

# Health Screening and Education

Since early in their history Seventh-day Adventists have been involved in teaching people to live healthy lives. At no time has this service become more crucial to the population of North America than during the 1990s. "Health reform" is now a major political issue in the United States, and a primary concern of the governments of Canada and Bermuda.

Today more than ever activists from the Adventist Church are needed to take a stand for temperance issues related to substance abuse and tobacco smoke in public facilities. Just as the Five-day Plan caught wide public attention in the 1960s, Adventist Community Services (ACS) units need to gain significant visibility and participation for fitness and health promotion efforts today.

## The Need for Health Promotion

The need for health promotion through screening and education is starkly evident in view of the large number of deaths that result from preventable conditions. Table 1 on page 256 summarizes these statistics and demonstrates that health education is not only desirable, but mandatory.

More than half of all deaths are related to tobacco. With nearly half a million deaths per year attributable to tobacco use and secondhand smoke, the "jury" is in,—tobacco kills. Alcohol abuse, in addition to liver disease, mental health problems and other diseases, is related to half of all fatal motor vehicle crashes (David Nieman, *The Adventist HealthStyle: Why it Works*, 1992, Review and Herald Publishing, page 43).

One of the most significant public health phenomena of the previous decade has been the increasing pervasiveness of cocaine as a drug of choice. From 1976 to 1985, emergency room episodes involving cocaine in consistently reporting programs increased from 1,015 to 9,043, a nine-fold increase (Cocaine Client Admissions, 1979-

1984, U.S. Alcohol, Drug Abuse, Mental Health Administration, DHHS Publication Number ADM 87-1528).

In Canada the incidence of smoking and the use of alcohol is somewhat higher than in the United States. Canada's Health Promotion Survey in 1990 finds that 32% of men and 29% of women are smokers, down from 36% of men and 33% of women in the 1985 survey, but higher than the 28% of men and 23% of women in the U.S. Alcohol consumption remained relatively constant in Canada while it declined in the U.S. Eight in ten Canadians had a drink in 1990, the same as in 1985, while in the U.S. it dropped from 65% to 61% of the population. Stress on the other hand is more an American problem. About one in eight Canadians report that their lives are very stressful, while 27% of women and 20% of men in the U.S. say they are under a lot of stress. (See Charlotte A. Schoeborn, "Trends in Health Status and Practices: Canada and the United States," *Canadian Social Trends*, Winter 1993, pages 16-21; "Provincial Differences in Health Practices," *Canadian Social Trends*, Summer 1994, pages 30-34).

But these are just statistics. It is important to remember that each "statistic" has a name, a face. "Community" health risks are personal health risks. These risks require personalized health education. It is the goal of health educators to identify specific community risks, to offer preventive community health education, and to help translate that education into action strategies for their communities.

The following three individuals entered the "statistics pool" in 1992, 1989, and 1973, respectively. Their stories are, unfortunately, not unique even though the persons are.

George C. and his wife escaped the terrors of a Nazi detention camp and joined the throng of immigrants headed for safety in North America. Sponsored by caring relatives, they tentatively

**Table 1**

**Yearly Deaths by Cause in the United States**

Tobacco	434,000
Secondhand Smoke	53,000
Alcohol & Drunk Driving	105,000
Cocaine, Crack, Heroin & Morphine	5,700
AIDS	31,000

Sources: U.S. Centers for Disease Control, U.S. Environmental Protection Agency, National Centers for Health Statistics.

began a new life. Starting with a simple, one-bedroom home for their expanding family, they eventually built a lovely home literally “brick by brick.” George was a skilled machinist and those skills were much in demand in the burgeoning manufacturing after the war. They had adopted much of their new homeland’s habits—including chain smoking. Several packs of cigarettes per day were the norm. Nearing retirement, and anticipating the fruits of many years of long labor, George was scheduled for a routine physical examination. A lump in the right lung ... lung cancer.

Bill R.’s idol was Lenny Bruce, the coarse, caustic commentator of the Viet Nam era. No one was particularly surprised. Before the word “dysfunctional” became a part of our national vocabulary, Bill’s volatile family fit the description. But he was such a “gentle spirit” evoking the image of the “flower children” of the times. With his rounded, wire-frame glasses and perpetually tousled look, Bill was often classified as a “druggie.” No one knows which came first, the accusation or the habit. But Bill eventually graduated from marijuana to a hallucinogenic to heroin. Many friends sent warnings, but the needle was his friend. Just like Lenny Bruce.... Then marriage to a nurse and a young child seemed to break the spell. But only for awhile. The needle was always there when things got rough. And it didn’t criticize or talk back. Bill’s naked, AIDS-ridden body was discovered in a

seedy, downtown walk-up. The needle was right beside him ... and a note. “Just like Lenny Bruce...” everyone said.

Beulah R. was a model employee. As a single woman, she literally devoted forty-three years of her working life to the same employer. At the front desk clerk of a downtown hotel, she had “seen it all” and loved to laugh her deep, throaty laugh at all the “goings on.” Not much escaped the attention of “Miss Beulah.” her desk was the command center around which swirled endless activity. The front lobby was filled from early morning to late night with the “regulars”—men who were the town’s retired or temporarily laid off. Their talk, along with their cigarette and pungent cigar smoke, permeated the air. No one even had a name for “secondhand smoke.” Not yet. When Miss Beulah finally quit and moved to the Lutheran Retirement Home, her first order of business was a complete physical. Diagnosis; lung cancer. Cause; secondhand smoke. “Miss Beulah” was a non-smoker.

**How Adventists are Meeting the Need**

“The Seventh-day Adventist Church, has, since its inception, promoted a philosophy of health and healing. While developing health-care institutions which belt the globe, a health-promoting way of life has been taught to the church membership. Teachings based on broad principles, found in the Sacred Scriptures and more explicitly expressed in the counsels given by Ellen G. White, have in recent years been increasingly substantiated by the findings of scientific research. These findings have clearly demonstrated the health superiority of Seventh-day Adventists, especially of those who more closely adhere to the health philosophy of the church” (Vision statement of the Health Ministries Department).

