2019 Charter for Racial Justice Program
Wisconsin Conference United Methodist Women

• Who: For all units/local organizations/circles in Wisconsin Conference.
• What: A program geared to Wisconsin about issues of race. Duration 30-45 minutes.
• Where: At any place that United Methodist Women meet.
• When: Any time in 2019 and after.
• Why:
*To become aware of what is happening in our own communities.
*To become more aware of people hurting around us.
*To be able to live peacefully in our neighborhoods, both local and extended.
*To get credit for Mission Tasks.
• How: By using this prepared program in your local unit/organization/circle. Feel free to adapt this program in order to make it useful for your particular situation and time constraints.

"Healthcare Disparities"

Focus statement from the Charter for Racial Justice: (read together as directed)

Left side: BECAUSE WE BELIEVE (#4) That racism robs all human beings of their wholeness and is used as a justification for social, economic, environmental and political exploitation.
Right side: WE WILL (#5) Increase local churches' awareness of the continuing needs for equal education, housing, employment and medical care for all members of the community and create opportunities to work for these things across racial lines.

Worship
OPENING HYMN (choose one)
UMH#262 Heal Me, Hands of Jesus
UMH#263 When Jesus the Healer Passed Through Galilee
FWS#2213 Healer of Our Every Ill

SCRIPTURE

Read: John 5: 1-9

Have a short popcorn discussion on the following:

Why is the invalid in the scripture unable to be healed? What do you think of how Jesus removes his barrier to healing? What barriers to healthcare are you familiar with today?

Prayer (Unison)
Almighty God,
we pray that all who lack access to healthcare
may be comforted in their suffering and made whole.

When they are afraid, give them courage;
when they feel weak, grant them your strength;
when they are afflicted, afford them patience;
when they are lost, offer them hope;
when they are alone, move us to their side;
when death comes, open your arms to receive *him/her*.
In the name of Jesus Christ we pray. Amen.
Amen.
[Prayer from the liturgy of the service of healing available from Discipleship Ministries, UMC].

RACIAL DISPARITIES IN HEALTH CARE

Instructions: Enter a time of learning and discussion.

Leader:
The term "disparity" is most often used in the United States in reference to something racial or ethnic. An important corollary to these disparities relates to health care. The reality of disparities in health care outcomes, and their connection, in particular, to race is evident in that different groups have higher rates of mortality and certain diseases when compared to others. These groups can be identified by their:

- Race
- Ethnicity
- Immigrant status
- Disability
- Sex or Gender
- Sexual orientation
- Geography
- Income

It is important to recognize that social and demographic factors relating to race contribute significantly to an individual's ability to access good health care and achieve good health outcomes. The Henry J. Kaiser Foundation points out that:

- African Americans generally fare worse than Whites across measures of access to and utilization of care;

- African Americans are more likely than Whites to delay or forgo needed care due to costs and for other reasons; and finally,

- African Americans are more likely than Whites rely on a clinic or other provider rather than a doctor's office as their source of care.

Reader 1:
In addition, in regard to racial disparities in particular, Lesley Russell and the Center for American Progress state that:

- 13% of African Americans of all ages report they are in fair or poor health;

- Adult obesity rates for African Americans are higher than those for Whites are higher in nearly every state of the nation – 37% of men and nearly 50% of women are obese;

- African Americans have higher rates of diabetes, hypertension, and heart disease than other groups. Nearly 15% of African Americans have diabetes compared with 8% of Whites;

- Asthma prevalence is also higher among African Americans. African American children have a 260% higher emergency department visit rate, a 250% higher hospitalization rate, and a 500% higher death rate from asthma compared to White children;

- African Americans experience higher incidence and mortality rates from many cancers that are amenable to early diagnosis and treatment. African American adults with cancer are woefully under-represented in cancer trials and are much less likely to survive prostate cancer, breast cancer, and lung cancer than their White counterparts.

It seems evident, therefore, as Healthy People 2020 demonstrates, that health disparities are "closely linked with social, economic, and/or environmental disadvantage" and exist especially among "groups of people who have systematically experienced greater obstacles ... historically linked to discrimination or exclusion." Ultimately, therefore, this is an issue of justice, fairness, and equity. In other words, the same factors that have contributed to economic disparity have also helped to create disparities in health care and outcomes. This means that "Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities" (Healthy People 2020).

