.)

- How might entire neighborhoods or zip codes be affected by some of the factors listed in our opening exercise? *(Neighborhoods may not have parks, grocery stores, or nearby doctor's offices. Rates of crime may be higher or lower. School performance varies. Job availability varies, especially if people depend on public transportation to get to work. Housing costs vary by neighborhoods.)*

Briefly give some further examples of social determinants such as:

1. Teresa and Michael would love to rent a three-bedroom home for their family of four children, but the only homes in their price range would require them to commute so far to work that the kids would have to be up very early to go to before-school care and neither of them would be able to pick them up from after-school care in time to avoid late pick-up penalties. It's just not worth leaving the two-bedroom apartment in the neighborhood where they work.

2. Malayea is 14. Three years ago she went into the garage and discovered her mother had used towels to block off the air coming through the cracked garage door before stuffing rags in the exhaust pipe and starting the car. Malayea found her mom just in time, and since the car door's lock was broken, she got her out. Now she's hiding her drug use from her mother—who is still too depressed to notice anyway.

3. Scott comes home from school with a letter about an exclusive soccer camp that his coach thinks he should go to because he's one of the best players in the high school district. Scott's dad signs the permission form and writes a check for the registration fee. He also says it would be great if they could find more opportunities like this so Scott could have a shot at playing for a Division 1 team when he gets to college.

4. The PTA meeting is once again discussing what to do about the mold clearly growing up the wall in the corner of the kindergarten classroom. The school district claims it does not have funds to meet the quote for proper remediation at this time, and they have no more mobile units to offer as alternative classroom space. Other classrooms in the school are overcrowded as it is.

Discuss:

- How would you see the health of the children and families in these scenarios being affected by the circumstances described? *(Teresa and Michael's family have limited affordable housing options and perhaps limited employment options. Malayea has experienced trauma leading to substance abuse. Scott has options for exercise and future education, which are likely to impact his health in positive ways over his life span. The children in the kindergarten classroom are being exposed to toxins in an underfunded school where quality of education may be at risk. Education is a strong predictor of health outcomes over a person's life span.)*

- If the neighborhoods and zip codes of the people in these scenarios were divided along racial lines, and people of color are concentrated in certain neighborhoods while white people are in other neighborhoods, would that surprise you? Why or why not? *(This is often the case. While everyone's story is individual and we don't want to paint with a wide brush that makes assumptions, we also want to recognize facts when they are before us. Neighborhoods where low-cost housing is available are also often neighborhoods where underfunded schools are because they do not have a property tax base as a revenue stream, for instance. And if generationally neighborhoods have developed with distinct racial profiles, overall they still exist that way.)*

Hearing the Word [20–25 minutes]

Each week as we explore the themes of *The Burden of Being Sick*, we look to God’s Word to direct the formation of our beliefs, shape our attitudes, and guide our actions to care for one another.

This week, we will look at the story of God’s people leaving Egypt in Exodus to help us put what we understand about social determinants in the context of whether people are free to flourish and live the wholeness God created them to live in as people made in the image of God.

Explain: The book of Genesis ends with the story of God working good from what Joseph’s brothers meant for evil when they sold him into slavery. Because he was in Egypt and had been elevated to a position of power under Pharaoh, he was able to save his entire family when famine struck the region 20 years after they sold him to a passing caravan. Pharaoh welcomed them, and the family flourished. We read that the Israelites were “fruitful and prolific” and “grew exceedingly strong.” (Exodus 1:7. These words may vary according to the translation you use.)

Now it’s four centuries later, and the current Pharaoh has other ideas.

Read Exodus 1:8–11. **Discuss:**

- What emotions or basis do you see in these verses for the Pharaoh’s decision to oppress the Israelites? (*Fear of people who were not like him—even though they had been in the land for centuries! Speculation about what “might” happen though we see no indication that it would.*)
- What signs do you see of intentional ethnic prejudice toward the Israelites? (*Suspicion of what they might do without any evidence; active campaign to oppress them simply because there were too many of them and Pharaoh didn’t like them.*)

Pharaoh’s plan to quash the Israelite backfires and he intensifies his brutality.

Read Exodus 1:12–14. **Discuss:**

- What words did you hear in these verses that make plain the Israelites are living in an environment that is *not* conducive to flourishing apart from their numbers multiplying? (*The words will vary according to the translation you use, but they may include “oppressed,” “ruthless,” “imposing,” “bitter,” “hard service.”*)

Summarize: In the following chapters, we have the story of Moses, from the time he is hidden as a baby, to when he flees as a grown man because he killed an Egyptian who was beating an Israelite, to when God called him to return to Egypt and lead the people out. We sometimes forget that many decades passed, during which the leaders of Egypt continued to systematically abuse the Israelites. When Moses and Aaron went to Pharaoh, they did not make things better!

Read Exodus 5:6–9. **Discuss:**

- What happened after Moses demanded that Pharaoh let God’s people go? (*Things got worse! They had more work to do with fewer supplies, and Pharaoh called them lazy.*)

Summarize: After this we have the chapters that take us through the ten plagues until we finally come to the moment when Pharaoh is backed into a corner. He only lets go of power when he clearly has no way to avoid it. The Israelites leave Egypt under the protection of a

pillar of cloud by day and a pillar of fire by night until they come to the Red Sea. By now Pharaoh has changed his mind and is in full chase.

Finally the climactic moment comes when God assures the people that God intends to free them from the injustice that has kept them from flourishing.

Read Exodus 14:21–27. *Discuss:*

- What does it do for our well-being if we can see that God acts for our flourishing?
- God gave Moses the job to act for the flourishing of others. How does God also ask us to act in ways that change circumstances in order to liberate others from injustice and improve health and well-being?

Summarize: In Egypt, a group of people fearful of losing their power and advantage took steps to create oppressive systems that created “social determinants” that would lead to another group of people suffering and having a deteriorating quality of life. What is stark in the telling of this biblical narrative is the clear intent that might go unspoken today. Yet when we look at the ways we relate to one another, and the systems that help some groups flourish with healthy lives and make it harder for other groups to do so, we can learn from this powerful story.

As God’s people today in the church, we most naturally identify with the Israelites and celebrate what God did on their behalf. We remember that this same God of love and faithfulness cares for us as well! At the same time, the story can challenge us to be sure we are not like the Egyptians, afraid of people who are not like us or even secretly satisfied with having comfortable, healthy lives while others have lives of considerably more struggle and risk.

Moses followed God out of his own comfort zone and became someone who led people to believe a better future lay ahead, not behind, a future in a promised land of provision, not scarcity, and of health, not being beaten down.

Our Response [5–10 minutes]

Explain: We started out by hearing a true story that demonstrated for us the concept of social determinants and interacting with a basic definition before digging into what the Bible has to say.

Discuss:

- What dimension of social determinants do you think you might most find yourself thinking about this week and why?
- As you reflect on social determinants and how they affect health in particular, in what ways are you challenged about what the Bible says about caring for our neighbors and one another?

Before dismissing class, remind everyone to look for next week’s short video close to the time you will meet again and encourage them to watch it in advance.

Close your time together in prayer in your own words or use this one.

Lord of salvation, you show us that you can redeem all things. Soften our hearts to receive the callings you want to shape and place within us. Give us the courage you gave Moses to answer your call and lead with hope. Amen.

