

HEALTH &



HUNGER

TOOLKIT

This resource contains a collection of activities that can be used together or individually. The activities can be used individually with your group. Or, to create a longer session, choose one or more activities from each section: "Opening," "Learning" and "Closing."

Each activity is labeled with an activity level that you can use to guide your planning, from low level activities with little movement and minimal setup to high level activity activities with a lot of movement or more involved preparation.



ELCA World Hunger



Below is an optional opening liturgy to ground your time of learning in prayer. Feel free to use all or parts of the liturgy as you see fit for your community.

OPTIONAL READINGS

Leader: A reading from 1 Corinthians 13:1-6 NIV (New International Version):

If I speak in the tongues of men or of angels, but do not have love, I am only a resounding gong or a clanging cymbal. If I have the gift of prophecy and can fathom all mysteries and all knowledge, and if I have a faith that can move mountains, but do not have love, I am nothing. If I give all I possess to the poor and give over my body to hardship that I may boast, but do not have love, I gain nothing.

Love is patient, love is kind. It does not envy, it does not boast, it is not proud. It does not dishonor others, it is not self-seeking, it is not easily angered, it keeps no record of wrongs. Love does not delight in evil but rejoices with the truth. It always protects, always trusts, always hopes, always perseveres.

Leader: A reading from John 1:14 MSG (The Message):
The Word became flesh and blood,
and moved into the neighborhood.
We saw the glory with our own eyes,
the one-of-a-kind glory,
like Father, like Son,
Generous inside and out,
true from start to finish.

OPENING LITANY

Leader: Let us pray. O God of change and stillness, of wounds and repair, of neighbors and neighborhoods,

All: In you we find our sense of balance — a place to land and to breathe.

Leader: May we grow our attention toward that which gives life,

All: And cultivate connections of community and care.

Leader: May grace touch all that changes us,

All: And all that we hold unfold with peace.

Leader: May we gather in this space claiming healing as our birthright,

All: And bring with us the medicines of service and compassion.

Leader: During this time of learning, let us come together to transform ourselves to transform the world

All: And move like living water — ever adapting, ever faithful, ever full of all that could be. Amen.

OPENING MEDITATION

Leader: Let us pray.

O God of flesh and bone, your word echoes deep within us and turns our heartbeat into a song. May we linger for a moment in this time of blessing and learning.

I invite you to rub your hands together and create some heat between them.

Bring to life the movement of our Creator, the Spark of All Life, into your hands.

Feel the heat you just created.

Now place your hands on your chest.

Feel the rhythm of your heartbeat, notice the warmth you brought to your heart space.

Take a deep breath to simply feel yourself alive in this moment.

Perhaps, imagine your heart within the heart of Christ.

Perhaps, envision your ancestors at your back, how you have generations behind you.

Now once again, rub your hands together, and then open them up. Feel the coolness of air caress them, the wind of the Spirit hover over them.

Receive this blessing — may it take shape in you and all that you hold. May you enter this time from an embodied awareness of God's sacredness within you. Amen.

HYMN SUGGESTIONS

“Be Thou My Vision”

(*Evangelical Lutheran Worship* 793)

“Oh Holy Spirit, Enter In” (*ELW* 786)

“Mothering God, You Gave Me Birth” (*ELW* 735)

“All Who Love and Serve Your City” (*ELW* 724)



HEALTH AND HUNGER CONCEPT MAP

MODULE 1

GOAL: To explore together the connections between health and hunger; to consider effective solutions to improve health and reduce hunger.

READ ALOUD

Hunger can be defined in different ways. Hunger can mean undernourishment, which means “a person is not able to acquire enough food to meet the daily minimum dietary energy requirements.”¹ Or hunger can mean food insecurity, when people are uncertain whether they will be able to acquire enough food for healthy, active lives. Hunger can also mean the physical feeling of needing food.

Just as hunger has many definitions, it also has many causes. A wide web of systems and institutions determines how food gets to our plates. Making sure that everyone has enough means ensuring that enough food is produced, that it is available to people, that it is safe and that the supply is reliable. A breakdown in any one of these areas can lead to hunger.

MATERIALS

- Cutout cards from pages 6-8
- String (if using a table or wall)
- Dry-erase markers (if using a whiteboard)
- Tape

INSTRUCTIONS

In this opening activity, you will assemble a concept map to show some of the causes of hunger. A concept map is a bit like a web. In this activity, hunger will be at the center, and each card will connect to hunger as a cause.

Cut out the cards on the sheets below. There are some blank cards. These will be for your group to write their own ideas to add to the concept map. If you have more than 10 people in your group, print two sets of cards and have them work in small groups of no more than six people.

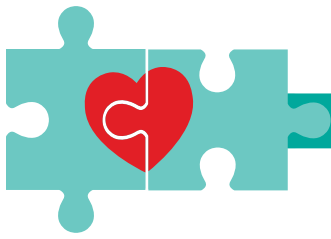
On a whiteboard, wall or a table, place the card labeled “HUNGER” in the center. Put the remaining cards in piles around the table so participants can go through them. If you can use a whiteboard to assemble your map, provide markers for the group to draw connections. If using a table or wall, invite participants to use string to connect “HUNGER” to one or more of the other cards.

With “HUNGER” in the center, choose from the other cards to add causes of hunger to the board. Connect them to “HUNGER” with string or a drawn line. Invite the group to look through the cards or to make their own to add to your map. As each cause is added, invite the person who suggested it to explain how it might cause hunger. Affirm all answers; the reasons don’t need to be perfect just yet.

Some of the cards will be direct causes of hunger. Others might be factors that make the causes more likely. For example, a sudden illness might not cause hunger but might cause inability to work, which could cause hunger.

Once the concept map is finished, use the key page to discuss ways in which each cause relates to hunger.

¹ “Sustainable Development Goals” (Food and Agriculture Organization of the United Nations, 2022), tinyurl.com/dsu9r6c9.

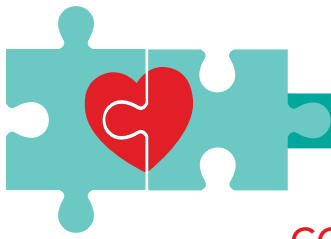


DISCUSSION QUESTIONS

1. Which causes were most familiar to you? Which were unexpected?
2. How many causes were related to poverty? How many were not related to poverty?
3. Which causes might be impacted by health or health care costs?
4. How might affordable health care reduce hunger?
5. What other policies or practices related to health can reduce the risk of hunger?
6. How might access to safe, nutritious and sufficient food improve health?

CONCLUDING REFLECTION

Health and hunger are related in complex ways. On the one hand, illness or injury can put people at risk of hunger by preventing them from working or limiting their movement outside the home. On the other hand, undernourishment can also make it more likely that people get sick or work in unsafe industries, where injury is more likely. Health care costs can also be a significant financial burden and can drain a household's savings. Helping people stay healthy and access safe, affordable care is an important step in ending hunger. As we learn more about health and hunger, what steps can we take?



CONCEPT MAP CARDS

HUNGER

**Too little money
for food**

**Not enough food
produced**

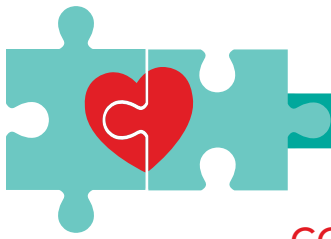
**Lack of refrigeration
or freezer space**

No store nearby

Transportation

Job loss

Health care costs



CONCEPT MAP CARDS

No paid sick leave

Sudden illness

Unsafe water

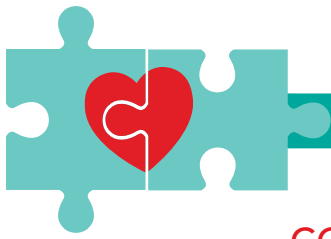
Discrimination

High housing costs

Violence

**Lack of stable
employment**

Poor nutrition



CONCEPT MAP CARDS

Natural disasters

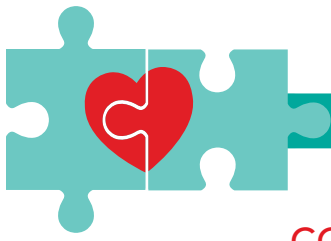
Inadequate education

Lack of savings

**Unsafe working
conditions**

**Economic shocks
such as recession or
inflation**

**Inadequate health
care services
nearby**



CONCEPT MAP KEY

Use this key to briefly explain certain of the cards. You can read from the key after the map is completed or during the activity if the group needs extra help.

Lack of refrigeration or freezer space — Storing food safely reduces food costs and the likelihood of foodborne illnesses.

No store nearby — Communities without access to large grocery stores often face higher costs for food and transportation to a store. Such communities also enjoy less variety of fresh foods.

Transportation — Transportation can help people access stores, markets and jobs in a wider area. Transportation can be burdensome when gas prices or bus or train fares are high.

No paid sick leave — Without paid sick leave, a worker's illness or injury can have a direct effect on their paycheck.

Discrimination — Discrimination in housing, employment and social services can add significant obstacles to food security and economic security.

Violence — Violent conflict can impact farms and markets, making it harder or more expensive to access food. Violence within households, especially violence against women, is often tied to control over their work or money, reducing their earning potential and their savings.

Poor nutrition — Without adequate nutrition, people can face increased health problems, which can lead to higher health care needs. Poor nutrition can negatively impact a child's ability to pay attention in school.

Inadequate education — If children must withdraw from school to work, or miss days due to prolonged illness, the effect on their future earning potential can be significant. Inadequate education can also mean they don't have the knowledge they need about nutrition or health.

Lack of savings — Without savings, households can face significant challenges during economic downturns or other emergencies. They may not be able to afford medical care or time away from work for sudden injuries or illness.

Unsafe working conditions — When workers' rights to safety are not protected, they face much greater risk of injury or long-term illness due to environmental hazards.

Inadequate health care services nearby — If health care services are not available nearby, costs for transportation can skyrocket. Many people may go without adequate care.



HUNGER AT THE CROSSROADS

MODULE 2

ACTIVITY LEVEL: LOW

GOAL: To learn more about the intersections between health, hunger and other justice issues.

INTRODUCTION

Health and hunger are related in complex ways. On the one hand, illness or injury can put people at risk of hunger by preventing them from working or by limiting their movement outside the home. On the other hand, undernourishment can also make it more likely that people get sick, while hunger and poverty can make people more likely to work in unsafe industries where injury is more likely. Health care costs can be a significant burden, draining a household's savings. Helping people stay healthy and access safe, affordable care is an important step in ending hunger.

In this activity, your group will watch a recording of "Hunger at the Crossroads: Health and Hunger," a webinar from ELCA World Hunger. The recording features ELCA staff and partners discussing some of the ways health intersects with hunger in their communities and how they are responding. You can watch the full recording or, for a shorter session, use one of the short opening presentations or the panel discussion from the video.

DISCUSSION QUESTIONS

1. In what ways are health and hunger connected?
2. How can addressing health care access reduce hunger?
3. How can ensuring that people have safe, nutritious food improve health?
4. How is the health and hunger connection different in the United States than in other countries?
5. How does the church work toward health for communities?
6. Why is it important for the church to be involved in this work?
7. Choose a presenter whose comments caught your attention. What was interesting or intriguing about what they had to say? What questions might you have for them?