Local Seventh-day Adventist churches and ACS units offer hundreds of community health education classes each year. These classes include smoking cessation programs, drug education and prevention, stress control clinics, vegetarian cooking schools, and nutrition workshops. More recently, as a result of community health needs assessments, classes centered on domestic vio-

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lence, parenting skills, and grief or loss recovery have been added in many locales.

The Better Living Center of Chicago is a case in point. According to Roberto Cepida, director of the ACS affiliated center since 1990, "We are serving a population of both Hispanic and Polish extraction in the East Village area. We have definitely seen an increase in serving the elderly population with their emergency food needs. And we are now offering classes in both drug prevention and parenting skills as well as tutoring for eighth graders. This is a special concern since there is a fifty percent dropout rate for Hispanic high school students in the Chicago area."

Cepida also stresses the importance of cooperating with the other agencies (Red Cross, Salvation Army, etc.) to best serve the needs of a community. Duplication of effort, in both the planning and operational stages, can be avoided through interagency communication, coordination, and cooperation.

Fortuna, California, ACS is a prime example of how community interagency cooperation results in increased services to those in need. Lorna Jarrett, program director, reports that the Salvation Army has designated the Fortuna ACS the local representative of the Salvation Army. The ACS center functions as a satellite office for the Salvation Army and handles their energy assistance, travel and food vouchers. Through this arrangement Fortuna ACS is able to help people with emergency help when their power has been cut off, to get a meal, or assistance in getting to a doctor's appointment.

Fortuna ACS also cooperates with the Eel River Ministerial Association in a plan by which local churches of all denominations contribute to a fund administered by the police department. "By cooperating," comments Jarrett, "we limit the number of persons who can take advantage of the community's limited funds." Vouchers are supplied to individuals who are traveling through the area and run out of gasoline.

The Fortuna ACS specialty is meeting needs related to alcohol and other chemical dependencies. The center runs a California-licensed program for approximately 200 clients which is called

Humbolt Alcohol Recovery Treatment (HART). It is staffed with trained chemical dependency counselors. Programs for drinking drivers—three month and eighteen month alternatives—are also provided.

At the request of the local courts, probation department and Child Welfare Services, the Fortuna ACS provides impartial drug assessments for their clients. The client's drug use, psycho/social, legal, and health histories are reviewed for each assessment. Treatment recommendations are then provided to the proper agency.

The center has obtained a local grant for drug abuse prevention. This provides an addiction education program called "Here's Looking at You, 2000" for the elementary schools.

Vocational training is another area the Fortuna center has become involved with. It has been designated an internship site for local university and community college students. Volunteers help train students in social work techniques and alcohol and drug abuse dependencies. The success of this program has prompted the placement coordinator at the local university to ask Fortuna ACS to lead out in a seminar designed to teach other organizations how to train interns. In addition Fortuna ACS serves as a local site for a national job training program. During the summer of 1993, three disadvantaged youth were contracted with to teach job skills.

Fortuna ACS also is involved in a local crisis team, a local disaster response coordinating group and the Eel River Area Interfaith group coordinating church assistance to earthquake survivors. Jarrett emphasizes that Fortuna ACS "truly wishes to meet individuals where they are, assist them in developing realistic goals of treatment, and then be there to support them as they grow wholistically."

Health programs also provide particular opportunities to work closely with public evangelism. For example an Adventist Youth Health Team worked as part of the Greater Kansas City Real Truth Crusade in the summer of 1993. For nine weeks, about 30 young adults from Oakwood College and the Central States Conference con-

ducted a community health project. It included intensive health lectures and training each morning, operating a summer urban day camp in the afternoon, and health practicums in the evening. The team members were tutored by Adventist health professionals in four areas of skill, including the 12-step approach to overcoming addictions and 48 hours of comprehensive training in nutrition. Kansas City residents were invited to attend a week-long “Fingerlicking Good Cooking School” taught by the team.

### **Key Elements of the Problem**

To concerned Christians, the very “need” of health education per se is intrinsically related to the sin problem. As sinners, existing in an environment that bears the marks of several thousand years of abuse, we are both victimized by and victims of our own unhealthy environment. Like the old maxim, we have literally “made our own bed and now must lie in it.”

In a 1992 statement entitled *Caring for God’s Creation*, the General Conference Committee states, “The human decision to disobey God broke the original order of creation, resulting in a disharmony alien to His purposes. Thus our air and waters are polluted, forests and wildlife plundered, and natural resources exploited. Because we recognize humans as part of God’s creation, our concern for the environment extends to personal health and lifestyle. We advocate a wholesome manner of living and reject the use of substances such as tobacco, alcohol, and other drugs that harm the body and consume earth’s resources; and we promote a simple vegetarian diet.”

Health education in any locale, especially in large urban areas with diverse ethnic mixes, is a daunting task. It assumes that the health activists have an accurate knowledge of the real needs of their target population. It also is based on the assumption that the target population has a desire to be educated regarding their personal health habits. Behavior change is inevitably “easier said than done.”

“Sustaining behavior change is crucial to the effectiveness of health education programs,” according to Steven Shea of the Department of

Medicine and School of Public Health, Columbia University (*American Journal of Public Health*, Vol. 82, No. 6; June 1992, page 786). Shea points out that an important task for many community-based programs is the transfer of intervention elements to existing organizations. Some of the obstacles to this process include a lack of resources in local health departments, school systems and voluntary organizations. The requirement for technical expertise or specialized training can also be an obstacle to this transfer, as can the need for appropriate insurance.

“In poor communities of large cities, where such programs could have their greatest impact, additional challenges include the lack of a local government, a health department, or a media market specific to the target community, as well as the lack of community-based health organizations such as the American Heart Association, Cancer Society, or Weight Watchers.

