Improving the Lifestyle of Andrews Korean Seventh-day Adventist Church Members

Myung Do Park

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ABSTRACT

IMPROVING THE LIFESTYLE OF ANDREWS KOREAN SEVENTH-DAY ADVENTIST CHURCH MEMBERS

by

Myung Do Park

Adviser: James J. North, Jr.
ABSTRACT OF GRADUATE STUDENT RESEARCH

Project Document

Andrews University
Seventh-day Adventist Theological Seminary

Title: IMPROVING THE LIFESTYLE OF ANDREWS KOREAN SEVENTH-DAY ADVENTIST CHURCH MEMBERS

Name of researcher: Myung Do Park

Name and degree of faculty adviser: James North, Jr., DMin

Date completed: April 2018

Problem

The Andrews Korean Seventh-day Adventist church in Berrien Springs, Michigan has holistic lifestyle problems that are on the rise. Church members are experiencing health issues such as cancer, high blood pressure, diabetes, osteoporosis, and insomnia. In observing dietary patterns, it was noticed that some of our members do not bother to ascertain the content of the food being eaten. Other members have expressed the desire to learn about a healthy lifestyle. Purposeful attention to this need of the church is necessary. As a church community comprised of mostly pastors, university students and their families it is time to advocate for lifestyle changes within the congregation. Although these students and their families are custodians of the Adventist health
message, both here in the United States and in South Korea, most of these families do not follow or practice the health message as taught by the Seventh-day Adventist Church. This lack of practicing the health message is partially due to a lack of understanding it.

Method

This study used a survey instrument designed and developed to identify the importance of the need for healthful living education among the Andrews Korean Seventh-day church members in Berrien Springs, Michigan. Focus group interviews were also conducted to determine the opinions of the Andrews Korean church members with regard to implementing NEWSTART health seminars in the church’s ministry roster.

Results

The NEWSTART program ministry is synonymous with having a healthy lifestyle. Thus, the Andrews Korean members’ awareness of the need for having healthy lifestyles was shown to have increased with introduction of the NEWSTART program ministry. The pastors became more aware of the necessity of this program ministry and they had an increased sense of responsibility for the health message a little more so than the church members. The program showed that both pastors and members generally believe that Adventism does have a relatively positive influence on their practice of healthy lifestyles. They also believe that many Adventists teachings are related to NEWSTART ministry as seen in the Bible and Ellen G. White’s writings.
Conclusion

The findings of this study showed that health education and awareness through NEWSTART needs to be developed into a regular ministry at Andrews Korean church. This would further assist church members in increasing their knowledge of living healthy lifestyles so that they would be able to positively influence their church and community with examples of healthy living. Continuous education is highly recommended as an approach to creating a ministry of healthy living awareness based on the dynamic health-related message of the Seventh-day Adventist Church.
IMPROVING THE LIFESTYLE OF ANDREWS KOREAN
SEVENTH-DAY ADVENTIST CHURCH MEMBERS

A Project Document
Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Ministry

by
Myung Do Park
April 2018
IMPROVING THE LIFESTYLE OF ANDREWS KOREAN SEVENTH-DAY ADVENTIST CHURCH MEMBERS

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<th>Description</th>
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<tr>
<td>ADAM</td>
<td>Animated Dissection of Anatomy for Medicine</td>
</tr>
<tr>
<td>ALA</td>
<td>Alpha Linolenic Acid</td>
</tr>
<tr>
<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
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<td>CDC</td>
<td>Center for Disease Control</td>
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<td>CMC</td>
<td>Christian Medical Commission</td>
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<tr>
<td>CPE</td>
<td>Clinical Pastoral Education</td>
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<tr>
<td>DNA</td>
<td>Deoxyribonucleic Acid</td>
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<tr>
<td>EGW</td>
<td>Ellen G. White</td>
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<tr>
<td>EPA</td>
<td>Eicosapentaenoic Acid</td>
</tr>
<tr>
<td>FASEB</td>
<td>Federation of American Societies for Experimental Biology</td>
</tr>
<tr>
<td>HDL</td>
<td>High Density Lipoprotein</td>
</tr>
<tr>
<td>LDL</td>
<td>Low Density Lipoprotein</td>
</tr>
<tr>
<td>MM</td>
<td>Medical Ministry</td>
</tr>
<tr>
<td>NCCC</td>
<td>National Center of Cultural Competence</td>
</tr>
<tr>
<td>NIV</td>
<td>New International Version</td>
</tr>
<tr>
<td>NYU</td>
<td>New York University</td>
</tr>
<tr>
<td>OECD</td>
<td>Organization for Economic Co-operation and Development</td>
</tr>
<tr>
<td>RDA</td>
<td>Recommended Dietary Allowance</td>
</tr>
<tr>
<td>SAD</td>
<td>Seasonal Affective Disorder</td>
</tr>
<tr>
<td>US</td>
<td>United States</td>
</tr>
<tr>
<td>WCC</td>
<td>World Council Churches</td>
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CHAPTER 1

INTRODUCTION

Personal History

At the beginning of spring semester 1971, as a first-year student in the nursing program at the Seoul Adventist Hospital in Korea, I had an opportunity to take a Bible class. Professor Myung Ho Kim of the Theological Seminary in Sam Yook was my first Bible teacher. Being my first formal Bible class experience, it opened my heart and eyes to God. I was particularly intrigued by the topic of the “Synoptic Gospels” and how to read and interpret the power and presence of God. While I was in the Seoul Adventist School of Nursing, I accepted Jesus as my personal Savior and was baptized on June 12, 1971. I joined the evangelism team that went to KumNam Ri every Sabbath. During the summer vacation of 1971, four of us students handed out handbills on the gospel of Christ to every house in Kum Nam Ri. During this period, we met a woman who was a member of the Seventh-day Adventist Church, but who was not attending church at the time. The woman allowed us to stay in her house for the period of our stay in the community to do the work of student Bible workers. During our stay at the woman’s house while doing the work of ministry, we had a very profound encounter with the power of God. It happened that one day when we had already prepared our materials to take to the people in the community, as we were about to leave home, it started to rain. As time was going rapidly and the rain was not stopping, we decided to put the materials
in our jackets to prevent them from getting wet, since we did not have umbrellas. It was, however, noteworthy to experience the providential work of God that as we stepped out into the pouring rain, the rain stopped immediately. To our surprise, as soon as we stepped back into the house again after our visits to the community and delivering those tracts and handbills, the rain started again.

After I graduated from nursing school, I came to the United States of America in 1974. While in the U.S., I continued with the practice of seeking the “lost sheep of the house of Israel.” I met with three other Koreans living in Indianapolis and four of us from Chicago decided to start a church plant program. We commuted from Chicago to Indianapolis every Friday and returned to Chicago on Sunday for 2½ years. The efforts yielded laudable fruits, as we were able to plant a church in Indianapolis. After planting the church in Indianapolis, I decided to move to Carol Stream, IL, to plant a new Korean Seventh-day Adventist church in Schaumburg, IL. Three other family members joined with me and my family and were willing to plant a Seventh-day Adventist church in Schaumburg. We started an English class for new Korean immigrants in the Schaumburg area. At one time, we had two full English as a Second Language (ESL) classes and about 70-80 students attending all together. My family members and two other church families provided babysitting from 10:00 to 12:30 on every Sunday at the church we rented.

While I was working at the Loyola University Medical Center, even though my pay was good, I always felt a void in my life. After much prayer, I decided to go to the Seminary and prepare to be a pastor. After much prayer, my family moved to Berrien Springs, Michigan, where I attended the Seventh-day Adventist Theological Seminary at Andrews University. I studied and worked at the same time as a full-time IV Therapy
Coordinator at the Loyola University Medical Center. My wife, who is a nurse, was very helpful by supporting my endeavor to answer the call of God for my life.

After my Seminary training in 1998, I was employed as a nurse at Lakeland Hospital in St. Joseph, Michigan. I was not very satisfied with the job I was doing, so I decided to do Clinical Pastoral Education (CPE). I applied and was admitted into the CPE program at Bronson Methodist Medical Center, Kalamazoo, MI. I completed the required five units of CPE and started to work as a chaplain. This job gives me a lot of satisfaction, as I have more time for the service of God to humanity. I meet people every day who need the touch of God in their lives and God has used me to bring His grace, love, and mercies to them.

My wife is an Adventist, although she was raised as a Presbyterian. She accepted the Adventist faith and has been faithful to it since we got married. My wife and I have two children, one daughter and one son. Our daughter graduated with a Masters in Education, got married to a Korean, and was blessed with a child. They are members at the Chicago Unity Korean Seventh-day Adventist Church. Our son graduated from Loma Linda Medical School and joined the U.S. Air Force, where he is a doctor. He got married to a Korean Adventist woman. Their union has been blessed with two children. My life journey is one that is filled with different challenges, but God has been present with me in the journey.

**Description of the Ministry Context**

Approximately 55 % of the Andrews Korean Seventh-day Adventist Church members are students at the Andrews Theological Seminary. Currently, I serve as an elder in the church, a member of the choir, and a member of the Sabbath School teacher's
team. The church is very dynamic in terms of membership, comprising children, young adults, and adults ranging in age from 20 years to 90 years. However, for this project, I will be working with adults ranging in age from 18 years to 90 years. The Andrews Korean Seventh-day Adventist Church was established in 1985, meeting in the science complex on the Andrews University campus. The church continued to conduct worship services at the science complex until a new church building was completed in 1992, and the congregation moved to the new location at 8651 U.S. 31, Berrien Springs, MI.

The Andrews Korean Seventh-day Adventist Church is very dynamic, given its membership is comprised of different age groups, academic attainments, and functional capabilities. The church is also uniquely cultural, which has added to its distinct identity. The Korean language is the primary language of worship at the church. I fill the role of translator when the church occasionally has visitors who do not speak Korean. Another factor that distinguishes the Andrews Korean Seventh-day Adventist Church is the fact that most church members are either students or professors at Andrews University. Two-thirds of the entire membership of this church has been involved in full-time ministerial positions at one time or another before coming to Andrews University.

**Statement of the Problem**

The Andrews Korean Seventh-day Adventist Church is attempting to lead people to wholeness through a healthy diet and lifestyle. I have met some church members who are experiencing a series of health issues such as diabetes, high blood pressure, osteoporosis, cancer, and insomnia. Being in the midst of a number of Andrews Korean Seventh-day Adventist students and family members, I feel impressed to advocate for a lifestyle change. I have noticed that some members of the congregation do not bother to
ask about the content of the food they eat. Other members have told me they want to know more about a healthy lifestyle. Purposeful attention to this need of the church is necessary.

Many Korean Seventh-day Adventist Church members lack the knowledge to combine different types of food to obtain an adequate balanced diet. Many Koreans primarily live on carbohydrates, which has resulted in the development of various types of illnesses among church members. In Genesis 1:29, God was careful to indicate what type of food He intended for humans to eat. As already stated, the majority of Andrews Korean Seventh-day Adventist Church members are seminarians at the Andrews University Theological Seminary. Although these students and their families are custodians of the Adventist health message, both here in the United States and in Korea, most of these seminarians and families do not follow or practice the health message as taught by the Seventh-day Adventist Church. This lack of practicing the health message is partially due to a lack of understanding.

**Statement of the Task**

The task of this project was to develop, implement, and evaluate a holistic lifestyle program at the Andrews Korean Seventh-day Adventist Church that would motivate members toward living a healthy life.

**Delimitation of the Task**

This project was limited to members of the Andrews Korean Seventh-day Adventist Church who are 18 years of age and older.
Description of the Project Process

Chapter 1 of the project begins with a personal history. It proceeds to include the purpose of the project, method, results, and conclusion, and its justification and expectations. Delimitations and limitations are presented in the following section along with a list of abbreviations.

Chapter 2 discusses the theological basis for a biblically healthy lifestyle using the Bible and the writings of Ellen G. White. This chapter is divided into four subtopics which include the concept of a holistic lifestyle as found in Scripture; the importance of a healthy diet as found in Scripture; inhibitions to living a healthy lifestyle; and finally, pastoral care, theology of hope, healing and restoration.

Chapter 3 provides a literature review on the project. Current literature is reviewed to understand factors that affect the total health of present day Christians. It provides an introduction to the NEWSTART lifestyle program which encourages a connection among food, exercise and disease.

Chapter 4 includes a profile of ministry context and description of methodology which include the research purpose, the procedures for the data collection, and analysis. This quantitative study used questionnaires to determine the current state of the Andrews Korean Seventh-day Adventist Church members relative to a healthy lifestyle and to determine a workable intervention related to the findings.

Chapter 5 provides a summary of the implementation, observation, and findings of research along with conclusions and recommendations for further study.
CHAPTER 2

THEOLOGICAL REFLECTION

Concept of Holistic Lifestyle With Particular Emphasis on Hope, Healing, and Restoration From a Biblical Perspective and E. G. White Counsels

The Bible is the primary reference on which any Christian theological assumptions ought to be built. As the infallible transcript of God’s character, it reveals God’s character and His eternal purpose for humans here on earth. As such, the Bible clearly defines the plans of God for us humans, especially in the area of our daily maintenance of health physically, emotionally, and spiritually. There can be no adequate justification to discussion on the concept of holistic living without taking counsel from God, who is the Creator of our being. According to Newlin, Dyess, Allard, Chase, and Melkus (2012, pp. 1075-1097), “many churches are taking the initiative to lead people back to a path of holistic living without depending on the government.”

Cohen and Goode (2003) claim,

Many people in the twenty-first century have come to see good health as the highest priority and the basis for a successful and happy life. The use of modern medicine to fight disease became a central political goal in the nineteenth and twentieth centuries, but it was in the second half of the twentieth century that awareness grew that health is more than the absence of illness. (p. 4)

The ideology, however, reveals that there are widely divergent ideas in our understanding of “health society” as to what health consists of and what contributes to it. According to this report, some emphasize that improved health in the developed world is largely due to improved living conditions (nutrition, education, working conditions, etc.) and less a result of modern medicine, while others stress the as-yet untapped possibilities of medicine not just to fight disease but also to enable a long and active life free from
suffering. Still others, critical of “orthodox” medicine, seek alternative ways of healing both physical and mental ailments. As different as all these perspectives are, they are all motivated by the desire for healing, which has become a central factor of our expectations both as individuals and as a society. The use of the word “desire” shows how profound and wide-ranging are the needs and expectations that pertain to this much-sought-after commodity. The word “healing” shows that these needs and expectations are no longer limited to mere survival or obtaining necessary therapeutic intervention, but now concern the possibility of attaining an active and meaningful life in a more holistic sense.

As contemporary Christians, questions may however arise in our minds about what the healing and restoration that Jesus performed in His days here on earth means for today’s Christians. Some people have even asked such question as, why should they base their current lifestyle on what was written in the Bible over 2000 years ago? Since God is the Creator, Redeemer, and Sustainer of humankind, it is safe to believe in the principles He presented to us in His living manual, which is the Bible.

What the Bible Reveals About Health, Diet, and Healing

Old Testament

Many biblical concepts inform the Christian understanding of health and healing. The Bible reveals detail components of our physical, emotional, and spiritual bodies in Genesis 1 and 2. God created us in His image. According to the Old Testament account, health and healing requires that the multiple factors be integrated and function together in a balanced proportion. There should not have been a thought about sickness, health, or healing if it had not been that humans broke the rules given by God after creating the
universe. Sickness, therefore, is a consequence of broken fellowship with God. God intended to dwell with us physically and spiritually when He created humans. Unfortunately, this concept became marred by our first parents’ disobedience to God. God promised to “never leave you nor forsake you” (Deut 31:6). In their darkest hours, the nation of Israel's hope was based on this promise. It was the source of their courage: God was with them, He was against their enemies. Immanuel, one of God's names, means “God with us” (Isa 7:14). In clarifying this concept, Paul referred to our bodies, as “temple of the Holy Spirit, who is in you” (1 Cor 6:19). This simply speaks about the value of our physical bodies, how attentively we should care for and carefully use our physical bodies. The creation story found in the Bible reveals that God created humans in His image (Gen 1-2). The idea of God creating humans in His image may be central to the understanding of how much God wanted humans to live a life full of vibrancy and well-articulated health. God may not want to dwell in a body that is filled with sickness and degradation. That is why God wants His created humans to be “holy as He is holy” (Lev 20:26).

**Diet: General Considerations**

Other than simply keeping us alive, what benefits should a healthy diet provide? Perhaps most importantly, it should fortify our immune system and help protect us against disease. It should also enable us to avoid the troublesome weight problems that plague the Western world. “Half of all adults in Europe and 61 percent of Americans are overweight” (University of California, 2001, p. 5). It is common knowledge that a proper diet lowers our risk for many diseases. The situation is serious enough that the WHO has declared being “overweight as one of the top 10 health risks in the world and one of the
“top 5 in developed nations” (Garvez, Frieden, & Landrigan, 2002, pp. 684-685). This statement illustrates the magnitude of the risk of being overweight, considering that an estimated 500,000 Americans die annually from tobacco-related diseases.

What are the biblical laws that, if obeyed, would promote good health and combat diseases? One of these is to avoid meats the Bible calls “unclean.” The Bible declares some kinds of meat, including pork and shellfish, to be “unclean,” meaning that children of God may not use such as food (Lev 11:4-44). Many do not realize that the dietary laws God gave in this regard still apply. Jiří Moskala reveals a detailed intertextual study on the laws of clean and unclean animals according to Leviticus 11. Moskala fills the gap by establishing a link between the Mosaic dietary laws of clean and unclean animals and the law of God given to Adam in the Garden of Eden about not eating from the tree of the knowledge of good and evil. Moskala (1998) suggests that God gave those laws on diet restrictions so as to set limits for we humans who are called by God’s name. Indeed, it appears likely that God gave these laws because the proscribed meat is simply bad for us, unfit for human consumption.

The Bible records make the distinction between clean and unclean animals that predate God’s covenant with Israel by nearly 1,000 years for, as Genesis 7:2 records, God instructed Noah to take onto the ark seven pairs of clean animals and one pair of unclean. When God instructed Noah, Noah did not need to ask God which was clean or unclean because he already knew. Indeed, when God created the animals in Genesis 1, He did not designate them either clean or unclean because the original diet was only to be fruits, nuts, and grains (v. 29). However, after the flood, there appeared to be scarcity of those three types of food, therefore God added vegetables and flesh in Genesis 9:3 and 4.
Since the addition of flesh to man’s diet, God had to make a distinction between what to eat and what not to eat, which He called, “clean,” and “unclean” (Lev 11; Deut 14).

Clean meats

God did not create meats originally for human consumption, according to the creation story in Genesis 1:29. However, due to the shortage of fruits, grains, and nuts after the flood, God regulated and modified the diet He originally gave to humans. In Leviticus 11, God permitted certain animals for humans to eat as food. Some of the animals God allowed humans to eat are pure red meat, such as beef, lamb, goat, etc. Some are also classified as non-red meat like chicken, turkey, and some marine animals like fish. Of the marine animals, God set the classification of the clean ones as those with fins and scales. Those without fins and scales are not to be eaten.