GOAL: To learn about the assets and challenges that impact the health of communities and people.

MATERIALS NEEDED

- Copies of the community map on page 15
- Pens and pencils
- Copy of the Leader Key on page 13-14

INSTRUCTIONS

Divide participants into groups of two or three. Give each group a community map and some pens or pencils. Read the following paragraph to the groups:

This activity focuses on the social determinants of health. These are based on the idea that our health is affected by a wide array of factors, including our economic situation, access to quality education, access to health care, and physical environment. According to the United States Department of Health and Human Services, “Social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” Many of the social determinants of health depend on our location and the social environment around us. Thus, the structure of our communities and neighborhoods has a significant impact on our health.

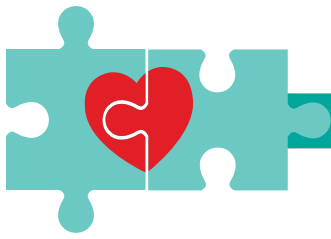
Give the groups five minutes to circle places on the map that they think make or keep people and communities healthy, and to make notes about why. Bring the groups back together and ask people to share their notes. You can use the Leader Key to point out additional places and offer insights.

Now give the groups five minutes to circle places on the map that they think might negatively impact health and to make notes about why. Bring groups back together and ask people to share what items they circled and why. You can use the Leader Key to point out additional places and offer insights.

After your discussion, watch the video “[Supporting Strong Babies in Milwaukee](https://vimeo.com/371982336) (vimeo.com/371982336).” It features a ministry, supported by ELCA World Hunger, that works to improve health outcomes in Milwaukee, Wis. Invite participants to discuss the questions below. The [U.S. Department of Health and Human Services](https://www.hhs.gov/healthypeople/priority-areas/social-determinants-health) (HHS) website (health.gov/healthypeople/priority-areas/social-determinants-health) explains different aspects of the social determinants of health.

Milwaukee discussion questions:

1. What things negatively impacted the health of the community?
2. What things positively impacted the health of the community?
3. HHS defines the five social determinants of health as (1) economic stability, (2) education and education access, (3) health care access and quality, (4) neighborhood and “built environment” (features of the environment that are built by humans, including roads, sidewalks, buildings, facilities, utilities, etc.) and (5) social community and context. Did you see any of these in the video? If so, which ones?



The video “[We’re Chicken Women!?](https://vimeo.com/586086291)” (vimeo.com/586086291) features a project supported by ELCA World Hunger in Myra, Ky., that focuses on improving nutrition and health outcomes in Appalachia.

Myra discussion questions:

1. What things negatively impacted the health of the community?
2. What things positively impacted the health of the community?
3. Share the five social determinants of health defined by the United States Department of Health and Human Services (see link above): (1) economic stability, (2) education and education access, (3) health care access and quality, (4) neighborhood and “built environment” (features of the environment that are built by humans, including roads, sidewalks, buildings, facilities, utilities, etc.) and (5) social community and context. Did you see any of these in the video? If so, which ones?
4. How are the communities in Myra and Milwaukee similar?
5. How are the communities in Myra and Milwaukee different?

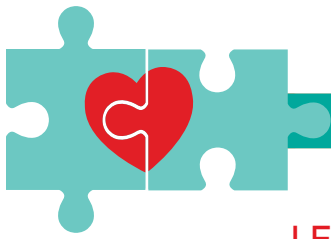
RURAL VERSUS URBAN

There are different advantages to living in rural or urban areas. Many rural areas have greater access to green space for walking, hiking or other outdoor activities. Some rural areas have lower rates of air pollution from industrial facilities. The cost of living tends to be lower in rural areas. However, people in rural areas may have to commute long distances to work or to access needed resources and services. Easy access to healthy foods, quality education and health care are vital for people to live healthy lives.

By contrast, urban areas can provide residents with easier access to schools, stores and health care facilities. However, people in urban areas are also more likely to experience higher levels of pollution from industry and higher costs of living. Remember that the places where people live are complex and present both advantages and disadvantages for health.

VIRTUAL VERSION

This activity is easy to convert into a virtual educational opportunity. Save a digital copy of the map to share with participants. Divide groups into breakout rooms and have them use painting apps, Microsoft Word or a whiteboard app to circle items on the map. Depending on the group’s skill level, you may want to offer a quick tutorial on these tools before sending participants to breakout rooms.



LEADER KEY

School. Easy access to quality education throughout a person's life can lead to more opportunities for higher-paying jobs with benefits. Benefits such as health insurance can help cover many treatments and tests, whereas a higher income can help workers afford medicine, care visits and time off work. Schools can be important partners too, providing health screenings and connecting families to public services.

Faith Communities. Faith communities often provide social, emotional and material support to members and the surrounding community. The social network of a faith community can help neighbors connect with one another and with supportive services in the area.

Parks. Parks promote physical activity and community engagement, both of which are important for positive mental health and the health of the environment. Physical activity and clean air are important to our physical health.

Banks. Financial institutions such as banks can promote a community's health in several ways. First, easy access to small business loans can help the local business community, both business owners and workers, by raising household income. With higher household income, community members can invest more in their health. Second, banks can provide saving accounts and small loans to help people weather medical emergencies.

Childcare. Safe, affordable childcare helps parents gain and keep jobs, creating economic stability for many families. In addition, affordable childcare centers can protect and promote child health through nutritious foods, physical activity, health screenings and early childhood education.

Office buildings. Many Americans access health care through their jobs. In fact, a majority of Americans access health care for themselves and their families through employer-provided health care plans.

Optometrists. Preventative eye care is critically important to prevent common eye diseases from causing permanent vision loss or blindness. Easy access to vision support, such as eyeglasses, helps children succeed in school and adults succeed at work.

Dentists. Preventive care and access to emergency dental care is very important for overall health. Many Americans, even those with health insurance, lack the means to afford sufficient dental insurance. As a result, dental care is one of the health-care-related expenses most likely to be delayed. Lack of physical and financial access to oral health care can have serious consequences, including progressive dental disease, costly hospital visits and missed days at school or work.

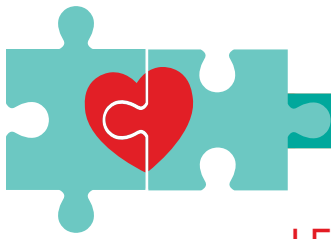
Counseling centers. Mental health services reduce the risk of chronic diseases related to stress, anxiety and substance abuse. Most importantly, mental health services save lives, improve people's outlook on life and strengthen community connections.

Family doctors. Family doctors, also known as primary care providers (PCPs), stress preventive care that helps people stay healthier longer and lower their long-term health care costs. PCPs often know and enjoy the trust of their communities and can help them during public health emergencies.

Hospitals. Hospitals support community health by providing necessary health care and improving the local economy through access to jobs.

Grocery stores. Local grocery stores support the health of their communities by providing access to jobs, fresh produce and other healthy foods.

Community/recreation centers. Community centers provide safe spaces for people to improve their physical health, learn new skills and participate in community activities.



LEADER KEY

Major highways. The United States interstate highway system expands one's opportunities to work outside one's community. However, communities next to major highways often experience higher rates of air pollution and respiratory diseases such as asthma.

Water treatment centers. Clean water is important to the health of a community's people and ecosystem. Water treatment centers manage wastewater so that water can be safely used by community members and safely released back into the ecosystem.

Landfills. Emissions from landfills pose a threat to the environment and the health of those who live, learn, play and work around them. Landfills also decrease the value of nearby homes and land. In the U.S., low-income areas are more likely to host landfills and other hazardous sites. These areas have fewer political resources to oppose such placement of these facilities.

Industrial facilities. Industrial facilities, including power plants, factories and warehouses, are important sites for jobs and key contributors to local economies. However, they can also generate such environmental hazards as air pollution, contaminated water and contaminated soil.

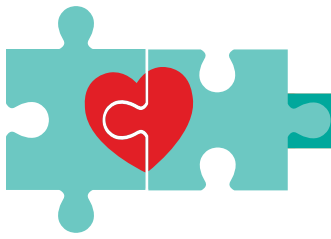
Homes. Safe, stable housing is a foundation for health. Having a stable address is important in obtaining many benefits, such as health insurance and Supplemental Nutrition Assistance Program (SNAP) benefits, and home ownership is still an important factor in building and passing on wealth in the United States. Older homes or homes in disrepair can present health challenges, such as exposure to lead in paint or water.

Apartment buildings. Apartment buildings, like single-family homes, build the foundation for success in work and school and help people gain access to many important services. Apartment buildings are key contributors to housing affordability in a community. Affordable housing allows residents to buy other necessities, such as food and medical care.

Shopping centers. Shopping centers can drive community development and support the local economy, providing jobs, income and tax revenue that the community can invest in itself through schools, institutions, sports and infrastructure. Shopping centers provide easy access to needed goods, especially affordable food.

Libraries. In many communities libraries provide free internet, educational programs and application support to connect people in need with support programs such as SNAP, Medicaid, and mental health and substance abuse counseling.

Public transportation. Public transportation promotes community health by increasing access to healthy food options, medical care, vital services and employment. Public transportation is especially important to communities without equal access to these fundamental necessities.





HEALTHY LIFE BOARD GAME

MODULE 2

ACTIVITY LEVEL: MEDIUM

GOAL: To learn more about social determinants of health and the long-term health impacts of various events, opportunities and interventions.

MATERIALS

- Board game chips or poker chips
- Printed copy of the game board on page 19-20
- Printed copy of game cards on pages 21-29
- Game pieces
- One six-sided die

INSTRUCTIONS

This game is played in four cycles representing the four major life cycles: childhood, adolescence, adulthood and older adulthood. Each life cycle has its own set of cards and health-related life events. Players travel around all four life-cycle circles on the board. The goal is to gain as many health chips as possible.

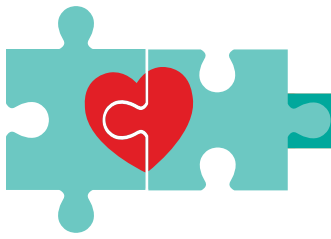
To set up this game, print a copy of the game board on pages 19 to 20 and a copy of the game cards on pages 21 to 29. Cut out the game cards along the dotted lines and separate them into four piles: childhood (C), adolescence (A), adulthood (AH) and older adulthood (OA). Shuffle each pile and place it in its corresponding spot on the game board. Appoint one person to be the chip keeper, in charge of distributing chips to other players.