Follow-up

- * As you move through the sessions, be watchful for particular areas of interest that arise to explore practical ways to be involved in closing racial gaps in health care in the community. The resource list included with this curriculum can help you direct individuals or groups to local agencies and opportunities for partnership to make a practical difference in real lives.
- * Make a note in your calendar to send out next week's video, a story from Jocelyn, two or three days before your next class meeting.

Session 3 *Hear Humbling Words*

Getting Started [10 minutes]

Welcome everyone to the class. Open in prayer if you'd like.

Explain that you are going to read some simple statements. Ask participants to raise their hands if they grew up thinking the statement was true or if they think the statement is true now.

- Being tall is better than being short.
- It's better to be outgoing than shy.
- Girls are better readers than boys.
- Men should be the leaders of the community.
- It's easier to work with people who are just like you.
- Women are more supportive than men.
- Boys are better at science than girls.
- You can tell if a neighborhood is safe by looking at it.
- Someone who is neatly dressed probably also is organized at work.
- Good fences make good neighbors.

Now talk about why people agreed with the statements they did.

Discuss:

- What basis did you have for believing the statements you agreed with? (*Answers might include this is what they were taught, common sense, their own observations, their own experiences, or the truth that they don't have any evidence!*)
- What do you think happens when we act as if things are true when they're not? (*The more we act, the more we believe. The more we believe, the more we might influence someone else to believe—such as girls thinking they are not good at math and science when actually they out-perform boys on objective tests. Most of these elements of these statements are entirely neutral, such as a person's height or personality, or demonstrably wrong according to research, such as our ideas about genders or who makes a good coworker.*)

Explain: In today's lesson, we'll be connecting our new key words with the story of Naboth abusing his power and treating another person as of less value than he was for the sake of his own advantage.

Take a minute for a quick check to see whether most people have had a chance to watch the video for this session in advance. You can always decide to watch it together in class before proceeding with the discussion.

Jocelyn experienced a situation in a hospital emergency room where she came to the conclusion that the rudeness of a white nurse was due to the fact that the nurse didn't like who Jocelyn was as a Black person.

Discuss:

- What assumptions do you think the nurse could have been making about her patient in this situation? (*That she wasn't so sick that she needed the help she asked for; that she didn't deserve the attention of the nurse; that she was making unreasonable demands.*)
- In what ways did the nurse's attitude turn into behaviors toward her patient?

Explain: **When we have assumptions about other people, those assumptions often find pathways into behavior. And in Jocelyn's case, it affected the health care she received.**

On the Same Page [10–15 minutes]

To talk about the theme together, we need some common vocabulary. Introduce two key terms.

Explain: **What we've been talking about involves two terms. In our opening exercise, we saw what is called "implicit bias." This means:**

attitudes we have toward people or stereotypes we associate with them without being consciously aware.

It's okay to have biases. In fact, we all do. What is important is that we actively cultivate the self-awareness to realize when our bias may be affecting our decisions or relationships in unfair ways.

Discuss:

- Think back to the statements we opened with. What are some ways that those biases could result in unfair decisions or relationships? (*Boys and girls not getting the same educational opportunities; men and women not getting the same career advancement opportunities; people making hiring decisions being influenced by implicit bias to hire people they feel affinity with; decisions based on factors people cannot control or change, such as height, or based on untruths, such as outgoing personalities being generally of more value in society.*)

In the story we heard from Jocelyn, we encountered the term, "racism," which means:
attitudes or actions toward a person based solely on the person being part of a minority group.

Discuss:

- Do you think the nurse was aware that her actions might be based on Jocelyn's skin color? Why or why not?

Explain: **Every time we make a decision, our social background, personal and cultural values, and our own life experiences influence our reasoning. This all happens in a fraction of a second, and we're not always aware of it. That's what makes it "implicit."**

Briefly give some other examples of implicit bias and racism in health care, such as:

1. Margaret, a middle-aged Black woman, visited her doctor complaining of abdominal pain that had been getting worse. He said that

if it didn't improve she should return in a month. After she left, the doctor said to his assistant, "She's just looking for drugs."

2. Two new mothers, one white and one Black, left the hospital on the same day with their babies. Both received coupons for buying infant formula. Only the white mother received a folder of information about where to receive support for breastfeeding and phone numbers to call with questions. When a young nurse asked where the folder was for the Black mother, the answer was, “She won’t need it. She’ll have to go back to work and won’t breastfeed anyway.”

3. A Black man received a sulfa drug for an infection but returned to the doctor feeling even more sick. By the time he eventually ended up in the emergency room 10 days after beginning the medication, his skin was blistering in large patches all over his body because of an allergic reaction to the sulfa drug. Because of the color of his skin, the earliest warning sign of a rash had gone unrecognized. No one treating him had been trained to recognize a developing rash on any skin that wasn’t white.

Discuss:

- What implicit assumptions do we see in these brief summaries that affect the health of the patients involved? (*That Margaret’s pain wasn’t real. That Black mothers won’t breastfeed. That doctors don’t need to be trained to recognize rash differently in Black patients.*)
- If you were on the receiving end of one of these instances of bias in a situation that affected your health, how do you think you would feel?

Hearing the Word [20–25 minutes]

Each week as we explore the themes of *The Burden of Being Sick*, we look to God’s Word to direct the formation of our beliefs, shape our attitudes, and guide our actions to care for one another. This week, we will look at the story of Naboth in 1 Kings 21 to help us put what we understand about implicit bias and racism in the context of how implicit attitudes can lead to treating others as less than the full persons God created them to be.

Explain: In today’s story, Ahab, an Israelite king who has married a Canaanite wife for a political alliance, sets his mind on owning property that belongs to a man of far less socioeconomic standing. Ahab never sees Naboth as equal, however.

Ahab wants to turn Naboth’s family inheritance into a personal garden.

Read 1 Kings 21:1–3. Discuss:

- What attitudes or assumptions do you see at work in the way Ahab approaches Naboth? (*He seems to assume that as long as he makes what he considers a fair offer, Naboth will accept it. He assumes he will have something Naboth will want in return. He assumes that because he is the king and in a position of power and privilege, Naboth will accept his offer.*)
- What value does Naboth hold onto that Ahab didn’t expect? (*The land is his family inheritance. He doesn’t believe God would approve of making a deal for it.*)

Ahab still fails to see Naboth’s perspective.

Read 1 Kings 21:4–7. Discuss:

- How did Ahab respond when Naboth put himself on equal spiritual footing with the king? (*It didn’t change his heart about what he selfishly wanted. He resented Naboth.*)

- How would you characterize Jezebel's response? *(She points out his weakness—what he was unable to do—and takes matters into her own hands. She feeds his sense of privilege by promising that “no” is an unacceptable answer and she will deliver the vineyard he wants.)*

Jezebel wraps her unjust scheme in trappings that make it look both religious and legal.

Read 1 Kings 21:8–16. *Discuss:*

- What view did Jezebel have of Naboth? *(He was irrelevant. Ahab wanted the vineyard, and she wanted to show him how easy it was to get it. Naboth was not a person of equal value to Ahab or herself. Her goal was to sustain Ahab's privilege, and it was simple to find people who would do immoral deeds to protect the privilege of the powerful.)*
- How did Ahab respond to Jezebel's scheme? *(He didn't want to know the details. With Naboth dead, now he could confiscate the property.)*

The prophet Elijah calls out Ahab for his actions.