Prohibitions of Fat and blood

The Bible tells us not to consume animal fat and blood (Lev 3:17). Scientists now realize that a direct cause-and-effect relationship exists between excess consumption of fat and heart disease. “Over 53 percent of people in large industrialized countries die of heart disease. Heart disease is most commonly caused by fat deposits that build up in the arteries, often beginning in the teenage years” (Cherry, 1998, p. 34). However, that is not the only hazard associated with eating animal fat. Toxins also tend to concentrate in an animal's fat, while most of the fat in lean, range-fattened clean animals are isolated from the meat and easily trimmed away. “The toxins in pork are held especially in the fat, which is not isolated from the meat as can be the case in lean beef, but rather, it is dispersed throughout the meat” (Colbert, 2011, p. 50).
Our bodies require some fat to be healthy. Nutritionists generally recommend that we ingest no more than 30% of our calories from fat. Some sources of fat are healthier than others. The best sources include fish and unsaturated plant-based fat. Fat from olives is among the healthiest plant-based fats. God supplied His people with this in abundance in that He placed them in a “land of olive oil” (Deut 8:8). A modern example that indicates olive oil is healthy for food is the dietary habits of the inhabitants of the Greek island of Crete. “Residents of Crete consume more olive oil per person than any other nation … In a fifteen-year period, 38 out of 10,000 Cretans died of heart disease, as compared to 773 out of 10,000 Americans” (Colbert, p. 118).

To realize the maximum benefits from consuming olive oil, it should be “extra virgin or virgin olive oil. If a bottle of olive oil is not labeled ‘extra virgin’ or ‘virgin,’ then the oil has been refined in some way” says Colbert (p. 116). Oils that are beneficial also include canola, safflower, and sunflower. Nutritionists frequently exhort us to raise our HDL (high-density lipoprotein) cholesterol, which is the good kind of cholesterol.

Like meat and poultry, fish is an excellent source of protein … relatively low in calories, fat and cholesterol … Fish also supply certain vitamins … Moreover, fish fat contains a special group of polyunsaturated fatty acids known as omega-3s. Research has shown that omega-3s can protect against heart disease” (University of California, 1991, pp. 185, 189-190).

We should be aware that many commercially sold oils are subject to a hydrogenation process before marketing. When the oils are hydrogenated, their beneficial effects are largely nullified. “Depending on the degree of hydrogenation, these artificially saturated vegetable fats are no better for you than comparably saturated animal fats” (Margen, 1995, p. 95). Because baked products sold in stores generally contain hydrogenated fats, they should be consumed in moderation.
Are the fats in dairy products healthy for us? They constituted part of the biblical diet (Gen 18:8; 1 Sam 17:18) and are beneficial if eaten sparingly. Butter, in moderation, is an acceptable source of fat. “Recent studies reported by Dr. Matthew Gillman of Harvard Medical School … confirmed that heart patients who ate margarine had twice as many heart attacks as those who ate butter” (Russell, 2006, p. 68). Cheese is high in protein and loaded with calcium, but contains a lot of fat. It can be safely consumed in moderation, though many overdo it. “Cheese is the leading source of artery-clogging fat in the U.S. diet” (Hornor, 2002a, p. 14). According to a report from the Center for Science in the Public Interest, “the average American is eating three times as much cheese today as 30 years ago on pizza, pasta, burgers, sandwiches, and even salads” (Cronin, 2001, p. 33).

There are also important reasons to abstain from blood. God told Noah and his descendants to abstain from eating blood in Genesis 9:4 when He gave them permission to use animals for food. The apostles affirmed this claim during the New Testament era of the early church. The council in Jerusalem wrote to the newly converted Christians to abstain from food offered to idols as well as food containing blood in Acts 15:29. “Scientists have long known that blood carries infections and toxins that circulate in an animal's body. If people eat animal blood, they are needlessly exposed to those infections and toxins” (Russell, 1996, p. 14).

**Healing in the Old Testament**

The need for healing was revealed early on in the Bible. The Bible tells us something had gone wrong. Loving relationships have been broken. Creation has been marred. Healing through salvation is needed. However, God will not simply step in and
make things right by force. Genesis 1 concludes by saying, “Everything…was very good.” Then, Genesis 3 tells of a break in the relationship between human beings and God. Genesis 4-11 tells more of the brokenness: Cain’s murder of Abel, Noah and the Flood, the Tower of Babel. At the end of Genesis 11, we read of Sarah’s barrenness.

Nevertheless, after Genesis 11, something new emerged in Genesis 12. In the face of barrenness, God calls Abraham and Sarah to begin a community and God makes this new beginning possible by promising to give Sarah a child. Thus, begins God’s strategy for healing, as summarized in Genesis 12:3: “In you all the families of the earth shall be blessed.” God, through Abraham, establishes a community of people who will know God. Through these people living together in peaceable community, God will reconcile all the families of the earth back to Himself. This healing strategy proceeds through the Old Testament. God’s ultimate response to Adam and Eve’s wrongdoing is not retribution, but the restoration of wholeness characterized by the promise of a New Jerusalem.

God’s calling of a people included two elements. First, “I will bless you,” God said, “so that [second] you will be a blessing.” The story tells of a God who creates out of love and who responds to human brokenness with continual creativity. At key points throughout, God’s creative involvement serves restorative justice. God seeks to heal, not to punish, wrongdoing. This concept of God healing the broken relationship between Himself and humans runs across the entire Old as well as New Testament. God, through His patience, perseverance, and enduring love gently responds to mending the brokenness by promising us a Savior who will come and redeem us from the pit of sin which is responsible for all our sicknesses (Isa 53:5). Daniel and his three Hebrew friends
demonstrated this concept well when they refused to partake of the king’s food.

According to Doukhan (2000, pp. 19-21), the issue of Daniel and his friends rejecting the food of the king was larger than the issue of “healthy choice,” it was a demonstration their decision to be aligned with the principles of God and walk in relationship with God and not the king’s order. “Because Daniel cannot control his food sources, he wisely then chooses to be a vegetarian, the safest way to keep kosher and also the most explicit testimony of his faith in the God of creation. By doing so, Daniel speaks a more universal language designed to reach the Gentiles who observe him at the table: his God is the God of creation and therefore also their God” (p. 19).

New Testament

Diet

General considerations

“It is very likely that Jesus ate beef since we know that many people celebrated His presence in their homes, and we know from Scripture that He attended weddings, where beef was often included as a feast food,” says Colbert (2011, p. 48). If we need to reduce our red-meat consumption, we can supplement our diet with more fowl and fish. “During the time of Jesus domestic fowl such as chickens, pigeons, partridges, and quail were consumed” (Colbert, p. 66). “On the shores of the Sea of Galilee, fish was a common article of food in the days of Jesus,” states Wight, (1983, p. 51). Several of Jesus’ disciples were former fishermen, and Jesus Himself ate fish (Luke 24:42). Current research demonstrates that fish and fowl are especially healthy foods. Margen (1995, p. 203) notes, “A small portion (three to four ounces of cooked poultry without bones or skin) provides about half the daily adult protein requirement and has half to one-third the
calories and fat of a similar portion of steak. Poultry is also a good source of B vitamins.”

“Like meat and poultry, fish is an excellent source of protein relatively low in calories, fat and cholesterol Fish also supply certain vitamins Moreover, fish fat contains a special group of polyunsaturated fatty acids known as omega-3s. Research has shown that omega-3s can protect against heart disease,” states Margen (1995, p. 209).

Whole grains and vegetables

Bread made from wheat, barley, or millet was the staple diet item in Bible times. “Bread was of such importance that the expression ‘eat bread and drink water’ could be used to signify eating and drinking as a whole” state Buttrick, Knox, May, Terrien, and Buckle (1962, p. 461). The importance of bread in the biblical diet is illustrated by Jesus when He said He was the bread of life (John 6:35, 48). Just as Christ is essential for salvation (Acts 4:12), whole-grain products are essential to healthy eating. “Eat six or more servings of grains or legumes, daily. Whole grains are especially nutritious. These foods will help you obtain the 20 to 30 grams of dietary fiber you need each day and will provide most of the important vitamins and minerals” state Swartzberg and Margen (2001, p. 18).

One caution, however, concerns hybrid grains. Many of today's hybrids, including wheat, contain a greatly reduced percentage of protein and an excessive percentage of carbohydrates compared with the non-hybrid grains in use during the biblical era. Non-hybrid grains tend to be far more nutritionally balanced than are most hybrid grains. Grain products also typically undergo major changes in their journey from the field to the grocer's shelf. For example, wheat is generally processed into white flour. The result?

“Both the bran and the germ have been removed, along with approximately 80 percent of
the wheat's nutrients” (Colbert, 2011, p. 31). What about commercially produced breakfast cereals? They “usually have more than 50 percent of their calories in sugar and very little to no fiber” (p. 30). The average Western diet lacks adequate fiber. “Though not a source of calories, vitamins or minerals, it contributes to health in several ways, and deficiency of it in the ordinary diet is a significant nutritional problem in our societies,” avows Weil (2000, p. 136).

“Everywhere the Hebrew people traveled, they included vegetables in their diet,” state Packer, Tenney and White (1980, p. 247). The vegetables included leeks, onions, garlic, and cucumbers. “The various fruits mentioned in the Bible show the Israelites' ingenuity in growing, harvesting, and preparing them for use. Fruits were eaten fresh, dried, pressed into cakes, and squeezed for juice” (Packer et al., p. 254). Fruits mentioned include apples, figs, grapes, berries, apricots, melons, and pomegranates. Grapes were particularly popular. “The Bible has more references to grapes and grapevines than to any other fruit and plant except olives and olive trees. Grapes are the first cultivated plant mentioned in the Bible. Grapes have been shown to fight tooth decay and to stop viruses, and they are high in caffeic acid, a substance shown to be a strong cancerous fighting agent” (Colbert, 2011, pp. 146-147).

Healing is rooted in God's revelation

Both in the Old and New Testaments, God revealed Himself as the Healer. Most of Jesus' miracles are miracles of healing. Healing is an essential dimension of Christ's mission and a concrete manifestation of His redemptive work. It is a sign and anticipation of the eschatological breaking in of the Kingdom of God (Luke 10:9) and participation in God's Kingdom, which will reach its consummation in the parousia. Christ gave His
disciples the ministry of healing: heal the sick, raise the dead, cleanse lepers, cast out demons; the Kingdom of God has come near to you (Matt 10:1, 5, 7; Luke 9:1-2; 10: 9).

Healing became a vital component of the mission of the early church (Acts 3:1-10; 9:12, 17, 18, 32-5; 14:19-20; 20:7-12).

Growing Awareness Towards Healing

We have been witnessing a reawakening of healing awareness and practices in the church. Churches are giving more time to teaching health education and also to suggest new ideas based on research and new inventions on how to avoid sickness and be in good health. According to Safra and Yeshua (2002), “Anguish and despair stemming from ecological disorder, economic injustice, and increasing violence, as well as experiences of scandalous and unexplainable suffering, have given rise to a growing concern for healing.” Furthermore, according to estimates, four to five million pilgrims visit Lourdes each year to seek healing.

Pilgrimage to a sacred place and devotion before a sacred object is a major means of religious healing. From earliest times, healing and healing cults have been associated with springs and other sources of water. Water as the source of life in many myths, as that which is an absolute necessity for existence and as that, which cleanses is the most all-encompassing means of restoring health. As in the spa-therapy (bathing in mineral waters) of contemporary health resorts, so thermal and mineral springs were conceived to be curative in ancient times. We see the same phenomenon expressed in manifold ways in different parts of the world. (Safra & Yeshua, 2002, p. 778)

Safra and Yeshua further reveal that healing cults and grass roots movements are emerging within Christianity to seek healing through different forms of spirituality. These movements are sometimes cross-confessional and even syncretistic.

The churches have re-entered the field of healing with renewed awareness of its crucial importance for the life and mission of the church. Many churches and ecumenical
organizations have established special programs and task forces to address various aspects and implications of healing.

Healing: An Ecumenical Concern

Healing has been a permanent missionary priority. The history of mission has been enriched by the many initiatives taken by missionaries in their attempt to take the Gospel to all corners of the globe. As we look at the present divided state of the Christian church, trauma is the word that comes to mind. As one Christian counselor termed it, “we are living the dissociative disorder of the Christian church” (Sears, 2008, p.13). It must be noted that, in the ecumenical movement, healing was mainly considered as part of the church’s present involvement in medical work. In the Tübingen consultation (Tubingen, 1964, pp. 3, 4-43), the issues of community and “primary health care” came to the forefront and were linked to mission. Tübingen also emphasized the holistic nature and global scope of the church's healing ministry. It was followed by Tübingen II (Mohr, 1967, pp. 232-254.), which established the Christian Medical Commission (CMC) within the programmatic structure of the WCC. For more than two decades, the CMC played a significant role in reminding the churches of the crucial importance of healing for the mission of the church and by challenging them to take it more seriously.

A Dietary Comparison From Ellen G. White’s Perspective

We are not to deprive our bodies of needed nutrition or treat it with disregard. We are admonished to value our bodies for two reasons. First, our bodies do not belong to us; rather they belong to God. Through the creation account available to us in the Biblical records, God created us humans and everything in existence today, so we belong to Him. In addition, when, through our disobedience to the ordinances of God and we lost the
authority to rule over God’s creation, God sent His Son to come and die in our stead.

Through Jesus’ death on the cross, He purchased for us eternal redemption back to God.

Secondly, we are commanded to honor our bodies. This does not mean we may indulge our bodies by eating, doing, or participating in any desired quantity of whatever practice our fallen bodies may desire. Rather, we are to respect our bodies, "rule over" and "care for" them as stewards of God's creation (1 Cor 6:20).

The position of Seventh-day Adventists along nutritional lines, and especially vegetarianism, is now taking a lead as sound and advantageous to maintain health by many due to a series of research findings confirming the visions of Ellen White regarding our diet and health. Fruits and vegetables, along with whole grains, constituted the bulk of the biblical diet. Ellen White very much supported the biblical account of God’s design of human’s health right from the time of creation. She writes,

The diet appointed man in the beginning did not include animal food. Not till after the Flood, when every green thing on the earth had been destroyed, did man receive permission to eat flesh. In choosing man's food in Eden, the Lord showed what was the best diet; in the choice made for Israel He taught the same lesson. He brought the Israelites out of Egypt and undertook their training, that they might be a people for His own possession. Through them He desired to bless and teach the world. He provided them with the food best adapted for this purpose, not flesh, but manna, "the bread of heaven." It was only because of their discontent and their murmuring for the fleshpots of Egypt that animal food was granted them, and this only for a short time. Its use brought disease and death to thousands. Yet the restriction to a no flesh diet was never heartily accepted. It continued to be the cause of discontent and murmuring, open or secret, and it was not made permanent. Upon their settlement in Canaan, the Israelites were permitted the use of animal food, but under careful restrictions, which tended to lessen the evil results. The use of swine's flesh was prohibited, as also of other animals and of birds and fish whose flesh was pronounced unclean. Of the meats permitted, the eating of the fat and the blood was strictly forbidden. Only such animals could be used for food as were in good condition. No creature that was torn, that had died of itself, or from which the blood had not been carefully drained, could be used as food. By departing from the plan divinely appointed for their diet, the Israelites suffered great loss. They desired a flesh diet, and they reaped its results. They did not reach God's ideal of character or fulfill His purpose. The Lord "gave them their request; but sent leanness into their soul." Psalm
106:15. They valued the earthly above the spiritual, and the sacred pre-eminence which was His purpose for them they did not attain. (White, 1942, pp. 312, 313)

Ellen White presented a union between health, healing, restoration, and salvation (1963, p. 320). Her submission thereby creates a wave that the Seventh-day Adventist Church understands that healing and restoration is related to the fundamental teaching of Christian salvation. According to the biblical concept, healing, restoration, and salvation are interrelated and connected. Jesus claimed in the Scriptures that His presence in the world marks the beginning of salvation to humanity. For example, Jesus said, “The time is fulfilled and the kingdom of God is at hand” (Mark 1:15). Here, Jesus was not only speaking about the physical salvation, but also emotional and spiritual salvation. Jesus not only preached the gospel, but healed people from different ailments and afflictions when He was physically on earth.

Ellen White, however, warned about the danger of attempting too much at the same time in the name of health reformation.

When the use of flesh food is discontinued, there is often a sense of weakness, a lack of vigor. Many urge this as evidence that flesh food is essential; but it is because foods of this class are stimulating, because they fever the blood and excite the nerves, that they are so missed. Some will find it as difficult to leave off flesh eating as it is for the drunkard to give up his dram; but they will be the better for the change. When flesh food is discarded, its place should be supplied with a variety of grains, nuts, vegetables, and fruits that will be both nourishing and appetizing. This is especially necessary in the case of those who are weak or who are taxed with continuous labor. In some countries where poverty abounds, flesh is the cheapest food. Under these circumstances the change will be made with greater difficulty; but it can be effected. We should, however, consider the situation of the people and the power of lifelong habit, and should be careful not to urge even right ideas unduly. None should be urged to make the change abruptly. The place of meat should be supplied with wholesome foods that are inexpensive. In this matter very much depends on the cook. With care and skill, dishes may be prepared that will be both nutritious and appetizing, and will, to a great degree, take the place of flesh food. In all cases educate the conscience, enlist the will, supply good, wholesome food, and the change will be readily made, and the demand for flesh will soon cease (White, 1963, pp. 316, 317).
Adding more of these fruits and vegetables to our diet in place of other foods will supply a wealth of nutrition and may help with weight control.

Fruits and veggies come loaded with complex carbohydrates and other essentials for life, such as amino acids and essential fatty acids. They also include many of the natural vitamins and minerals vital to human nutrition. Fruits and vegetables also have both soluble and insoluble fiber that allows our bodies to select what nutrients are needed. This fiber allows many unneeded calories to pass through the intestinal tract. (Russell, 2006, p. 90)

As this occurs, superfluous calories are eliminated rather than added as body fat.

A diet consisting predominantly of fruits and vegetables is the most important factor currently identified in the prevention of cancer … The evidence for this is overwhelming: Study after study has confirmed that people who have the highest intakes of fruits and vegetables have the lowest rates of cancer. (Swartzberg & Margen, 2001, p. 16)

Fruits and vegetables may even help prevent Alzheimer's disease. A new study says, “a diet rich in fruits and vegetables and less red meat may ward off the depression” (Schumaker, 2015, p. 13). Eating fruit as a substitute for calorie-laden desserts aids weight loss. The natural sugar in fruit is nutritionally superior to processed sugars, which are major contributors to overweight.

In the United States, sugar intake has increased from 1 percent to 20 percent of total calories during the last 200 years. The average American consumes 150 pounds of refined sugar a year. A large part of that sugar intake comes through soft drinks. Americans, on average, drink 53 gallons of soda [carbonated soft drinks] per year—40 percent more than they drank two decades ago. (Russell, 2006, p. 88)

In today's world, we distinguish between three different levels of healing: physically, healing means the restoration of physical or mental functions. Psychosocially, it means the restoration of the harmonious social relationships, self-awareness, and self-determination. Metaphysically and/or religiously, the focus is on processes, which creates
and gives meaning, even if restrictions on physical function remain, for instance, coming to terms by coping with serious illness or accidents (“coping with disease”). There is a growing hunger among people for a holistic form of healing. Such that encompasses body, mind, and spirit, social relationships, and spirituality.