“A key issue in assessing community prevention programs is whether they reach the poor, minorities, groups of low educational attainment, and Hispanics, Asians, and other groups that may present language or cultural barriers to mainstream messages and communication channels.

“What is the public health challenge now? It is to identify effective programs and program elements, to disseminate them, to scale them up to the state and national level, to sustain funding, to monitor effectiveness, and to ensure that the programs reach the populations most at risk” (*American Journal of Public Health*, Vol. 82, No. 6; June 1992, page 786).

### **A Biblical View of Health Education**

Perhaps the greatest health principle given to the Israelites was the invitation to love God supremely, depending totally on Him. Disease prevention and long life were promised to all who entered into a relationship with Him (Exodus 23:25, 26).

Throughout scripture, health is intimately tied to both mental and spiritual well-being. For example, Psalm 6, “O Lord, heal me, for my bones are in agony. My soul is in anguish.” Or Psalm 31:9-10, “Be merciful to me, O Lord, for I am in distress; my

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eyes grow weak with sorrow, my soul and my body with grief. My life is consumed by anguish and my years by groaning; my strength fails because of my affliction, and my bones grow weak.”

Proverbs 3 advises, “Do not be wise in your own eyes; fear the Lord and shun evil. This will bring health to your body and nourishment to your bones.” (Verses 1, 2, 7, and 8.) “My son, pay attention to what I say...keep them within your heart; for they are life to those who find them and health to a man’s whole body” (Proverbs 4:20-22). “The fear of the lord is a fountain of life...a heart at peace gives life to the body, but envy rots the bones” (Proverbs 14:27-30).

Probably the most popular “health verse” in the Bible is found in 3 John Chapter 2. “Beloved, I wish above all things that thou mayest prosper and be in health, even as thy soul prospereth.”

David C. Nieman, in *The Adventist HealthStyle: Why It Works*, provides this overview of health principles from the Old Testament pertaining to sanitation, diet and sexual behavior as they apply to both infectious and lifestyle disease prevention.

Human’s original diet was to come totally from the plant kingdom (Gen. 1:29,30; Gen. 3:18). Men and women strayed from this ideal, and God then laid down several safeguards for the Hebrew people when they desired to include meat in their diets. No blood or fat was to be consumed (Leviticus 3:17; 7:22-27; I Samuel 2:16). This decreased the level of saturated fat and cholesterol, greatly reducing the risk of heart disease and cancer.

People who abstained from alcohol were to be held in high esteem (Numbers 6:3,4; Judges 13:4). Many rules for sanitation were given, including the burial of human excrement (Deuteronomy 23:13-15), procedures to prevent foodstuffs from contamination or spoilage (Exodus 16:19; Leviticus 11:31-40; 19:5-8), personal bathing and washing of garments (Gen 35:2; Exodus 19:10; Jeremiah 2:22; Ecclesiastes 9:8), quarantine for those with major infectious skin diseases (Leviticus 13, 14; Numbers 5:2-4). Each of these rules safeguarded the spread of infectious diseases among the Israelites.

Nieman also mentions that “God made it plain that husband and wife were not to commit adultery and were to have sexual relations only with their spouse (Gen. 2:24; Exodus 20:14, Leviticus 18:1-22). Sexual relations with animals were also prohibited (Exodus 22:19, Leviticus 18:23; 20:15-16). These rules would effectively prevent the spread of sexually transmitted diseases.”

For Seventh-day Adventists, the writings of Ellen G. White give added impetus to the deep-seated relationship between physical, mental, and spiritual health. In her classic *The Ministry of Healing* she states, “From Him (Christ) flowed a steam of healing power, and in body and mind and soul men were made whole” (page 17). “Whatever injures the health not only lessens physical vigor, but tends to weaken the mental and moral powers” (page 128). “The relation that exists between the mind and the body is very intimate. When one is affected, the other sympathizes.... Courage, hope, faith, sympathy, love, promote health and prolong life” (page 241).

Adventists have long espoused the delicate interworkings of mind and body. What affects the one certainly affects the other. This mind/body relationship has enjoyed a resurgence of interest due to recent public television documentaries and journalist Bill Moyers best-selling book. An openness on the part of many unchurched people to discuss matters “spiritual” has been one of the side-effects of this mind/body inquiry. “Total health” now implies more than just your physician’s stamp of approval!

### **Contemporary Community Health Promotion Approaches**

Health education methods have changed significantly in recent years. The traditional offering of classes and seminars has been joined by a number of other kinds of methods that are more suited to the current attitudes, dynamics and trends among the population in North America. In order for your ACS unit to successfully conduct health education, it is necessary for you to utilize methods that will work in your community—that will attract people and engage them in learning and change of their health practices. Described here are

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several community health education programs, elements of which can serve as models for Adventist programming:

The Planned Approach to Community Health (PATCH) project and the Community Chronic Disease Prevention Program (CCDPP) were both developed within the last decade by the U.S. Centers for Disease Control (CDC) and operate in conjunction with state health departments.

PATCH involves local communities, state and local health departments, and the Centers for Disease Control in a partnership to plan, develop, implement, and sustain local health promotion programs. The Community Chronic Disease Prevention Program is a similar partnership that is specific to heart disease and cancer health promotion intervention programming.

In both programs, communities that wish to participate form an advisory committee composed of representatives from local health and social agencies and from the general public. With training and technical assistance from the Centers for Disease Control, a locally-developed “community action plan” is put into effect.

It is important to note that both PATCH and CCDPP are needs-based in their assessment of health risks. They encourage community input and involve the community in the assessment process. The support that the Centers for Disease Control offers in disseminating these approaches leads to greater vertical linkages among the national, state, and local organizations, and increases networking within each of these levels.

The PATCH and CCDPP models use data gathered within the community to set priorities and seek to reinforce and strengthen existing social networks by developing core advisory groups of individuals and organizations. The models also work to generate a stronger capacity for health promotion in the local community groups and networks. This is accomplished by training for community leaders and by facilitating greater community awareness of health risks, as well as greater organizational capacities to address these risks.