Read 1 Kings 21:17–26. (If you are concerned about time, you might choose to summarize this section rather than read.) *Discuss:*

- How does Ahab respond to being confronted with the truth? *(At first he calls Elijah his enemy [verse 20]. But he does not try to deny what Elijah confronts him with.)*

After Elijah pronounces God's judgment, Ahab finally repents. (The prophecy is fulfilled in 1 Kings 22:38 and 2 Kings 9:30–10–28).

Read 1 Kings 21:27–29. *Discuss:*

- What can we learn from Ahab that we might apply to our own experiences of making wrong assumptions about others and acting in ways that perpetuate our own advantage at their expense? *(We can listen to those whom God sends to help us learn. We can repent.)*

Summarize: Often when we read this story, we of course side with Naboth, the wronged party. It is obvious to us that Ahab is one of the worst kings of Israel, and Jezebel is a wicked influence on him who has no regard for the lives of anyone in her way. They are the king and queen, and no one else matters! How dare Naboth say no? Almost certainly anyone who declined to cooperate with her scheme to take Naboth's life would have brought danger to themselves and their families as well, making it easy to find “scoundrels” to tell lies about Naboth in a ceremony that began with a religious act of fasting.

At the same time, at another level, we can ask ourselves, “Do I do that? Do I treat people as if I think their lives are less valuable than mine? Do I think about the ways that I experience comfort or privilege that others don't enjoy and unconsciously assume that others should sacrifice for my comfort?”

Implicit bias tends to work against the same groups of people who are also the victims of what we would recognize as overt racism. But people who would honestly be horrified by overtly racist attitudes usually don't recognize the implicit bias they hold. When we think about implicit bias that we may not even think we have, and racism in attitudes and actions based on a person's skin color, we can look at a story like Naboth's vineyard and honestly and prayerfully explore whether we are on the Naboth side or the Ahab and Jezebel side of the plot.

Our Response [5–10 minutes]

Explain: We started out by hearing a true story that demonstrated for us the concept of bias based on racism and interacting with basic definitions before digging into what the Bible has to say in a story where assumptions drove power and decisions.

Discuss:

- Recognizing implicit bias is extremely difficult. What might be some key questions for us to ask ourselves to be sure we are not acting out of implicit bias? (*What values am I bringing into this situation? What affinities or affirmations do I find myself seeking? In this setting or decision, how am I associating what is “good” or “bad”?*)
- In what settings in your everyday life this week do you think you might want to do an implicit bias or racism self-check? Would any of these circumstances have an impact on the health and well-being of the people you interact with?

Before dismissing class, remind everyone to look for next week’s short video close to the time you will meet again and encourage them to watch it in advance.

Close your time together in prayer in your own words or use this one.

Lord of our hearts, make us brave enough to look deep inside and willing to see the truth. Because we know you are beside us, we know we can grow in every circumstance and relationship to be servants of faith who glorify your name. Amen.

Follow-up

- * As you move through the sessions, be watchful for particular areas of interest that arise to explore practical ways to be involved in closing racial gaps in health care in the community. Have you noticed any yet? The resource list included with this curriculum can help you direct individuals or groups to local agencies and opportunities for partnership to make a practical difference in real lives.
- * Make a note in your calendar to send out next week’s video, a story from Susie, two or three days before your next class meeting.

Session 4 Proclaim Good News in Health Care

Getting Started [10 minutes]

Welcome everyone to the class. Open in prayer if you'd like.

In a lighthearted tone, welcome everyone to today's episode of your very own baking show. Ask participants to have a sheet of paper ready and follow instructions for what to draw and write on it. (If you are meeting in person, you could also choose two contestants and visually equip them differently for this task or another one to make the point. Others will see the inequity developing.)

On the paper, draw (or simply label) the following:

1. Divide the page into two spaces. Label them Baker X and Baker Y.
2. Give both contestants an oven and a cake pan.
3. Give Baker Y a mixing bowl. (Baker X gets no bowl.)
4. Give Baker Y a mixing spoon. (Baker X gets no spoon.)
5. Baker X gets a small bag of flour. Baker Y gets a large bag of flour and a bag of sugar.
6. Give Baker X an egg. Baker Y gets 12 eggs.
7. Give both contestants a box of baking powder and some salt.
8. Baker X gets 1 stick of butter. Baker Y gets 2 sticks of butter.
9. Both contestants get a carton of milk.
10. Baker Y gets a measuring cup and measuring spoons.

Then announce three simple rules.

1. Each Baker works alone.
2. Bakers may not share.
3. Cakes must be completed within one hour.

Explain that these are the time-honored rules of the show, and anyone who violates them will be asked to leave.

Discuss:

- Is it possible for both contestants to make a cake on time? What will be the obstacles?
- The rules are "time-honored," but do they create a fair system?

Explain: **In today's lesson, we'll be connecting our new key words with Jesus standing up to read in the temple and announcing his mission as a friend to the poor, vulnerable, and marginalized.**

Take a minute for a quick check to see whether most people have had a chance to watch the video for this session in advance. You can always decide to watch it together in class before proceeding with the discussion.

Susie understood her rare and complex disease, but was treated as if she was faking her symptoms and seeking drugs. All she wanted was appropriate care in urgent situations, but she found herself up against structures that did not listen to her.

Discuss:

- In what ways did Susie experience unspoken rules in the medical system that worked against her care? (*Doctors who assumed a Black woman didn't understand her own condition; doctors who assumed she was seeking drugs; white doctors know best.*)
- How is Susie's story an example of not just an incident but a structure that is not working for her well-being? (*She has had multiple encounters with doctors who treat her in demeaning and impatient ways, which delays getting the care she needs in urgent situations.*)

Explain: **The exercise we did and Susie's story help us to understand that systems sometimes are established in ways that create advantage for some and disadvantage for others. When we don't question these systems and they become "time-honored" by our acceptance, they become further built into our institutions, including how we experience health care.**

On the Same Page [10–15 minutes]

To talk about the theme together, we need some common vocabulary. Introduce the key term.

Explain: **What we've been talking about involves the concept of "structural racism," which means:**

social and institutional systems that limit access to resources through an imbalance of power based on race.

Discuss:

- How does this specific term and its definition help you further reflect on what you heard in Susie's story? (*Because the white doctors in the health system had the power to limit access to medications and care Susie needed, their assumptions about her as a Black woman put her at a disadvantage in the balance of power.*)
- The exercise we did at the beginning was quite deliberate in creating a system where something as simple as the power to bake a cake was not in balance. How would you say that most systems that are imbalanced develop?

Briefly present these examples of structural racism in health care:

1. Did you know that doctors in emergency departments are less likely to identify Black and Latinx children as requiring emergency care compared to white or Asian children? They are less likely to admit Black children to the hospital or order tests and scans.

2. Did you know that predominantly Black zip codes are 67 percent more likely to have a shortage of primary care physicians than a predominantly white zip code?