This game is best played with three to six players. If you have more than six, divide them into teams. To start the game, have each player or group roll for their profile. Each player or group will roll once for gender, once for socioeconomic status (SES) and once for location. Have each person or group write down their profile and calculate their starting number of health chips according to the chart below.

| NUMBER ON DIE | GENDER | HEALTH CHIPS |
|---------------|--------------------|--------------|
| 1 or 2 | Male | 5 |
| 3 or 4 | Female | 3 |
| 5 or 6 | Trans or nonbinary | 2 |

| NUMBER ON DIE | INCOME | SOCIOECONOMIC STATUS (SES) | HEALTH CHIPS |
|---------------|-----------------------|----------------------------|--------------|
| 1 | \$32,000 and under | SES 1 | 2 |
| 2 | \$32,001 TO \$53,000 | SES 2 | 4 |
| 3 | \$53,001 TO \$63,000 | SES 3 | 6 |
| 4 | \$63,001 TO \$80,100 | SES 4 | 8 |
| 5 | \$80,101 TO \$107,000 | SES 5 | 10 |
| 6 | \$107,001 and up | SES 6 | 12 |

| NUMBER ON DIE | LOCATION | HEALTH CHIPS |
|---------------|----------|--------------|
| 2, 4 or 6 | Urban | 5 |
| 1, 3 or 5 | Rural | 3 |



After everyone has calculated their number of health chips, invite the players or groups to share their profiles. To make the game more impactful, make sure there is a variety of profiles, with different genders, locations and socioeconomic statuses. The leader may change any person or group's profile to facilitate this.

To get started, each player rolls the die; highest roll moves first, next highest moves next, etc. For each move the player rolls the die and advances the corresponding number of spaces. When a player lands on a space with a star, all players must draw a card related to that life cycle, read it aloud to the group and follow the instructions on the card. Some cards have instructions keyed to a player's profile. The goal is to gain as many health chips as possible. Any player who runs out of health chips is considered dead.

AFTER THE GAME

After everyone has played through all four life cycles, ask players to count their health chips and share the number. Then read the rest of this section aloud. You may wish to write down the five categories of SDOH or print and post the list below so it's visible to all participants.

Health is more than just our bodies. Health also includes such things as our communities and "built environments" (features of the environment that are built by humans, including roads, sidewalks, buildings, facilities, utilities, etc.). These things are known as the social determinants of health (SDOH). According to the U.S. Department of Health and Human Services (HHS), SDOH are the conditions in the environments where people are born, live, learn, work, play, worship and age, conditions that affect a wide range of health, functioning and quality-of-life risks and outcomes. HHS also defines five categories of health for the SDOH — (1) economic stability, (2) education access and quality, (3) health care access and quality, (4) neighborhood and built environment and (5) social and community context. Examples from each category follow.

Economic Stability

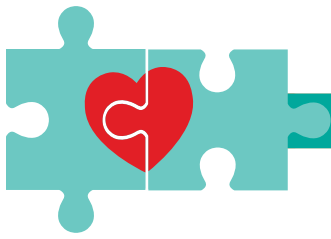
- People with steady employment are less likely to live in poverty and more likely to be healthy. Steady employment helps people invest in themselves, their health and their communities through healthy food, housing, health care and education.

Education Access and Quality

- People with higher levels of education are more likely to be healthy, and they live longer.
- Children from low-income families, children with disabilities and children who routinely experience social discrimination — such as bullying — are more likely to struggle with math and reading. They're less likely to graduate from high school or go to college, which means they're less likely to get safe, high-paying jobs and more likely to have health problems such as heart disease, diabetes and depression.

Health Care Access and Quality

- Many people in the United States don't get the health care services they need.
- About 1 in 10 people in the United States doesn't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services or medications they need.
- Without health insurance, a primary care provider or some other financial support, people forego recommended health care services such as routine screenings. In some communities distance from facilities and a lack of transportation can make it hard to get to appointments or care centers.



Neighborhood and “Built Environment”

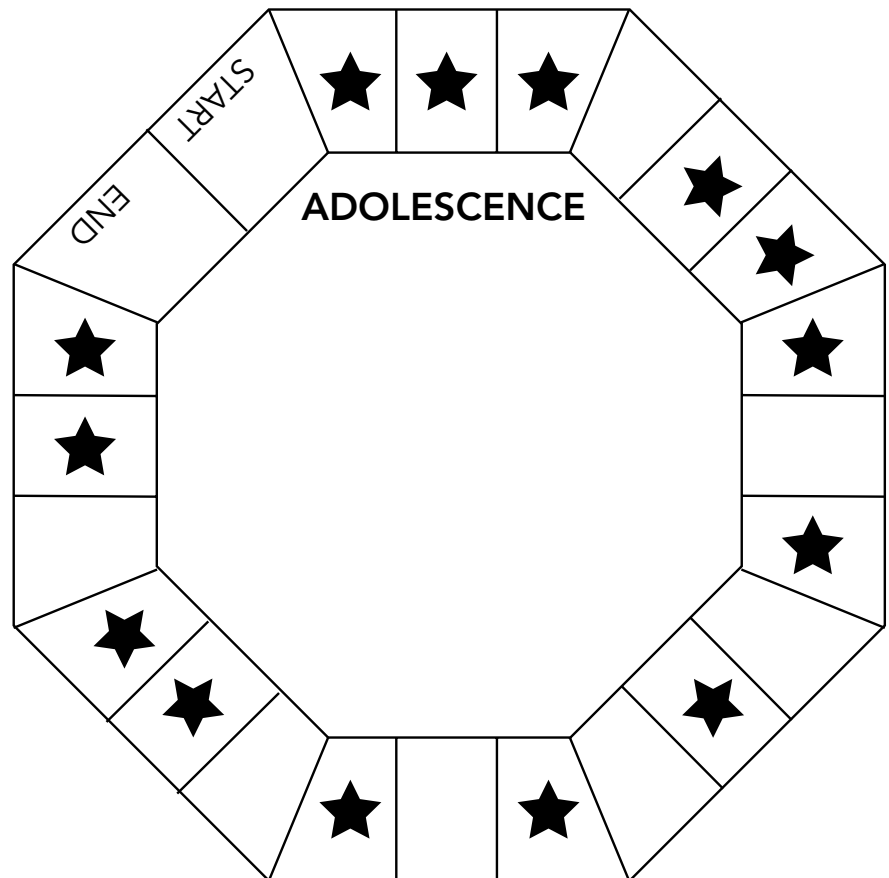
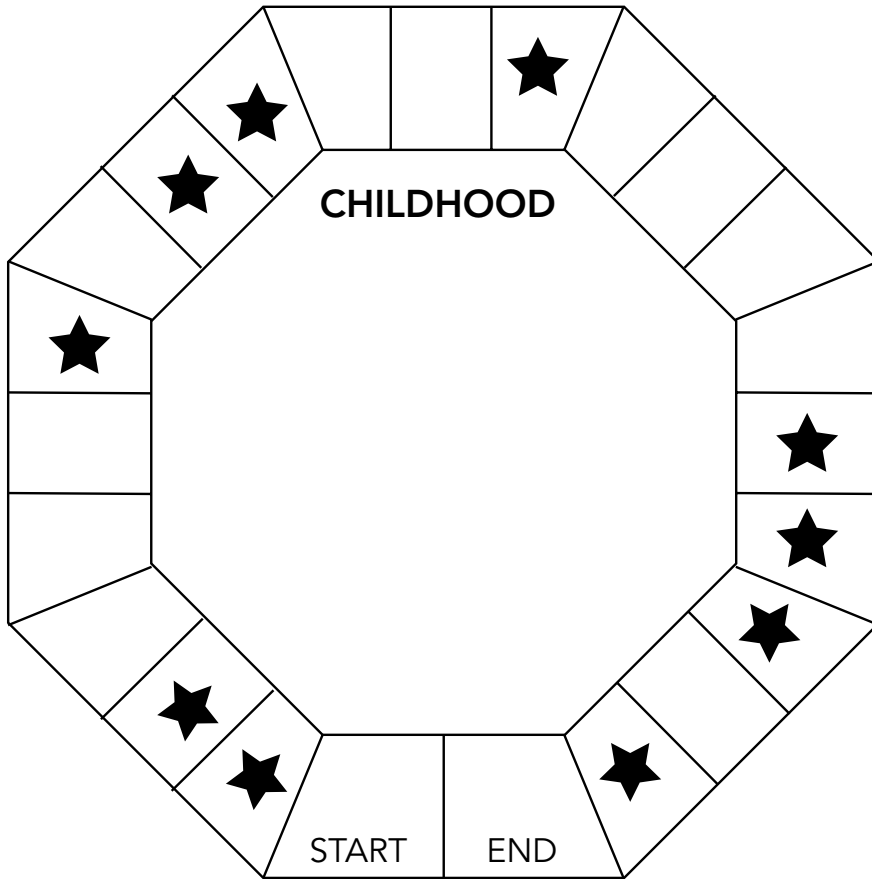
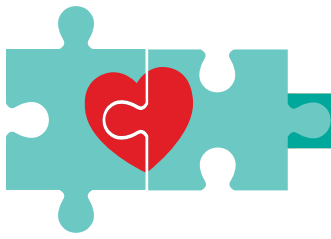
- The neighborhoods people live in have a major impact on their health and well-being. Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. People of lower socio-economic status are more likely to live in places with these risks. In addition, some workers are exposed to health hazards in their work environments, such as secondhand smoke, harmful chemicals or extremely loud noises.