Communities across the U.S. who are involved in PATCH are generally satisfied with the process. The Planned Approach to Community

Health has experienced success in mobilizing and empowering African-American residents of urban public housing projects, and generally can be adapted to meet the unique needs of culturally diverse communities, including those outside the United States. See Figure 14.1, Theory of Action for PATCH and CCDPP Programs, on this page.

Healthy Cities is a health promotion initiative in more than 300 cities around the world. This particular model began in Canada and Europe. Healthy Cities Indiana is a typical of projects in the U.S. which are adapting the Canadian models to their local context. Health Cities Indiana is a collaborative effort between the Indiana University School of Nursing Department of Community Health Nursing, the Indiana Public Health Association, and six Indiana cities—Fort Wayne, Gary, Indianapolis, Jeffersonville, New Castle and Seymour. This program began in 1988.

Health Cities uses a process of enabling people to have a unified voice for health in order to bring about planned change to improve community life, services and resources. A healthy city is a combined effort of government, business, the arts, science, religion—the community as a whole.

A significant and unique part of the Indiana program is community leadership development that supports local problem solving and action in health. Community leaders exist in any city but they may not know their potential in health promotion. Healthy Cities Indiana prepares community leaders to take an active role in promoting healthy public policy. There are several phases in this process:

1. Commitment; the mayor and local health officer sign a commitment for broad-based participation in the placement of health as a priority on the city's agenda and in the adoption of policies that promote health.
2. A Healthy City Committee is formed; a community-wide public-private partnership of people willing to be actively involved in the healthy city process.
3. Community Leadership Development; project staff assist community leaders in developing their skills in the healthy cities process. Compilation of data, consultation

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with health specialists, statewide workshops, are key parts of this leadership development process.

4. Action-research; each of the healthy cities committees is involved in identifying their city's strengths and health problems. Specific recommendations are then developed for local action.
5. Provision of database information to policy-makers; the local committees promote the development of healthy public policy through long range city planning. Specific programs are targeted.
6. Evaluation; a local self-study questionnaire has been developed as one measure of community leadership development.

The Healthy Cities Indiana Resource Center has on file introductory information on healthy cities including videotapes, audiotapes, bibliography, resources for on site consultation, and is a distributor for Health City working papers. For more information, contact Healthy Cities Indiana, Indiana University School of Nursing, 1111 Middle Drive, Indianapolis, IN 46202 (*American Journal of Public Health*, Vol. 81, No. 4; April 1991, pages 510-511).

Los Angeles has developed a yearly Public Health Week in which local Adventists have participated. The Public Health Programs and Services (PHP&S) Branch of the Los Angeles County Department of Health Services began a strategic planning effort in January 1986 to meet new disease trends, curb rising health care costs, consolidate limited resources, and handle shifting demographics. A strategic plan was designed to assess the opportunities and challenges facing the agency over a 5-year horizon. Priority areas were recognized, and seven strategic directives were formulated to guide PHP&S in expanding public health services to a changing community.

Health promotion was acknowledged as a critical target of the strategic planning process. Among the most significant results of the health promotion directive was the establishment of an annual Public Health Week in Los Angeles County. Beginning in 1988, one week each year has been selected to enhance the community's awareness of

public health programs and the leadership role PHP&S plays in providing these programs to nearly 9 million residents of Los Angeles County.

Events in Public Health Week include a professional lecture series and the honoring of an outstanding public health activist and a media personality who has fostered health promotion. It is an extensive community outreach effort, featuring an array of open houses, tours, displays, video presentations, disease screening, mobile immunization clinics, trivia games, health fairs, smoking cessation programs, and contests involving children. Community groups, such as ACS, can participate in the week of activities in many different ways.

The intensive media coverage of Public Health Week provides an opportunity for aggressive education of the community on vital wellness issues. The strategic methodology employed by PHP&S, with its emphasis on long range, proactive planning, is receiving national recognition and could be adopted by similar agencies wishing to enhance their image and develop unique health promotion projects in their communities (*Public Health Reports* Vol. 107, No. 1; January-February 1992, pages 110-112).

Some population groups are hard to reach with health education programs. In the wake of the 1992 civil disturbances in Los Angeles, a study of urban teenagers added to the unhappy news about race relations in America. By junior-high age, Black youth would rather die than take conventional drug and safe-sex messages to heart.

The "hip-hop" generation, researchers said, shuns advice from sports stars, politicians, television personalities—any approach to health education stemming from either white culture or mainstream Black culture. African-Americans are dying in disproportionate numbers, along with other young people, adults and newborns marginalized by race, lifestyle, and/or poverty. AIDS, substance abuse, related diseases, and infant mortality hit their communities hardest.

Health educators who develop services and programs for "at-risk" populations such as these face a formidable challenge in marketing them. Unfortunately, many health educators still consid-

er information prepared for white, middle-class families to be “one size fits all.” Yet, although 19 percent of the U.S. population is Black and Latino, 45 percent of AIDS cases were from these segments. If conventional methods won’t work, what will?