3. Did you know many white medical students believe Black people have a higher pain tolerance than white people? In 2016, around three-quarters held false beliefs about biological differences between races, such as that Black people have thicker skin, less sensitive nerve endings, or stronger immune systems.

4. Did you know that Black women are 3–4 times more likely to die from a pregnancy or childbirth-related cause than white women? Even a Black woman with a graduate degree and stable income is more likely to die from these causes than a white woman with an eighth grade education.

Discuss:

- Which of these Did You Know? facts is the most striking to you?
- How do these facts indicate ways that Black people encounter racism in health care not only in individual encounters with a provider but also in the sense of a system set up to be unfair?

Hearing the Word [20–25 minutes]

Each week as we explore the themes of *The Burden of Being Sick*, we look to God's Word to direct the formation of our beliefs, shape our attitudes, and guide our actions to care for one another. This week, we will look at the story of Jesus preaching in the synagogue from a passage in Isaiah in Luke 4:16–20 to help us put what we understand about structural racism in the context of how Jesus took on structures and advocated for those in need.

Explain: In chapter 3 of Luke's Gospel, we read the story of John the Baptist preaching in the region around the Jordan. He was baptizing many people. In fact, Jesus came to John for baptism. Luke and other Gospel writers tell us that the Holy Spirit descended upon Jesus like a dove, and a voice from heaven said, You are my Son. With you I am well pleased." After he was baptized, at the beginning of chapter 4, Jesus went into the wilderness, where the devil tempted him for 40 days to act on the pride and privilege of being God's beloved Son. But Jesus did not give into temptation. Instead, he began the ministry God had prepared him for.

News of Jesus spread quickly around Galilee following his baptism and temptation.

Read Luke 4:14–15. Discuss:

- What do these two verses tell us about Jesus' early ministry? (*His ministry was in the power of the Spirit. News spread around the area. He taught in the synagogues, so he was interacting with the Jewish people. It seemed like he was popular.*)
- Why is it important for us to note these characteristics? (*The information in these verses reminds us that Jesus' ministry was in the context of God's calling and preparation for him and the mission of God. If we compare these verses to the same events in Mark 1, we see there that Mark tells us Jesus was proclaiming the good news of God's kingdom and calling people to repentance. He was not drawing attention to himself but to God.*)

Jesus went into the synagogue in his hometown as a faithful worshiper.

Read Luke 4:16. Discuss:

- What does this one verse tell us about Jesus' own faith life? (*He had been brought up in Nazareth and was comfortable going to the place of worship there. It was his own personal custom to go the synagogue on the Sabbath. He stood up to read from the scroll because he was an adult member of the synagogue and could participate in this way as a faithful worshiper.*)

Jesus read from a key passage in the book of Isaiah, words we find in chapter 61.

Read Luke 4:17-19. Discuss:

- What do you think Jesus might have been feeling about what he was about to read and say? *(Perhaps confidence because he knew he was stepping into what God called him to do. Perhaps realization that he might make some people uncomfortable because they thought they knew him as Joseph's son, a carpenter from a small town, and now he was talking like he had a big head about himself. Perhaps inwardly preparing flips in popularity that might lie ahead as he stuck true to God's mission.)*
- What do you think is the significance of the phrase, "The Spirit of the Lord is upon me"? *(A special anointing or a prophetic calling. The Holy Spirit had already come upon Jesus at his baptism, and we already read in verse 14 that he was "filled with the power of the Spirit" when he began his ministry in Galilee. The hearers in the synagogue that day would have known Isaiah 61 well and would have known the prophetic statement being made.)*
- What are the specific actions that the prophecy says that the anointed person is to do? *(Bring good news to the poor. Proclaim release to the captives. Bring sight to the blinds. Let the oppressed go free. Proclaim the year of the Lord's favor. The phrasing may vary according to the translations that members of your group are reading from, but the answers will be similar. "Bringing good news" can be seen as encompassing phrase that the others expand on. Everything Jesus did was a way of bringing good news. "The year of the Lord's favor" or the "year of Jubilee" refers to the traditional year every 50 years of forgiveness and deliverance from debt or servitude but also the Jubilee the people in Isaiah's time would have yearned for in deliverance from exile in Babylon.)*
- When you hear all these phrases, and especially when they are added together, how would you expression the mission of God in them? *(We hear words of healing and liberation. They are full of preaching and healing to meet the range of needs of the whole person. These are active words that show us an active God and call us to action. Looking both at Isaiah 61 and Luke 4, the person who is anointed to do these things is not only heralding that the time for salvation has come but actually bringing salvation, bringing healing and wholeness to people's lives.)*

Jesus then prepared for the reaction that was to come.

Read Luke 4:20-21. Discuss:

- What is the response of the listeners in the synagogue to the reading? *(Luke says, "their eyes were fixed on" Jesus as he sat down. In the synagogue tradition, sitting was the posture of the teacher. They must have thought he was getting ready to teach on the reading, and it seems like they were ready to pay attention.)*
- What is the essence of Jesus' very brief elaboration of the reading from Isaiah? *(He probably shocked his listeners when he said that the time of waiting for the prophecy to be fulfilled was over—because he was the one who was anointed to bring healing and liberation. It's easy to imagine the pin-drop silence that might have followed!)*

Summarize: Jesus takes on the mantle of Isaiah's prophecy to advocate for those in need. By announcing his mission, he became a friend to the poor and those mistreated by structures of the status quo that cast them into the margins and saw them as the "less than" people of his time. Throughout his ministry, we see how Jesus saw people as full humans who mattered to God. He touched those with diseases whom no one else would touch. He stopped to listen to those the crowds tried to silence. He made time and room for women and children and tax collectors and Samaritans who were systematically diminished by the social structures of the time. And he offered healing and wholeness in God's mission.

As we look at racism and health care, we consider the truth that our systems treat some as "less than" in our own time. But we know Jesus would not do this. As his followers who also take up the mission of God, we must ask what we can do to bring good news and healing and proclaim release and freedom from oppression.

Our Response [5–10 minutes]

We started out by hearing a true story that demonstrated for us the concept of structural racism and interacting with a basic definition before digging into what the Bible has to say about challenging those structures.

Discuss:

- If we look at Jesus' ministry, starting from Luke 4 and right through his entire earthly life, and see how healing the whole person was at the center of his mission from God, how might that shape our understanding of our own calling to be involved in ministries that support health and well-being in tangible ways?
- If we can see many examples in Jesus' life where he stood up for people whom many others regarded as not worthy of their time and attention, how might that direct our awareness to how we might be involved with standing up for those who experience racism in health care in our own community?

Before dismissing class, remind everyone to look for next week's short video close to the time you will meet again and encourage them to watch it in advance.

Close your time together in prayer in your own words or use this one.

Lord of all healing make your spirit fall on us. Open our eyes to see injustice. Open our hearts to prevent injustice. Open our courage to challenge the systems that we see with new eyes so they will value all persons you have created and love and in this way tell the good news. Amen.

Follow-up

- * As you move through the sessions, be watchful for particular areas of interest that arise to explore practical ways to be involved in closing racial gaps in health care in the community. What topics or areas of interest have been coming up that might be practical for your church to explore? The resource list included with this curriculum can help you direct individuals or groups to local agencies and opportunities for partnership to make a practical difference in real lives.
- * Make a note in your calendar to send out next week's video, a story from Joan, two or three days before your next class meeting.