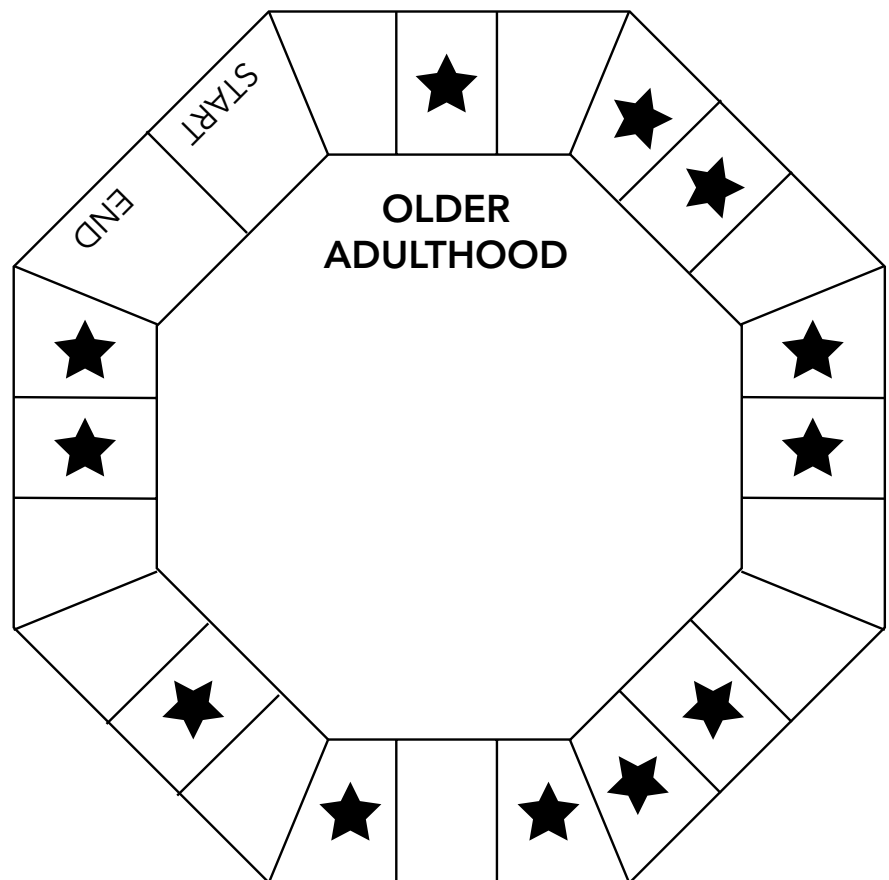
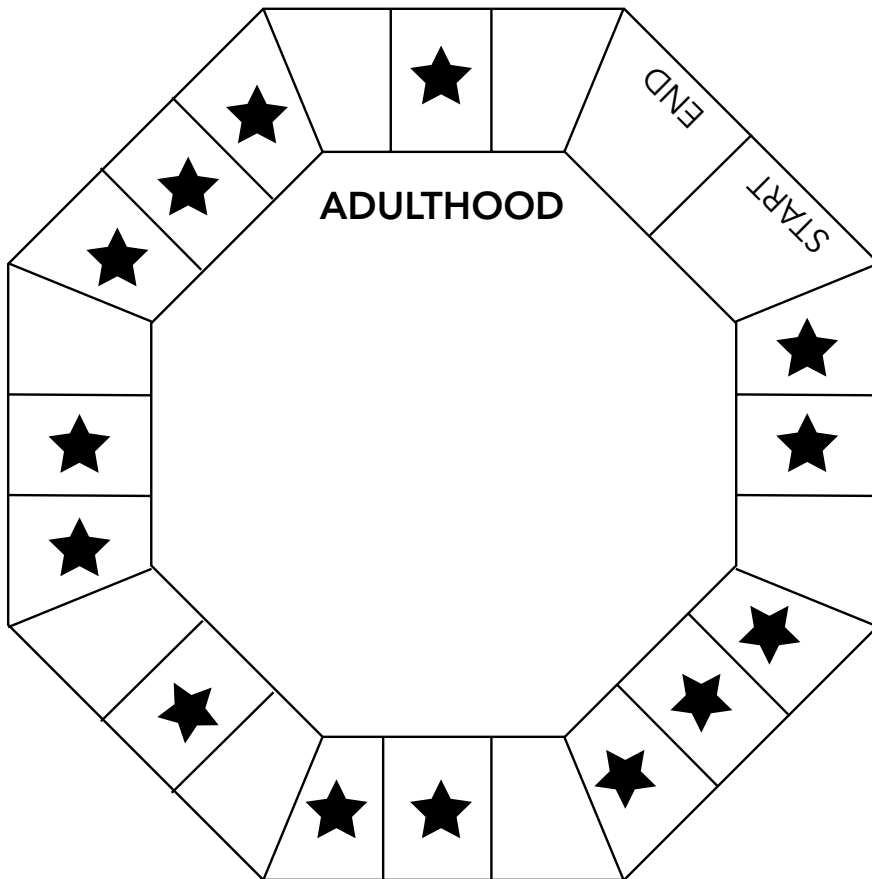
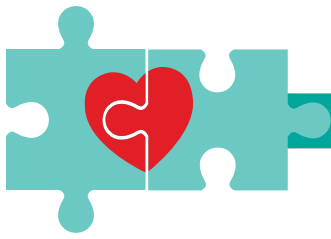
Social and Community Context

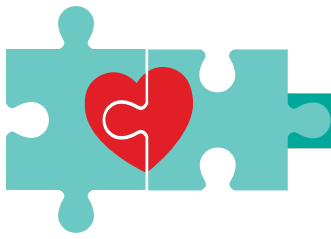
- People’s relationships and interactions with family, friends, co-workers and community members can have a major impact on their health and well-being. Many people face challenges and risks they can’t control, such as unsafe neighborhoods, discrimination or trouble affording the things they need. This can have a negative impact on health and safety throughout life.
- Positive relationships at home, at work and in the community can help reduce these negative impacts. Lacking supportive relationships with family, friends or neighbors, some people may not get help when they need it most.

DISCUSSION QUESTIONS

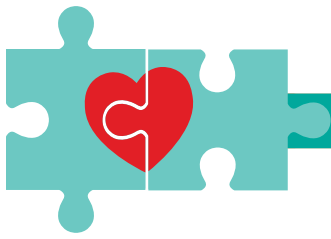
1. Did everyone survive the game? How many health chips do you have left?
2. How did your experience differ from that of other players? What made your experience different?
3. How did your profile impact your experience?
4. Which of the five categories of health did you experience in the game? What happened in those experiences?
5. Which category helped you the most, and why?
6. Which category hurt you the most, and why?
7. What are some new ways you understand your health and the health of those around you after playing this game?



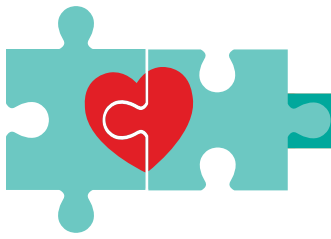




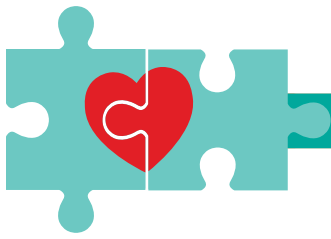
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| CHILDHOOD | Your family has access to a primary care provider. You receive all your vaccinations. Gain one health chip. |
| CHILDHOOD | Your family attends a parenting class at your church. This helps you and your parents form healthy relationships as you grow up. Gain two health chips. |
| CHILDHOOD | Time to sign up for preschool! If you have an SES of 4-6, your household can afford the cost; gain two health chips. If you have an SES of 1-3, your family cannot afford it; lose two health chips. |
| CHILDHOOD | Your family attends a health fair at your local library, learns about the WIC program, receives application help and is accepted into the program. If you have an SES of 1 or 2, gain one health chip. |
| CHILDHOOD | Your school provides a free or reduced-price school lunch. If you have an SES of 1-3, gain one health chip. |
| CHILDHOOD | Your community constructs a new playground in a park! Gain two health chips if you live in an urban area and can access the park. |
| CHILDHOOD | You come down with a cold. If you have an SES of 4-6, your caregiver has paid sick leave from work and can take days off; gain one health chip. If you have an SES of 1-3, your caregiver does not get paid for missing days; lose two health chips. |



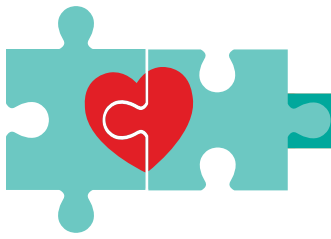
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| CHILDHOOD | Your school provides a free after-school program for everyone. Here you play lots of games, make friends and receive free tutoring. Gain two health chips. |
| CHILDHOOD | A large pharmacy in your neighborhood sets up a mobile clinic to provide health care checkups. If you live in an urban area, gain one health chip. If you live in a rural area, lose one health chip. |
| CHILDHOOD | Your home is older, with lead paint on some of the walls and railings. You must be careful to avoid exposure. Lose two health chips. |
| CHILDHOOD | Your community has a recreation center where you can be active and learn a sport. Gain one health chip. |
| CHILDHOOD | Your school has started a free tutoring service for all students. Everyone benefits, so gain one health chip regardless of your SES. |
| CHILDHOOD | Your church is hosting a health fair with a flu shot station. Gain one health chip for staying healthy during flu season. |
| CHILDHOOD | As the climate warms, environmental allergens become more common, and allergy seasons last longer. Lose one health chip as you manage your seasonal allergies. |



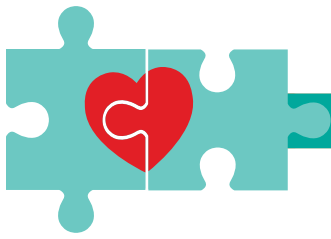
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| CHILDHOOD | There is lead in your city's water. Lead can cause serious, lifelong health issues. You must go to the doctor, and you miss school. Lose one health chip. |
| ADOLESCENCE | Your school provides a free after-school program. Here you make friends and receive free tutoring. Gain one health chip. |
| ADOLESCENCE | You have been dealing with a lot of anxiety as you enter high school. If you have an SES of 4 or more, your school has well-funded mental health support; gain one health chip. If you have an SES of 3 or less, your school is not adequately funded and has only a few counselors for many students; lose one health chip. |
| ADOLESCENCE | One of your parents loses their job, and your family must rely on its savings to get by. SES of 5-6: lose no health chips. SES of 3-4: lose one health chip. SES of 1-2: lose two health chips. |
| ADOLESCENCE | You fell and broke your arm. SES of 4 or more: your family has access to health insurance and savings to afford care; lose no health chips. SES of 3 or less: your family has no insurance or savings to pay for care; lose two health chips. |
| ADOLESCENCE | A leak at a nearby industrial facility has released pollutants into the air. If you live in an urban area, lose one health chip. If you live in a rural area, further from the facility, lose no health chips. |
| ADOLESCENCE | You are applying for college. If you have an SES of 3 or more, a college-educated family member helps you with your application and financial aid. This gives you a better shot at continuing your education and getting a higher-paying job as an adult. Gain one health chip. |



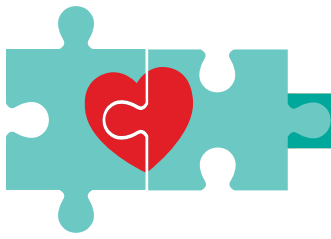
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| ADOLESCENCE | Your family volunteers at a community garden. You receive a box of fresh fruits and vegetables every week and education on healthy cooking. Gain two health chips. |
| ADOLESCENCE | You are invited to participate in your local church's youth group, hang out and make friends. Gain one health chip. |
| ADOLESCENCE | You made the basketball team at your school and are excited to be more active, but the uniform and travel to games will be expensive. If you have an SES of 4 or more, your family can afford it; gain two health chips. If you have an SES of 3 or less, your family cannot afford it; lose two health chips. |
| ADOLESCENCE | Your church offers a professional-skills training program, and you learn how to write a resume, interview for a job and secure employment. Gain one health chip. |
| ADOLESCENCE | Your congregation is going to church camp for a week this summer. There are even scholarships available, so everyone, regardless of their SES, is able to attend. You play, learn skills and build positive relationships with peers. Gain one health chip. |
| ADOLESCENCE | Your school district has started a reproductive health unit for all high schoolers, with access to resources for information and health care services. Gain one health chip. |
| ADOLESCENCE | Your community experiences a natural disaster, and your home floods. If you have an SES of 4 or more, you have insurance and savings to help your family recover; gain one health chip. If you have an SES of 3 or less, you must wait for public assistance; lose one health chip. |