In the Western societies, a number of different approaches exist which both makes this hunger visible and seeks to respond to it. Some of these approaches, which may be linked to widely divergent worldviews, assumptions, and concepts of humanity, are organized into official “schools” with their own standards, training programmers, and treatment programmers. Put simply, the following schools can be distinguished: Classical, orthodox medicine, which relies on clear, scientifically proven connections and rational verification of effectiveness. Nowadays, this area also includes research into psychosomatic health and healing focusing on the links between physical and mental processes of change, such as the many different forms of psychotherapy used to heal psychological illnesses:

1. Classical natural remedies (heat and cold therapies, herbal remedies, chiropractics, fasting cures, etc.) are based on the knowledge of natural complementary medicine.

2. Treatments derived from specific worldviews (anthroposophical medicine, homoeopathy, etc.), the majority of which are not susceptible to rational testing for effectiveness, have their roots in the history of Western spirituality and medicine.

3. Particular treatments derived from foreign cultures, which are based on imported or adapted elements of Asian cultural and religious traditions (qigong/tai chi,
acupuncture, yoga, shiatsu, etc.), are either partly or wholly unsusceptible to rational testing for effectiveness.

4. Unconventional alternative treatments based on special quasi-religious teachings (aromatherapy, color therapy, crystal therapy, Reiki, Schüssler’s biochemical remedies, etc.) are, in principle, unsusceptible to rational testing for effectiveness.

However, the dividing lines between orthodox medicine and so-called alternative therapies are often complicated and not always distinct, since many alternative or complementary therapies, often rooted in centuries-old traditions, used to be part of orthodox medicine themselves hundreds of years ago. According to Osborn (2015, p. 26), “However, with the influence of the modern age, orthodox medicine has seen radical transformations,” (compare it with Hippocrates’ teaching about the “four humors”). Furthermore, even within the world of the so-called alternative therapies, the boundaries between its treatments and those of orthodox medicine are in constant flux. It may be helpful to focus beyond the wide-ranging and unresolved controversy in society with regard to the recognition, legitimacy, and scope of the various forms and schools of treatment in Germany and look at the fundamental conflict between different perceptions of the concept of healing itself. This is a conflict between, on the one hand, a reductionism about the understanding of healing (so runs a popular accusation against clinical medicine) and, on the other, an overemphasis an idolization, even of the whole idea of healing (one of the charges made against some alternative treatments). In the midst of all this, the church and the Christian tradition must point to the holistic, covenantal nature of the biblical understanding of healing while, at the same time,
opposing any ideology that might give an inflated, even religious, and significance to healing.

Eating Habits and Our Health

Proper eating habits are necessary for good health. If we stuff our bodies with food lacking in nutrition, we will eventually pay the price. Sadly, in many cultures it is not easy to select the foods that are best for us. In America, “of the more than 11,000 new food products that came on the market in 1998, more than two-thirds were candy, snacks, baked goods, soft drinks, ice creams and similar items” (Pollan, 2003, p. 25). Once these products are in the stores, advertisers crank up the propaganda. For example, “The food industry spends some $30 billion a year on advertising. By contrast the entire federal budget for nutritional education equals one fifth the advertising costs for Altoids mints” (Horner, 2002a). How great is the health risk if one is overweight?

Plaskett (2015) notes, “The prevalence of obesity in American Indian/Alaska Native populations has increased dramatically over the past 30 years. Many chronic disease such as type 2 diabetes, heart disease, stroke, arthritis, and breathing problems are associated with the increasing prevalence of obesity in American Indians” (p. 9).

Major strides have been made in the last century in increased life expectancy.

At the start of the new millennium, the World Health Organization states that at least 120 countries … have a life expectancy at birth of more than sixty years. The global average life expectancy has increased to sixty-six years, compared with only forty-eight years in 1955. (Wilcox, Wilcox, & Suzuki, p. 327)

One reason for this is that many of the major killers of the past are largely under control. For example, in America “deaths from infectious diseases have been decreased by 93 percent,” and “infant mortality has dropped by 93 percent” (Patel & Rushefsky, 2014, p.
177). Though our life expectancy is much greater now, we need to be concerned about health expectancy. The food we put into our mouths will partially determine not only how long we live, but whether we enjoy the wonderful benefits of good health in the time we have. Speaking about food with potential harmful benefits, a very good example would be 100 grams of Worthington Prosage Roll, frozen, unprepared contain 6 grams of carbohydrates, 3.5 grams of fiber, 19.6 grams of protein, 667 milligrams of sodium, and 54.4 grams of water. Worthington Prosage Roll, frozen, unprepared have 2 milligrams of Cholesterol and 17.6 grams of fat. It also contains some important vitamins, such as: Vitamin B-3 (2.9 mg), Vitamin B-12 (1.6 mg) or Vitamin B-1 (1.2 mg) (freefoodfacts, n.d.). The sodium content of the food example given here is somewhat too much and carries huge potential harmful benefits to humans.

Relationship Between Healthy Diets and Emotional Health

Many people do not realize it, but we actually are what we eat. Scientific research shows that eating healthy can drastically change our mood and improve our way of life. Food allergies or intolerances can have a great effect on our mood. For example, according to Jones (2017), “grains or whole grains is inversely associated with either the onset, severity, or behaviors attention with headache, ADHD, and depression” (p. 144). McGilvary (2004, pp. 1884-1893) suggests that there was an established link between the consumption of certain food groups among children with ADHD and autism and hyperactivity. This suggests there is a strong link between food, mood and behaviors. “A healthful diet may reduce symptoms of ADHD by reducing exposure to artificial colors and additives and improving intake of omega-3 fats and micronutrients. But it certainly will improve overall health and nutrition, and set the stage for a lifetime of good
health” (Freeman, 2006, pp.1954-1967). Research also suggests that low levels of vitamins, mineral deficiencies, and low intake of fatty acids and omega-3s can contribute to altered moods and mimic various mental health issues. Some believe that these deficiencies actually cause mental health issues. Researchers analyzed all of the published research about depression and vitamin D. “They included the high-quality research studies that explored whether: A lack of vitamin D in the blood makes increases the likelihood an individual will develop depression” (Anglin, 2013, pp.100-107.)

If one is interested in exploring how food may be affecting one’s mood, then that person should keep a food diary for at least two weeks. That person should record everything he or she eats and drinks and the type of mood expressed before and after. It may sound tedious, but it is beneficial. If a pattern is noticed, then that person may wish to seek a nutritionist or experienced health care provider to assist with making the necessary changes. Since diets should be individualized, we will want to make sure the changes we are making are appropriate and healthy for us.

There are many prevailing reasons why eating healthy may be a challenge for someone who is just starting to live a better, healthier life. The best way to start is to start slowly and make changes over time. Using the all-or-nothing approach to cutting out certain foods typically leads to failure. One who is just starting to live healthy can also make changes by slowly substituting bad foods with good ones. The desire to experiment with different grains, fruits, and vegetables is greatly encouraged here. People are also encouraged to go online and find exciting new recipes, and they may fall in love with a good food they never imagined they would eat. People must also be reminded that every change they make in their diet matters. It is about making changes to improve physical,
emotional, and spiritual health through lifestyle changes, including diet, so please do not be discouraged or depressed if the results do not show quickly. “A well-balanced diet can improve energy, alertness, concentration, attention, and cognition” (Gentile, 2012). However, a nutritionally inadequate diet may have the opposite effect, resulting in troubles such as fatigue, impairments with concentration and attention, and difficulty in decision-making. A gluten-free diet may have an impact on emotions and mood due to deficiencies in key vitamins and minerals, such as vitamins B (Young, 2007, pp. 80-82) and D (Hoang et al., 2011, pp. 1050-1055), iron, and calcium (Young, 2002, pp. 205-209), (Taylor & Geddes, 2004, pp. 768-769). However, nutritional and dietary strategies can help combat these nutritional deficiencies and the imbalances in mood that may have occurred as a result. According to Villines (2017), some food properties act as free radicals in human bodies and thus interfere readily with the normal growth pattern, thereby causing health problems to those using such food properties.

Free radicals are unstable atoms that can damage cells, causing illness and aging. Atoms with a full outer shell are stable, but free radicals are unstable and in an effort to make up the number of electrons in their outer shell, they react quickly with other substances. When oxygen molecules split into single atoms that have unpaired electrons, they become unstable free radicals that seek other atoms or molecules to bond to. If this continues to happen, it begins a process called oxidative stress. (Villines, 2017)

Oxidative stress, arises as a result of an imbalance between free radical production and antioxidant defenses, is associated with damage to a wide range of molecular species including lipids, proteins, and nucleic acids. A role of oxidative stress has been postulated in many conditions, including antherosclerosis, inflammatory condition, certain cancers, and the process of aging. According to Stefanis, Burke and Greene (1997),
Oxidative stress is now thought to make a significant contribution to all inflammatory diseases (arthritis, vasculitis, glomerulonephritis, lupus erythematosus, adult respiratory diseases syndrome), ischemic diseases (heart diseases, stroke, intestinal ischemia), hemochromatosis, acquired immunodeficiency syndrome, emphysema, organ transplantation, gastric ulcers, hypertension and preeclampsia, neurological disorder (Alzheimer's disease, Parkinson's disease, muscular dystrophy), alcoholism, smoking-related diseases, and many others.

An excess of oxidative stress can lead to the oxidation of lipids and proteins, which is associated with changes in their structure and functions. By choosing foods that provide good energy and nutritional value, we can help nourish our bodies and minds. The following dietary and nutritional strategies may impact and enhance mental health, mood and wellness.

Specific Factors

**Antioxidants**

In the body, damaging molecules called free radicals are produced as both a byproduct of normal body functions and a result of environmental exposure to tobacco smoke and radiation. Free radicals can damage cells and cause dysfunction within the body. A balanced diet containing antioxidants may work to reduce destructive effects from free radicals, as well as strengthen the immune system and support the body in growth and repair. Antioxidants are found in vitamins, minerals, and other nutrients. For example, selenium is a trace mineral that can improve mood. Consuming 100 mcg of selenium per day over five weeks is associated with a reduction in anxiety, depression, and fatigue (Benton, 2002, pp. 363-374).
Table 1 illustrates that free radicals are unstable atoms. To become more stable, they take electrons from other atoms. This may cause diseases or signs of aging (Villines, 2017).

While the sources of food and the nutritional compounds they contain are illustrated in Table 2.
### Table 2

**Vitamins: Their Food Sources and Daily Need**

<table>
<thead>
<tr>
<th>Vitamin</th>
<th>Major Vegan Sources</th>
<th>Daily Need</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fat-Soluble Vitamins</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A</td>
<td>Yellow or red vegetables</td>
<td>Women-800 RE (400IU)</td>
</tr>
<tr>
<td>As Carotenes</td>
<td>Yellow or red fruit</td>
<td>Men-1000 RE (5000 IU)</td>
</tr>
<tr>
<td></td>
<td>Dark green leafy vegetables</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yellow or red tubers</td>
<td></td>
</tr>
<tr>
<td>Vitamin D</td>
<td>Plant ergosterol D2 and body Cholesterol converts to Active vitamin D by sunlight</td>
<td>Young adults-7.5 mcg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Over 22 years-5.0 mcg</td>
</tr>
<tr>
<td>Vitamin E</td>
<td>Whole grains (germ)</td>
<td>Women-8 mg TE (12 IU)</td>
</tr>
<tr>
<td>Tocopherols</td>
<td>Soybean and other legumes</td>
<td>Men-10 mg TE (12 IU)</td>
</tr>
<tr>
<td></td>
<td>Leafy vegetables</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nuts</td>
<td></td>
</tr>
<tr>
<td>Vitamin K</td>
<td>Synthesized by bacteria in Intestines</td>
<td>70 to 140 mcg estimated safe and adequate</td>
</tr>
<tr>
<td></td>
<td>Green leafy vegetables</td>
<td></td>
</tr>
<tr>
<td><strong>Water-soluble Vitamins</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin C</td>
<td>Citrus fruit</td>
<td>Adults-60 mg</td>
</tr>
<tr>
<td>(ascorbic acid)</td>
<td>Berries, tomatoes, potatoes, greens</td>
<td></td>
</tr>
<tr>
<td>Thiamine B1</td>
<td>Whole grains, nuts, legumes, green vegetables</td>
<td>Adults-0.5 mg/1000 kcal</td>
</tr>
<tr>
<td>Riboflavin B 2</td>
<td>Green leafy vegetables</td>
<td>Adults-0.6 mg/1000 kcal</td>
</tr>
<tr>
<td>Niacin B 3</td>
<td>Whole grains, avocado, figs, prunes, Legumes and nuts</td>
<td>Adults-6.6 mg/1000 kcal</td>
</tr>
<tr>
<td>Pyridoxine B 6</td>
<td>legumes, seeds, whole grains, Potatoes, bananas</td>
<td>Adults-2 to 2.2 mg</td>
</tr>
<tr>
<td>Folacine</td>
<td>Green leafy vegetables, carrots, Cantaloupe, legumes, whole grains</td>
<td>Adults-400 mcg</td>
</tr>
</tbody>
</table>
Table 2. Cont’d.

<table>
<thead>
<tr>
<th>Vitamin B12</th>
<th>Residue from bacteria \nRecommended 50-500 mcg \nChewed in food once a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pantothenate B5</td>
<td>Legumes, green leafy vegetables \nWhole grains</td>
</tr>
<tr>
<td>Biotin</td>
<td>Synthesized by bacteria \nNuts, legumes, whole grains</td>
</tr>
<tr>
<td>Choline</td>
<td>Can be synthesized by body \nWhole grains, soybean (lecithin) \nGreen leafy vegetables</td>
</tr>
<tr>
<td>Adults-3 mcg</td>
<td>adults-4-7 mg safe and adequate</td>
</tr>
<tr>
<td></td>
<td>adults-100-200 mcg Safe and adequate</td>
</tr>
<tr>
<td></td>
<td>not known</td>
</tr>
</tbody>
</table>

(Foster, 1990, pp. 247-248)

**Carbohydrates**

Carbohydrates are one of the most widely studied nutrients regarding mood and mental health. It has been found that high carbohydrate meals tend to result in feelings of relaxation and calmness (Corsica & Spring, 2008; Katz, 2001). When a carbohydrate dense meal is consumed, the hormone insulin is released by the body. Insulin aids blood sugar in cells so it can be used by the body for energy. As levels of insulin increase in the body, an amino acid called tryptophan enters the brain. Tryptophan is an amino acid found in protein, which influences the brain’s chemical messengers (neurotransmitters). As tryptophan levels enter the brain, the neurotransmitter serotonin is produced. Serotonin levels enhance mood and have a sedating and calming effect. Studies have associated high serotonin levels with “happier” moods and mild levels with symptoms of depression, fatigue, sleep issues, and poor concentration. Healthy gluten-free carbohydrates include fruits, vegetables, legumes, brown rice, sorghum, corn, and quinoa.
Meal ideas include whole grain brown rice pasta with tomato sauce, whole grain cereal with low fat milk, and quinoa served with sautéed spinach, onions, and tomatoes.

**Omega-3 Fats**

Research has indicated that healthy dietary fats can help to prevent and reduce the risk of many medical conditions such as cancer, cardiovascular disease, and rheumatoid arthritis. Healthy fats containing omega-3 fatty acids (polyunsaturated fats) can aid in health promotion and disease prevention, especially when consumed in appropriate amounts with monounsaturated fat sources (e.g., olive oil). The three omega-3 fatty acids include: alpha-linolenic acid (ALA), eicosapentaenoic acid (EPA), and docosahexaenoic acid (DHA).

Consuming high omega-3 foods may reduce inflammation, alleviate fatigue, and improve concentration difficulties. Findings have been inconclusive, however, suggesting that more research is needed to generate conclusions regarding its role in depression and mental health. In one study, omega-3 fats did not have a significant improvement on mood in individuals with depression. However, opposing research demonstrated relationships among individuals with low dietary intake of omega-3 fats and higher incidences of depression. Nonetheless, omega-3 fats are important for brain, eye, and nerve health (Richardson, 2003; Mateljan, 2006). Excellent food sources of omega-3 fatty acids include salmon, sardines, flax seeds, and walnuts. Other good sources include canola and soybean oils, cloves, romaine, kale, tofu, soybeans, summer and winter squash, and dark green leafy vegetables.
**Vitamins and Minerals**

**Vitamin B6**

Vitamin B6: Vitamin B6 has a role in converting tryptophan to serotonin, which has a mood enhancing and calming effect (see “Carbohydrates” section above). Sources high in B6 include beef, chicken, salmon, whole grains, bananas, and potatoes.

**Folic Acid (Folate) and Vitamin B12**

Deficiencies in folic acid and B12 have been associated with depression. Folic acid, also referred to as folate, is a B-complex vitamin that has many important roles. Its most notable role is in preventing pregnancy and neural tube defects, but it also aids in proper red blood cell formation and development, cell production, and supporting the nervous system. Due to its relation to the nervous system, a folate deficiency or a diet low in folate is associated with depression, irritability, mental fatigue, and insomnia.

Excellent sources of folate include spinach, asparagus, romaine lettuce, mustard greens, collard greens, broccoli, beets, lentils, parsley, and cauliflower. Other good sources include summer squash, bell peppers, green beans, tomatoes, peas, brussels sprouts, black beans, kidney beans, garbanzo beans, strawberries, papaya, and fennel.

Vitamin B12 works closely together with folate in the body. If the body does not have enough B12, it is unable to use folate. In addition, vitamin B12 has roles in the brain and nervous system functioning, bone metabolism, and aiding bodily cells to metabolize protein, carbohydrate, and fat. A deficiency in vitamin B12 may also result in depression as well as weakness, fatigue and poor energy. Sources of B12 include beef, chicken, salmon, tuna, milk, yogurt, cheese, eggs, and fortified soy and rice beverages.
Vitamin D

According to Greenblatt (2011), research findings have shown connections between vitamin D levels and symptoms of depression. Vitamin D may have a role in reducing and preventing the risk of depression. In addition, correcting vitamin D deficiencies (as well as the other nutrient deficiencies mentioned in this article) may help alleviate symptoms once the body is in proper balance (McCann & Ames, 2008, pp. 982-1001). Sources of vitamin D include sardines, milk, salmon, mushrooms, and eggs.

Calcium

Calcium not only has a role in bone health, but also assists in the functioning of nerves, blood vessels, and hormones. A deficiency in calcium may cause anxiety, agitation, depression, insomnia, irritability, numbness, and muscular pain. However, excessive calcium levels may also result in depression-related symptoms (Young, 2002, pp. 205-209). Therefore, an adequate intake may help establish a proper balance of calcium. Check the RDA for calcium, as there are established requirements depending on age, gender, and women who are pregnant or breastfeeding. Calcium is available in dairy and non-dairy based foods. Dairy sources include milk, cheese, and yogurt. Non-dairy sources include soybeans and soy-based beverages, black beans, tofu, salmon, broccoli, kale, and fortified orange juice.

Magnesium

Magnesium has a role in muscle relaxation, heart and cardiovascular health, and nerve transmission. A deficiency in magnesium may result in anxiety, agitation, irritability, confusion, depression, restlessness, and insomnia (Yu ASL, 2007). Sources of
magnesium include almonds, Brazil nuts, peanuts, sunflower seeds, black beans, chickpeas, soybeans, tofu, dates, figs, green peas, spinach, and Swiss chard.