Session 5 Stop to Ask the Difference

Getting Started [10 minutes]

Welcome everyone to the class. Open in prayer if you'd like.

Ask everyone to take out a sheet of paper and something to write with. In the top right corner of the page make a box and label it "Super Healthy Medicine." Starting at the bottom left, sketch a set of 12 stairs that will lead to the Super Healthy Medicine. Imagine this is a steep, outdoor, rocky incline and the medicine is at the top of the cliff. It's right there, out in the open equally accessible for everyone, right? Let's find out who will get there. Keep your pencil on the steps at all times and follow the instructions.

- Everyone wants to be super healthy, so everyone go from the first step to the second step.
- If you're tall, above five-foot-six, draw a line up to the next step. Otherwise, stay where you are.
- If you're male, advance to the next step. Otherwise, stay where you are.
- If you're white, go to the next step.
- If you have brown hair, or have ever had brown hair, go up to the next step.
- If you have blonde hair, or have ever had blonde hair, go down one step. That's just the way it is.
- If you consider yourself naturally athletic, go to the next step.
- If you have never been sick a day in your life, go to the next step.
- If you have brown eyes, go up three steps. Isn't that great!
- Oops, you don't see as well as you used to and you slipped on that rock. If you wear glasses, go back one step.
- If you know how to cook a healthy meal, go up one step.
- If you have a regular primary care provider to call when you get sick, go up two steps.
- If you own a car, go up one step.
- If you have never had a doctor doubt what you say, go up one step.
- Oops, your feet don't move as well as they used to. Your balance is slipping. If you're over 50, go back two steps.
- If you can afford to buy fresh food if you want to, go up two steps.
- If you live in a neighborhood where it's safe to exercise outdoors, go up two steps.

How many in the group got to the top to get some of the Super Healthy Medicine?

Discuss:

- At the beginning, did it seem like the Super Healthy Medicine was going to be equally accessible to everyone? Why or why not? *(It was sitting right out in the open, but the idea that it was on a steep incline might suggest not everyone would get there.)*
- Describe some of the combinations that would mean people got left behind on the trail to Super Healthy Medicine. *(In this example, if you were an older, short, female who was not white with green eyes and who did not own a car without a regular doctor, you would be way behind a younger, tall, white man with brown eyes, a*

car, and a doctor. And that's only a few of the variables. It's easy to see that if "Super Healthy Medicine" is the desired goal of this imaginary bike, some people will not have the same outcome as others through no fault of their own.)

Explain: In today's lesson, we'll be connecting our new key words with the way Jesus' healing ministry for the whole person also transformed communities.

Take a minute for a quick check to see whether most people have had a chance to watch the video for this session in advance. You can always decide to watch it together in class before proceeding with the discussion.

With her first pregnancy, Joan didn't realize the danger her life was in from post-partum preeclampsia. The second time, she knew the risk and she knew she was once again experiencing the symptoms. Yet she couldn't get staff in the hospital to take seriously her requests for treatment.

Discuss:

- Have you ever been in a medical situation where you felt unsafe because of the decisions your providers were making for your treatment? What do you think that would be like?
- In Joan's case, her specific situation is one where we know that significantly many more Black women go untreated or even die from this condition than white women. If you were in a situation where you knew you could be at risk but still didn't have access to care, what resource do you think you would have?

Explain: The opening exercise we did, where we saw people get left behind, and Joan's story of a particular condition where Black women *are* left without access to care, challenge our assumptions about what happens to white people and Black people in health care—perhaps even in the same hospital.

On the Same Page [10–15 minutes]

To talk about the theme together, we need some common vocabulary.

Explain: What we've been talking about involves two terms. In our opening exercise we saw the idea that certain things can get in the way of "health access" which means:
available personal health services that lead to best health outcomes.

When this happens regularly to identifiable groups of people, we see "health disparities," which means:
differences in the health status of different groups of people with the same condition.

Examples of health disparities would be differences in life expectancy, rates of diseases, or rates of death from certain diseases or certain complications measured in various groups of people.

Discuss:

- Think back to the statements we started with and climbed our steps with. In what ways could some of those lead to patterns in different outcomes between groups of people trying to hike the same trail? (*Short women without cars would have a harder time succeeding than tall men with brown eyes, and we should wonder why, since none of those factors, in themselves, should mean a group of people should not be successful in hiking the trail.*)
- In your own words, explain what you think would be the connection between available personal health services and different groups of people experiencing different health outcomes when they have the same condition.

Briefly give some other examples of health access and health disparities, such as:

1. **Dorcas**, an older Black woman, is on Medicare. When a clinic opened her rural town she made sure to get on their rolls. However, so did everyone else in a town that didn't have a single other doctor. Everyone liked the idea of avoiding a 40-minute drive to see a doctor in a larger town. Whenever Dorcas calls for an appointment, it's at least an eight-week wait. She and her friends ask one another if they are supposed to plan three months ahead for when they won't feel well. What happens when they can no longer drive 40 minutes to see someone else?

3. **Marcus**, a young Black man, earns his living as a handyman's assistant—and has a second job as a restaurant server. Although he works an average of 55 hours a week between the two jobs, neither one would offer health insurance even if it were full-time. In his majority Black neighborhood, he feels lucky to live near the bus line, but if he wants to eat and pay his bus fares to get to those two jobs, he certainly can't afford the premiums for a policy on the open market.

2. **Tamara** only had had a mammogram because her friend insisted they had do it together. They were both over 50, ten years past the age recommended to begin yearly screenings. No one in their families had ever done it. But a mobile mammogram screening van was going to be in the parking lot of their church, and the brochure said the mortality rate was higher in Black women even though they get breast cancer less because the disease tends to be found later than in white women.

4. **George's** father just had a leg amputated below the knee because of his diabetes. He never took it seriously until it was too late. Now George has been diagnosed with Type 2 diabetes as well, and his doctor said that African Americans had higher levels of diabetes and hypertension than whites. But he couldn't give George a good explanation why this would be true, only that it is true.

Discuss:

- In what ways do the circumstances of Marcus and Dorcas help you better understand the challenges of health access? (*Some obstacles are more obvious to all of us, such as the cost of health insurance, which is always in the news. Other obstacles are less obvious, such as where the doctors are, geographically, and what that means about who realistically has access to them.*)
- In what ways do the situations of Tamara and George highlight health disparities? (*Some disparities can be reduced through better education and community outreach, such as taking mobile mammogram vans into communities where screening levels are low. Other disparities are still under study to investigate how factors such as*

nutrition, lifestyle, and stress interact with biology to better understand why disparities are happening and how to close the gaps in outcomes.

- Describe how you think challenges of health access that disproportionately affect certain groups of people might contribute to outcomes that health disparities measure. *(Better health access earlier would help identify and treat diseases before they become more severe, and this would help reduce some of the statistical disparities that show up along racial lines. Along with improvements in other social determinants, access to health care through insurance, enough doctors in neighborhoods that have shortages, and removing other obstacles to health care will improve health and well-being at every stage of life.)*

Hearing the Word [20–25 minutes]

Each week as we explore the themes of *The Burden of Being Sick*, we look to God's Word to direct the formation of our beliefs, shape our attitudes, and guide our actions to care for one another. This week, we will look at the stories of Jesus' healing from the Gospels of Luke and John to help us put what we understand about health access and reducing disparities in the context of how we care for the whole person and even whole communities.