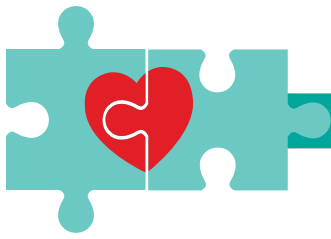
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| ADOLESCENCE | Your community has a hazardous waste site. If you have an SES of 4 or more, your community has enough resources to advocate for cleanup of the site; lose no health chips. If you have an SES of 3 or less, your community is unable to successfully advocate for cleanup; lose two health chips. |
| ADOLESCENCE | If you live in an urban area, you have access to a primary care provider for regular checkups and preventive care; gain one health chip. If you live in a rural area, you don't have regular access to a primary care provider for regular checkups or preventive care; lose one health chip. |
| ADULTHOOD | You find yourself in an unsafe work environment. If you choose to report the risks, you could lose your job, so you continue to work in the unsafe setting. Lose one health chip. |
| ADULTHOOD | If you live in a rural area, you can purchase fresh produce from local farmers at low cost. Gain two health chips. |
| ADULTHOOD | A family member is struggling with substance abuse. If you live in an urban area, you are able to get them to a clinic nearby; gain one health chip. If you live in a rural area, the nearest clinic is over an hour away, too far to make every appointment; lose one health chip. |
| ADULTHOOD | Your doctor has found a growth that could be precancerous. You need to take time off work for testing and treatment. If you have an SES of 3 or more, you have savings and a job that provides paid sick leave. If you have an SES of 1-2, you have no paid sick leave and must choose between taking care of your health and paying your bills; lose two health chips. |
| ADULTHOOD | Your community recreation center has started offering adult sports for free, along with childcare. You are able to exercise in a safe environment while a trusted adult cares for your children. Gain one health chip. |



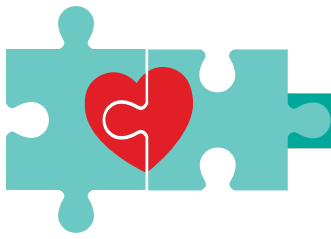
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| ADULthood | Access to transportation allows one to make doctor appointments and buy healthy food from low-cost supermarkets. If you live in a rural area, transportation costs mean missed appointments; lose one health chip. If you live in an urban area, you have access to public transportation; gain one health chip. |
| ADULthood | Your tooth hurts. If you have an SES of 3 or more, you have access to dental insurance. If you have an SES of 1-2, you don't have dental insurance, so you put off going to the dentist, the pain turns out to be from an infection and you miss work to go to the hospital; lose two health chips. |
| ADULthood | Homes help people accrue wealth and invest in their health. If you have an SES of 5-6, you are able to buy a home; gain two health chips. If you have an SES of 3-4, you are able to get an FHA loan toward buying a home; gain one health chip. If you have an SES of 1-2, you are unable to buy a home; lose one health chip. |
| ADULthood | You want to return to college, finish your degree and get a better job. SES of 5-6: You take out minimal loans; gain two health chips. SES of 3-4: You get a better job with your degree, but the loans will take a long time to pay off; gain one health chip. SES of 1-2: The cost of school is far too high; gain no chips. |
| ADULthood | A local food pantry offers classes on food safety. What you learn enables you to protect your family from foodborne illnesses. If your SES is 1-2, gain two health chips. |
| ADULthood | Climate change is making summers hotter in your region, and the heat is starting to affect your asthma. If you have an SES of 3 or more, you can afford air conditioning to ease your symptoms; gain one health chip. If you have an SES of 1-2, you cannot afford air conditioning; lose one health chip. |
| ADULthood | Access to prenatal care is important to the health of both pregnant people and babies. Your local health department offers prenatal care on a sliding scale, based on income. If you have an SES of 3 or less, gain two health chips. |



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| ADULTHOOD | Access to gender-affirming care is important to people's mental and physical health but is seldom covered by health insurance and can be very expensive. You are transgender or nonbinary. If you have an SES of 4 or more, you have the financial resources to access care; gain one health chip. If you have an SES of 3 or less, you lack the financial resources to access care; lose two health chips. |
| ADULTHOOD | Access to affordable housing helps people stay healthy and invest in their health. If you have an SES of 1-2, you received a housing voucher that helps you access affordable housing. However, you are having a hard time finding a landlord who will accept the voucher. Lose one health chip. |
| ADULTHOOD | There is lead in your city's water. Lead can cause damage to the brain and kidneys, and can interfere with production of red blood cells that carry oxygen to all parts of the body. Your church is doing great work at advocating for clean drinking water and distributing bottled water and water filters. You must be careful to avoid exposure, but your church's work has helped mitigate the risk. Gain one health chip. |
| OLDER ADULTHOOD | Housing prices have increased in your area. If you have an SES of 1-2, you are unable to afford the higher rent. You have now fallen behind on rent and risk losing your home. Lose two health chips. |
| OLDER ADULTHOOD | A local senior center has started offering game nights to help you connect with other older adults. Gain one health chip. |
| OLDER ADULTHOOD | Savings and saving accounts can help people weather medical emergencies. The only brick-and-mortar bank in your small town has recently closed. If you live in a rural area, lose one health chip. |
| OLDER ADULTHOOD | As we age, having a quality support system is very important for our mental health. You participate in bible study, where you receive support and participate in a community. Gain one health chip. |



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| OLDER ADULTHOOD | Your significant other passes away. If you live in an urban area, you have easy access to a counseling support center near you; gain one health chip. If you live in a rural area, the nearest therapist is over an hour away, which makes it difficult for you to obtain care; lose one health chip. |
| OLDER ADULTHOOD | If you have an SES of 5-6, your employer matches contributions to your retirement account; gain two health chips. If you have an SES of 3-4, you have been able to contribute to a retirement account but not consistently; gain one health chip. If you have an SES of 1-2, you have not been able to save for retirement and you live at risk of a financial crisis if you have an emergency; lose two health chips. |
| OLDER ADULTHOOD | Your community has received a grant to add ramps and curb cuts to the sidewalks around town. This makes it easier and safer to walk around. Gain one health chip. |
| OLDER ADULTHOOD | A local pharmacy has begun offering free vision screening and low-cost eyeglasses. Gain one health chip. |
| OLDER ADULTHOOD | Following a knee replacement, you cannot drive yourself. Without public transportation, you must rely on friends to chauffeur you to appointments, but they aren't always available. If you live in a rural area without public transportation, lose one health chip. |
| OLDER ADULTHOOD | Your church's community garden has raised beds and wide rows, so you can tend a plot without having to kneel or bend over. Gain one health chip. |
| OLDER ADULTHOOD | As the climate warms, our communities will experience more extreme temperatures. Extreme heat can be deadly, especially for older adults. If you have an SES of 4 or more, you have access to air conditioning at home; lose no health chips. If you have an SES of 3 or less, you lack air conditioning at home; lose one health chip. |



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| OLDER ADULTHOOD | An older adult's ability to age in place through long-term connections to community and doctors contributes to positive health outcomes. With family, friends and a church community to help you with home maintenance and other chores, you are able to stay in your home and community; gain one health chip. |
| OLDER ADULTHOOD | Medication costs continue to increase. If you have an SES of 4 or more, you can afford a Medicare prescription plan that covers your medications; gain one health chip. If you have an SES of 3 or less, you cannot afford a Medicare prescription plan and must spend your savings on medications lose two health chips. |
| OLDER ADULTHOOD | You need to spend time in a rehabilitation center as you recover from surgery. Your ability to stay at the center until you recover depends on having retiree health insurance cover the cost. If you have an SES of 4 or more, your insurance picks up the tab; gain one health chip. If you have an SES of 3 or less, your Medicare plan will not cover the full stay; lose one health chip. |
| OLDER ADULTHOOD | If you have an SES of 3 or less, you qualify for low-cost home delivery of meals. Through the delivery service, you receive nutritious meals, a quick welfare check and much-needed human connection. Gain two health chips. |



GOAL: To understand the events, experiences and relationships that have shaped our understanding of health; to encounter one another through the stories of our health experiences.

READ ALOUD

Our understanding of health changes and grows over time, and our own health (and the health of loved ones) can affect every aspect of our lives. Illness, injury or disability — our own and others’ — can shape our perception of health. Our encounters with health care systems and providers can make us feel hopeful or can leave us feeling discouraged, violated or ignored.

In this activity, we will take some time to reflect on our own health stories. These might include experiences of feeling healthy or unhealthy, encounters with people or systems as we sought care, or relationships that have helped us learn what being healthy means.

INSTRUCTIONS

Invite someone to read Mark 5:21-34, in which Jesus encounters a woman with a long-term health issue.

DISCUSSION QUESTIONS

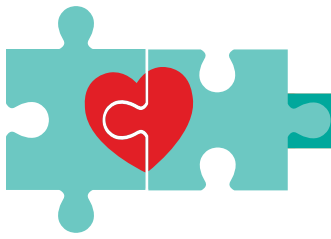
1. Why did the woman seek out Jesus? What was she hoping for?
2. Reread Mark 5:26. What does the passage tell us about the woman’s life with this medical issue? (Note: The word translated as “endured” in the New Revised Standard Version also means “to suffer,” so some versions translate this passage as “She had suffered much under many physicians” How does that translation change our understanding of her situation?)
3. What daily challenges might she have faced because of her health issue?
4. How might the ending of her hemorrhaging have changed her daily life?
5. What challenges would physical healing of her medical issue not solve?

YOUR STORY

What are our own health stories? How has our understanding of health changed over time? What health situations or encounters have shaped our lives and the stories we tell about ourselves?

Navigating health care systems and managing our health can seem impersonal at times, yet our health affects us on deep emotional and spiritual levels. Our “health story” is the story of how we have been shaped by health experiences. This might include dealing with a significant injury or illness or interacting with caregivers who made us feel empowered, or powerless. Our health stories might involve our experiences caring for others and what those experiences have taught us about health.

Telling our health story can help us understand where our ideas about health come from, what being healthy means and what we need from our communities to get and stay that way. Telling our health story can also be part of our own healing, especially as we learn to accept one another.



In this activity, we will have a chance to hear others' stories and share our own. There are some prompts, but feel free to take your story in any direction you feel called in.

MATERIALS

- For each group, several sheets' worth of prompt cards (see below)
- Markers, pens and pencils

INSTRUCTIONS

In this activity, participants will work individually to construct their health stories and then share them in a small group. Ideally, groups should be no more than five people.

Distribute to each group the prompt cards cut from the storytelling sheets. The cards should be mixed up in a pile that participants can draw from as meets their needs. Go over the prompts together to make sure everyone understands what to do. In the activity, participants will choose prompts that help them tell their story, then draw or write on each card beneath the prompt and assemble the cards in a row, like a comic strip.

Each person should choose at least four cards to tell their story. There is no maximum.

Before beginning, remind the participants that everyone's story is important and discourage them from offering solutions or suggestions for managing a health situation. The goal is not to solve or "pray away" another person's health challenges but to listen and make sure each person is heard.

If you pray, ask individuals what they would like to pray for. Avoid praying for an end to someone's health situation or disability without their consent. Many people living with disabilities do not want their disability prayed away or "cured."

Once everyone has completed their story cards, invite them to assemble the cards on a single table or post them on the walls so that others can see them. Ask

participants to share their stories, using their cards as a guide. Remember, the goal for this time is not to offer solutions or generate dialogue but to listen to one another. If a participant doesn't wish to share, that's OK! End the activity with the discussion questions below.

DISCUSSION QUESTIONS

1. What one thing about health did you learn from the other stories?
2. How did you feel while sharing your story?
3. Why is your story important? Why are others' stories important?
4. In health situations, churches and faith communities often see their job as "changing the story," either through praying for a cure or offering solutions. This is not always what people want, though. How might our relations with one another change if we saw our call as listening to stories rather than trying to change them?