The People of Color Against AIDS Network (POCAAN) is a pilot project that has pioneered an approach for reaching the hard-to-reach with health care information. It demonstrates the practical success of the following principles:

1. Influence community norms in order to influence individual behavior. “One way we find out what community norms are is by hiring people who have a strong sense of their racial home communities, plus represent a number of subcultures within those communities,” explained POCAAN director Fullwood. Another way is to use focus group research to surface issues, or conduct a survey of knowledge, attitudes and beliefs about health in the community.
2. Use peer educators to empower the community in propagating health values and practices. Young people of color get AIDS information via other young people of color. Latinos and African-American women visit community gathering places to educate women and girls about AIDS and infant mortality. Make neighborhood young people the “backbone” of the organization.
3. Network with other community groups to take advantage of already-established points of contact. POCAAN works with a number of organizations to reach its audiences. Initially, POCAAN outreach workers set up information tables at Black and Asian community festivals, Latino fiestas, and Native American pow wows. From this experience grew opportunities to do AIDS education within community-based organizations and at conferences and forums.
4. Solve the payment problem for the client in advance. If a service can’t be free, it has to be within the range of what local community residents can afford.
5. Make information accessible. POCAAN develops printed materials in the desired language instead of translating from English and takes literacy levels and street vernacular into account. Health information is delivered to the target audience so people do not have to take initiative to get it.
6. Spend time and money in unconventional ways. In place of hosting a traditional health fair, POCAAN recently staged “Health’n the Hood” at a Seattle housing project. Health information booths were secondary elements. A puppet show advised children how to pick up syringes and why people with AIDS need care and understanding. A rap contest with prizes elicited creative disease-prevention messages from teens. Coloring books, clowns, free food and music added to the mix. For a packet of sample health-information brochures, comic books, and fotonovelas available from POCAAN, write People of Color Against AIDS Network, 5100 Rainier Avenue South, Seattle, WA 98118 (*Healthcare Marketing Report*, Vol. 11 No. 1; January 1993, pages 1-5).

### What Can be Learned from these New Models?

The following chart represents a summary of recommendations for improving community health promotion programs. The authors make this observation: “It may be unrealistic to assume that lay-people are willing and/or able to take the initiative and lead a community health promotion effort. Such an effort requires passion for the issues, expertise in planning and program development, an appreciation for existing community networks, leadership skills, and, most of all, time. Without accounting for such factors, even the best models are not likely to produce the desired outcomes” (Goodman, Steckler, Hoover and Schwartz, *American Journal of Health Promotion* Vol. 7 No. 3; January-February 1993, pages 208-217; see Figure 14.2, Summary of Recommendations for Improving Community Health Promotion Programs.)



### Action Plan for Outreach

Ellen White had a vision for health ministry as the key strategy for Adventist outreach. “How shall we reveal Christ? I know of no better way...than to take hold of the medical missionary work in connection with the ministry” (*Medical Ministry*, page 319). “Much of the prejudice that prevents the truth of the third angel’s message from reaching the hearts of the people, might be removed if more attention were given to health reform. When people become interested in this subject, the way is often prepared for the entrance of other truths. If they see that we are intelligent with regard to health, they will be more ready to believe that we are sound in Bible doctrines” (*Counsels on Diet and Foods*, page 76).

This vision has continued to be important to Seventh-day Adventists. The North American Division has established a strategic plan for health outreach which seeks to mobilize the vast numbers of Adventist health professionals and other church members who want to volunteer for health outreach, by organizing Adventist Health Networks (AHN) in both urban and rural areas. AHN builds on the best contemporary ideas for health promotion as well as the rich Adventist heritage of health values and knowledge.

Each metropolitan or rural region Adventist Health Network is to be headed by an executive director and administrative committee from the area. The committee is made up of volunteers and the executive director should be given a modest stipend because of the hours demanded for a successful program. Each local network will develop along the following lines:

1. Recruit dedicated and gifted church members into health and temperance outreach ministries, and make provision for them to be certified by providing or gaining access to the necessary training.
2. Assist area churches, schools and church-related institutions to plan, market, implement and follow-up ongoing, coordinated health promotion activities that specifically meet local needs.
3. Develop a coordinated, widely-distributed calendar of health promotion events and ser-

### Health Screening

One of the major programs of ACS is health screening. It is conducted in four different formats:

- Screening vans—mobile units that take screening tests to the curbside in central cities or suburban shopping center parking lots
- Screening booths or tables—set up in shopping malls, at county fairs, and any other setting where people congregate
- Health fairs—large events involving a number of different health organizations
- Health risk management programs—a combination of screening tests with education; the Heartbeat Community Coronary Risk Prevention Program is the best known of this type

Information about how to conduct health screening programs is not included in this book because of a companion volume, the *Health Screening Handbook* which can be ordered from AdventSource. It includes complete planning guidelines, step-by-step procedures, medical protocols for many different screening tests and camera-ready masters for a variety of forms.

4. Coordinate the supply of health and temperance resource materials to each church, school and institution. It is vital that they have the supplies needed for effective health and temperance ministries.

### Adventist Health Network

The Health Ministries Department of the North American Division is actively developing networks of health professionals and interested volunteers in major metropolitan areas to conduct community-based health education programs. ACS and AHN work closely together to mobilize Adventist resources for this important area of ministry.

The NAD provides some matching funds to local networks to help fund city-wide advertising for Adventist health promotion activities. It also provides technical assistance in the development of the most effective health education programs.

The Adventist Health Network is in many cities headquartered in the ACS center. ACS directors are encouraged to provide their management, marketing and community relations skills for AHN. For purposes of government contacts, funding grants from corporations and foundations, and other interorganizational relationships, the health network is a program affiliated with the ACS umbrella. Internal organizational arrangements may vary from place to place.

For more information about the Adventist Health Network and how to develop one in your area, write to Dr. DeWitt Williams, Health Ministries Director, North American Division, 12501 Old Columbia Pike, Silver Spring MD 20904.

5. Facilitate and support the health promotion ministry of Seventh-day Adventist health professionals, and encourage the organization of an Adventist health Professionals Association (AHPA). All health care workers and personnel, including physicians, nurses, dietitians, and other professionals in allied health fields, should be identified and listed with pertinent information in a "talent bank."
6. Apply for, write and submit grant proposals offered by state, city and federal health orga-

nizations and other philanthropic organizations so that additional funds will be available to offer health services to the community.

A major effort has been launched to organize Adventist Health Networks in the 50 largest metropolitan areas of North America. In each case the ACS center should function as a base of operations for the network. ACS and AHN should work as affiliated entities in an organizational arrangement best suited to the local situation. ACS has pledged to support the AHN organizing process and provide administrative services through its centers and inner city projects. This is a significant priority for the Seventh-day Adventist Church and ACS.