Explain: Jesus was a teacher and preacher who announced that the kingdom of God had come near. But his message was not limited to the words he proclaimed. Jesus looked at all people and saw in them the worth that God created in them, so when he preached a message of salvation he also offered this message through actively healing. When we look at concepts like health access and health disparities, we can ask ourselves what we understand about Jesus' ministry of healing and what our role is in it.

Four friends brought a man to Jesus to heal, and it became a testimony to the community.

Read Luke 5:17–20. **Discuss:**

- What can we learn from these four friends about how we can serve the vulnerable in our own community with better health access? *(They were determined. When they could not find one way in, they found another way in. They were not discouraged by what was happening in the room because of the crowd but remained focused on the need of the man they were advocating for. Their faith motivated them.)*
- What was it that Jesus responded to in these four friends? *(Their faith! They were acting in faith. Jesus he saw deeper into the need of the whole person and dug deeper alongside them.)*

Read Luke 5:21–26. **Discuss:**

- We see that Jesus is not afraid of the hard questions. What can we learn from his response that can help us respond to hard questions around health access? *(Go to the essential questions and address them. Don't be afraid to expect dramatic results.)*
- What was the impact on the vulnerable man's community because the four friends were willing to advocate for his health access? *(They witnessed God at work. They saw a man go from lying on a mat paralyzed to walking and glorifying God because of the transformation, and they too glorified God.)*

We are not the Son of God, and we do not have the power to heal paralysis ourselves, but we accept our place in the healing ministry of Jesus. The four friends disrupted the system that was happening that day, in that house, with a determination to make a difference, and they did.

Jesus hears and interrupts his own schedule to listen to a disenfranchised man.

Read Luke 18:35–43. **Discuss:**

- In what ways can we see that the man in this story is marginalized or disenfranchised? *(He is blind and cannot see while all others around him can see. His means of income was begging, which was undignified. When he called out to Jesus, others told him to be quiet, as if he didn't deserve the attention of Jesus—or perhaps anyone.)*
- How do we see Jesus bringing the man who was blind in from the margins? *(He stopped when he could have kept on walking past. He asked to have the man brought to him. He asked what he wanted. He granted his request to have his sight given to him.)*
- How do we see the attitude of the crowd change in this short story? *(In the beginning they wanted the man to be quiet, to leave Jesus alone. In the end, they saw what Jesus did for him and praised God because of it. The man's healing was a testimony for the whole community.)*

In this short story we see another example of how healing can change the community around the person who experiences the healing. This can challenge us to think about questions of health access and health disparities not only because they help an individual, and we might feel good that we helped someone, but because by being involved in ministries that bring healing we also shape the wider community in a way that brings glory to God.

Jesus astonished people by crossing ethnic and cultural lines.

Read John 4:7–15. **DISCUSS:**

- What differences do we see Jesus freely bridging in this passage? *(Jews and Samaritans avoided each other—Jews eventually usually went far out of their way to avoid traveling through Samaria but Jesus chose the route through Samaria. To add scandal to scandal, he initiated conversation with a lowly woman by asking for water. Not only this, but when she asks him questions, he does not shut down the dialogue but encourages it rather than only expecting her to be a wordless servant in giving him water. He treated her as a person of worth and dignity when she did not expect him to.)*
- How does Jesus continue to welcome to woman into an encounter with him? *(He says things that make her curious. He welcomes her questions.)*

If you have time in your session, you may choose to read verses 16–26 and make observations. Otherwise summarize with something like this: **Jesus knew far more about the woman than she realized at first, but he continued to keep her engaged in a dialogue that led them deeper and deeper until she understood that he truly was closing the gaps she had assumed would keep them apart. He showed his understanding of her position—her social location, her social determinants, the factors that limited her access to whole-person health at the time, the framework of the faith she held and where she was on her journey. When he revealed who he was, she was ready to be changed, to be healed.**

Jesus' offering healing to the woman from Samaria also brought healing to her community.

Read John 4:27–30. **DISCUSS:**

- What did the disciples think of what they saw happening in the closing of these cultural gaps? *(They were astonished, but they did not disturb the holy moment but protesting.)*
- What is the impact on the woman's community of her healing encounter with Jesus? *(In the beginning of the story, she was likely at the well alone at a time of day the other woman did not come because of her outcast status as a woman with five husbands, but now she is not afraid to go tell people of the encounter—and they are willing to come and see for themselves. Verse 39 tells us that many Samaritans believed in Jesus that day because of the woman. Healing on any level has transformational impact on the community.)*

Summarize: These three stories are only a few among many we might look at and see that healing of physical, spiritual, or emotional needs evokes a response of glorifying God by the individual who experienced healing *and* by others in the person's community. This helps us understand that as we think about what it means to be involved in the healing work the gospel calls us to, we are not always thinking just about the individual in front of us but also the possibility of transforming the health of a group of people or a community. That concept helps us see that working for better access to health care and to reduce health disparities is rooted both in the biblical foundation of all persons created and loved by God and in the beautiful way Jesus unfolds the healing kingdom of God for us.

Our Response [5–10 minutes]

Explain: We started out by hearing a true story that demonstrated for us the concepts of health access and disparities and interacting with basic definitions before digging into looking at what the Bible has to say.

Discuss:

- After reflecting on a few stories of Jesus' healing ministry, which clearly improved health access for individuals in ways where the status quo could see the shifts happening, what aspects of access to health care in your community challenge you the most?
- What questions about health disparities do you think you might want to research further to get a deeper understanding of what health disparities are and why it's important to close the gaps?

Before dismissing class, remind everyone to look for next week's short video close to the time you will meet again and encourage them to watch it in advance.

Close your time together in prayer in your own words or use this one.

Lord of healing love, your examples of how to stop, turn, and see those we meet along the way of life challenges us. Give us patience and perspective to see not through our own eyes but yours so that we will respond not with our own impulses but yours in every opportunity. Amen.

Follow-up

- * As you moved through the sessions so far, perhaps your class discussions have revealed particular areas of interest to explore practical ways to be involved in closing racial gaps in health care in your community. The resource list included with this curriculum can help you direct individuals or groups to local agencies and opportunities for partnership to make a practical difference in real lives. Be thinking about community groups that might be the best fits for people in your group to partner with.
- * Make a note in your calendar to send out next week's video, a story from Kayana, two or three days before your next class meeting.

Session 6 A New View of God's Justice

Getting Started [10 minutes]

Welcome everyone to the class. Open in prayer if you'd like.

Read the following brief story to the group and follow up with the discussion question.

The Village of Pleasantville has three parks. Red Park, Blue Park and Yellow Park. Red Park has great playground equipment—three sets of swings, monkey bars, a merry-go-round, a large sand box, ball fields. They have more than enough equipment for the kids in the neighborhood. Blue Park has some equipment—one set of swings and monkey bars, and a small sand box, but they wish they had more, because they have a lot of kids in the neighborhood who don't get to use their favorite. Yellow Park has only one swing that isn't broken on its one swing set, no sand in the sand box most of the time, and the kids play sports on asphalt so there are frequent injuries. Pleasantville received a grant of \$300,000 to improve its parks as long the money is distributed in a fair manner. The town council is arguing over how to spend the money. They can't agree on what *fair* means in this situation.