ADVOCATE

Personal stories of navigating health care systems can powerfully expose flawed practices, policies and laws. Consider inviting policymakers to hear your stories. You can collect them in printed form and share them with your governor, state representatives or congressional representatives. If you have the capacity, you can also record short videos (one to three minutes) of participants sharing their stories and email the videos. These can be a powerful advocacy tool, reminding elected officials of the real people impacted by laws and policy decisions.

PRAY

Gracious God, you create each of us in your image that we might reflect to one another your love, power and goodness. Draw us together as we encounter one another. Help us to learn from each other's stories and to feel safe sharing our own. Inspire us to journey together in hope toward the fullness of healing — of our communities and our relationships with one another. May we be witnesses to your grace and your promise to others. In your name we pray. Amen.



PROMPT CARDS

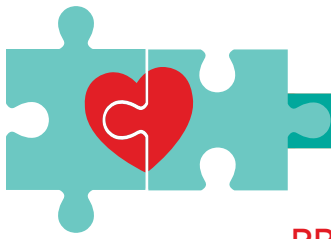
Copy the following pages, then cut along the dotted lines and distribute the resulting cards to participants to be used in telling their health stories.

What experiences or people helped you understand what being healthy means?

What practices are part of being healthy for you?

My understanding of health changed when ...

My view of the health care system was shaped by ...



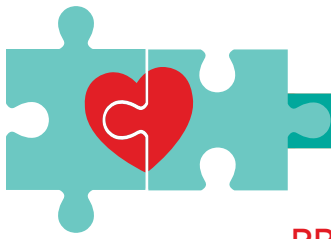
PROMPT CARDS

Receiving a diagnosis was like ...

To be healthy, I need ...

Have you ever had to choose between paying for health care and paying for other things?

Regarding my health, most people don't understand that ...



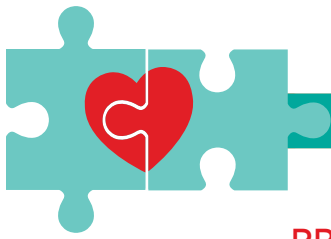
PROMPT CARDS

Regarding my health, I get frustrated when ...

Regarding my health, I feel empowered or hopeful when ...

Regarding my health, my faith ...

Where has God "shown up" in your life amid health challenges, illness, etc.?



PROMPT CARDS

My community makes me feel alone or uncomfortable when ...

My community makes me feel welcome and affirmed when ...

Not all health issues can be seen.
For example ...

To be healthy and active, I need my community to ...



GOAL: This activity will help illustrate the links between social factors, risk of disease and hunger.

MATERIALS NEEDED

- Labels may be used to distinguish each of the six characters represented in the skit

INSTRUCTIONS FOR PRESENTER

Welcome participants to the session on disease and hunger. To invite people into the experience, choose one of the following prayers and/or hymns listed below or choose your own.

PRAYERS

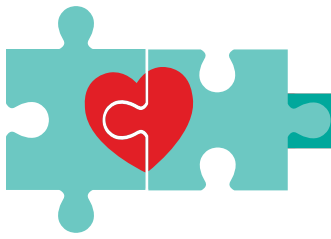
1. Healing God, restore our community so that we may be a place of welcome, wholeness and affirmation for all those in need. Teach us to nourish and comfort one another. Inspire us to learn from one another and to recognize your image in the lives and experiences of our neighbors. In Christ's name, we pray. Amen.
2. Let us pray for an end to pandemic disease throughout the world, that plagues of sickness and death may no longer fuel poverty, destabilize nations, and inhibit reconciliation and restoration throughout the world.

O God, the strength of the weak and the comfort of all who suffer: grant your saving health to all who are afflicted by disease throughout the world. Bless the labors of those who minister to the sick, and unite the wills of nations and people in seeking an end to the pandemics of our age; that sickness may be turned to health, sorrow to joy and mourning turned to praise of your holy name. God of love, in your mercy, hear our prayer. (*Adapted from "A Bidding Prayer for an End to Global Poverty and Instability" by the Episcopal Office of Government Relations*)
3. Make us worthy, Lord, to journey with our fellow human beings throughout the world who live and die in poverty and hunger. Draw us together in our need, that we may be partners and neighbors in building a just world where all are fed. Amen.
4. Say a prayer yourself or invite a member from the group gathered to offer one.

SONG SUGGESTIONS

(from *Evangelical Lutheran Worship [ELW]* or *With One Voice [WOV]*)

- "O Christ, the Healer, We Have Come" (*ELW* 610)
- "Healer of Our Every Ill" (*ELW* 612)
- "Bind Us Together" (*WOV* 748)
- "Let Justice Flow like Streams" (*WOV* 763)
- "We Come to the Hungry Feast" (*ELW* 479)
- "You Who Dwell in the Shelter of the Lord" (*WOV* 779)



READ ALOUD

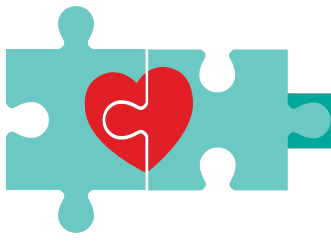
In this activity we will explore the many factors that affect our immune system and therefore our susceptibility to disease.

INSTRUCTIONS

1. Read the following questions aloud and allow time for response.
 - a. What keeps a person healthy?
 - b. What might place a person at higher risk for disease or at higher risk for severe symptoms?
2. Clear a space in which seven people may stand and move around comfortably.
3. Ask for six volunteers and introduce their characters. If you have more than seven people, arrange them in groups so that there are six groups to represent each of the characters.
 - a. **God's Children** — representing any one of God's children
 - b. **Disease** — the bacteria or virus that causes infection
 - c. **Food** — adequate calories to provide energy for daily activities as well as keep our bodies functioning
 - d. **Water** — CLEAN water is essential for life
 - e. **Vitamins and Minerals** — tiny quantities are needed for our bodies to function
 - f. **Sanitary Living Conditions** — includes clean air, improved sanitation and plumbing, and facilities for handwashing.
4. Instruct the volunteers representing Food, Water, Vitamins/Minerals, and Sanitary Living Conditions to form a line separating Disease and God's children.
5. Read aloud: Food, Water, Vitamins/Minerals, and Sanitary Living Conditions are some of the individual elements necessary to keep a person healthy.
6. Food, Water, Vitamins/Minerals, and Sanitary Living Conditions should hold their hands behind their backs. Their goal is to protect God's Children from Disease. They are free to move to block Disease but they must keep their hands behind their backs.
7. Read aloud: With these individual elements protecting God's children, Disease will try to infect them.
8. Disease's goal is to get through the other characters and to God's Children. Food, Water, Vitamins/Minerals, and Sanitary Living Conditions must still hold their hands behind their backs. *[Disease should be able to get through the barrier to God's children.]*
9. Read aloud: As you can see, Food, Clean Water, Vitamins/Minerals, and Sanitary Living Conditions on their own are not enough to protect God's children from Disease. Why do you think that is? *[Allow time for response and discussion.]*
10. This time instruct Food and Water to link arms, and Disease can try again. (Vitamins/Minerals and Sanitary Living Conditions will still keep their hands behind their backs as they try to stop Disease.) After Disease tries (and likely succeeds) to break through, read aloud: Was it harder for disease to break through the barriers this time? *[Allow time for response and discussion.]*
11. Instruct Food, Water, Vitamins/Minerals and Sanitary Living Conditions to all link arms and have Disease try to get through to God's children again. Read aloud: Could Disease infect the God's children? Why was it so difficult? *[Allow time for response and discussion.]*
12. This time instruct Food, Water and Sanitary Living Conditions to link arms and Disease can try again. In this round, only Vitamins/Minerals will hold their hands behind their back. Read aloud: Why was the disease able to infect the person this time? *[Allow time for response and discussion.]*

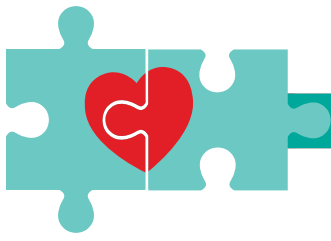
POINTS TO EMPHASIZE

1. Even with one missing link in the chain, a person becomes more susceptible to infection and illness.
2. Health, hunger, and poverty are all interrelated.
3. This is why ELCA World Hunger uses a comprehensive and connected approach to development when working with communities to address hunger, disease, and other poverty related issues.



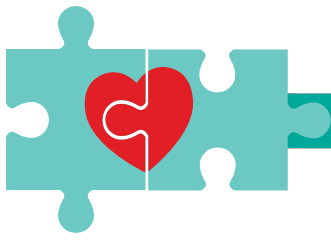
GOD'S CHILDREN

FOOD



WATER

**VITAMINS
AND
MINERALS**



SANITARY LIVING CONDITOINS

DISEASE

GOAL: The goal of this activity is to demonstrate the following:

1. Disease leads to increased nutritional needs and decreased energy levels making it difficult for someone suffering from disease to sustain livelihood;
2. Hunger leads to undernourishment, making treatments for disease ineffective; and
3. Poverty and power play a role in how people experience disease.

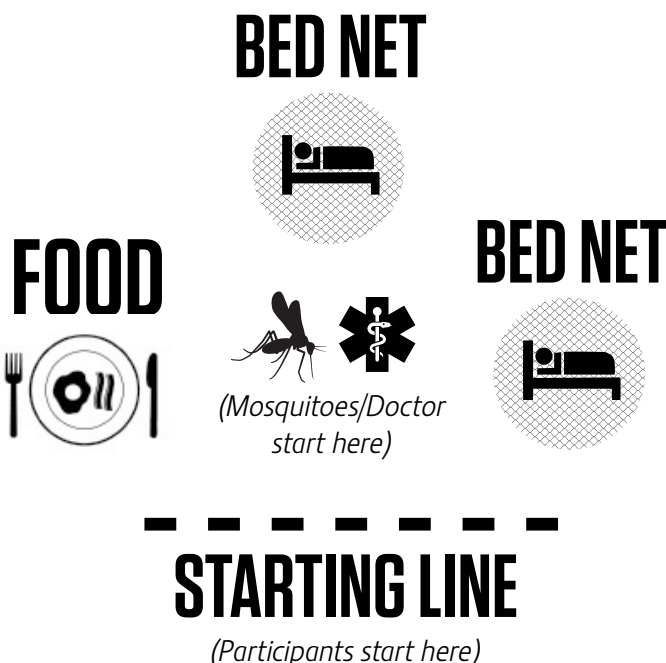
MATERIALS NEEDED

- White, brown, and red paper
- Space large and safe enough for a game of tag

INSTRUCTIONS FOR PRESENTER

Designate and clear an area large enough for a game of tag fitting for the size of your group of participants (if you are indoors you may consider instructing people to walk during the activity).

Label four areas as follows:



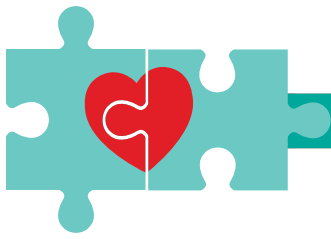
Cut the brown paper into roughly 2” by 2” pieces, less than twice as many as the number of participants (for example, for 10 participants, cut out 16 pieces of brown paper). You may want to label the individual pieces “food” (a template is included below). Place the pieces at the ‘Food Station.’

