Rochester Mennonite Church
Contact: Kurt Kennel (kkennel@usfamily.net)

The Adult Sunday School class at Rochester Mennonite Church studied the material in Healing Healthcare: A Study and Action Guide on Healthcare Access in the United States. The class met April through June 2007 and had an average attendance of 11. Of note, the primary industry in our city is healthcare (Mayo Clinic) and a number of our members are employed in the field of healthcare. As a congregation, we offer hospitality for Mennonites visiting Rochester for healthcare. The study was preceded by a worship service with the theme of health and healing on January 28, 2007.

The following are highlights of the class's thoughts and themes from each chapter, including suggested actions for our church to consider.

Lesson 1: The Current Situation

- "Free Market" approach to healthcare; resources are aimed at making more money and not necessarily improving health.
- Emphasizing a community's health vs. an individual's health: how would resources be used differently?
- Each individual's contribution to their health: personal responsibility
- Improvement in access for children in some parts of the country
- Persons who are uninformed about resources available to them or don't trust traditional healthcare models, thus do not get care; immigrant and minority groups
- Job decisions influenced by insurance coverage; working poor who lack insurance
- Reflections on the past: bartering for healthcare; small healthcare clinics aware of the needs of the community; accommodating those who could not afford to pay
- Awareness that young adults are vulnerable
- Healthcare goes beyond the hospital/clinic: caregivers in the community and home; spiritual and emotional wellness; supporting caregivers/respite
- Advancing technology versus traditional methods and holistic care

Lesson 2: The Bible and Christian Convictions

- What we mean by healing; distinguishing healing from cure
- Wholeness, including physical health/justice/right relationship with others = shalom
- Life is a gift from God
- Stewardship of the body; the body has a beginning and an end
- Bible healing stories exemplified meeting the needs of the individual first and then sharing the Good News
- Action item: We will address persons' wholeness/shalom whether or not it is in the realm of physical health

Lesson 3: The Christian and Anabaptist Legacy in Healthcare

- The early church: extended family, community and church supported the health of all with multifaceted approach to healing; contemporary medicines, touch, miracles. Included support for the caregivers.

- Hospitals, hospices and orphanages created in response to plagues, crusades
- Secularization of healthcare after the Reformation.
- Specialization of those involved in the healing arts; Anabaptist participants
- Public health awareness
- Elders/deacons determining needs and coordinating response of the community
- More recent organized response includes formation of groups such as MMA, MMA, MNA, MCA and others.
- Anabaptist-Mennonite Confession of Faith: "mutual care of all for all"
- Summary of healthcare in the church to the present: system of healthcare responded to the perceived needs of the community. Faith community responded to the varied needs of the sick individual and immediate caregivers.

Lesson 4: Improving Access Locally/Call to Action!

- Awareness of those in our community who are systematically at risk
- Collaborative projects: healthy pastor program, involvement in health promotion in public institutions, i.e. public schools as parents
- As a small congregation, we should be able to be aware of members' healthcare needs
- Specific ideas for our congregation for local action:
    - Be living examples of wellness/shalom
    - Encourage self-care; support each member as a caregiver of others; provide respite as needed
    - Be an information resource to others (e.g. Central Plains Annual Conference)
    - Provide hospitality including information for those seeking healthcare in Rochester, MN
    - Consider how we communicate our beliefs about healthcare with our families, church and healthcare providers. How might this affect the care we receive, including cost to the system? Example would be end-of-life care.
    - Consider how we communicate our concerns about current injustices of our healthcare system with our local representatives and leaders. Be prepared to ask them how their ideas for improvement in our healthcare systems affect the needs of at-risk groups, promote wellness/wholeness, support caregivers, etc.

Lesson 5/6: Public Policy/Call to Action!

- Majority of resources spent on minority of individuals and at extremes of life
- Resources invested to make money, not to optimize health of the community
- Waste, inefficiencies, look of a coordinated healthcare system
- Ideas for change:
    - Incentives/support to provide care to under-served populations
    - Learn from what has and hasn't worked (e.g., Indian healthcare service → burnout)
    - Some interest in incentives based on quality of care resulting in decreased cost
    - Improve/increase disease prevention education.
    - Work to change expectations for healthcare especially at extremes of life. Example of hospice for end-of-life care versus treatment until the bitter end which is expensive and may be less satisfying to patient, family and caregivers

- Don’t try to change those with extreme views but instead the majority in the middle who might be receptive to making changes in attitudes and lifestyles
- Consider how we communicate our concerns about current injustices of our healthcare system with our national representatives and leaders. Be prepared to ask them how their ideas for improvement in our healthcare systems affect the needs of at-risk groups, promote wellness/wholeness, support caregivers, etc.

After the study: Next Steps for Rochester Mennonite Church

- Incorporate action ideas into asset-mapping exercise planned for our congregation
- How to make wellness in our congregation and community an ongoing discussion?
- How best to stay informed?
- How best to make ourselves available to Mennonites visiting Rochester for healthcare?