Discuss:

- What do you think the council members are debating? (*Whether it's "fair" to give each park the equal amounts of money or distribute the money to the parks so that all the parks end up with the same equipment.*)
- What standards do you think the town council should use in deciding what is "fair" for the terms of the grant?

Explain: In today's lesson, we'll be connecting our new vocabulary concepts with the apostle Paul's teachings of how we regard one another and look to the interests of others.

Take a minute for a quick check to see whether most people have had a chance to watch the video for this session in advance. You can always decide to watch it together in class before proceeding with the discussion.

Kayana's story comes from her experience of working as a part-time pharmacy technician during the COVID-19 pandemic. She knew her job exposed her to risk of the virus on a daily basis, and she knew being Black added to the likelihood of experiencing a more severe illness if she was infected. Also, she had no health insurance and no paid time off if she came down with the virus. At the same time, this part-time job was the only way she had to pay her bills. She didn't feel that she had much choice but to keep going to work in a job considered an "essential worker" and taking on more risk of the virus than so many other people whose finances and occupations gave them more options.

Discuss:

- Can you think of a time where you faced a decision about your health that required you to take risks you wouldn't have if you had better options? What was that like?
- What kinds of factors can make it hard for us to know how to respond to someone who has to make risky decisions that we ourselves have never had to face—especially if they seem unfair?
(Personal relationships; circumstances we never thought of before; situations we know affect a lot of people; wanting to help but there's nothing we can really do.)

Explain: The opening exercise we did, where the council members had to decide what was fair, and Kayana's story of a particular experience that didn't seem fair in the middle of a larger experience we all remember, challenge our notions about what is just in situations like protection from sickness and care during sickness.

On the Same Page [10–15 minutes]

To talk about the theme together, we need some common vocabulary.

Explain: What we've been talking about is **"health equity,"** which means:
fair and just opportunities for everyone to be as healthy as possible because we remove obstacles to health and provide resources where they are needed.

"Equity" is not the same as "equal."

Discuss:

- What do you think are the differences between "equal" and "equitable"? (*"Equal" means everyone gets the same amount. "Equitable" means fair. It brings in a justice factor, not only a mathematical meaning.*)
- In what ways is it important for social systems that affect health to be equitable, not merely equal?
(A system based on "equal" means that people who already have an advantage, such as because of the families or communities they live in, may receive even more advantage while people who are disadvantaged, such as because of the communities they live in, have a harder and harder time catching up. A system based on doing what is "equitable" looks at what each person or community needs so that everyone can thrive.)

In our opening exercise, the children who used Red Park already had plenty of playground equipment and green space that allowed them to enjoy safe and healthy recreation, while children in Blue Park didn't have enough to go around and children in Yellow Park played in dangerous conditions. For the town council to divide the \$300,000 grant up and give each park the same \$100,000 share would be "equal," but it wouldn't be "equitable" because it would not create just and fair opportunities for all the children to be as healthy as possible by removing obstacles and providing resources where they are needed.

Briefly give some other examples of health equity, such as:

1. A women's clinic offers free checkups every Tuesday, Wednesday, and Thursday morning. Anyone can come. Kenzie would

love to have a free checkup. She hasn't seen a doctor in five years. But she works six days a week from seven in the morning until three in the afternoon.

2. Tisha visited two apartments with her three children. Both are large enough, but the rent on the newer one would really stretch her budget. However, the chipping paint in the older one makes her nervous. She's heard a lot about lead paint in that neighborhood and landlords who don't want to do anything about it.

3. Bradford has heard about some of his friends who use addresses of their white friends to enroll their kids in a better high school in a neighborhood they can't afford to live in. They have great sports programs there too. He's not sure it's ethically the right thing to do, but he wants to give his kids the best shot at a good education and a healthy life.

Discuss:

- Describe the issue of health equity in each of these examples. What is the issue that is inequitable, and who would be responsible to create fair and just opportunities for everyone to be as healthy as possible in each situation?
- Why is it important to consider both creating opportunities and removing obstacles in the ways we consider how to use health resources in our communities?

Hearing the Word [20–25 minutes]

Each week as we explore the themes of *The Burden of Being Sick*, we look to God's Word to direct the formation of our beliefs, shape our attitudes, and guide our actions to care for one another. This week, we will look at several passages in the letters of the apostle Paul to early congregations to help us put what we understand about health equity in the context of putting the interests of others above our own.

Explain: Throughout Paul's letters to real churches in the first century, we see a mix of lofty theology and encouragement to put that theology into action. Though we live all these centuries later, the principles hold true, and we can apply them to the race and health injustices we face now.

Paul reminds us about our unity in Christ above all our differences.

Read Galatians 3:26–28. Discuss:

- After our conversation today about health equity, what do you see in these verses that you've never seen before? *(Especially within the church, our unity in the faith transcends ethnic, social, and gender distinctions and discriminations. We can reflect on this truth and see what distinctions go unseen that we should be working harder to remove to reflect the unity that honors God.)*
- As we end with a class talking about the theme of health equity for all people, how do these verses help us return back to the first session where we talked about the worth of each person created in the image of God. *(Working to create conditions what allow all people to experience the best health possible acknowledges that God creates and loves all people. The issues that we allow to divide us and become obstacles to that best health don't reflect God's vision for the well-being of the crown of creation.)*

Paul points us to Christ's humility as a model for our own relationships.

Read Philippians 2:1–4. Discuss:

- How would you describe the way humility shapes the way we learn to treat others with love that reflects Christ's love? *(Living to please ourselves leads to division and lack of love. Humility allows us to see the world and the circumstances of others through a perspective other than our own and to act on the basis of that perspective not on the basis of how we ourselves have always understood that things "should" be.)*

- How might these verses influence our understanding and actions for greater health equity? *(Advocating for health equity requires humility and other-oriented perspective. It requires being able to step outside the benefits and advantages we have become accustomed to in our own lives and choose what is fair and just for someone else instead.)*

Once again Paul stresses the centrality of love in our relationships.

Read Romans 12:9–10. **DISCUSS:**

- What clear characteristics of love do we see in these two short verses? *(Sincerity; hate evil; hold to what is good; mutual affection; honor toward one another.)*
- How do we translate the lofty characteristics of love into practical actions that can help improve health in other people? *(First we have to admit that we do need to translate beliefs to actions! Jesus asks us to and Paul asks us to. Then we have to be willing to examine our actions. Are we getting in the way of the health of others? Do we need to let go of old ideas that bring us advantage, especially if we are white, at the disadvantage of others, especially if they are Black or people of color? In what specific ways can we help each other put theology into action?)*

Summarize: These passages all challenge us to move beyond the pretty words they hold into actions that will improve the lives of our Black brothers and sisters, who too often bear the burden of being sick in disproportionate ways. Health equity means working to ensure that everyone has the chance to be as healthy as possible. Our faith tells us that this is something that pleases God. Factors outside a person's control, such as discrimination and lack of resources because of decades of lack of structural resources, can be obstacles to equitable health outcomes now. Health equity means challenging racial and ethnic discrimination, inequality in education, income gaps, inadequate housing, and unsafe environments.