### Adventist Health Seminar Packages

A number of kits have been developed that enable health professionals or other volunteers to conduct successful, effective health education events. Almost all of these include an instructor's guide and materials to be handed to the group participants. Some include audio-visuals and advertising materials.

***Breathe-Free Plan to Stop Smoking*** is the replacement for the classic, but now obsolete, Five-Day Plan. Nine sessions designed for a four-week period. Available in Spanish and French, as well as English. The materials are all available through Health Connection, the health ministry resource center for the Seventh-day Adventist Church in North America.

***Weight Control*** is a major concern for North Americans, and there are two Adventist seminars designed to meet this need. *Weight Management* is part of the Abundant Living Series from the Health Connection. It has ten sessions. *Natural Way to Weight Control*, written by Gary Strunk from the Pacific Health Education Center, includes nine sessions. It is published by Concerned Communications.

*Physical Fitness*, by Jeanne Weisseman, provides materials for eight sessions on exercise, nutrition, etc. including assessment instruments to design individualized routines. It is available from the Health Connection.

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*Dietary Control of Heart Disease* has five sessions that provide practical steps for reducing the risk factors associated with coronary disease. Another format is the Heartbeat community coronary risk evaluation program, which includes screening tests. Both can be obtained through the Health Connection.

**The stress seminar** is a very popular item today, and Adventists have developed two different versions. *Stress Management* is from the Abundant living Series, with materials for five sessions. It can be obtained from the Health Connection. *Managing Life's Stress*, published by Concerned Communications, also has five units and includes overhead transparencies in the instructor's kit.

**Cooking schools and nutrition workshops** are an Adventist tradition, and several designs have been published over the years. Currently available are *Taste of Nature Cooking and Nutrition Seminar*, from Concerned Communications, which includes six sessions, and *Food and Nutrition Education*, part of the Abundant Living Series from the Health Connection, which has five sessions.

*Health Secrets of the Bible* is designed as a "bridging event" to help participants in community health education programs develop an interest in Bible study. It has been used effectively in many communities and is available through the Health Connection as part of the Abundant Living Series.

### Newsletter

*HT Update* is the official publication of the Health Ministries Department of the Seventh-day Adventist Church in North America. It seeks to promote inspiration and networking among local health outreach leaders and provides the latest in news and practical information. All new resource materials are announced in this newsletter which is published quarterly. To get on the mailing list free of charge, contact the NAD Health Ministries Department, 12501 Old Columbia Pike, Silver Spring, MD 20904. Telephone, (301) 680-6733.

### Adventist Resource Centers

The Health Connection is the official, primary resource center for health and temperance outreach by Seventh-day Adventist churches and ACS units in North America. It publishes a full-color catalog each year, including many videos, films, seminar kits, "how-to" books, giveaway literature, posters, exhibit supplies, buttons, bumper stickers, and periodicals. The well-known Smoking Sam dummies and other hands-on, three-dimensional educational tools are included. Health Connection can recommend trainers and consultants to help you utilize these tools in developing your local program. Health Connection is located at the Review and Herald Publishing Association, 55 West Oak Ridge Drive, Hagerstown MD 21740. Telephone, (800) 548-8700.

Institute for Addiction Prevention based at Andrews University conducts research and provides specialized resource materials for clergy and teachers, as well as training and consultant services. The institute provides ten days of specialized training for local activists each summer. For information contact the Institute at 8408 Westwood Drive, Berrien Springs, Michigan 49104; (616) 471-3558.

Concerned Communications is an ASI member organization that publishes a number of health education and other outreach seminars, as well as provides community advertising assistance and consultant and training services in how to develop an effective, needs-based seminar outreach program. Concerned Communications is located at Highway 59 North, Siloam Springs AR 72761. Telephone, (800) 447-4332.

The School of Public Health at Loma Linda University (LLU) has been designated as a "collaborating center" by the World Health Organization (WHO). LLU has been charged primarily with helping to set up and evaluate public health programs and primary health-care services around the world. The school also provides numerous materials, training and consultant services for local community health programs in North America. Write for a catalog of materials and schedule of special events to the School of Public Health, Loma Linda University, Loma Linda, California 92350; (909) 824-4300.

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### **Adventist Health Periodicals**

The Adventist Church publishes a number of high-quality periodicals designed for health education purposes. In addition to regular subscriptions, each of these journals has special issues that can be purchased in quantities at any time. These special issues are often the best available handout item on the topic from an Adventist publisher. All are designed to be read by the general public.

*Vibrant Life* is published six times a year as a 48-page, full-color general health publication for adults. Special issues are available on vegetarian cooking, stress, heart disease and cancer. Also, *Vibrant Life* provides a special, discounted subscription rate if you wish to provide a gift subscription to all of the participants in a health seminar as part of the registration fee. This is a highly recommended follow-up tool for all health education events.

*Listen* is published monthly as a 32-page, full-color drug and alcohol prevention journal aimed at teenagers. Special issues are available on AIDS and alcoholism. Special arrangements can be made to provide *Listen* to all of the students in public schools along with a full range of educational materials and access to a video and film library. A special representative of the publication will make a personal visit to present the plan if you have a contact with an interested public official.

*The Winner* is published monthly as a 16-page drug prevention and health education periodical for children ages eight through twelve. Special subscription arrangements are available to a classroom that wishes to use this as a health education curriculum, including a teacher's guide.

All of these can be ordered through Health Connection or your local Adventist Book Center.

### **Adventist Recovery Centers for Substance Abuse**

New Life Health Institute, Beverly and David Sedlacek, 6676 Licking Rd. (Rt. 167), Pierpoint, Ohio 44082; (216) 577-1571. Inpatient and outpatient treatment for substance abuse and compulsive behaviors.