Cut the red paper into roughly 2” by 2” pieces, the same number of pieces as participants (for example, for 10 participants, cut out 10 pieces of red paper). You may want to label these pieces as “medicine” (again, a template is provided below). You will keep them and acting as the Doctor hand them out to participants seeking treatment.

As the Doctor, you will be moving around throughout the activity. Players will be instructed to find you once they have been tagged by a Mosquito. When they come to you for treatment, they must have a food card. If they do not have a food card, instruct them to visit the food station and come back. If they are tagged again on the way to the food station, they must sit down.

If they come to you a second time for treatment, they must have two food cards (you will know they have come a second time because they will already have a red card).

When all the medicine cards have been handed out, let them know you cannot offer treatment, and the next time they are tagged they will have to sit down. You may want to play a couple of rounds so the participants can get the hang of it.



READ ALOUD

Read the following aloud to prepare people for the activity:

Now that we have learned in the opening activity about the importance of nutrients and nutrition to sustaining not just our life, but also to treating diseases, we are going to play a game of tag that will help us learn more about hunger and disease. For this activity, we will be focused on the disease malaria.

Before we begin the activity, let's find out how much you know about malaria.

1. *Does anyone know what malaria is?*
2. *Does anyone know how you can get malaria?*

If a participant knows about malaria, let them talk about it. If not, read the following:

Malaria is a disease that primarily affects people living in subtropical regions of the world, such as parts of the Americas, Asia, and Africa. More often than not, malaria is most prevalent in the Global South,¹ the countries that are least developed. According to the World Health Organization there were here were 241 million cases of malaria globally in 2020 and 627 000 malaria deaths.

Malaria is “caused by a parasite called Plasmodium, which is transmitted via the bites of infected mosquitoes.”² The “parasites multiply in the liver, and then infect red blood cells.”³ The symptoms of malaria (fever, headache, and vomiting) usually manifest in a person 10 to 15 days after a mosquito bite.⁴

Malaria can have devastating effects in populations. Besides the number of deaths, malaria negatively affects the way people live and work. When people contract malaria it is difficult to work and if malaria is not treated it can become life-threatening because it disrupts the blood supply to vital organs.⁵ Although most strains of malaria can be treated with drugs, some strains have developed resistance to medicines. According to the Centers for Disease Control, direct costs (for example, illness, treatment, premature death) have been estimated to be at

least US \$12 billion per year. The cost in lost economic growth is many times more than that. For individual families this looks like a loss 3.4 productive workdays due to malaria illness. Fourteen households out of 100 spent more than 5% of their annual income on malaria treatment and hence, they were prone to high economic burden. As a result experience other hardships like food insecurity.”⁶

In the United States, malaria is present, but typically occurs in people who have been infected with malaria while they were traveling abroad.⁷ Unlike many other nations, the US has nearly eradicated malaria, mostly as a result of the efforts of the Centers for Disease Control and Prevention and other US agencies.⁸ This should give us hope. Malaria does not have to be the situation it is today. We can prevent malaria from afflicting more populations and from killing members of our global community.

With this in mind, let's play Malaria Tag.

¹ Terms such as “Third World” or “Developing World” are loaded with a bias towards those countries that are “First World” or “Developed.” For this reason, we prefer to use the term “Global South.”

² World Health Organization, <http://www.who.int/features/factfiles/malaria/en/>

³ <http://who.int/topics/malaria/en/>

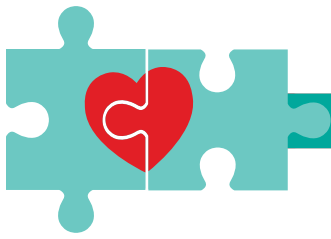
⁴ <http://who.int/topics/malaria/en/>

⁵ Voices for a Malaria Free Future, <https://www.malariafreefuture.org/malaria>

⁶ <https://www.dovepress.com/economic-burden-of-malaria-and-associated-factors-among-rural-househol-peer-reviewed-fulltext-article-CEOR>

⁷ Center for Disease Control: <http://cdc.gov/malaria/>

⁸ www.cdc.gov/malaria/history/index.htm



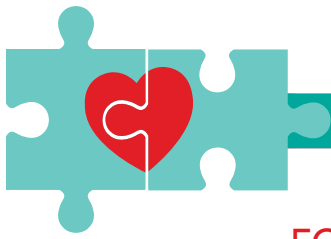
INSTRUCTIONS

1. Have all the players line up at the starting line.
2. Show them where the Bed Net Station and Food Station are. Identify yourself (the presenter) as the Doctor.
3. Choose which player will serve as the Mosquito (“It” in a typical game of tag).
 - Select one player to be a Mosquito for every five people playing and have the Mosquitoes stand in the center of the playing field.
 - The Mosquito’s goal is to tag as many people as possible.
4. Depending on whether the activity is inside or outside, instruct the players to run or walk.
5. Tell the players to try to reach the food station to get a food card.
6. Explain that the Bed Nets Station is a safe zone that can hold one player at a time. Players can take their turn in the Bed Net for 10 seconds at a time (use 1 potato, 2 potato, or the like). Players take their turn in the safe zone, until they are “counted out” by another player.
7. If a player is tagged by the Mosquito, they must immediately find the Doctor to receive medicine to treat their malaria. They must have a food card to receive treatment.
8. Once treatment is received, the player can go on with the activity.
9. If a player is tagged twice without receiving treatment, they are out of the activity and the person must sit down where they were tagged the second time.
10. If a player is tagged by Mosquito again after they received treatment the first time, they must go to receive treatment again. Remember that the player will need to have at least TWO food cards to see the Doctor again.
11. The activity ends when all (or most) of the players are sitting down.
12. Depending on time, play again (it may take a run through to get the gist of the activity).

QUESTIONS FOR DISCUSSION

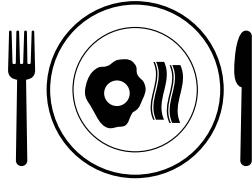
Once the activity is over, sit down with all the players and discuss the following questions with them:

1. What was your experience during the activity?
2. What were the obstacles to getting treatment in the activity? What obstacles to getting treatment do you think there are in real life? *[Access to a doctor/ medicines (could be on account of distance needed to travel, difficulty traveling when sick, cost of medicine, etc.); need for food to use the medicine.]*
3. Why do you think people who did not have food did not receive treatment? *[Hard to travel to get the medicine when you are hungry; need for food for medicine to be effective; medicine is not available when needed.]*
4. Why were the food and bed nets in the activity so important? *[They are important preventive measures — food keeps us healthy and bed net are needed for protection. Food is also needed for treatment to be effective.]*

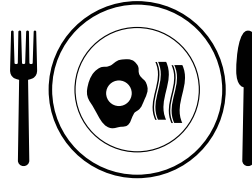


FOOD CARDS

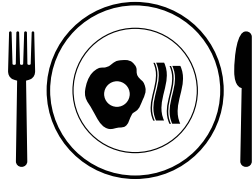
FOOD



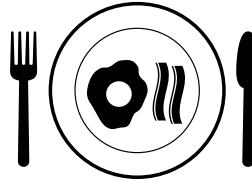
FOOD



FOOD



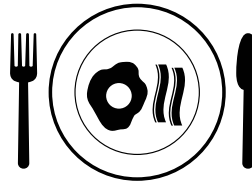
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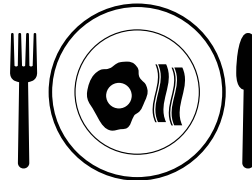
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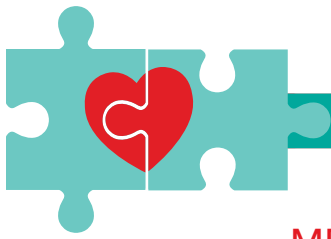


FOOD



FOOD





MEDICINE CARDS

MEDICINE



MEDICINE



MEDICINE



MEDICINE



MEDICINE



MEDICINE

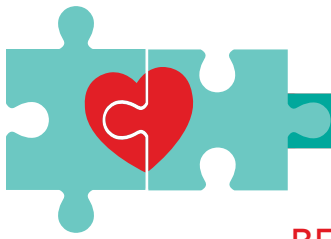


MEDICINE



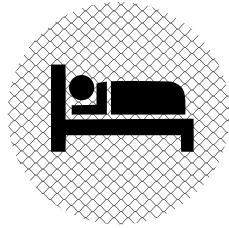
MEDICINE



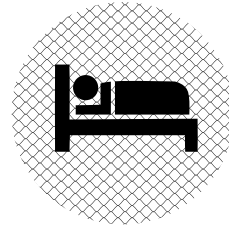


BED NET CARDS

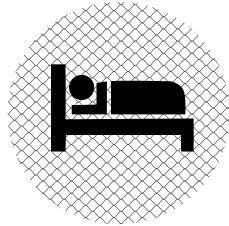
BED NET



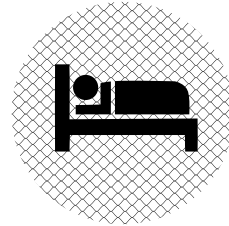
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BED NET



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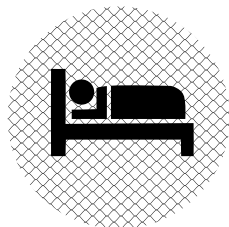
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BED NET

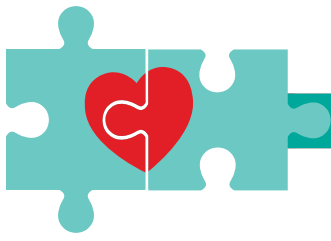


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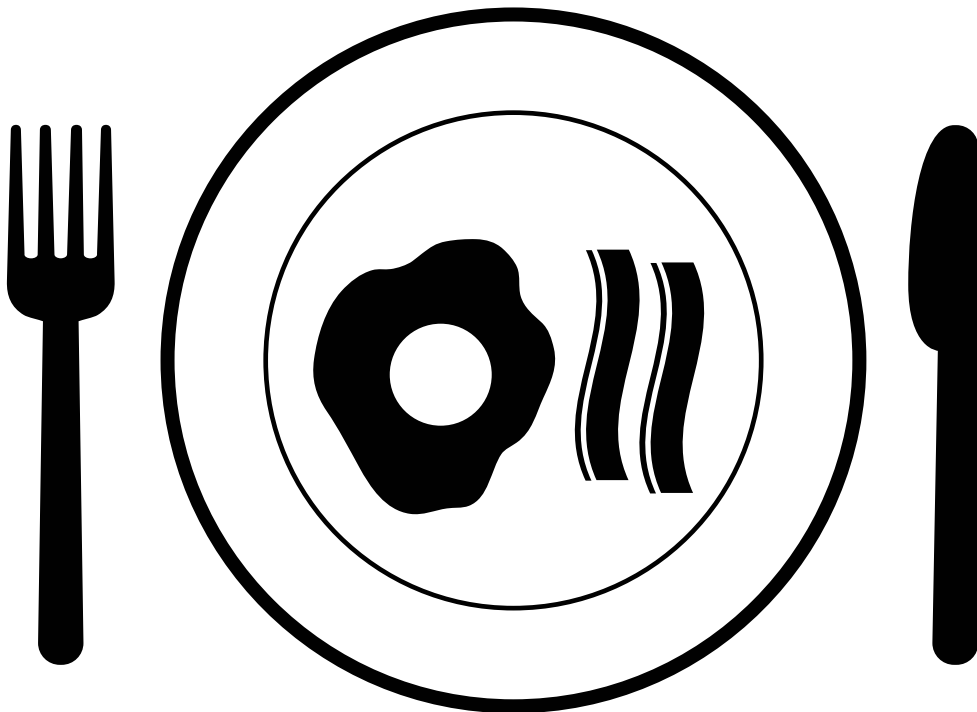