Conclusions

There is absolutely no basis in the Bible for the teaching that God's laws of clean and unclean have been abolished and therefore can be ignored in the diet of a Christian. The distinction between what is clean and unclean will still be extant in the end time when God judges Babylon (Rev 18:2). The Bible tells us God's laws will be upheld in the Millennium. When Christ returns to rule the earth to rule as King of Kings He will PUNISH those who disobey His Father's laws regarding what is a proper diet based on Leviticus 11 and Deuteronomy 14 (Isa 66:16-17). If the New Testament does not nullify God's health laws, and we know Jesus will enforce the same laws when He returns, it is therefore correct to conclude that such precepts are still in force today.

A healthy and well-balanced diet that incorporates a variety of fruits, vegetables, proteins, and whole grain carbohydrates can prevent and correct nutritional deficiencies, restore health, provide energy, and ultimately lead you on the path to wellness. Select whole grain items (e.g., brown rice, sorghum) over refined and processed flours (e.g., white rice flour) to maximize the nutritional benefits from whole grain products. Eat a variety of colorful fruits and vegetables to ensure balance and optimal intake. Be sure to choose foods that fit your lifestyle, tastes, and personal preferences.

We are reminded that by White (1930), “One of the greatest aids in perfecting pure and noble characters is sound physical health.” Therefore, “It is of the highest importance that men and women be instructed in the science of human life and the best means of preserving and acquiring health” (p. 233). It may help those seeking a healthy
and better lifestyle to heed the wisdom given in the book, *Counsels on Diet and Foods*, by White (1938). Following these counsels will fill a need in the church by establishing a focused way of life that may give improved health and freedom from disease. Seventh-day Adventists are hereby encouraged to pay more attention to the systematical study of the guiding principles outlined in the Spirit of Prophecy relative to man's nutritional needs and the best ways of satisfying them. This is very important, especially for a people seeking the best possible optimum health and aspiring to present their bodies as a living sacrifice unto God.
CHAPTER 3

REVIEW OF RELATED LITERATURE

Introduction

The NEWSTART Lifestyle Program is a lifestyle program that some people have used to prevent and reverse disease through natural methods. Physicians, nurses, and health-conscious individuals have used the scientifically researched elements called NEWSTART, which is developed from eight fundamental lifestyle principles proven to help people achieve optimum health. According to the Weimar Institute (n.d.), the “NEWSTART program” has accomplished such successes such as “reversing diabetes, reversing heart disease, renewing the immune system, reducing neuropathy, overcoming depression, losing weight, increasing energy, lowering cholesterol, enhancing vitality, relieving arthritis, and so on.”

It is interesting to know that the acronym NEWSTART is a natural phenomenon which works toward achieving optimum health without monetary cost, but through adequate knowledge. The acronym NEWSTART simply stands for the elements or components of a healthy lifestyle: N – Nutrition, E – Exercise, W – Water, S – Sunshine, T – Temperance, A – Air, R – Rest, and T – Trust in God.
Nutrition

Nutrition may play many important roles in the development of body functions. Progressive development of energy, body mass, and mental capabilities are also associated with adequate nutrition. Many individuals drink less than the recommended amounts of water and consume less than the Recommended Dietary Allowance of calcium, iron, zinc, copper, thiamin, riboflavin, folate, vitamin B-12, and vitamin D. Diminished physical activity and old age disabilities cause the elderly to modify eating habits acquired at a younger age. Dietary and other lifestyle changes ought to be implemented early in life so that optimal tissue function will be maintained. While human development, as well as all living organisms, may be, to a large extent, dependent on adequate nutrition, it would be safe to say that more research and development is needed. Research is needed in areas such as nutrient requirements for people of different ages, effect of nutrition on chronic diseases, improved methods for assessing nutritional status and screening the elderly for nutritional risk, nutrient-nutrient and nutrient-drug interactions, and educational strategies to provide better nutrition. Dietary interventions have shown promise over the years, but must be monitored for effectiveness; the reason being that dietary management may be compromised on some occasions by nutritional inadequacy, accidental exposure, food labeling, and quality of life issues.

According to Christy et al. (2011), “Healthy dietary practices may improve cancer survivors' health and well-being.” The American Dietetic Association (2014, pp. 1844-1851), carried out a test research on the durability of the effects of the NEWSTART intervention, a program of sequentially tailored mailed materials and standardized mailed materials (for controls) on cancer survivors' dietary outcomes, which
was assessed over a 2-year period. Greater dietary gains resulted from NEWSTART participants relative to controls. Participants were selected randomly to receive tailored vs. standardized 10-month mailed print interventions promoting diet and exercise behaviors. Data was collected at baseline and 1- and 2-year follow-ups. The researchers randomly chose breast and prostate cancer survivors from 39 states within North America. Four hundred and eighty-nine (489) participants completed the 2-year follow-up assessment with only 10% attrition.

Participants were randomly assigned to either a 10-month program of monitored mailed print materials promoting fruit and vegetable consumption, reduced total and saturated fat intake, and/or increased exercise, or to a 10-month program of publicly available mailed materials on diet and exercise. The outcome taken from telephone surveys (supported with blood biomarkers, i.e., a substance used to indicate severity or presence of a disease state in the blood) assessed dietary habits at baseline and 1- and 2-year follow-ups. In addition, during these periods, the participants were divided into study groups. It was through those study groups that the statistical analyses of paired samples tests were conducted to examine the durability of the intervention's effects on dietary outcomes. Differences in follow-up outcomes were then compared with the general linear model, controlling for the baseline value of the outcomes.

Results of the tests revealed that both groups decreased saturated fat intake, increased servings of fruits and vegetables, and had a better overall diet at year 2 relative to the baseline. However, NEWSTART participants reported better overall diet quality and lower total and saturated fat intake compared to controls at the 2-year follow-up. Results suggest that mailed material interventions, especially those that were received
and checked, can produce long-term dietary improvement among cancer survivors.

The food we eat gives our bodies the “information” and materials they need to function properly. If we do not get the right information, our metabolic processes suffer and our health declines. If we get too much food, or food that gives our bodies the wrong instructions, we can become overweight, undernourished, and at risk for the development of diseases and conditions, such as arthritis, diabetes, and heart disease. In short, what we eat is central to our health. Consider that Merriam-Webster's dictionary (n.d.) gives the definition of medicine as: “The science and art dealing with the maintenance of health and the prevention, alleviation, or cure of disease.” Food acts as medicine to maintain, prevent, and treat disease.

Due to the recent economic growth and improvement of diet in Korea, the problems of excessive caloric intake, nutritional unbalance, and lack of exercise have intensified throughout the population; there has been a consistent increase in the number of overweight or obese individuals in the population. “Korean adolescents often face excessive competition for school entrance exams, leading to an increase in the frequency of sedentary activities that prevents physical activity and causes significant adolescent health risks” (Hong, 2011, pp. 395-400). In addition, their busy daily schedule causes irregular dietary habits and increased consumption of fast foods and carbonated drinks, resulting in inadequate nutrition and lack of a healthy diet for adolescents. According to the Korean Statistical Information Services (2010), “The rate of prevalence of obesity in Korean adults was 26.3% in 1998, increasing to 31.5% in 2005. The rate of obesity in Korean adolescents also increased from 8.7 to 16.0%.” Additionally, statistics reveal that 60.6% of adults consume fast foods such as junk food at least once a week; this statistic
was low, until 2008, but has increased by 4.5% since then. The percentage of the population that received education about nutrition and dietary habits was only 28.1% in 2009, significantly lower than 45.6% in 2006. The nutrients in food enable the cells in our bodies to perform their necessary functions. Wardlaw and Insel (2015, p. 54) describe how the nutrients in food are essential for our physical functioning.

Nutrients are the nourishing substances in food that are essential for the growth, development and maintenance of body functions. Nourishing substances are essential in the sense that if a nutrient is not present, aspects of optimal function may not be reached and therefore human health declines. When nutrient intake does not regularly meet the nutrient needs dictated by the cell activity, the metabolic processes slow down or even stop.

In other words, nutrients give our bodies instructions about how to function. In this sense, food can be seen as a source of information for the body. Thinking about food in this way gives us a view of nutrition that goes beyond calories or grams, good foods or bad foods. This view leads us to focus on foods we should include rather than foods to exclude. Instead of viewing food as the enemy, we look to food as a way to create health and reduce disease by helping the body maintain function.

The Western world as a society, especially the United States of America, is facing significant health problems. According to Frohlich, Kent, and Liberman (2015), “The United States ranks ninth in life expectancy among nations in the developed world.” The United States has a workforce plagued with absenteeism and reduced productivity because of chronic health problems, including depression. Seventy-eight percent (78%) of healthcare expenditures are for the treatment of chronic disease.

Many researchers now believe that these problems may relate to diet. While they used to believe that diseases such as type II diabetes, obesity, heart disease, stroke, and certain cancers may result from a single gene mutation, they are now generally attributing
these conditions to a network of biological dysfunction. In addition, the food we eat is an important factor in that dysfunction, in part because our diets lack the necessary balance of nutrients (Proceedings of the Nutrition Society, 2004).

To prevent the onset of these diseases, we need to know how multiple nutrients in a diet interact and affect the human body's functions, according to the Nutrition Society, Europe's largest nutritional organization. A group of functional medicine practitioners have gathered to review basic interactions between diet and health. Proceedings of the Nutrition Society (2004) states,

One component of Functional Medicine focuses on how diet impacts health and function. When Functional Medicine practitioners examine the role of nutrition in chronic disease, they look at multiple systems, such as the digestive system, the immune system, and the detoxification system, because of the interconnections between those systems. For instance, because 80% of the immune system is contained in the gastrointestinal system, a person's issues with immunity could be related to faulty digestion. Functional Medicine maintains that chronic disease is usually preceded by a period of declining health in one or more of the body's systems. Thus, these practitioners seek to identify early the symptoms that indicate underlying dysfunction, possibly leading to disease. (p. 623)

Obviously, there are chemical and physiological interactions between dietary intake and body functions/malfunctions that necessitate particular attention to how and when we eat healthy foods and to avoidance of unhealthy foods.

The problem is that nothing compares to the juicy flavor of a tomato picked fresh off the vine and eaten right in the garden. Today's global food system ensures that we can find ripe tomatoes any day of the year in any store across the country but the flavor of those tomatoes is often a far cry from that deep red, vine ripened fruit in your garden. Moreover, the fresh produce we find in our grocery stores today actually contains fewer nutrients than the same types of produce did just 30 years ago. In 1951, an adult woman could meet her daily requirements of vitamin A by eating two peaches. By 2002, she
would need to eat 53 peaches to obtain the same amount of vitamin A (Ramberg and McAnnelley, 2002)

**Exercise**

According to Sofi, Capalbo, Cesari, Abbate, and Gensini (2008, pp. 247-257), “The efficacy of habitual exercise in prevention of coronary heart disease (CHD) has been established by prospective, cohort studies in humans demonstrating moderate to high levels of physical activity reduce both morbidity and mortality of CHD.” Exercise training increases cardiovascular functional capacity and decreases myocardial oxygen demand at any level of physical activity in apparently healthy persons, as well as in most subjects with cardiovascular disease. Regular physical activity is required to maintain these training effects. The potential risk of physical activity can be reduced by medical evaluation, supervision, and education.

According to the Sesay, Mansaray, and Ali (2010, p. 545),

Exercise can help control blood lipid abnormalities, diabetes, and obesity. In addition, aerobic exercise adds an independent blood pressure lowering effect in certain hypertensive groups with a decrease of 8 to 10 mm Hg in both systolic and diastolic blood pressure measurements.

There is a direct relation between physical inactivity and cardiovascular mortality.

Physical inactivity is an independent risk factor for the development of coronary artery disease.

The Office of Disease Prevention and Health Promotion (ODPHP) (n.d.) states

There is a close response relation between the amount of exercise performed from approximately 700 to 2000 kcal of energy expenditure per week and all-cause mortality and cardiovascular disease mortality in middle aged and elderly populations. The greatest potential for reduced mortality is in the sedentary who become moderately active. Most beneficial effects of physical activity on cardiovascular disease mortality can be attained through moderate-intensity activity
(40% to 60% of maximal oxygen uptake, depending on age). The activity can be accrued through formal training programs or leisure-time physical activities.

This report from the ODPHP addresses the current issues related to investigations on the link between exercise treatments and depression, anxiety, and other mood states. Results from these investigations are supportive of the anti-depressant, anti-anxiety, and mood enhancing effects of exercise programs.

Armstrong and Oomen-Early (2009, p. 521) note, “Walking in waist-deep to chest-deep water and participating in water aerobics provide sufficient load to develop cardiorespiratory fitness in young and middle-aged adults.” Reports are also available on the acute physiological responses on cardiovascular regulation, as well as the renal-endocrine response during water immersion at rest and during water exercise in older adults.

According to Kim (2001, p. 298.)

In Korea, 19% of adolescents have never exercised, and notably, 29% of adolescents who participated in regular exercise did so for less than 1 hour. In 2009, 31.6% middle school and high school students in Korea reported performing vigorous physical activity for 20+ minutes three or more days per week. Of high school students, who have a significantly higher academic workload, 9.1% reported that they do 60+ minutes of moderate physical activity 5 or more days a week, while 37.0% of U.S high school students reported that they performed considerably more physical activity than Korean high school students.

Exercise and physical activity are a great way to feel better, gain health benefits, such as maintaining adequate weight, combatting diseases and health conditions, improving mood, boosting energy, promoting better sleep, and having fun. As a general goal, it is great to aim for at least 30 minutes of physical activity every day. However, in order to lose weight or meet specific fitness goals, an individual may need to exercise more. Anyone starting a physical exercise program must always remember to check with
his/her doctor before starting a new exercise program, especially if the individual has not exercised for a long time, has chronic health problems, such as heart disease, diabetes, or arthritis, or in case of any other concerns.

According NEWSTART (n.d.), physical exercises are generally grouped into three types, depending on the overall effect they have on the human body:

1. Aerobic exercise is any physical activity that uses large muscle groups and causes the body to use more oxygen than it would while resting. The goal of aerobic exercise is to increase cardiovascular endurance. Examples of aerobic exercise include cycling, swimming and brisk walking, skipping rope, rowing, hiking, playing tennis, continuous training, and long, slow distance training.

2. Anaerobic exercise, which includes strength and resistance training, can firm, strengthen, and tone muscles, as well as improve bone strength, balance, and coordination. Examples of strength moves are push-ups, pull-ups, lunges, and bicep curls using dumbbells. Anaerobic exercise also includes weight training, functional training, eccentric training, interval training, sprinting, and high-intensity interval training to increase short-term muscle strength.

3. Flexibility exercises stretch and lengthen muscles. Activities such as stretching help to improve joint flexibility and keep muscles limber. The goal is to improve the range of motion, which can reduce the chance of injury. According to the research findings from the American College of Cardiology, published in their journal, “If someone runs 5 – 10 minutes per day, it reduces 30-40% of heart disease or cardiac problems. “runners had 30% and 45% lower risks of all-cause and CVD mortality.”
Water

One of water’s most important effects on the human body is the way it lubricates the tissues and organs. According to Boeckner (2009), “Human eyes, brain and spinal column are protected by the lubricating effects of water” (p. 918). Water is also a key component of human saliva and digestive juices, the lubricating effects of which aid in digestion. The water in our system also helps lubricate the joints. Without proper water intake, these organs and body processes may not function properly.

“Water intake plays an immediate and crucial role in temperature regulation,” says the University of Maryland Medical Center (2008) and “When we are drinking adequate water, our body regulates its temperature through perspiration.” In the absence of sufficient water intake to replace the fluids we all lose through sweat, respiration, tears, and waste products, our body can become unable to perspire enough to regulate our internal temperature. This state of dehydration can lead, most severely, to heat stroke, a life-threatening situation that can occur if our internal temperature rises uncontrollably.

“Another of water’s important jobs in the body is to help transport nutrients and chemicals around and through our organs, tissues, and systems,” says Boeckner (2009). Without water, nutrients would have no way to be delivered to our body organs. In addition, water helps move waste through our digestive system and out of our body; this is why increased water intake is often prescribed to alleviate constipation.

When we consider how many tasks water performs inside our body, it is easy to see why water intake is so important. However, people are still confused by some competing theories and guidelines for how much water our bodies really need. Mayo Clinic (2017) says that most doctors recommend every average individual to consume
about eight or nine cups of water per day. If someone is pregnant, nursing, ill, or exercising in high heat, that person would likely need more. Since water carries the larger percentage of the body mass, it is estimated that humans should drink water regularly at the ration of 2/3 of individual’s body mass. Next, we should multiply our weight by 2/3 (or 67%) to determine how much water to drink daily. For example, if someone weighs 175 pounds that person should multiply weight by 2/3 and would learn that he/she should be drinking about 117 ounces of water every day (Mccaffrey, 2012).

Sunshine

Adding a little sunshine to our life by getting outside more often can relieve anxiety and reduce depression. From treating skin conditions to strengthening bones, sunlight has other health benefits as well. Because excess sun exposure is linked with increased skin cancer risk, refrain from staying outside too long without sunscreen.

While too much of the sun’s warm rays can be harmful to our skin, the right balance can have many mood-lifting benefits. Sunlight and darkness trigger the release of hormones in our brain. Exposure to sunlight is thought to increase the brain’s release of a hormone called serotonin. This is associated with boosting mood and helping a person feel calm and focused. At night, darker lighting cues trigger the brain to make another hormone called melatonin. This hormone is responsible for helping a person feel sleepy and go to sleep.

According to the Nall (n.d.), “Without enough sunlight exposure, a person’s serotonin levels can dip low. Low levels of serotonin are associated with a higher risk of seasonal affective disorder (SAD).” SAD is a form of depression that is triggered by changing seasons. A mood boost is not the only reason to get increased amounts of
sunlight. There are a number of health benefits associated with catching a moderate amount of rays.

Franklin, Zeka, and Schwartz (2007, p. 279), reveal, “Exposure to sunlight can also benefit those suffering from non-seasonal depression, premenstrual dysphoric disorder, and in pregnant women with depression.” Anxiety-related disorders and panic attacks have also been linked with changing seasons and reduced sunlight. The light-induced effects of serotonin are triggered by sunlight that goes through the eye. Sunlight cues special areas in the retina, which triggers the release of serotonin. The sun’s benefits go beyond just fighting stress. While researchers do not always have an exact measurement for how long someone should stay outside to reap these benefits, the following are some of the other reasons to catch some rays.

Building Strong Bones

Exposure to the ultraviolet-B radiation in the sun’s rays causes a person’s skin to create vitamin D. People will reach the following vitamin D levels in a 30-minute period while wearing a swimsuit:

- 50,000 international units (IUs) in most Caucasian people
- 20,000 to 30,000 IUs in tanned people
- 8,000 to 10,000 IUs in dark skinned people

Vitamin D plays a big role in bone health. Low vitamin D levels have been linked to rickets in children and bone-wasting diseases like osteoporosis and osteomalacia.

Cancer Prevention

Although excess sunlight can contribute to skin cancers, Hines, Keels, Jorn, Thompson, and Larson (2009) report, “A moderate amount of sunlight has cancer
preventive benefits.” Also, Mead (2008) notes, “Those who live in areas with fewer daylight hours are more likely to have a lower number of cancers than those who live where there is more sun during the day” (pp. 160-167). The American Dietetic Association (2014) writes that these cancers might include: colon cancer, Hodgkin’s lymphoma, ovarian cancer, pancreatic cancer, and prostate cancer.