The Bridge, Paul and Carol Cannon, 1745

Logsdon Bowling Green, Kentucky 42101; (502) 777-1094. Inpatient recovery for codependency, with substance abuse, compulsive behavior and alcoholic relapse services. For clients 18 years or age or older.

Drug Alternative Program (DAP), Clifford and Freddie Harris, 11868 Arliss Drive, Grand Terrace, CA 92324; (909) 783-1094. Inpatient and outpatient support for drug and alcohol abuse. For clients 18 to 65 years or age.

Harding Hospital, 445 East Granville Road, Worthington, Ohio 43085; (614) 885-5381. A full-service psychiatric hospital with special units for substance abuse, adolescents, adults and outpatient services.

Loma Linda Behavioral Medicine Center, 1710 Barton Road, Redlands, CA 92373; (800) 752-5999, 24-hour help line. Inpatient and outpatient chemical dependency recovery services for adults, adolescents and children.

### **Materials From Other Sources**

Although we cannot endorse every position taken by these organizations and publications, we have listed here a broad array of the more reputable health education sources in North America for your information.

*Growing Up Addicted: Why Our Children Abuse Alcohol and Drugs and What We Can Do About It* by Stephen W. Arterburn (1987, Ballentine, New York)

*The Facts About Drugs and Alcohol* by Mark S. Gold (1987, Ballentine, New York)

*It Will Never Happen to Me* by Claudia Black (1987, Ballentine, New York)

*A Six-Pack and a Fake ID: Teens Look at the Drinking Question* by Susan Cohen and Daniel Cohen (1986, Evans, New York)

*Getting Them Sober: A Guide for Those Living with Alcoholism* by Toby Rice Drews (1986, Bridge Publisher: South Plainfield, NJ)

*Alcohol and Alcoholism* by Ross Fishman (1987, Chelsea House, New York)

*Loosening the Grip: A Handbook of Alcohol Information* by Jean Kinney and Gwen, Leaton, (Times Mirror/Mosby, St. Louis)

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- Alcohol: Teenage Drinking* by Alan R. Long (1985, Chelsea House, New York)
- Adult Children of Alcoholics: A Workbook for Healing* by Patty McConnell (1986, Harper & Row, San Francisco)
- Recovery: How to Get and Stay Sober* by Ann L. Mueller and Katherine Ketcham (1987, Bantam, New York)
- The Joy of Being Sober* by Jack Mumeby (1984, Contemporary Books, Chicago)
- Of Course You're Angry: A Family Guide to Dealing with the Emotions of Chemical Dependence* by Gayle Rosellini and Mark Worden (1985, Harper & Row, San Francisco)
- Taming Your Turbulent Past: A Self-Help Guide for Adult Children of Alcoholics* by Gayle Rosellini, Gayle and Mark Worden (1987, Health Communications, Pompano Beach, FL)
- When Your Parent Drinks Too Much: A Book for Teenagers* by Eric Ryerson (1987, Warner, New York)

### **Books about Drug Abuse**

- Drug Addiction: Learn about It before Your Kids Do* by Pierre Andre (1987, Health Communications, Inc, Pompano Beach, FL)
- How to Keep the Children You Love Off Drugs: A Prevention and Intervention Guide for Parents of Preschoolers, School-Agers, Preteens and Teens* by Ken Barun and Phillip Bashe (1988, Atlantic Monthly Press, New York)
- The Dangerous Angel* by Carroll, Marilyn (1985, Chelsea House, New York)
- Drugs and the Brain. The Encyclopedia of Psychoactive Drugs* by Edward Edelson (1987, Chelsea House, New York)
- Death in the Locker Room: Steroids, Cocaine, and Sports* by Bob Goldman with Patricia Bush and Ronald Klatz. (1987, HP Books/The Body Press, Tucson, AZ)
- Mind Drugs* by Margaret Hyde (1986, Dodd, Mead, New York)
- Cocaine, A New Epidemic* by Chris E. Johanson, (1986, Chelsea House, New York)
- The Marijuana Question: And Science's Search for an Answer* by Helen C. Jones and Paul Lavinger, (1985, Dodd, Mead, New York)

- Amphetamines: Danger in the Fast Lane* by Scott E. Lukas (1985, Chelsea House, New York)
- Marijuana Alert* by Peggy Mann (1985, McGraw-Hill, New York)
- Women & Drugs: Getting Hooked, Getting Clean* by Emanuel Peluso and Lucy Silvey Peluso (1988, CompCare, Minneapolis)
- Prescription Narcotics: The Addictive Painkillers Encyclopedia of Psychoactive Drugs* by Paul R. Sanberg and Michael D. Bunsey (1986, Chelsea House, New York)
- Cocaine* by Roger D. Weiss and Steven M. Mirin, (1987, American Psychiatric Press, Washington, DC)
- Heroin, the Street Narcotic* by Fred Zackon (1986, Chelsea House, New York)

### **Books about Smoking and Tobacco**

- Understanding Why and How to Quit* by Janet Benner (1986, Joelle, Santa Barbara, CA)
- Smoking Cigarettes: The Unfiltered Truth*
- The American Cancer Society's "Fresh Start": 21 Days to Stop Smoking* by Dee Burton (1986, Pocket Books, New York)
- The Smoker's Book of Health: How to Keep Yourself Healthier and Reduce your Smoking Risks* by Tom Ferguson (1987, Putnam's, New York)
- Nicotine: An Old-Fashioned Addiction* by Jack E. Henningfield (1986, Chelsea House, New York)
- Giving Up for Good: Become an Ex-Smoker in 4 Simple Steps* by Howard Williams (1987, Sterling/Javelin, New York)

### **Leaflets and Manuals about Alcohol**

Al-Anon publishes; Al-Anon Is for Adult Children of Alcoholics, Alcoholism: A Merry-Go-Round Named Denial, Facts about Alateen, A Guide for the Family of the Alcoholic, and other useful titles.

The American Academy of Pediatrics publishes Alcohol: Your Child and Drugs and Teens Who Drink and Drive: Reducing the Death Toll.