Reader 2:
Recognizing that this disparity in access to health care exists and that it is ultimately a moral issue, especially for Christians, is the first step in its elimination. Over the years, the effort to achieve health equity has focused primarily on diseases or illnesses and on health care services. However, the absence of disease, although certainly a worthy goal, is the most easily identifiable outcome and, therefore, can lead one to ignore other, more complex factors. Consideration must also be given to the relationships between health and biology, genetics, and individual behavior, and between health and health services, socioeconomic status, the physical

environment, discrimination, racism, literacy levels, and legislative policies, all of which need to be seen as determinants of health. For all Americans, other influences on health include the availability of and access to:

- High-quality education
- Nutritious food
- Decent and safe housing
- Affordable, reliable public transportation
- Culturally sensitive health care providers
- Health insurance
- Clean water and non-polluted air

Questions to discuss:

- What does health disparity mean?
- What are some disparities in healthcare?
- What factors contribute to health disparities?
- How can we reduce health disparities?

EXPERIENCES IN WISCONSIN

Choose one or more of the following stories to share and discuss. If someone in your group has a personal story of a racial disparity in healthcare and is willing to share it, you may use this story as your discussion point.

Hispanic Experience (from Martha Boyer):

Fear of hospitals, limited knowledge of English and lack of medical insurance, made Maria hide severe abdominal pains for weeks. Finally, in incredible pain, she called me at 11 p.m. asking me to meet her at the Emergency Room of our local hospital. I helped interpret, calm her husband and assure Maria that I would make sure the proper paper work would be filled out to secure Emergency Badger care. Maria was admitted and prepped for surgery later that morning, with a severe gall bladder infection. I remained with her while her husband looked for a family friend who could take care of their 4 children and get them to school the following day. What could have been a medical bill in excess of $24,000.00 cost them less the $800.00.

The adults cannot buy medical insurance because they lack proper identification. They have to rely on Free Clinics and Access Dental Care. Reproductive care is available with a co-pay and the fee is based on income. If pregnancy is confirmed, both mother and child are covered by Social Services and mom has coverage 30 days beyond the birth of the child. The Multicultural Outreach Program (MCOP) has been a life line for Hispanic farm workers with no medical insurance. MCOP developed an information brochure for Non-US Citizens without Medical Insurance. This has been invaluable to avoid medical bills in the thousands of dollars that some families would have to pay because of lack of knowledge of our medical system. Iowa, Grant and Lafayette counties have a large population of dairy workers. MCOP is working in conjunction with the Free Clinic to

provide medical exams for workers at the dairy farms where they are employed. MCOP also has an ESL program with individual tutors for adults who want to learn English. Please visit their website to see others services available. www.mcopwi.org - all information is in English and Spanish.

Discussion questions:
How might your church/community/unit support Hispanic women who lack access to healthcare? What resources are already available targeting your Hispanic community members? Could your unit partner with a group offering ESL tutoring, transportation or other services needed by Hispanics?

African-American (excerpts from news articles):

One study found Wisconsin to be the only state where the life expectancy gap between blacks and whites grew over the past 20 years. The journal *Health Affairs* published a report about life expectancy and the gap between black and white Americans. Wisconsin was the only state to see the gap widen between from 1990-2009.

The disparity between black and white women grew by more than 1.5 years, while there was a slight uptick among men. The study did not cite reasons for life expectancy changes, but it follows a report from the Annie E. Casey Foundation. It ranked Wisconsin last, when it comes to the well-being of minority children.

Statistics on infant mortality show a gap between African-American women and white women which cuts across socio-economic class. An African-American woman with a college education has a higher likely-hood of infant mortality or premature birth than a White woman with no high school diploma. The top US tennis star Venus Williams made headlines in Vogue for relating her experience with an easy pregnancy followed by an emergency C-section and hematoma which left her with complications for six weeks. Even an internationally recognized sports star has difficulty advocating for correct medical treatment and she is not alone. According to the CDC, younger age, higher socioeconomic status, and more education do not mitigate the negative influence of racism and discrimination. On average, black women with higher incomes and college educations have worse health than white women who have not graduated from high school.

Medicaid finances nearly half of all U.S. births. That should provide many women with quality prenatal care. Yet many providers don't accept Medicaid patients, which heightens the logistical challenges to prenatal care visits, such as difficulty getting time off work to attend prenatal care visits during traditional office hours, transportation, and child care.

African-American and poor women are more likely than other women to be treated at low-quality hospitals, increasing the chances they may experience serious complications during and after childbirth. Hospital quality can account for nearly 50 percent of the racial disparity in maternal illness.

Many medical professionals today likewise refuse to confront their biases against patients who do not look like them. A 2016 study completed at the University of Virginia suggests this. Psychology PhD candidate Kelly Hoffman asked 222 White medical students if they believed biological differences existed between Blacks and Whites. Half of the students answered affirmatively. These students at a top medical school believed one or more of the following statements to be true:

1. Blacks have less sensitive nerve endings than Whites.
2. Blacks age slower than Whites.
3. Blacks' blood coagulates quicker than Whites' blood.