Healing Skin Conditions

According to the World Health Organization (Slaper, Velders, Daneil, deGruiji, & Leun, 1996, pp. 256-258) doctors have recommended ultra-violet radiation exposure to treat psoriasis, eczema, jaundice, and acne. While light therapy is not for everyone, a dermatologist can recommend whether light treatments will benefit an individual’s skin concerns.

Additional Benefits of Sunlight

The University of Maryland Medical Center (2008) conducted a research study that revealed preliminary links between sunlight as a potential treatment for a number of conditions. These include “rheumatoid arthritis, systemic lupus erythematosus, inflammatory bowel disease, and thyroiditis.” However, more research needs to be conducted before sunlight can be a conclusive treatment for these and other conditions.

While there are a lot of good reasons to get sun to help our mood, the sun’s rays do have ultraviolet (UV) radiation. They can penetrate the skin and damage cell DNA. This can lead to skin cancer. Defining an excess amount of sun exposure depends upon the type of individual skin and how directly the rays of sun may interact with the individual’s skin. Fairer skinned people typically get a sunburn more quickly with sun exposure than others who are darker skinned. In addition, a person is more likely to get a
sunburn going outside when the sun’s rays are more direct. This usually takes place between 10 a.m. and 4 p.m.

According to the World Health Organization (2005), getting anywhere from five to 15 minutes of sunlight on our arms, hands, and face two to three times a week is enough to enjoy the vitamin D boosting benefits of sun. Note that the sun actually has to penetrate the skin. Wearing sunscreen and/or clothing over the skin may not result in vitamin D production. If we are going to be outside for more than a brief 15-minute period, it is a good idea to protect our skin. We can do that by applying a sunscreen with a sun protection factor of at least 15. Wearing a protective hat and shirt can also help.

**Temperance**

Temperance was a favorite theme for Ellen White both in her writings and public speaking presentations during her time. Ellen White urged Seventh-day Adventist members to practice temperance and also promote its cause because she perceived that our society had somewhat become a society of excesses, where we try to take something bad and make it good. According to White (1948), “We have no right to indulge in anything that will result in a condition of mind that hinders the Spirit of God from impressing us with the sense of our duty” (p. 432). Other writers on the concept of temperance looked for ways to maintain and improve health in a rapidly changing world. From the beginning of the Adventist Church, temperance has been an important part of its doctrinal teaching. Although generally temperance refers to the matter of refraining from alcoholic beverages, to Seventh-day Adventists it has a broader context. Temperance, meaning self-control, is a spiritual foundation to the life, restored and
provided by the Holy Spirit as seen in Galatians 5:22, 23. Temperance pictures a life of victory over every harmful and defiling practice.

According to Paul in his second epistle to the Corinthians, temperance causes the believer to have a distinct separation from the allurements of idolatry, lust, and pride (2 Cor 6:14-18), making the body a living temple dedicated to God. Therefore, White (1938) writes, “Temperance alone is the foundation of all the graces that come from God, the foundation of all victories to be gained” (p. 428). Without professional medical organizations or standards, health reform went in many different directions. Although the American Medical Association was formed in 1847, it did not have much power to oversee medical practices. Too often, inadequately trained doctors prescribed regimens and medicines that did far more harm than good.

Burrows and Wallace (1999) tell the story of Sylvester Graham, one of the leading lights among the health reformers in the antebellum years. A Presbyterian minister, Graham began his career as a reformer, lecturing against the evils of strong drink. He combined an interest in temperance with vegetarianism and sexuality into what he called a “Science of Human Life,” calling for a regimented diet of more vegetables, fruits, and grain, and no alcohol, meat, or spices. Graham advocated baths and cleanliness in general to preserve health; hydropathy, or water cures for various ailments, became popular in the United States in the 1840s and 1850s. He also viewed masturbation and excessive sex as a cause of disease and debility. His ideas led him to create what he believed to be a perfect food that would maintain health, the Graham cracker, which he invented in 1829. Followers of Graham, known as Grahamites, established boarding houses where lodgers followed the recommended strict diet regimen.
The recent increase in adolescent use of alcohol, tobacco, and other illicit substances poses a health threat for the people of Korea. A survey by the Korean Association Against Drug Abuse (2009), revealed that Korean adolescents admitted to using drugs and other illicit substances for personal reasons other than for the treatment of illness. The list of abused substances includes analgesics (49.3 %), cough and cold remedies (43.3 %), alcohol (37.7 %), tobacco (17.6 %), tranquillizers and sleeping pills (4.8 %), stimulants (2.6 %), medicine for Attention-deficit hyperactivity disorder (2.5 %), diuretics and diet pills (1.7 %), and hallucinogenic inhalants (1.3 %). According to Hong, (2011, pp. 395-400), “As the Korean drinking culture is generous and hospitable, drinking habits pose a serious health treat, cultivate unhealthy drinking habits, and increase the risk of inhalation of super-adhesive agents, leading to deviant behavior.” The Korean Statistical Information Service (2010) notes,

The rate of cigarette smoking among Korean adults is among the highest of the nations in the Organization for Economic Co-operation and Development. As the adolescent rate of cigarette smoking is closely related to the adult rate of cigarette smoking, it is important to note the relationship between the two figures. Smoking during the adolescent period causes delayed physical growth and respiratory disease, and is harmful for the development of mental health. Smokers are more likely to experience depression or harbor thoughts of suicide than nonsmokers. They are also often faced with higher stress levels, causing and increased occurrence of depression and, anxiety disorders. Past smoking experiences increase the likelihood of future smoking in adolescents, depending on the smoking status of parents or friends.

Benton (2012) targets vices that corrupted the human body and society: the individual and the national population. For many, alcohol appeared to be the most destructive and widespread. Indeed, in the years before the Civil War, the United States appeared to many to be a republic of drunkenness. To combat this national substance abuse problem, reformers created a host of temperance organizations that first targeted the middle and upper classes, and then the working classes. Thanks to Sylvester Graham
and other health reformers, exercise and fresh air, combined with a good diet, became fashionable.

**Air**

Air is a necessity for all of living organisms, including humans. Adequate clean, pure air benefits every human by cleaning the blood of most contaminants that may be toxic to us. However, some groups of people are especially sensitive to common air pollutants, such as particulates and ground-level ozone. Sensitive populations may include children, older adults, people who are active outdoors, and people with heart or lung diseases, such as asthma. In case a person may be sensitive to air pollution, such individuals need to be aware of steps that may be taken to protect health. Air pollution can harm us when it accumulates in the air in high enough concentrations. According to the United States Environmental Protection Agency (2005, p. 2), millions of Americans live in areas where urban smog, particle pollution, and toxic pollutants pose serious health concerns. The agency, however, warned that people exposed to high enough levels of certain air pollutants may experience: (a) irritation of the eyes, nose, and throat; (b) wheezing, coughing, chest tightness, and breathing difficulties; (c) worsening of existing lung and heart problems, such as asthma; and (d) increased risk of heart attack. In addition, long-term exposure to air pollution can cause cancer and damage to the immune, neurological, reproductive, and respiratory systems. In extreme cases, it can even cause death.

Oxygen is the most crucial element for our survival. We can survive weeks without food, days without water, but only minutes without oxygen. Yet, because of shallow breathing habits, we can deny ourselves optimal levels of oxygen for better health. Early signs of insufficient oxygen are impaired judgment and memory, dulling of the intellect, and a tendency to impatience and irritability. According to Wax (2012), “Slow, deep abdominal breathing is the correct way to breathe.” This type of breathing is better understood if it is demonstrated. It involves using the diaphragm to take air into the
lower portion of the lungs and the abdominal muscles to push it out. One way to check ourselves is to lie down with a book on our stomachs. Now breathe in such a way as to make the book go up and down each time we inhale and exhale.

Good posture while sitting and standing is necessary for proper breathing. There are several exercises suggested by the Mayo Clinic that can help people to gain such posture. According to the Mayo Clinic (2010),

Bend your elbows and try to touch your shoulder blades together in back. Lie on your back and try to flatten your lower back to the floor by tilting your pelvis. Pretend a string is attached to the top of your head, pulling your head slightly up and back. This eases stress on your lungs and vocal cords. Hold your arms straight out to the sides and make little circles, then raise them straight up and reach for the sky. Many people are forced to stoop or sit for much of the day. This usually makes for poor posture and causes many back problems. Maintaining good posture, taking stretch breaks often, and getting exercise whenever you can will help. A good aerobic exercise program combined with muscle toning and stretching exercises is necessary for good health besides being an aid to proper breathing and maintaining a strong set of lungs. Tight clothing around the chest or abdomen makes proper breathing difficult, as does restrictive clothing that does not allow the free movement of the arms above the head.

Normal deep breathing aids digestion by massaging the abdominal organs. Blood is assisted in its return to the chest by the negative pressure that is developed with each deep breath. This pressure helps to reduce the chances of congestion headaches, the pooling of blood in the legs, and aids in the digestive process. Deep breathing gets more oxygen into the blood with each breath, allowing the heart to slow down a little. A good habit is to go outside in the fresh air and take 1-20 slow, deep, abdominal breaths after each meal and just before retiring for the night. Moreover, as we enjoy this time of relaxation, we can give thanks to our Creator God “that giveth breath unto the people.” Remember, “He giveth to all life, and breath, and all things.” So, “let everything that hath breath praise the LORD. Praise you the LORD” (Isa 42:5; Acts 17:25; Ps 150:6).
The inside of the lung resembles a sponge. All of these tiny pockets (about 300 million) provide over seventy square yards of surface area for the exchange of gases in and out of the bloodstream. An adult breathes about 16 times per minute, taking in about one pint of air per breath. This intake adds up to about 2,000 gallons of air per day. During normal breathing, this air travels at about 50 miles per hour, but during a sneeze or cough it can reach speeds of 750 miles per hour. According to Wax (2012), “The maximum amount of air a person can inhale and exhale in one breath is called the vital capacity. A good vital capacity is related to a greater life expectancy.” Several factors can affect a person's vital capacity either positively or negatively. Smoking, air pollution, poor posture, lack of exercise, obesity, and shallow breathing are such examples of how air may affect person’s vitals negatively.

Pope (1991) and other researchers (Dockery et al., 1993; Jerret et al., 2005) compared improvement in air quality with increased life expectancy between 1980 and 2000. Their findings, based on air-monitoring and health data from 51 U.S. metro areas, show that five months of the nearly three additional years of life tacked on during that period stemmed from cleaner air. Researchers said that during the period studied, levels of soot (fine particulate matter that can get into the lungs) that has been linked to cancer, asthma, and heart disease, dropped in the 51 cities from a range of 10-to-30 micrograms per cubic meter to 5-to-20 micrograms per cubic meter. On average, the cities that improved the most had the greatest increases in life expectancy, and those with the dirtiest air had the least improvement.

Pope (1991) acknowledges, however, that cleaner air is not the only reason life expectancy rose. The United States Environmental Protection Agency (2005), says,
“Nobody believes that reductions in air pollution is the primary reason we had an increase in life expectancy.” Pope concludes, “It is only one of the factors.” Thurston (2006), writes, “Previous research has found high rates of childhood asthma in poor, urban areas with heavy traffic, such as the South Bronx in New York City.” Thurston says the results “are plausible.” “Everyone benefits from clean air, some more than others,” he states.

A steady supply of fresh air that is full of oxygen is very important. Fresh air provides you with a steady supply of oxygen, which is needed by our brain and every single cell of your body. The body is made up of cells. Cells, in turn, make up tissues and tissues, in turn, make up the organs of the body. Every function carried on by the body is directly related to the life of the cells. Cells need four things to live and function properly: oxygen, water, nutrition, and cleansing. Without oxygen, the cells die in three minutes, as it is one chemical essential for the cells to create energy.

Health Benefits of Fresh Air

The air that we breathe in any indoor location is not as fresh as our body needs to remain healthy. This is why White (2003, p.75), highly recommends taking a break from the indoor air and to go out to enjoy fresh air. According to United States Environmental Protection Agency (2005), there are many health benefits of fresh air, such as:

1. Fresh air cleans the lungs and helps to bring more oxygen to the cells and improves the cleansing action of your lungs. When you exhale and breathe out through your lungs, you release airborne toxins from your body. The increased oxygen level in the body brings with it increased energy to do the things you need to do.
2. More oxygen also brings greater clarity to the brain, which needs twenty percent of our body’s oxygen to function. When you breathe fresh air, you can automatically think better as compared to when you remain inside a room for a longer period of time.
3. Fresh air is good for digestion, as it helps you to digest food more effectively. That is why experts recommend taking a small walk outside after you eat. From all the health benefits of fresh air, this one is really important if you are trying to lose weight.

4. Fresh air also improves your blood pressure and heart rate. Those who have a problem with blood pressure should avoid staying in polluted environments and try to stay in surroundings that have a good supply of fresh air. A dirty environment forces the body to work harder to get the amount of oxygen it needs.

5. The amount of serotonin your body has is hugely affected by the amount of oxygen you inhale. Serotonin can significantly lighten your mood and promote a sense of happiness and well-being. Fresh air will leave you feeling more refreshed and relaxed.

6. Fresh air is also essential to make your immune system strong. White blood cells require more oxygen when working to kill and destroy bacteria, viruses, and germs. They need enough oxygen to work and function properly.

7. Fresh air purifies the blood, imparts to it a bright color, and sends the blood, a life-giving current, to every part of the body.

   Oxygen is a very important component of life. Fresh air is a free gift that we need to breathe liberally. To enjoy fresh air does not mean that we can find it everywhere outdoors. In large cities, finding clean and fresh air is not an easy task, as the natural freshness of air is destroyed by tobacco smoke, city smog, re-circulating air in buildings, improper ventilation, exhaust, and many other pollutants. In big cities, we need to find a park or garden with plenty of trees and plants to enjoy fresh air.

Tips for Getting Refreshing Fresh Air

Murray and Burmaster (1995, pp. 459-465), give a series of insights into how to get refreshing air to adequately ventilate the body. Some of the tips or insights are,

1. Getting a bit of sunlight and fresh air every day is one of the most important things you can do in order to keep your body healthy. Here are certain tips to enjoy fresh air: One of the best ways to receive the benefits from fresh air is to go out into the open air by walking or gardening. This enables the lungs to expand and be filled with the negatively charged oxygen molecules.

2. Try to do exercises outdoor in fresh air, as it will benefit you more. When more clean air is inhaled, it improves the breathing technique which, in turn, increases stamina.

3. Try to jog outside every day on a nice jogging trail away from the city. Avoid jogging on an indoor track or along a sidewalk.
4. Once every week or two go hiking in the forest. It is a great way to get the fresh air your body needs and it will be a relaxing experience for you.

5. Keep plants in your home and work environment to help improve the air quality. Plants produce oxygen and absorb carbon dioxide from the air. Some plants can even remove toxic pollutants from the air.

6. Get some exercise on a daily basis. When you can, try to exercise outside. Exercise gets your circulation going and floods your body with oxygen.

7. If you can, sleep with your bedroom window open. You can also leave your bedroom door open to increase the transfer of air.

To conclude, getting outdoors to enjoy fresh air should not be a chore, but a privilege. Take the time to freely breathe the revitalizing, invigorating fresh air created by nature to enjoy numerous health benefits!

Rest

We all need a rest or break from the routine of our major activity. For the person felling trees or doing construction work, a rest could mean sitting down with a good book. Nevertheless, for the sales representative or secretary, resting might mean an invigorating hike in the mountains. Our ability to rest also depends upon our ability to shift gears. Some people take their work home. They can pick up work, but they cannot lay it down. They seem unable to cease. God, who created us for the purpose of rejuvenation and maintenance of relationship with Him, the Creator, programmed rest into human systems. Due to the purpose of managing space and also focusing on what is necessarily related to this project, I will limit the scope of discussion about rest only to physical rest.

Other ways to help bring relaxation include taking a warm bath or a shower, sitting or reclining comfortably while listening to soothing music, or reading something uplifting. Enjoyable, non-stressful hobbies, being out in nature, doing some simple deed for somebody else, and prayer are also forms of relaxation, “Physical work usually makes
muscular relaxation automatic afterward. However, it is surprising how much useless muscular tension we can maintain. Clenched fists and set jaws, furrowed brows and jumpy knees, even squinting eyes, are tension-producing habits to overcome” (Breeze, 2009). Progressive muscle relaxation exercises can help in breaking these habits, as long as they are used to illustrate the difference between how a tense and a relaxed muscle feels and to practice relaxing areas of tension.

Rest is so important to life that the vital organs are designed with built-in rest periods. The heart rests between each beat, and the lungs between each breath. The stomach rests between each meal, if it is given time. The central nervous system is recharged during sleep. Rest and relaxation cannot take the place of sleep. Human beings are designed to be awake during the day and asleep at night. Wakefulness and sleepiness are normally controlled by enzymes and hormone systems within the body, which remain fairly fixed, even if one were to remain isolated in total darkness or total light. These internal alarm clocks can be nudged forward or backward a few degrees. They may also be ignored, but not without negative consequences.

How to Get Good Sleep

The Mayo Clinic (2010) suggests as a rule of practice that, “It would be better to plan to go to bed early (before 10 p.m.).” It has been estimated that every hour of sleep before midnight is worth two after midnight. Studies have shown 7-9 hours of sleep per night to be most healthful. Nine or more hours has been associated with decreased health and six or less with the poorest health.

The first prerequisite for a good night's sleep is daily exercise. Remember, activity precedes rest. In our sedentary society, imbalances between physical and mental
activity are common. Too much brain work and not enough physical work causes the muscles to be in a state of tension. (However, too much exercise too near bedtime can keep one awake.) Tension lessens the depth and soundness of sleep. The quality of sleep depends on the ability to relax. City living, with all its light and sound, is not very conducive to sleep or rest. Noise pollution is doubling about every 10 years. We may not even be aware of all the sounds that are around us, but they can still affect us by producing tension and nervousness.

It is better to wear pajamas or a warm nightgown and use lighter weight covers, than to use heavy blankets. Do not cover the head while sleeping. Leave the windows open several inches to allow fresh air in the room. Beds should not sag or be too soft. Pillows should be flat, except in cases of hiatal hernia or heart failure, where the head should be elevated a few inches. Avoid starting new activities late in the day. Allow one’s self time to wind down. Have an evening ritual. Avoid stimulants such as television, drugs, and rich, spicy food at night before going to bed. Big evening meals interfere with good sleep, especially in children. If needed, naps should be taken before lunch, not in the evening. Even a 15-minute rest before lunch is worth about 45 minutes of nighttime sleep. Keep well hydrated. Stay alert and active during the waking hours. The quieter and darker the room, the better the sleep. Patients with chronic obstructive pulmonary disease may do better sleeping on their stomach with a pillow under their chest. People with back problems can try sleeping on their side. All these suggestions should improve the quality of sleep. Sleeping from around 10 pm to 6 am is the most ideal time to sleep making an individual to get at least eight hours of sleep within a 24-hour cycle. At night, our body responds to the loss of daylight by producing melatonin, a
hormone that makes us sleepy. During the day, sunlight triggers the brain to inhibit melatonin production so one feels awake and alert as shown in Table 3.