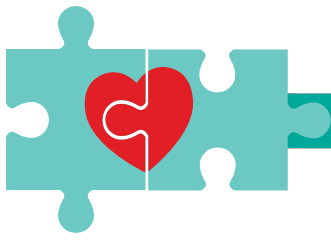
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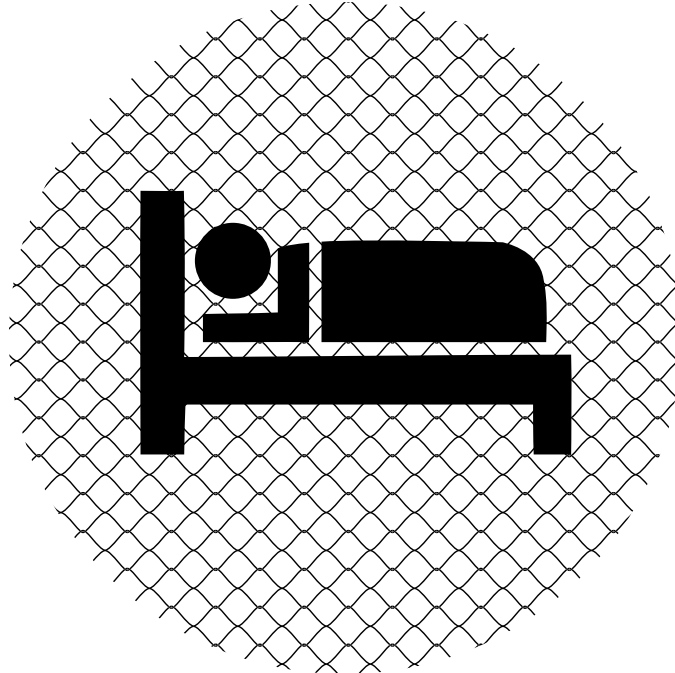


FOOD





BED NET





GOAL: To draw on your group's learning and passion to make a difference in your community. If you are interested in making a new connection with a local ministry, please reach out to your ELCA synod or to ELCA World Hunger at hunger@elca.org.

HOST A HEALTH FAIR

Providing people with access to health screenings and health information can be an important way we show God's love for everyone. Talk with a local health care provider, clinic or hospital about hosting a health fair at your church. Time or cost hinders many people in accessing these kinds of services. Hosting a health fair can help children and adults take advantage of opportunities for important screenings and learn more about protecting their health.

Here are some ideas for stations to consider hosting at your fair:

- Vision screening.
- Hearing screening.
- Blood pressure screening.
- Information about good nutrition, along with healthy recipes and/or ingredients to take home.
- Lead testing of water from homes.
- COVID-19 information and free masks.
- CPR training.
- First aid training.

For support, try contacting both local and national organizations, such as:

- American Heart Association.
- American Cancer Society.
- County health department.
- Local doctors or care providers.
- Local gyms or fitness clubs.

FIRST AID KITS

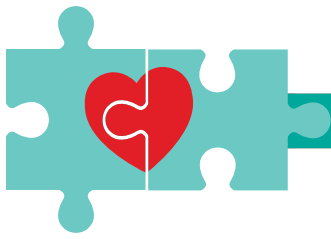
First aid is one of the most important elements of health care. Small first aid kits can provide neighbors with the supplies needed to treat minor injuries and can be a great way of showing care. This is a great activity for volunteers of all ages.

INSTRUCTIONS

- Create an assembly line of the materials on a large table or set of tables.
- Ask each participant to wash their hands thoroughly, then give each participant a resealable plastic bag.
- The participants can either carry their own bag through the assembly line, gathering the materials as they pass, or man stations, adding one item to a bag before passing it to the next person.

TIPS

- If your congregation has a relationship with a community ministry such as a food pantry, ask it to distribute the kits to neighbors who may need them.
- Check with local ministries first before providing them with kits.
- If you have extra kits, leave a small number in an accessible area of your church building so that visitors, guests and members can take them.
- Remember to sanitize the work area and provide volunteers with gloves or hand sanitizer as they assemble the kits.



DISCUSSION AND DEBRIEF

After assembling the first aid kits, discuss your experience.

1. Have you ever used one of the items in the kit? Why did you need it? How did it help you?
2. How can a first aid kit remind us that God cares about us?
3. Why might some of us or our neighbors not have all the things we need to treat cuts, scrapes, burns or other injuries? (Example: cost.)
4. Will a first aid kit solve all the health problems everyone might face? (No.)
5. Can it be a first step? (Yes.)
6. What else can we do to care for our own and our neighbors' health?

BLESSING OF THE KITS AND CLOSING PRAYER

Loving God, you create the world abundantly, providing all that we need to thrive. Use us, the people of God, to ensure that the needs of all are met. Bless these first aid kits and the hands that assembled them. May the kits be signs of your loving care. Open us to be both givers and receivers. Remind us that as we give, we receive. As we heal, we are healed. As we care, we are cared for. Draw us together into one community of love, hope and justice. Bless our service, that it may be a sign of your abundance and a reminder of the work that lies ahead in building a just world where all are fed and where all may enjoy health and care. In your loving name, we pray. Amen.

Choose one of the prayers below to close your time together.

PRAYER SUGGESTIONS

Creator God,
who gives the fruits of the earth
for the benefit of all your creatures,
we give thanks to you for abundant harvests
and plentiful production on this earth.
We pray for those of us who are denied these gifts,
and seek your forgiveness for our complicity
in their want.

Healing God,
You sent your son to be the healing of the nations
So that we might know wholeness in body, mind, spirit
and community.
We give you thanks for all the people who care for your
creation —
Doctors, farmers, nurses, chaplains, veterinarians,
therapists and so many more.
Help your people, near and far, gain access to the care
they need.

Advocate God,
You sent us your Holy Spirit, the advocate, to move
us to action.
Forgive us when our choices are selfish
and forgive us especially when we keep silent about
the pain of our siblings
and the oppressive systems that prevent them from
living full, vibrant lives.
Gift us with eyes of compassion for ourselves and
our neighbors,
gift us with ears to listen
and teach us to be advocates for the health of all
your creation.

Most of all, O God, we give you thanks for revealing
your love in Jesus Christ, who came that we all might
have abundant life. Amen.

HYMN SUGGESTIONS

“Be Thou My Vision” (*ELW 793*)

“Oh Holy Spirt, Enter In” (*ELW 786*)

“Mothering God, You Gave Me Birth” (*ELW 735*)

“All Who Love and Serve Your City” (*ELW 724*)

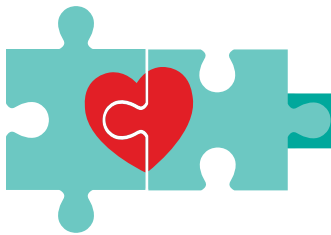
ADVOCACY

Health and hunger are policy issues that require advocacy. According to the Congressional Management Foundation, lawmakers in Congress frequently report that engagement from their constituents, especially when the lawmaker is undecided on a new issue, makes a significant difference in determining how they will vote and prioritize their efforts. So, sharing your story and the story of your community at the intersection of health and hunger can have a big impact! Getting started in health and hunger advocacy is easy. Read on for information and resources.

ADVOCATE FOR IMPORTANT PROGRAMS

Advocacy around health and hunger involves many different things. One way to help is to advocate for programs that help people gain and maintain sustainable livelihoods.

Through the church’s advocacy efforts, ELCA World Hunger supports programs, such as the Supplemental Nutrition Assistance Program (SNAP), that not only help people meet their basic nutritional needs but also improve individual and community health by increasing access to healthy foods. Other important programs include the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), The Emergency Food Assistance Program (TEFAP) and the National School Lunch Program (NSLP). For a full list of federal food assistance programs and the people they serve, check out [this helpful chart from Feeding America](#).



Health care assistance programs such as Medicaid and the Children’s Health Insurance Program (CHIP) protect and enhance health for everyone. According to the World Health Organization, “protecting people from the financial consequences of paying for health services out of their own pockets reduces the risk that people will be pushed into poverty because unexpected illness requires them to use up their life savings, sell assets, or borrow.” Thus, improving people’s access to affordable health care not only helps them become healthier but also helps raise them up economically.

Many programs for nutritional assistance or health care assistance are funded at the federal and state levels. To get involved in advocating for these programs and other intersecting policies, connect with ELCA advocacy at [ELCA.org/advocacy](https://elca.org/advocacy), and sign up for Action Alerts and updates. A list of affiliated state public policy offices is also available online.

ADVOCATE TO REMOVE BARRIERS

There are many programs to assist people in need at the intersection of health and hunger, but these programs aren’t always easy to access. Lowering these barriers in your community is an important advocacy action you can take! In some cases the application process itself can be an obstacle to accessing support. Application barriers include:

- Language (when applications and documents are not translated).
- Lack of access to the internet, computers or other technology.
- Length and complexity of forms and time required to fill them out.
- Time and ability required to collect the correct documentation.
- Inadequate transportation to application centers.
- Inability to take time off work for application-related appointments.

As you consider getting involved in advocacy at the intersection of health and hunger, talk together about the barriers people in your community experience in seeking support.

INTERNATIONAL ADVOCACY ON HEALTH AND HUNGER

ELCA World Hunger supports companion churches around the world as they pursue many different health- and hunger-related activities and programs. To learn about policy priorities related to these supported programs and activities, check out the issue guides below:

- [Global Health — Maternal and Child Health](#)
- [Global Health — Security](#)
- [Global Health — Malaria](#)
- [Global Health — HIV/AIDS](#)

BOOKS

Kenney, Amy, *My Body Is Not a Prayer Request: Disability Justice in the Church* (Brazos Press, 2022).

Townes, Emily, *Breaking the Fine Rain of Death: African American Health Issues and a Womanist Ethic of Care* (Wipf & Stock, 2006).

ELCA SOCIAL TEACHING

[“AIDS and the Church’s Ministry of Caring”](#) (ELCA, 2004).

[“The Body of Christ and Mental Illness”](#) (ELCA, 2012).

[“People Living With Disabilities”](#) (ELCA, 2011).

[*Caring for Health: Our Shared Endeavor*](#) (ELCA, 2003).

OTHER RESOURCES

[“Care-Filled Worship and Sacramental Life in a Lingering Pandemic”](#) (Ecumenical Consultation on Protocols for Worship, Fellowship, and Sacraments).

[“The Role of the Supplemental Nutrition Assistance Program in Improving Health and Well-Being”](#) (Food Research and Action Center, 2017).