Action steps: A first and necessary step is to call out institutional and interpersonal racism and discrimination when we see it. Then we must take action to make changes to improve the quality of maternity health care for all mothers. The Alliance for Innovation on Maternal Health is a collaboration of health care professionals affiliated with 19 major organizations that is taking steps to do just that.

Equally important are initiatives that improve cultural and ethnic diversity of providers so mothers are comfortable with their health care providers without fear of judgment, bias, and discrimination.

Efforts to reduce stress with techniques such as mindfulness-based meditation, to reduce poverty, and to support optimal health before pregnancy are other components that can make a difference in the lives of black mothers, children, families, and communities.

Full articles: https://www.wuwm.com/post/reports-show-extreme-health-disparities-wisconsin#stream/0
https://www.wuwm.com/post/wisconsin-only-state-where-black-and-white-womens-life-expectancy-gap-grew
https://www.vogue.com/article/serena-williams-vogue-cover-interview-february-2018
http://pensandneedles.org/superwoman-aint-black-medical-myths-about-black-pain/
https://www.statnews.com/2018/01/11/racism-maternal-health-erica-garner/

Discussion questions:
How can we address racism in the medical profession? How can we encourage advocacy for women's health? How can we address environmental, mental and other unequal risks to health and healthcare? What might your unit do to support at-risk women e.g. partner with a county health initiative? Support ideas like the "back-to-sleep" healthy baby promotion program? Help women access healthcare resources in your area? Start a First-birthday club in your area?

Hmong experience (Aurea Aragon Berger paper):

The Hmong Americans are the newly added component of United States society. Due to lack of written language, exposure to harsh living conditions in refugee camps, and war, Hmong Americans' adjustment to life in the United States has not been an easy process.

As refugees, most of them have to rely on welfare for cash assistance and healthcare, especially the first-generation immigrants. However, due to the existence of inequities in the US healthcare system as well as cutbacks on welfare budgets ─ many Hmong Americans ─ are without health insurance and are poorly served in the US healthcare system. The purpose of this research paper is to bring awareness to the existing problem that harms the health of the Hmong American community. Oral interviews, in-depth research, and questionnaires are used to investigate the problem regarding the ongoing healthcare issues that affect the Hmong American community. The findings of this research indicate that the Hmong Americans are indeed being served poorly in the US healthcare system because of lack of interpreter service (i.e. translator), conflict between the Hmong traditional healing methods and the Western health practices, and the lack of understanding by the Western health providers of Hmong American culture.

Moving to an unfamiliar place and experiencing events like war causes trauma and stress to refugees. To be a refugee is a very sad experience for anyone. It could mean losing your culture, identity, and physical security. The Hmong Americans suffered from the exposure to war and refugee camp living conditions. One of the chronic diseases that plague the Hmong Americans, especially adult male is Sudden Unexpected Nocturnal Death Syndrome (SUNDS), wherein the cause of their death is unknown (Adler, 1991). Many of the Hmong refugees also suffered mental health issues like Post Traumatic Stress Disorder (PTSD) and depression, due to their exposure to combat (Choi, 2001; McInnis, Petracchi, and Morgenbesser, 1990; Prior 1994, Lee 1993). Hypertension, obesity, tuberculosis, death due to violence, and a rare form of cancer on nasal cavities, are some of the chronic diseases that impact the Hmong Americans (Ling, 2008; California Newsreel, 2008).

The Hmong American's isolation prevents them from accessing health benefits. "There were no instances in which American friends were used for support, and only a handful of people stated that they sought help from health and mental health services"(Lee, 1993). Training and education about Hmong American social and cultural perception is necessary for health care providers and health advocates; while educating Hmong Americans about Western health system and health prevention will help make the Hmong Americans live longer and better.
Studies found out that there were several reasons for the reluctance of the Hmong Americans to access Western healthcare services. These are:
1.the language barrier,
2.errors inputting Hmong American data in computer databases
3.the cultural aspects of the Hmong Americans such as traditional beliefs
4.and the cultural insensitivities on the part of health care providers.

http://hmongstudies.org/AureaAragonBergerSeniorThesis2011.pdf

Discussion questions:
What are the unique barriers for the Hmong community accessing healthcare? What resources in your community target the Hmong? How aware are you of the unique cultural needs of the Hmong with regard to healthcare? What language resources are

available to support Hmong people in your community? How might your unit support efforts to strengthen healthcare for Hmong people?