Table 3

*Melatonin Production*

![Melatonin production graph](image.png)

Activity and Rest

Notice that with the creation of our world, activity preceded rest. The principle of activity preceding rest is an important one for our health. Physical and mental activity both require energy and create waste products. As our energy level goes down and wastes
accumulate, we experience fatigue and a desire for rest. During rest, energy is restored, and the waste buildup is diminished. An important difference between physical and mental activity is that physical activity usually leaves the muscles relaxed, whereas prolonged mental activity alone leaves the muscles tense. Rest and sleep are dependent upon our ability to relax; the person who is tense is not relaxing, and therefore cannot really rest. In our sedentary society, unbalanced by too much mental and not enough physical activity, we need more muscular exercise in order to truly relax, rest, and counteract fatigue.

Fatigue is protective in that it serves to make us aware of our need for rest. It is not a good idea to ignore this signal or to try to counteract it with drugs. The “coffee break” is anything but restful. Coffee and cigarettes provide an artificial stimulation, but without any recuperation. The underlying fatigue is still there. As fatigue increases, efficiency and performance decrease. Relaxing with tobacco, alcohol, or other drugs is not recommended. They all have dangerous side effects and do not teach one how to relax naturally or how to avoid the causes of tension. They do not supply any energy, but actually cause the person to borrow excessive amounts of energy from his own emergency reserves, some of which are never replenished. Fatigue is actually increased instead of decreased by the use of these drugs.

Breezy (2009) continues, “There are many other factors that can produce fatigue, such as overeating, lack of exercise, stress, stale air, and not drinking enough water. There is also ‘pathological fatigue’ that may be caused by diseases like anemia, heart failure, depressed thyroid or adrenal function, cancer, or any chronic infection.” Unaccountable or persistent fatigue should be reported to a physician.
Divine Rest

_Come to me, all who labor and are heavy laden, and I will give you rest. Take my yoke upon you, and learn from me, for I am gentle and lowly in heart, and you will find rest for your souls. For my yoke is easy, and my burden is light._ (Matt 11:28-30)

Perfect rest and peace are not a human achievement, but a divine gift, an experience that comes to us when we allow Christ to harmonize our lives. Why is divine assistance needed to experience true rest and peace in our lives? The answer is found in the fact that perfect rest does not come about accidentally, but is the result of a harmonious accord of the physical, mental, and spiritual components of our being. Can we by ourselves harmonize these three—our body, mind, and soul? We can stretch our tired body on a bed, but if our mind and soul are troubled, we have no rest, but agitation, tension, or even nightmares.

Bacchiocchi (1989, p. 236.) writes, “True rest is to be found not in places or through pills but rather in a right relationship with a person, the Person of the Savior, who says: ‘Come to me, all you who are weary and burdened, and I will give you rest’ (Matt 11:28, NIV).” Perfect rest and peace are not a human achievement, but a divine gift. It is an experience that comes to us when we allow Christ to harmonize our lives.” This is when we experience Divine Rest for our souls.

Trust in God

Many questions may come to our minds. Questions such as, “Why?” and “How?” Research and science are bringing us daily answers to many questions, but no one has all the answers. Some of the answers are in the Bible, while other answers are often discovered in our walks of life. What we encounter on a daily basis and how we relate or react to them, in a way, is an issue of trust. Trusting God enough to surrender our lives to
Him. In John 10:10, Jesus reveals to us that our Creator never desired or purposed that we live in a world of stress, problems, sickness, and death; in short, the results of sin and disobedience to God brought about all the chaos we are experiencing in our world today. It was His intent that all humanity live in a world of perfect peace and harmony.

However, sin has destroyed our peace and harmony, and it is only by living a life of faith and accepting God's grace to obey His laws that we can regain this peace. When stress enters our life, we need to claim the promises of our Heavenly Father for His aid and protection. The promises in His Word will help us deal with any life situation that comes our way. Our Heavenly Father did not create us to leave us orphaned or stranded on the rocks of despair. Though sin was not in God's plans and purpose for humanity, He has made provisions for dealing with sin and its results, if only we will trust Him. When we truly put our faith in God, by obeying His instructions, then He will be responsible for opening doors for us that will amaze us and fill our hearts with praise and gratitude.

Jeremiah 17:7-8 is a very interesting passage that calls our attention to the need for a committed trust in God. The passage reads, “But blessed is the one who trusts in the LORD, whose confidence is in him. They will be like a tree planted by the water that sends out its roots by the stream. It does not fear when heat comes; its leaves are always green. It has no worries in a year of drought and never fails to bear fruit.” When we fail to put our trust in God, the effects upon the body and mind are very destructive. Worry, anxiety, doubt, fear, and stress are all negative thoughts which produce negative emotions. These negative emotions are really neuro-chemicals and hormones that can do much damage in the body. In many ways, we create a war zone of negative neuro-chemicals and hormones within the body every time we indulge in negative thinking.
This is one of the greatest causes of sickness and disease today. There is a lot of research devoted to the mind/body connection. Many scientists are discovering what the Bible has taught for thousands of years, that those who put their trust in God are happier, healthier, and live longer. No wonder the Bible warns, “Trust in the Lord with all your heart and lean not on your own understanding; in all your ways submit to him, and he will make your paths straight” (Prov 3:5-6).

Christ Our Example

Though He were a Son, yet learned He obedience by the things which He suffered: And being made perfect, He became the Author of eternal salvation unto all them that obey Him. (Heb 5:8, 9)

As we look at the life of Jesus Christ while He lived among us, we see that He could handle every situation of life. If we would study His life and follow His example and teachings, we would experience a lifestyle that would give us perfect peace, happiness, and good health. As the Son of God, Christ could have chosen any situation in life that He wanted. He could have chosen to be born to a wealthy, powerful king or ruler, but He chose to be born into a poor, working-class family. This teaches us that Christ saw the benefits of honest, skillful labor that provides a service for the community.

The character of the Christian is shown by his daily life. Said Christ, “Every good tree bring forth good fruit; but a corrupt tree bring forth evil fruit” (Matt 7:17). Our Savior compares Himself to a vine, of which His followers are the branches. He plainly declares that all who would be His disciples must bring forth fruit; and then He shows how they may become fruitful branches. “Abide in me, and I in you. As the branch cannot bear fruit of itself, except it abide in the vine; no more can ye, except ye abide in me” (John 15:4). According to White (1937, p. 81),
Early in life, as a young boy, Jesus learned to love the Scriptures, and to follow the important principles that forever guided His life. Day by day, as problems and trials crossed His young life, He found help in God's word and hope in His promises. Jesus, in His adult life, handled many extremely stressful situations very well. He had a simple childlike faith in His heavenly Father, and no life crisis could shake that trust in God. He was a Man without money, power, or authority, yet He found security in His Heavenly Father's love.

Mark 4:35-41 records an example of how Christ handled a life crisis. He had worked hard all day, teaching the principles of God's kingdom and healing many with disease and sickness. White (1940) describes this vividly,

He was very tired, and the sun was setting in the west. They were by the Sea of Galilee, and in order to escape the crowds of people, Christ asked His disciples to row across the sea to the other side. As the fishing boat glided over the peaceful lake, Jesus, overcome by weariness and hunger, laid down in the stern of the boat and fell into a deep sleep. The last rays of light disappeared in the western sky behind them. As night fell, a sudden storm came upon the lake and within minutes the once peaceful waters became an angry, foaming tempest.

In the Gospel of Matthew, chapter 8, Jesus went out on the sea with His disciples. It was reported within the account written by Matthew that Jesus was tired and sleeping in the boat. The disciples were skilled fishermen and had experienced many storms, but this storm had increased in fury, and wave after wave crashed over the sides, threatening to engulf the boat. With all the strength and skill the disciples could muster, they toiled against the overwhelming forces of nature, to no avail. They saw the peril of the situation, and all hope left them as the boat filled with water. They had been so absorbed in their own efforts to save themselves that they had forgotten Jesus. Remembering that it was at His suggestion that they were crossing the lake, the disciples looked for their Master. In the stormy darkness, the lightning flashed, and the peaceful sleeping form of Jesus could be seen in the stern of the boat. In desperation the disciples cried, “Master, carest Thou not that we perish?” The boat is about to sink, but these hardy anglers cannot bail the
water fast enough. As Christ awakes from His deep sleep, He sees water filling the boat, He feels the pouring rain and the driving wind, He reads the fear in His disciples’ faces as they cry “Lord, save us: we perish” (Matt 8:25).

Amidst the wind and storm, Christ stands up, and in a calm but authoritative voice commands the storm, “Peace, be still.” Suddenly, the wind dies down, the tempestuous sea that was ready to swallow them becomes calm and serenity steals over the lake. The disciples were dumb-founded, for only moments before they were at death’s door; now they view a calm and placid sea. They turn with questioning eyes to Jesus. He asks quietly, “Why are ye so fearful? How is it that ye have no faith?” (Mark 4:40). There is a very important lesson for us to learn from this experience in the life of Christ and His disciples. Christ trusted in His Heavenly Father. We must also learn to have perfect trust in the same Christ who commanded the wind and the sea to be still. Day by day, as problems, trials, and stresses surface, we need to go to Christ for help, wisdom, power, grace, and comfort, or life will surely overwhelm us.

Remember that every disappointment, heartache, hurt, or problem is a call to prayer. Christ stands with His arms wide open saying, “Come unto me, all ye that labor and are heavy laden, and I will give you rest” (Matt 11:28). Christ always revealed a thankful and rejoicing attitude for the things that God and His fellowmen did for Him. Before each meal, He thanked His Heavenly Father for His food. He always appreciated the gifts, no matter how small, that were given to Him in love. Once, while He was in the home of Simon, a rich Jewish leader, Mary Magdalene, wanting to express her deep gratitude and devotion to Him, poured a pound of very expensive spikenard oil on His feet. Some that were with Christ criticized Mary for her gift, but Christ rebuked them,
and praised Mary for her great gift of love and sacrifice (See John 12:1-8). “O give thanks unto the LORD; call upon his name: make known his deeds among the people. Sing unto him, sing psalms unto him: talk ye of all his wondrous works. Glory ye in his holy name: let the heart of them rejoice that seek the LORD” (Ps 105:1-3). “I Am With You Always” “From the end of the earth will I cry unto thee, when my heart is overwhelmed: lead me to the rock that is higher than I” (Ps 61:2).

It is the purpose of God to re-establish the relationship that man once had with his Creator in Eden before sin. This was the mission of Jesus Christ, who was sent to our world by our Heavenly Father to reconcile the human race to God. In all this, we can see the true love of God in action. Christ has promised to all those who sincerely want to be reconciled to God that He will be with them at all times. Before He left our world, He promised, “Lo, I am with you always, even unto the end of the world” (Matt 28:20). Christ, our elder brother, is standing by the throne of God in the heavenly courts. His promise for us is, “Peace I leave with you, my peace I give unto you: not as the world giveth, give I unto you. Let not your heart be troubled, neither let it be afraid…These things I have spoken unto you, that in me ye might have peace. In the world, ye shall have tribulation: but be of good cheer; I have overcome the world” (John 14:27; 16:33). To us, living today at the close of this world's history, He asks, “When the Son of man cometh, shall he find faith on the earth?” (Luke 18:8).

Thus, trusting in a higher power bestows certain health benefits. That same trust has a direct connection to the overall meaning and purpose of one’s life, which then affects the personal values and choices, which then affects the culture one chooses to adopt, which directly influences the particular set of health habits, which at last directly
affects the health. The original health benefits come full circle and are reinforced and multiplied.

Zeno Charles-Marcel (as cited in Nedley, n.d.) writes as to why trust in divine power is so important in a comprehensive health program.

The basis for an individual’s particular health status is that it not only helps believers, but it also benefits non-believers in their community. Research has demonstrated that communities gain health benefits when they have higher numbers of adherents to faiths that emphasize implicit obedience to God and his standards of conduct.

This claim further testifies to the intention of God to perpetually be in a relationship with us and that is why He gave us His promises that we can count on in time of troubles.

According to the Storrs (2016), “Death rates of a study of centenarians, Americans 100 years and older, suggests that they are joining the ranks, as their death rates started to decline in 2008.” Among the centenarians, the researchers found that religiosity significantly enhanced physical health. Although there are still many unanswered questions, the benefits of trust in God are due to more than simply attending religious services. Furthermore, the far-reaching benefits of faith seem to transcend age and racial boundaries. A recent study of Black Americans found that those who engaged in organized religious activities had improved health and life satisfaction. Even those who engaged in religious pursuits outside of an organizational structure experienced this boost in satisfaction. Indeed, one of the most consistent findings across racial groups is that spirituality profoundly improves quality of life.

Armstrong and Oomen (2009, p. 521) show that spirituality helps to control stress, strengthen the immune system, and protect against heart disease and cancer. Beyond these benefits, God promises eternal life to those who trust Him; a life of perfect health and freedom from pain, fear, and death. But can we trust God? Does He even
exist? And if so, does He care about us personally? Before we can trust anyone, God or human, we have to get to know them, observe their personality and character, communicate and interact with them, and consider how they treat others. Before we can trust God, we need to become acquainted; talk, listen, and work with Him; investigate how He deals with His children. He longs to develop a close personal relationship with us. He invites us to come to Him on a daily basis and learn of Him.

Bunn and Randall (2007 p. 280) indicates that those who believe in God not only live a healthier life, but may also add as much as 14 years to their lives. According to Rey (2011), “Those who have faith carry positive health benefits such as coping with illness, faster recovery, as well as protection from future illnesses.” Rey drew evidence from over 1,200 studies and 400 reviews, and states, “In contrast to the popular myth that Christian faith is bad for health, on balance, and despite its limitations, the published research suggests that faith is associated with longer life and a wide range of health benefits. In particular, faith is associated with improved mental health.”

One of the studies, Rey notes (2011) “Where more than 20,000 American adults participated, shows that income and education had little impact, but those who went to church regularly had seven years added to their life expectancy. It highlights that life expectancy doubled for African Americans, with an extra 14 years.” People with mental health problems, such as psychosis, also proved to cope better when religion was involved. They also tended to be more compliant with their medication. The report notes that the mental health benefits for believers include well-being, happiness and life satisfaction, and a sense of hope and optimism, purpose, and meaning in life.
Believers have higher self-esteem, adapt better to bereavement, feel less lonely, and are less likely to suffer from depression. Those who do suffer depression tend to make a faster recovery from depression. They are less likely to commit suicide or suffer anxiety, display fewer psychotic tendencies, and are less likely to suffer alcohol and drug abuse. They are less likely to commit suicide or suffer anxiety, display fewer psychotic tendencies, and are less likely to suffer alcohol and drug abuse. They are also less likely to get involved in delinquency and those who are genuinely devoted to God are less likely to associate themselves with adverse behaviors leading to suicide. It was further determined by the researcher that, “despite the marked increase in risk behaviors during mid-adolescence, monitoring and peer involvement both influence adolescence behaviors across each cohort criminal activity and tend to enjoy greater marital stability and satisfaction” (Rai et al., 2003, p. 108).

The profound benefits in the quality of life brought about by exercising faith are described by Neumann and Rey (2011), “That religious attendance was associated with a more than 90 percent reduction in meningococcal disease (meningitis and septicemia), in teenagers, a protection at least as good as meningococcal vaccination.” Furthermore, religious involvement has been associated with improved adherence to medication.

For those living with an illness, studies have also indicated that spirituality or religion plays a positive role.
Relationship Between Faith and Health

In one analytic review, Bunn and Randall (2007) looked at over 147 independent investigations that questioned over 98,000 subjects. They sought to determine if a person’s amount of religiousness had any effect on depression or depressive symptoms. Their conclusion showed a small but promising association between the two. The more religious a person was, the fewer depressive symptoms they experienced. Furthermore, they found that this inverse relationship between religiousness and depressive symptoms might be stronger during high-stress times. This phenomenon is known as the buffer effect.

Similarly, Franklin et al. (2007) reviewed 115 articles to determine the relationship between religiousness or spirituality and adolescent substance use, anxiety, depression, delinquency, and suicide. They were able to determine that 92% of the articles demonstrated a significant relationship between religiousness and improved mental health. More recently, Law and Sbarra (2009) examined church attendance and marital status in relation to mood among older adults. In this study, 791 older adults were followed for eight years. The researchers concluded that church attendance exhibited a protective effect with respect to the health of the older adults. It was further theorized that having a sense of purpose could explain this protective effect.

Finally, Blazer (2012) published the results of a longitudinal study that also sought to establish the relationship between religiousness and the onset and course of major depression. This study was significant for a couple of reasons. First, the study was not conducted on depressed or non-depressed individuals themselves, but rather on their offspring, (a person who has a parent with depression is considered at high-risk for also
developing the disease). Second, the average age of the subjects in the study was 29 years. This is in contrast to most studies exploring depression and religion, which have tended to focus on older adults. The study found that in the 10 years of follow-up, subjects who both described religion as highly important and affiliated themselves with either Catholic or Protestant denominations had a 76% less chance of experiencing an episode of major depression. Although further and more in-depth study is warranted, the researchers concluded that clinicians should consider religion and spirituality during psychiatric evaluations.
CHAPTER 4

METHODOLOGY AND DEVELOPMENT OF INTERVENTIONS

Introduction

The study of the Word of God reveals a great deal about man’s physical, mental, social, and spiritual condition. Achieving and maintaining health is an ongoing process that is achievable through health-care knowledge and practices. Among Seventh-day Adventist Church members, high regard is placed on health counsels both written in the Holy Bible as well as in the writings of Ellen G. White. Detailed reflections on these two sources, i.e., the Holy Bible and writings of Ellen G. White reveal that personal health depends largely on how actively or passively we may be observing those counsels from the written pages of inspiration.

In addition, the environment we live in, our interaction with the environment, and other things we may experience and begin to practice also affect our health. The active influences on personal health may include, but are not limited to, personal hygiene practices to prevent infection and illness, such as bathing and washing hands with soap, brushing and flossing teeth, storing, preparing, and handling food safely, exercise behaviors, and nutritional intake. The passive processes include, but are not limited to, practices of daily living, such as sleep patterns and thought processes.

The purpose of this study was to gain an in-depth understanding of the Korean Seventh-day Adventist Church from the perspective of facilitating an understanding of adequate healthy living in order to guide and facilitate future health intervention...
relationship and growth within the Korean Seventh-day Adventist Church members, especially at Andrews University.

Personal health also depends partially on the social structure of a person's life. Prolonged stress in human experience may negatively impact health, and has been cited by (Garmezy, 1973, pp. 163-204), as a factor in “cognitive impairment with aging, depressive illness, and expression of disease.”

Profile of the Ministry Context

Our mission as a church is found within the experience of its growth physically, mentally, socially, as well as spiritually in relation to the members’ awareness of healthy development. Also, the health of the members of the church in a way reflects the health of the leadership of the church. This project study was designed to offer church members at Andrews University Korean Seventh-day Adventist Church an opportunity to review, evaluate, and discuss the health aspect of human spirituality, which is significant. If done well, it is intended to preserve the personhood of the members of the church and also reduce the cost of medical intervention due to illnesses.