The American Medical Association Auxiliary publishes Drinking and Driving.

Johnson Institute has published Alcoholism: A Treatable Disease, Detachment: The Art of Letting Go While Living with an Alcoholic, and

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Why Haven't I Been Able to Help? as well as a number of other titles.

The U.S. National Clearinghouse for Alcohol and Drug Information has many publications that it provides, including Alcohol and the Body (Manuscript 251, 1988), Facts About Alcohol (Report 0106, 1988), and Helping Your Teen to Say No: A Parent's Aid (DHHS Publication Number ADM 86-1417).

### **Leaflets and Manuals about Drug Abuse**

The American Academy of Pediatrics has published Marijuana: Your Child and Drugs.

The American Council for Drug Education has published Cocaine: Some Questions and Answers and Crack: Some Questions and Answers.

From American Educational Materials, Inc., you can obtain A Summary of Facts on Alcohol, A Summary of Facts on Drugs, and A Summary of Facts of Marijuana.

The American Medical Association Auxiliary has published Drug Use and Abuse.

Do It Now Foundation is a major private, non-profit drug rehabilitation and prevention institution. It publishes All about Sniffing: A Special Report for Young People (DIN 143, 1988), Barbiturates: The Oblivion Express (DIN 111, 1986), Crack: The New Cocaine (DIN 164, 1987), and Smokeless Tobacco (DIN 752, 1987).

The U.S. National Clearinghouse for Alcohol and Drug Information provides basic informational publications on Cocaine Abuse (CAP05), Cocaine/Crack (PHD05), Cocaine Freebase (CAP06), Designer Drugs (CAP10), Heroin (CAP11), Marijuana (CAP12), and MDMA/Ecstasy (CAP13), as well as many other topics. Some pamphlets are available in Spanish.

### **Leaflets and Manuals about Smoking**

The American Academy of Otolaryngology-Head and Neck Surgery has published Smokeless Tobacco.

The American Council on Science and Health publishes Smoking or Health? It's Your Choice.

The American Dental Association, Bureau of Health Education and Audiovisual Services, has published Smoking and Oral Cancer and Warning:

Smokeless Tobacco May Cause Mouth Cancer.

The American Heart Association provides The Good Life: A Guide to Becoming an Ex-Smoker and How to Quit: A Guide to Help You Stop Smoking.

Do It Now Foundation has published All about Smoking: A Special Report to Young People (DIN 162, 1986) and Smoking and Health: A Special Report on the Health Effects of Cigarettes (DIN 117, 1986).

The U.S. National Cancer Institute distributes Clearing the Air: A Guide to Quitting Smoking (NIH Publication Number 85-1647).

### **Audiovisuals about Alcohol and Drugs**

The Hazelden Foundation Educational Materials Catalog, available from the Hazelden Foundation, Center City, Minnesota, is a listing of current publications, films, videocassettes, and audiocassettes dealing with recovery, rehabilitation, and education in relation to chemical dependency and addictive behaviors.

Johnson Institute Films, Publications, and Audiocassettes, lists many resources on alcoholism and drug dependency, and can be obtained from the Johnson Institute in Minneapolis, Minnesota.

### **Computer Software for Stress Management**

The Stress Profile reports the way individuals perceive their present mental well-being and how well they handle stress. Free demo disk, sample report printout, learning guide, and questionnaire available from Wellsource, 15431 SE 82nd Drive, Suite D, P.O. Box 569, Clackamas, OR 97015. Telephone, (800) 553-9355; 503-656-7446 in Oregon.

### **Hotlines which deal with Alcoholism**

Al-Anon Family Group Headquarters, (800) 356-9996; (212) 245-3151 in New York and Canada.

U.S. National Council on Alcoholism, (800) 622-2255.

### **Hotlines which deal with Drug Abuse**

U.S. National Cocaine Hotline, (800) 262-2463.

Federation of Parents for Drug-Free Youth, (800) 554-5437.

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U.S. National Parents' Resource Institute for Drug Education (PRIDE), (800) 241-7946; (404) 658-2548 in Georgia.

U.S. National Institute on Drug Abuse, (800) 662-4357.

### **Resource Organizations for Alcoholism**

Al-Anon/Alateen Family Group Headquarters, World Service Office, P.O. Box 182, Madison Square Station, New York, NY 10159

Alcoholics Anonymous World Services, P.O. Box 459, Grand Central Station, New York, NY 10163

American Academy of Pediatrics, Department of Publications, 141 Northwest Point Boulevard, Elk Grove Village, IL 60009

American Medical Association Auxiliary, Inc., 535 North Dearborn Street, Chicago, IL 60610

Hazelden Foundation, P.O. Box 176, Center City, MN 55012

Johnson Institute, 510 First Avenue North, Minneapolis, MN 55403

U.S. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852

American Dental Association, Bureau of Health Education and Audiovisual Services, 211 East Chicago Avenue, Chicago, IL 60611

American Heart Association National Center, 7320 Greenville Avenue, Dallas, TX 75231

Do It Now Foundation, P.O. Box 21126, Phoenix, AZ 85036

U.S. National Cancer Institute, National Institutes of Health, Office of Cancer Communications, Building 31, 9000 Rockville Pike, Bethesda, MD 20205

### **Resource Organizations for Drug Abuse**

American Academy of Pediatrics; Department of Publications, 141 Northwest Point Boulevard, Elk Grove Village, IL 60009

American Council for Drug Education, 5820 Hubbard Drive, Rockville, MD 20852

American Educational Materials, Inc., P.O. Box 207, Oakhurst, CA 93644

Do It Now Foundation, P.O. Box 21126, Phoenix, AZ 85036

U.S. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852

### **Resources Organizations for Smoking**

American Academy of Otolaryngology-Head and Neck Surgery, Inc., 1101 Vermont Avenue NW, Suite 302, Washington, DC 20005

American Council on Science and Health, 1995 Broadway, New York, NY 10023