Young Person Experience (from Chelsey Ganzer):

Insurance is one difficult road to navigate. When you were younger you didn't have to think about healthcare your parents took care of all these things for you. When you turn 18 you were probably still under your parent's insurance and depending on what insurance your parents have you could stay on their insurance till you turned 26. Even though you may be in college and have moved out of your parents' house you would still be covered, but some young adults don't have that opportunity and have to find a full-time job in order for them to have health insurance. Some young people are putting going to college on the back burner because of what choices they are forced to making in supporting themselves. So, what is preparing our young people for when they turn 18 or 26 to find their own healthcare coverage or to help them with such large life choices?

For me when I turned 26 there was a lot was going on in my life with having been hit by a drunk driver, my boyfriend and I were looking at getting married, my world was a little shaken up. I had been on my parent's insurance when the accident happened, but when I turned 26 I had to look for my own insurance, and was still dealing with many issues from that accident still. Your eyes start to open a little wider when your force to find a different job something that can support you better than what you were doing before. They say growing up is when your turn 18 and move out of your parents' house personally I think it's when I turned 26, and I don't think I really was prepared to go through many of these life changes. I think that at this time in your life it's hard because what we go to college for and what we end up doing doesn't always match because of having to make these choices. I wanted to work in a bakery doing specialty wedding cakes, but many small bakeries can't offer health insurance or it can be really expensive so right now I work for a corporate store where I have good insurance. Many young women are faced with being on government support due to different circumstances and struggle day to day with taking care of themselves. I was fortunate to have a loving supportive family to help me through all these challenges, but some young people don't have the same opportunities and support. How can we better prepare our young people to step out into this world to have them covered and not be afraid about seeing doctors for health issues because they don't have insurance or can't afford it?

For more information here are some links to check out.
https://www.youngwomensproject.org
https://www.aurorahealthcare.org/services/womens-health/aurora-womens-pavilion
https://www.bcbs.com/articles/under-26-youve-got-health-insurance-options

Discussion questions:
What are the unique challenges of young people when accessing healthcare? How has this changed or not changed under the Affordable Healthcare Act? What are young people in your community doing to access healthcare? What are the greatest healthcare

needs of young people in your community? How might your unit educate and support young people as they navigate the complexities of our healthcare system?

Closing:
CLOSING HYMN (choose one)
UMH#264 Silence, Frenzied, Unclean Spirit
UMH#265 Oh Christ, the Healer
UMH#366 Heal Us, Emmanuel, Hear our Prayer
FWS#2177 Wounded World that Cries for Healing

PRAYER (UNISON)

The Lord who heals all your iniquity bless and keep you;
the face of the Lord who heals all your afflictions
shine upon you and be gracious to you;
the light of the countenance of the Lord who redeems your life
be lifted upon you and give you peace.

Amen.

[Prayer from the liturgy of the service of healing available from Discipleship Ministries, UMC].

Resources

On the Internet:

Wisconsin Department of Health Services - Articles, pamphlets and letters about A to Z topics such as Maternal and Child Health program (Title V) ; Prevention and Healthy Living

Health Watch - Wisconsin - Video 'Medicare for All';
(Brochure about Local Coalitions in Wisconsin)

ABC for Health (Advocacy and Benefits Counseling for Health - Brochure

Videos (from You Tube) Lifeline-A Closer Look; Success Story of Norma; Ricky's Success Story

Wisconsin Women's Health Foundation.org - Videos and Articles on Wisconsin Women's Health Issues - Where to find go for counseling.

Wisconsin Primary Health Care Association - Pamphlets about the 18 Access Community Health Centers are located in over 100 sites.

Reading Books:

UMW Reading List

Good Health, Good Life - Joyce Meyer 2018
God's Wisdom for Navigating Life - Timothy Keller
The Joy in Loving: A Guide to Daily Living - Mother Teresa
Fully Awake and Truly Alive - Rev. Jane E. Vennard PHD 2017
In the Waiting Room - Awilda Nolla (Also in Spanish.) 2015
When Did Everybody Else Get So Old - Jennifer Grant 2019
The Hidden Life Awakened - Kitty Grenshaw & Cathy Snapp PHD 2019
No One Else Like You - Siska Goeminne (Children's book) 2019
The Blessings and Bling: How Faith and Fashion Helped Me Survive Breast Cancer -Sheron C. Patterson 2017
Worry Less So You Can Live More - Jane Rubietta 2017

Mission *u* Spiritual Growth Study Books:

Embracing Wholeness: An Earth Perspective For Covenantal Living - Jessica Stonecypher 2018
Living As A Covenant Community - Evy McDonald 2017
The Bible and Human Sexuality - Ellen A. Brubaker 2016
Created For Happiness: Understanding Your Life in God - Cynthia A. Bond & Sarah Heaner Lancaster 2015
The Call: Living Sacramentally, Walking Justly - George McClain, Tilda Norberg, & Nancy Kruh 2014
How Is It With Your Soul? - Priscilla Pope-Levison & Jack Levison 2013

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