Characteristics

Many Asian communities are structured in a way that accommodates understanding of personal health and community health and growth. Asian communities both at home in Asia and in diaspora, including those living in the US, are confronting unprecedented challenges with the advent of the 21st century. The challenges are characterized by, among other things, being at-risk of widening health disparities due to health care access barriers and a rapid population growth, which has outpaced many other minority groups. An Asian American is a person of Asian ancestry who was born in or
immigrated to the United States. Composed of diverse ethnic groups, Asian Americans come from more than 50 countries, speak more than 100 different languages and dialects, practice a variety of religions, and have a wide range of lifestyles. They descend from the Far East, Southeast Asia, and the Indian subcontinent. One of the fastest-growing minority groups in the United States, the Asian American population grew by an annual rate of 3% between 2004 and 2005. As of July 2006, there were 14.4 million U.S. residents who identify themselves as Asian or Asian in combination with one or more other races, comprising about 5% of the total population. By 2050, the number of Asian Americans is expected to grow to 33.4 million, a 213% projected increase between 2000 and 2050, compared with a 49% increase in the population as a whole over the same time period.

According to the Center for Disease Control (2004), the national level statistical data indicates that cancer is the leading cause of death in Asian Americans (See table 2). In particular, Asian Americans have higher rates of liver and stomach cancers compared with other racial and ethnic groups. Also, cardiovascular disease accounts for 35% of all deaths for Asian American men and 36% of Asian American women.

**Overview of the Feasibility Study of the Project**

The Andrews University Institutional Review Board approved this study. The setting for the interview is the Andrews Korean Seventh-day Adventist Church, Berrien Springs, Michigan. The recruitment of the participants was conducted primarily on a volunteer basis without any promise of benefit compensation. A comprehensive spiritual life, physical, and financial life questionnaire was developed. The questionnaire focused
on spiritual life, financial aspect of living, physical health outlook and emotional coping values and practices.

Those interviewed are all members of the Korean Seventh-day Adventist Church. There were announcements regarding the project and the questionnaire at least four Sabbaths before the survey was conducted. The announcements were written in the church bulletin, read on Sabbath mornings from the pulpit to communicate awareness. It was also discussed during Sabbath School Class discussions. Many of the church members responded positively to the survey idea and participated well. During the interview through the questionnaires, there were no difficulty noticed or recorded. Each of the participants was able to record his or her answers on the questionnaire sheets for us to analyze.

The data collected quantitatively was given a functional assessment so as to determine the physical, emotional, financial as well as spiritual status of the church.

Table 4

*Leading Causes of Death for Asian Americans and Pacific Islanders (CDC, 2004)*

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cancer</td>
<td>Cancer</td>
<td>Cancer</td>
</tr>
<tr>
<td>2 Heart Disease</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>3 Stroke</td>
<td>Stroke</td>
<td>Stroke</td>
</tr>
<tr>
<td>4 Accidents</td>
<td>Diabetes</td>
<td>Accidents</td>
</tr>
<tr>
<td>5 Chronic Lower Respiratory Disease</td>
<td>Accidents</td>
<td>Diabetes</td>
</tr>
<tr>
<td>6 Diabetes</td>
<td>Influenza and Pneumonia</td>
<td>Influenza and Pneumonia</td>
</tr>
<tr>
<td>7 Influenza and Pneumonia</td>
<td>Chronic Lower Respiratory Disease</td>
<td>Chronic Lower Respiratory Disease</td>
</tr>
<tr>
<td>8 Suicide</td>
<td>Alzheimer’s Disease</td>
<td>Suicide</td>
</tr>
<tr>
<td>9 Kidney Disease</td>
<td>Kidney Disease</td>
<td>Kidney Disease</td>
</tr>
<tr>
<td>10 Homicide</td>
<td>Hypertension</td>
<td>Alzheimer’s Disease</td>
</tr>
</tbody>
</table>
I became a vegetarian through the influence of the Seventh-day Adventist health message while I was in Korea. There was no strict health message among the Korean Seventh-day Adventist Church until Dr. Sang Gu Lee brought the health message to the Korean Seventh-day Adventist church around the early 1980s. Due to the influence of Dr. Sang Gu Lee, many non-Seventh-day Adventist church members converted as they were impressed with the Seventh-day Adventist health message. Many Korean immigrants around the 1970s enjoyed picnics almost every weekend. They ate mainly three things: white rice, kim-chee, and short beef ribs or bul go gie - marinated sliced beef. At that time, Korean Seventh-day Adventist members who ate meat were more than 90 %, and they mainly ate white rice. Three years ago, my wife and I joined the Great Controversy Tour, guided by Dr. Damsteegt and his wife. Among Great Controversy Tour members, more than 85 % were vegan. I was really impressed with their lifestyle and I decided to become a vegan. It is a surprise to me that 59 % of Seventh-day Adventist Korean seminarians who studied or are currently studying at the Andrews University Theological Seminary do not follow the Seventh-day Adventist Church health message.

**Demographics and the Health Situation**

In 2010 in the Republic of Korea (Korea), the population was 49,410,366 and getting increasingly older, with 72.8 % of the population aged 15 to 64 years and 11 % aged 65 years or older. Korea is a predominantly urban, densely populated country with over half the population concentrated around the capital city, Seoul, and only 18 % in rural areas (see Appendix B). It is an ethnically homogenous: of the 2.8 % non-Koreans, 677,954 are Chinese and of that number, 69.4 % are of Korean ethnicity, but were born in China.
Economic and social progress over the past 50 years has transformed Korea from a poor agrarian state to a first-world country and an important economic power. The health system reflects its history of rapid industrialization, swift move towards democracy, and a market economy. Health service delivery mechanisms have contributed to dramatic improvements in mortality and avoidable morbidity and Korea now has a life expectancy that matches the Organization for Economic Co-operation and Development (OECD) average. Improved living conditions, better access to health services, and advancements in health technology mean that communicable diseases are no longer the leading cause of death, although imported tropical diseases, water- and food-borne diseases, and hepatitis-A are increasing. Chronic and non-communicable diseases account for over 70% of all deaths. Prevalent rates of diabetes, high blood pressure, overweight, smoking, and alcohol use are all high. Hypertension, arthritis, and dental caries have the highest morbidity rates, and cancer, cerebrovascular disease, heart disease and suicides are the leading causes of death.

According to the U. S. Census Bureau (2003a), “Although Koreans represent the seventh largest immigrant group in the United States, they are an underserved group with respect to health services, research, and policy.” Koreans arrive in the U. S. to an environment very different from their homeland, where universal health coverage is in place. They face challenges in adjusting to a new and complex society with unfamiliar institutions for health coverage and access to services. While many of these challenges are common to the immigrant experience, Koreans also face distinct challenges in accessing adequate health care, and more research is needed to address their particular needs.
Survey Results

Section 1: Demographic Information

This is to collect demographic information. Please put an X (X) in the appropriate box

1. Gender: Female ( ) Male ( )

2. Age: 18-29 ( ) 30-39 ( ) 40-49 ( ) 50-59 ( ) 60-69 ( ) 70 or older ( )

3. Number of years have been a member of the SDA Church:
   - 2 yrs or less ( )
   - 3-5 yrs ( )
   - 6-10 yrs ( )
   - 11-15 yrs ( )
   - More than 16 yrs ( )

4. Occupation: Student ( ) housewife ( ) worker ( ) retired ( )
   - Unemployed ( )

5. How long have you been a pastor? (Only for Pastors)
   - Less than 2 yrs ( )
   - Less than 5 yrs ( )
   - Less than 10 yrs ( )
   - More than 10 yrs ( )

6. What is your marital status?
   - Married ( )
   - Widowed ( )
   - Divorced ( )
   - Separated ( )
   - Never married ( )

7. Are you now attending or enrolled a school? Yes ( ) No ( )
   - If yes: Is it full-time or part-time? Full-time student ( )
     - Part-time student ( )
     - I am a student but not enrolled at this time ( )

8. What is the highest degree you have received?
   - None ( )
   - Primary level or less ( )
   - Middle School ( )
   - High school diploma or the equivalent (GED) ( )
   - Associate degree ( )
   - Bachelor's degree ( )
   - Master's degree ( )
   - Professional degree (MD, DDS, JD) ( )
   - Doctoral degree (D.Min, or Ph.D.) ( )

9. What is your roll in your local church?
   - Lay person ( )
   - Deacon or deaconess ( )
   - Local Elder ( )
   - Pastor ( )
   - Other ( )
I conducted health messages on how to exercise and what we are supposed to eat on one Sabbath afternoon after the worship service on September 16, 2017. On that day, 21 people attended and 9 of them asked me to do it again. I think that Andrews Korean Seventh-day Adventist church members were open to a healthy lifestyle much more than I was expecting. In addition, I found that they agreed 100% to do the NEWSTART program.

Section 2: Diet

When people hear about the Korean diet for the first time and when they want to start it, they might run into some questions that need to be answered. I tried to gather most of the questions that people have asked and questions that we think might come up when people think about starting this healthy and delicious diet. After reading through this project, I believe almost all the questions people had regarding the diet was answered.

Research Survey Findings

The second section of research items is about diet. There are 23 research statement items. These items were created to examine the understanding of the members in the Andrews Korean Seventh-day Adventist church. Most of the second section about the information will be indicated as “yes or no” questions.

Out of the respondents to the survey questions, 40% are vegetarians. Among vegetarians, 12% have been vegetarians less than 2 years, 6% less than 5 years, 6% less than 10 years, and 74% more than 10 years. Fourteen percent (14%) were vegetarians before becoming Seventh-day Adventists, 76% became vegetarians after becoming Seventh-day Adventists.
Reason for becoming a vegetarian are:

Due to the influence of parents 23 %, 6 % health related, 2 % through friends, 23 % because of the Seventh-day Adventist health message, and 46 % did not answer. Seventy-six percent (76%) tried to be vegetarian, 19 % never tried to be vegetarian, 4 % did not answer. Fifty-one percent (51%) went back to being non-vegetarians, 34 % believe meat has better nutrition, 17 % that meat has a better taste, and 48 % did not answer. As vegetarians, 48 % said that they eat a balanced diet, 34 % said they do not, 17% did not answer.

Thirty-four percent (34%) eat snacks regularly. Fifty-three percent (53%) eat brown rice daily. Eighty-seven percent (87%) said that they digest brown rice very well.

Some eat white rice because:

From the respondents, 42% say it tastes better, 12 % said it digests better, 10 % said it is easy to buy, 31 % did not answer.

Sixty-eight percent (68%) drink filtered water, 44 % drink at least 2000cc of water per day, 95 % drink water when their stomach is empty, 48 % drink carbonated drinks daily. From the respondents, 48 % drink juice—commercial juice with sugar in it, 10 % drink coffee daily, 46 % fast for health reason.

While, of the respondents, 8 % use MSG (monosodium glutamate) when they cook, 2 % use tobacco or alcohol, Ø % use street drugs, 27 % use prescribed narcotic medications due to pain, Ø % use medication for depression, and 6 % use sleeping pills daily.

According to “Korean Food in History” (n.d.), the Ministry of Culture, Sports and Tourism of the Republic of Korea reported that Korean cuisine has evolved through
centuries of social and political change. Originating from ancient agricultural and nomadic traditions in the Korean peninsula and southern Manchuria, Korean cuisine has evolved through a complex interaction of the natural environment and different cultural trends. Korean cuisine is largely based on rice, vegetables, and meats. Traditional Korean meals are noted for the number of side dishes (반찬; banchan) that accompany steam-cooked short-grain rice. Kimchi is served at nearly every meal. Commonly used ingredients include sesame oil, doenjang (fermented bean paste), soy sauce, salt, garlic, ginger, pepper flakes, gochujang (fermented red chili paste) and napa cabbage.

Ingredients and dishes vary by province. Many regional dishes have become national and dishes that were once regional have proliferated in different variations across the country. Korean royal court cuisine once brought all of the unique regional specialties together for the royal family. Foods are regulated by Korean cultural etiquette.

Questions Asked in the Survey

10. Are you a vegan?
   Yes ( )   No ( )   Vegetarian, but eat dairy products ( )

11. How long have you been a vegan or vegetarian?
    2 yrs or less ( )   2-5 yrs ( )   5-10 yrs ( ) More than 10 yrs ( )

12. Were you a vegan before becoming a SDA member?
   Yes ( )   No ( )

13. What made you become a vegan or vegetarian?
    Influence of parent ( )   Health related ( )
    Influence of friend ( )   SDA health message ( ) Other ( )

14. If you are a meat eater, did you ever try to be a vegetarian?
    Yes ( )   No ( )

15. If you went back to being a non-vegetarian, what was the reason?
    Better nutrition ( )   Meat tastes better ( ) Don't believe vegetarian is better than a non-vegetarian diet ( )

16. If you are vegan or vegetarian, do you eat a balanced diet (protein, fats, minerals, carbohydrates, vitamins)?
    Yes ( )   No ( )

17. Do you usually snack between meals?
Yes ( ) No ( )

18. Do you eat brown rice at most of your meals?
   Yes ( ) No ( )

19. Does brown rice digest well for you?
   Yes ( ) No ( )

20. You eat white rice all the times, because
   Better taste ( ) Digests better ( ) Cheaper than brown rice ( )
   Easy to purchase ( )

21. Do you drink filtered water?
   Yes ( ) No ( )

22. Do you drink more than 2000cc of water per day?
   Yes ( ) No ( )

23. Do you drink water when your stomach is empty?
   Yes ( ) No ( )

24. Do you drink carbonated drinks (7 Up, Pepsi, Coke, etc.)?
   Yes ( ) No ( )

25. Do you drink juices?
   Yes ( ) No ( )

26. Do you drink coffee regularly—at least cup a day?
   Yes ( ) No ( )

27. Do you practice fasting for health reasons?
   Yes ( ) No ( )

28. Do you use monosodium glutamate (MSG) for cooking?
   Yes ( ) No ( )

29. Do you use tobacco and drink alcohol?
   Yes ( ) No ( )

30. Are you chemical dependent (use street drugs)?
   Yes ( ) No ( )

31. Are you narcotic dependent for a pain issue?
   Yes ( ) No ( )

32. Do you take medication for depression?
   Yes ( ) No ( )

33. Do you take medication for sleep?
   Yes ( ) No ( )

Section 3: Health

This section describes some of the information known about Korean-Americans.

Relatively little information is available with regard to health status and health care of

Korean-American seniors in the United States. Nevertheless, the Korean Heritage Library
at the University of Southern California has quality resources Korean-Americans. Many Koreans, especially seniors, may prefer Hanbang, also known as Hanyak, and Oriental medicine, as the preferred method of health care. Practitioners of traditional Oriental medicine are called Hanui. Hanbang is derived from Chinese medicine and is based on a balance between um (the same as yin) and yang, and a balance of fire, earth, metal, water, and wood (Pang, 1989, 1991). Diagnostic methods used in Hanbang are observing the patients, obtaining histories of the illness, listening to patients’ voices, and taking their pulses. The four most common treatment methods are acupuncture, herbs, moxibustion, and cupping. Korean patients may alternate between practitioners of Western and traditional Korean medicine, although each type of practitioner may discourage patients from seeing the other (McBride, Morioka-Douglas, & Yeo, 1996).

One conceptualization of illness is the interruption of the flow of life energy and blood, or Ki (ch’i in the Chinese medicine), as follows: (a) lack of regularity and control of daily patterns of living from physical exertion, which can cause arthritis, high blood pressure, or other pain; (b) lack of control of food intake, which can cause diabetes or fainting spells; (c) lack of blood caused by “drying blood” which can cause neuralgia or cramps; and (d) coldness, dampness, and/or wind (Pung), which may come from inside the body, also can interfere with the flow of Ki, producing neuralgia, indigestion, or abdominal pain.

Most Koreans prefer methods perceived to be natural ways of improving health, such as diet, eating uncooked or natural foods, and by walking around their home or in a park to get fresh air. In addition, they will use traditional Oriental health practices to
prevent them from becoming ill. For example, they may use a fomentation bath, or a sauna, to promote the circulation of the blood.

Questions on Health From the Survey

34. Are you a diabetic?
   Yes ( )   No ( )
35. Are you a cancer patient?
   Yes ( )   No ( )
36. Do you have hypertension (high blood pressure)?
   Yes ( )   No ( )
37. Do you have a heart problem?
   Yes ( )   No ( )
38 Do you have kidney problems?
   Yes ( )   No ( )
39. Are you taking any prescribed medication for chronic health reasons?
   Yes ( )   No ( )
40. Are you over weight (obese)?
   Yes ( )   No ( )
41. Are you underweight due to anorexia, bulimia, or binging?
   Yes ( )   No ( )
42. How often do you take a shower?
   Daily ( )  2 times a week ( ) 3 times a week ( ) Once a week ( )
43. Do you see your physician and dentist regularly?
   Yes ( )   No ( )

From the questions asked in the survey, which were designed to discover whether Andrews Korean Seventh-day Adventist church members have a clear understanding of their health issue, the respondents came up with this statistic analysis; 6 % are suffering from diabetes, while 2 % are suffering from cancer. Survey questions 36-43 indicate the percentage of respondents suffering from various health issues:

36. 15 % are suffering from hypertension
37. 2 % have heart issues
38. 2 % are suffering with a kidney issue
39. 27 % are taking prescribed medication from their attending physician.
40. 8 % complained of obesity.
41. 0 % are bulimia or anorexic
42. 80 % take a shower daily; 6 percent take a shower twice a week; 12 percent take a shower three times a week.
43. 51 % see their physicians or dentists at least once a year.
Section 4: Exercise

Exercise, physical activity, physical fitness, and sports are terms that are usually used in scientific literature to promote health. Presently, Korean society is moving towards a sedentary lifestyle, and there is a need to increase physical activity levels during leisure time to promote health. The surge of academic and professional interest in the effects of physical activity has resulted in a large amount of literature on interventions and guidelines for physical activity. In addition, epidemiological studies have reported a reduction in incidences of cardiovascular diseases in more physically fit people, and a reduction of atherosclerotic risk factors in more physically active people. Other studies have consistently documented the positive effects of exercise on depression, body image, and life satisfaction and social interaction. Since there are positive effects of physical activity on health status resulting from participating regularly in physical activity, promoting higher levels of physical activity during leisure time is often emphasized.

Of the questionnaires distributed, respondents completed and returned 98% of them, but 2% were deemed unusable because of duplicate or incomplete responses. Of the respondents, 41.2% were males, while 58.8% were females. The respondents ranged in age from 20 to 80 years old. The questionnaires consisted of questions on (a) demographics, (b) recreational activity type during leisure time, and (c) physical activity level.

Types of recreational activities involved a simple five-item question on recreational activities based on previous studies. Six percent (6%) of the respondents said they did no exercise, 46% exercise once or twice a week, 29% three to four times a week, and 17% do more than 5 times a week. Eighty percent (80%) of participants
exercise more than 30 minutes at a time, 85% of participants exercise in their home, while 14% are health club members. Survey questions 44-47 gathered the aforementioned results.

44. How often do you exercise?
   Not at all ( )  1-2 times a wk ( ) 3-4 times a wk ( ) 5 times a week ( )
45. When you exercise, do you exercise more than 30 minutes each time?
   Yes ( ) No ( )
46. Do you belong to a fitness center? Answer yes for Andrews University student.
   Yes ( ) No ( )
47. Do you exercise at home or at a fitness center?
   Home ( ) Fitness Center ( )

Section 5: NEWSTART Program

Health is the product of individual, social, and environmental factors. Members of many minority communities underutilize services from mainstream health centers such as primary care clinics and hospitals for various reasons that may include, but are not limited to: lack of insurance, distrust, language and access barriers, etc. According to Ackerson and Gretebeck (2007), Wells and Roetzheim (2007), Cheatham et al., (2008), and Schueler et al. (2008), these minority communities tend to use non-conventional entities like church, school, or even community centers to access basic health needs for themselves. Among the various non-health entities, churches and other religious organizations, in particular, have shown much promise as partners in health promotion. DeHaven, Hunter, Wilson, Walton, and Berry, (2004, pp. 1030-1036) describe faith-based health programs as producing positive effects. For example, they can significantly increase knowledge of disease, improve screening behavior and readiness to change, and reduce the risk associated with disease and disease symptoms.