Just as the individuals who suffer from health inequity cannot solve all of these issues in their own strength, none of us can. We need each other and the agencies in the community who can help us translate the love and humility of Christ into the practical action that will close the racial health access and disparity gaps and create health equity that demonstrates the worth of all persons created in God's image.

Our Response [5–10 minutes]

Explain: We started out by hearing a true story that demonstrated for us the concept of health equity and interacting with a basic definition before digging into looking at what the Bible has to say.

DISCUSS:

- What are some of the most common ways we overlook opportunities to be agents of health equity even within our individuals spheres of influence?
- After the stories, studying, and reflecting we've done today, what would you say is a health resource in our community that has great potential to improve health equity?
- Over the course of the sessions in this class, we've talked about many topics that contribute to inequities in health outcomes. (Social location; social determinants; implicit bias; racism and structural racism; health access; and health disparities.) What do these topics tell us about why it's important to work together to create health equity?
- Keeping in mind all these topics, how do they create a context where our faith is especially relevant to the actions that we choose?

Before dismissing class, invite any final comments class members may want to offer about the experience of participating in *The Burden of Being Sick*.

Close your time together in prayer in your own words or use this one.

Lord of healing and justice, gather us in your love and humility to learn from your example. Open our eyes wider every day to see beyond the pressures of our own lives to the challenges in others' lives with perspective that allows us to listen to stories and hear your voice calling us through them to translate theology to action. Amen.

Follow-up

- * Make a plan for how you will administer the post-class evaluation to measure change in class participants. Did you see growth in understanding of the concepts related to racism in health care? Did you experience growth yourself?
- * Do people in the class seem eager and willing to find ways to become actively involved in the community to reduce disparities in health care along racial lines? Now is the time to reflect on the resource list at the end of this curriculum to see if there are specific community partnerships to explore or ministry models to use in developing programs your church could initiate.

Resources for Local Action

Health Care Access and Quality

Access to quality health care for low-income and uninsured individuals is out of reach for a variety of reasons, from locations to cost to the nature of employment that typically does not provide employer-sponsored insurance. Supporting the following agencies financially or by volunteering helps to solve some of the obstacles that result in racial disparities in health care access and outcomes.

Alliance Healthcare Services

Offers outpatient, intensive outpatient, home-based, and community based mental health and behavioral health programs, including crisis services.

www.alliance-hs.org

901-369-1410

2220 Union Avenue

Memphis, Tennessee, 38104

Christ Community Health Services

Provides high-quality health care to the underserved, uninsured, and homeless in the context of distinctively Christian service. Services include adult and pediatric primary care, dentistry, HIV care, pharmacy, Down syndrome and more.

www.christcommunityhealth.org/

901-842-3160

2595 Central Avenue

Memphis, Tennessee, 38104

Church Health

The largest faith-based privately funded health care organization in the United States provides medical, urgent care, dental, eye, behavioral health, and physical rehabilitation clinics serving the working uninsured in a medical home, along

with subspecialty clinics staffed by volunteer physicians.

www.churchhealth.org

901-272-0003

1350 Concourse Avenue, Suite 142

Memphis, Tennessee, 38104

Friends for Life

Prevents the spread of HIV and helps those affected by HIV/AIDS live well. The holistic, client-centered approach provides a variety of services coordinated through one centralized model.

www.fflmemphis.org

901-272-0855

43 N. Cleveland Street

Memphis, Tennessee 38104

Memphis Health Center

In conjunction with primary care services, provides integrated community resources and special programs in partnership with other agencies. MHC uses a sliding fee scale.

<https://memphishealthcenter.org/>

901-261-2000

360 E. E.H. Crump Blvd

Memphis, Tennessee 38126

Social Determinants of Health

Social determinants of health are “conditions in which people live, learn, work, play, worship, and age that affect a wide range of health outcomes and risks.” Determinants can be positive or negative. Because the following agencies are involved in activities that improve social determinants, supporting them improves health outcomes for Black members of the community and other groups who are at risk.

Agape Family Services

Agape serves children, families, and communities by sharing God’s love throughout the Mid-South through community based services, school-based support, workforce readiness, homeless services, counseling, adoption and foster care.

info@agapemeanslove.org

901-323-3600

3160 Directors Row

Memphis, Tennessee 38131

Catholic Charities of West Tennessee

Provides help to those in need and brings hope by supporting them on the path from poverty to self-sufficiency regardless of religious beliefs, socio-economic status or ethnic background. Services include a mobile food pantry, emergency assistance, and housing ministries.

www.ccwtn.org

901-722-4700

1325 Jefferson Avenue

Memphis, Tennessee 38104

DeNeuille Learning Center

Christian love and hope are at the heart of all that is the DeNeuille Learning Center.

The purpose is to guide women with limited resources in learning the skills needed to make positive choices for themselves and their families through educational programs and support services

190 Cooper Street

Memphis, Tennessee 38104

www.deneuillecenter.org

901-726-5902

Hospitality Hub

The Hospitality Hub opened in 2007 as a collaboration of downtown churches and offers a full spectrum of services for individuals experiencing homelessness, including job readiness and placement and transportation.

590 Washington Ave

Memphis, TN 38105

www.hospitalityhub.org

901-289-6578

Just City

Advances policies and programs within Shelby County and the State of Tennessee to strengthen the right to counsel and mitigate the damage caused to families and neighborhoods as a result of contact with the criminal justice system.

PO Box 41852

Memphis, TN 38174

<https://justcity.org/>

901-206-2226

Knowledge Quest

Responds to the needs of the community through helping to stabilize homes, providing access to health, and by making the clear path to opportunities for families. Programs include Extended Learning Activities, Green Leaf Learning Farms, Family Stability Initiative and Universal Parenting Place.

590 Jennette Place

Memphis, TN 38126

www.knowledgequest.org

901-942-1512

Memphis Area Legal Services

Provides excellence in legal advocacy for those in need without accepting fees. Areas covered include domestic violence; mortgage foreclosure, eviction or homelessness; wrongful denial of health care, food stamps, unemployment compensation; consumer fraud or predatory lending; special challenges of children and the elderly.

22 N. Front Street, Suite 1100
Memphis, TN 38103
malsi.org
901-523-8822

Memphis Lift

A movement by parents and for parents for high-quality schools that educates, engages and empowers parents and grandparents with free services for making sure children are receiving a good education.

1637 Britton Street
Memphis, Tennessee 38108
memphislift.org
901-276-0850

Metropolitan Inter-Faith Association (MIFA)

Supports the independence of vulnerable seniors and families in crisis through high-impact programs including emergency services, food pantry assistance, emergency shelter placement homeless hotline, rapid rehousing, Meals on Wheels, senior companions, and long-term care ombudsman advocacy.

910 Vance Avenue
Memphis, Tennessee 38126
www.mifa.org
901-527-0208

Neighborhood Christian Center

Guides those in need toward stability and sustainability through compassionate Christ-centered ministries and empowerment programs, including emergency food, clothing and housing items to families in crisis, programs for developing skills for both home and work, and serving youth with resources for entering college or vocational school.

785 Jackson Avenue
Memphis, Tennessee 38107
www.ncclife.org
901-881-6013