Among the many Christian denominations, the Seventh-day Adventist Church is known to place a strong doctrinal emphasis on health and wholeness. Based on the
church’s statement at General Conference of Seventh-day Adventists (n.d.), the church promotes vegetarianism and discourages the use of tobacco, alcohol, and illicit substances. The NEWSTART program embodies a message of health and wholeness. NEWSTART is the acronym that stands for Nutrition, Exercise, Water, Sunshine, Temperance, Air, Rest, and Trust in God. Ellen G. White is popular among Seventh-day Adventist Church members, especially with the publication of her books, *Ministry of Healing* and *Health* and *Temperance*. White’s books give foundational insights into various forms of NEWSTART programs and have been studied and reported by scholars such as Lee (2004), Ashley and Cort (2007), and Slavicek et al. (2008). Given that health is an important part of Seventh-day Adventist religious belief, this study represents a promising partnership with the church in future health work. We took this opportunity to describe and report our findings of this survey. It is interesting to note from the survey that 100% of participants are familiar with the NEWSTART program. While 85% of the participants have read or watched a DVD about the NEWSTART program. Out of those who participated, 55% had attended and/or participated in NEWSTART program at least once so far. It was exciting to note also that 100% of participants believed that the NEWSTART program enhances their lifestyles, while 78% are willing to attend a program if our church has a NEWSTART program. Survey questions 48-52 gathered those data.

48. Are you familiar with the New Start program?
   Yes ( )  No ( )

49. Have you ever read a book or watch a DVD regarding the New Start program?
   Yes ( )  No ( )

50. Did you ever attend a New Start program?
   Yes ( )  No ( )

51. Do you believe that “New Start” program will enhance your healthy life?
   Yes ( )  No ( )
52. If there is a New Start program in our church, are you interested to attend?
Yes ( ) No ( )

Section 6: Finance

The United States Census Bureau (2003a, p. 239.) reports, “Approximately 80% of Koreans residing in the U.S. are foreign born, and over half aged 18 and older do not speak English well.” In addition, United States Census Bureau (2003b), also states, “The median household income for Korean Americans is one of the lowest among the Asian subgroups in Los Angeles County.” According to Jo, Maxwell, Yang, and Bastani, (2010, pp.156-164), “A larger proportion of Korean Americans are uninsured than any of the other five Asian American and Pacific Islander groups in California.”

Survey questions 53-57 examined participants regarding finances:

53. Are you satisfied with your income?
Yes ( ) No ( )

54. If you are not retired yet, do you save money for retirement from every paycheck?
Yes ( ) No ( )

55. If you retired, did you prepare for your retirement?
Yes ( ) No ( )

56. Do you go on vacation at least once a year?
Yes ( ) No ( )

57. Do you have debt (not car loan or house mortgage)?
Yes ( ) No ( )

The questions were intended to examine the knowledge of the church regarding finance and how they are articulating the existing knowledge on being good stewards of their monies. More than 40 % of the participants are satisfied with their income, 38 % are preparing for their retirement, but only 8 % are ready for retirement, while 29 % did not prepare for their retirement. It was discovered from the survey that 76 % go on a vacation
at least once a year and 36% said they have no debts now. While 61% did not answer question 57.

**Korean Diet Versus American Diet**

**What Koreans Eat**

As in other Asian countries, the basis of the South Korean diet is rice. In fact, the traditional Korean greeting “Have you eaten rice today?” is similar to saying “How are you?” in the United States. The diet also emphasizes vegetables, fish, soy, and fermented vegetables, known as kimchi. Korean cuisine is known for its barbecued meats and, while South Koreans enjoy their barbecue, they eat it sparingly. Koreans also use a minimal amount of fat in their cooking, preferring to steam or boil vegetables and roast or broil meats, and use small amounts of sesame oil when stir-frying (see Appendix D).

All Korean traditional non-alcoholic beverages are referred to as *eumcheongnyu* (음청류 飲清類). According to historical documents regarding Korean cuisine, almost 200 items of *eumcheongnyu* are found. *Eumcheongnyu* can be divided into the groups of *cha* (차 tea), *tang* (탕 boiled water), *jang* (장 fermented grain juice with sour taste), *suksu* (숙수), *galsu* (갈수 thirst water), *hwachae* (화채 fruit punch), *sikhye* (식혜 sweet rice drink), *sujeonggwa* (수정과 persimmon drink), *milsu* or *kkulmul* (밀수, 꿀물 honeyed water), *jeup* (즙 juice) and milk by their ingredient materials and preparation methods. Among the *eumcheongnyu, cha, hwachae, sikhye, and sujeonggwa* are still widely favored and consumed; however, *tang, jang, suksu,* and *galsu* have almost disappeared in the present.
What Americans Eat

The typical American diet is quite different from the Korean diet. It is high in sugar and fat and loaded with processed foods. According to the 2010 Dietary Guidelines for Americans, the top source of calories for adults in the United States is grain-based desserts, which include cookies, cakes, and doughnuts. Americans also eat a lot of bread and chicken both fried and baked and processed foods such as pizza, tacos, and pasta dishes. Soda, energy drinks, and sports drinks are also a top source of calories in the American diet.

Differences Between Vegan and Vegetarian

A vegetarian excludes meat, poultry, and seafood from their diet. Some vegetarians also exclude dairy, some don’t, and some may consume eggs. Likewise, vegans avoid meat, poultry, and seafood, but they also take it a step further by eliminating all animal products from their diet. This includes any type of animal milk and eggs. Vegans avoid foods produced using animals or animal products in any way, including honey. Many vegans also avoid household products, clothing, or other items made from animal products or tested on animals. “Vegan is someone who does not eat any animal products meat, seafood, dairy, eggs. A vegetarian does not eat any meat or seafood anything that needs to be killed, but typically eats dairy and/or eggs.” Orchel (2009) p.1.

Vegan and Vegetarian Diet Considerations

Both vegetarians and vegans have to be sure the complete spectrum of their nutritional needs are met. This means eating a balanced selection of foods to get their daily nutritional requirements of zinc, iron, calcium, and protein. Having a very diverse diet and taking advantage of all the food choices available is a great step in the right direction.
to getting all the nutrients your body needs. Popular foods among both vegetarians and vegans include kale, grains, nuts, legumes, and beans. Because processed foods are avoided, having vegan diet habits is a great way to get into the kitchen and prepare your own healthy and delicious dishes! Continue to watch the blog because I’ll be sharing some of my favorite recipes and recipe resources in coming posts (Group, 2015).

**Conclusion**

This project demonstrates the feasibility of possible interventions that may help church members with various illnesses, including other progressive neurologic conditions, preserve their unique personhood. It has the potential to provide important data related to the spirituality of the church members and their family. Additionally, it has demonstrated educational benefits to the investigator in ways that may promote clinical effectiveness, spiritual awareness, and personal physical growth. As we move forward, the researcher plans to explore ways to make the project sustainable in the church setting and feasible in institutions and for individuals or communities with fewer resources.
CHAPTER 5

SUMMARY OF THE IMPLEMENTATION, OBSERVATIONS,
AND RECOMMENDATIONS

Implementation

The purpose of this project was to reintroduce a safe and healthy lifestyle to the Andrews Korean Seventh-day Adventist Church here at Andrews University. The project focused on the concept of personal as well as spiritual health. Within the framework of the project, it was intended to create self-awareness for members of Andrews Korean Seventh-day Adventist Church of their need for physical, mental, emotional, and spiritual health. The project was also intended to provide validation and encouragement to those members in the Andrews Korean Seventh-day Adventist Church who are already aware and consciously practicing healthy lifestyles. The project also highlighted the necessity for the Andrews Korean Seventh-day Adventist members to accept their humanity and live within their human cultural limitations. Finally, the project addressed different ways in which the Andrews Korean Seventh-day Adventist members can maintain a balance between the demands of daily living expectations and family or personal expectations by learning how to observe appropriate health law boundaries.

Most of the members of the Andrews Korean Seventh-day Adventist Church are pastors or pastor’s spouses or children. I observed that before my introduction of NEWSTART program to Andrews Korean Seventh-day Adventist church, some of the church families do not understand the need to live a healthy lifestyle and be free from illnesses that are preventable. I observed also that 18% joined the gardening practicing
group in the year 2017, 9% of the membership joined the Badmington group that practices on every Wednesday and Sunday. Twenty people which constitutes about 12% of the church membership started to bring their bottled water to the church and also to nearly all the program held in the church since the introduction of NEWSTART program in the church. The migration effect from Korea to the United States plays a significant role in worldview adjustment for many of the members of the Andrews Korean Seventh-day Adventist Church. Some of the members are poor and may not be able to afford balanced diets due to the high cost of attending Andrews University. Based on the economic adjustment, some of the members of the Andrews Korean Seventh-day Adventist church do not have medical, vision, or dental insurance. Only a few of the members are aware of the knowledge of how to prevent illnesses through adequate diet and applying laws of nature to work to their benefit.

The theological framework of this project revealed that Korean Seventh-day Adventist members belong to God as their Creator. Since humans were created in God’s image, God wanted them to maintain the image. When God created the heavens and the earth, He created with it elements in nature that may enhance human health without dependency on medications for health. God created hours of daylight to work and hours of night to rest. God created a special day for humans to rest from all their labor and to commemorate His creation. This special day is also for humans to rejuvenate and align with God. Also, God created different kinds of food like fruits, nuts, grains, and vegetables that, when we continue to use them, benefit the body immensely. Unfortunately, many Korean Seventh-day Adventist members are getting more inclined
to using refined foods they find in the U.S. and this is causing much damage to their personal health.

White states (1948, p. 254),

When Christ saw the multitudes that gathered around Him, He was moved with compassion on them, because they fainted, and were scattered abroad, as sheep having no shepherd. Christ saw the sickness, the sorrow, the want and degradation of the multitudes that thronged His steps. To Him were presented the needs and woes of humanity throughout the world. Among the high and the low, the most honored and the most degraded, He beheld souls who were longing for the very blessing He had come to bring; souls who needed only knowledge of His grace, to become subjects of His kingdom. Then said He unto His disciples, ‘The harvest truly is plenteous, but the laborers are few; pray ye therefore the Lord of the harvest, that He will send forth laborers into His harvest’ Matthew 9:36-38.

Today, the same needs exist. The world is in need of church members who will live as Christ did without the effects of sickness taking over their lives with pain and suffering. There is indeed a lot to learn and many to be taught. The world is full of sickness, suffering, distress, and sin. It is full of those who need to be ministered unto—the weak, the helpless, the ignorant, the degraded. White (1948a) goes further,

Many of the youth of this generation, in the midst of our churches, religious institutions and professedly Christian homes, are choosing the path to destruction. Through intemperate habits, they bring upon themselves disease, and through greed to obtain money for sinful indulgences, they fall into dishonest practices. Health and character are ruined…but God looks upon them with pitying tenderness. (p. 133)

When Jesus was on earth as a human, He gave examples of the need for healthy living from all the prevailing diseases that abounded during His time. On many occasions, He healed diseases and sent His disciples out two-by-two to go and do missionary exploits. The mandate Jesus gave to His disciples when they were sent out was to preach, teach, and heal the sick. This example provided a solid framework for how church members should take their bodies seriously by keeping them healthy. On another occasion, the disciples were hungry and they were walking by a field of barley (Matt
12:1-8). The disciples ate some of the grain in the field and the Pharisees got upset about this because it violated some of their religious rules regarding Sabbath observance. Jesus reminded them of a time when King David was hungry and he went into a holy place, where only the priests were allowed to go, and ate some of the sacred bread that was on the altar, which was to be eaten only by the priests. Jesus took care of Himself and His men, even when it meant that He was misunderstood.

The literature review revealed that many church members are sick due to lack of knowledge of effective healthy living. Sickness among members reduces their efficiency and effectiveness at home church and even within their communities. One of the key reasons members become sick is due to not living a healthy lifestyle, such as eating a balanced diet, exercising, getting enough rest after work, and maintaining an adequate and healthy worldview that fosters healthy spirituality. The literature revealed that some members have the problem of integrating theology, culture, and personal life. In Korea, many cultural practices of diet and exercise are ethically and morally gratifying, but are not acceptable to the church. As the literature revealed, it is expedient and imperative for church members to learn how to practice personal health management.

Chapter 4 contains the report of the survey that was instrumental in teaching the Andrews Korean Seventh-day Adventist members the essence of healthy living standards. The project’s objective was to create awareness of the prevailing evidence of church members’ need of personal health and maintenance. In addition, the project helped to inform the members of the church on how they can avoid the pitfalls of either acute or long-term sicknesses. The project also enlightened the members on how to work collaboratively among themselves as support for each other to achieve the community
health goal. The project educated the members on how to integrate culture and theology together in order to have a balanced spiritual healthy life.

Table 5

*Small Groups at Andrews Korean Seventh-day Adventist Church for 2017*

<table>
<thead>
<tr>
<th>Small Group Name</th>
<th>Date Started</th>
<th>Date Ended</th>
<th>Attendance</th>
<th>When and Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking Group</td>
<td>April 8</td>
<td>November 11</td>
<td>8</td>
<td>Sat 3-5 p.m.</td>
</tr>
<tr>
<td>E. G. White Study Group</td>
<td>February 25</td>
<td>December 16</td>
<td>6</td>
<td>Sat 1-3 p.m.</td>
</tr>
<tr>
<td>Gardening Group</td>
<td>May 20</td>
<td>October 21</td>
<td>15</td>
<td>Sat 1-3 p.m.</td>
</tr>
<tr>
<td>Badminton Group</td>
<td>March 19</td>
<td>December 20</td>
<td>18</td>
<td>Wed 7-10 p.m. Sun 2-5 p.m.</td>
</tr>
<tr>
<td>Tennis Group</td>
<td>April 16</td>
<td>October 22</td>
<td>9</td>
<td>Sun 1-5 p.m.</td>
</tr>
<tr>
<td>Radio Remote Airplane or Helicopter Group</td>
<td>May 14</td>
<td>July 9</td>
<td>5</td>
<td>Sun 9 a.m.-1 p.m.</td>
</tr>
<tr>
<td>Korean Calligraphy Group</td>
<td>April 16</td>
<td>October 22</td>
<td>4</td>
<td>Sun 2-5 p.m.</td>
</tr>
</tbody>
</table>

Although, in Table 3, there are ending dates for some of these implementation activities, some of them are still on-going. Some of the on-going groups include gardening, badminton, and tennis. It appears some of the members of the church really love to be involved with the NEWSTART program, especially in the area of physical activities.
Small Group Titles and Description

Walking Group

Objective: Walking is the best exercise according to E. G. White in her book, *Testimonies for the Church* (1948b, p. 378). She says, “There is no exercise that can take the place of walking.”

Duration: The walking small group started on March 11, 2017 and ended on November 11, 2017 due to inclement weather.

Place of meeting: Eight members met every Saturday afternoon between 3-5 p.m. They met at the Andrews Korean Seventh-day Adventist Church parking lot and walked around the Andrews University campus area. In addition, we often walked through Love Creek Park, St. Joseph Michigan Park, and Stevensville Public Park. We walked between one to two hours outdoors, weather permitting, or at Andrews University Johnson’s Gym on rainy or snowy days.

Benefits: Increased health and building friendships.

E. G. White Study Group

Objective: The purpose of this group was to read through E. G. White’s books. Members already have relationship with the Bible so the group focused on how to read E. G. White’s work systematically.

Duration: The E. G. White study group started on February 25 and ended on December 16, 2017.

Place of meeting: members met every Saturday afternoon between 1 and 3 p.m. at the Andrews Korean Seventh-day Adventist Church classroom.
Benefit: To increase awareness of the importance of E. G. White’s writings in relationship to the Bible prophecies.

Gardening Group

Objective: This small group was developed for church members to grow their own vegetables. This served two major purposes of having (a) healthy, homegrown food to eat, and (b) exercising while gardening. I helped seven church members plow their backyard gardens to encourage them to grow vegetables without the use of chemicals or pesticide. Additionally, I encouraged the members to use the Andrews University vegetable garden plots. I found out that eight family members used Andrews University’s garden in 2017. I have a green house, and I shared some of my seedling with our church member’s gardening group. I shared Egg plant, Cucumber, Zucchini, Korean corn, Korean Radish.

Duration: The gardening small group was started on May 20, and ended on October 21, 2017.

Place of meeting: Mostly at the Korean Seventh-day Adventist church, but also the also met at the Andrews University gardens and homes of church members.

Benefits: Growing organic food and exercising while gardening.

Badminton Group

Objective: To bring church members together using a sport that will promote being active.

Duration: The group began on March 19, and ended on December 20, 2017. It met on Wednesdays from 7-10 p.m., and on Sundays from 2-5 p.m.
Place of meeting: Living World Church gym at 8450 Kephart Lane, Berrien Springs, MI. In the beginning, the group met at Johnson’s Gym on Sundays.

Benefits: Benefits of the group were the ability to be more active, as well as develop social connections with other members.

Tennis Group:
Objective: To engage the participants in activity, while promoting friendships.
Duration: The group started on April 16, and ended on October 22, 2017. The meetings were every Sunday from 1-5 p.m.
Place of meeting: Andrews University Tennis court.
Benefits: Exercise and social interaction.

Remote Control Helicopter and Airplane Group:
Objective: The main objective for this activity was to focus on emotional gravitation and support. Additionally, it helped to build emotional resiliency and to foster companionship among participants. Finally, it helped to solve the problem that many members had of not knowing where to fly their RC airplanes or helicopters.
Duration: The group started on May 14, and ended on July 9. The meetings were every Sunday from 9 a.m.-1 p.m.
Place of meeting: Andrews Korean Church parking lot or Andrews University farm area.
Benefit: To foster companionship and emotional resiliency.

Korean Calligraphy:
Objective: To learn Korean Hangul (Korean alphabets), cultures, and Korean history.
Duration: The group started on April 16, and ended on October 22. The meetings were every Sunday from 2-5 p.m.

Place of meeting: Andrews Korean Seventh-day Adventist Church classroom.

Benefit: Calligraphy can help people to be calm, especially children; they acquire peaceful concentration and eliminate impatience and irritation. Also, calligraphy helps us learn to appreciate beauty, and to find beauty.

**Implementation Details**

Step 1

For the success of my strategy and also for effectiveness sake, I requested the church pastor to prepare the church by preaching a series of sermons during the Sabbath weekends that I distributed the program survey and conducted presentations at the church. The sermon topics that I suggested to the pastor are as follows:

1. The importance of living in good health
2. God’s desire for us to flourish in health.
3. Adherence to God’s laws as essential to the healthy functioning of His people.

Step 2

I requested for placement of the NEWSTART plan in the weekly church bulletin announcements.

Step 3

I set up specific times for individual church members to meet with me for support, advice and counseling, based on their needs.

Step 4

I plan to work with Michigan Seventh-day Adventist Conference to see how
biblically cultural principles of healthy living may be incorporated into the church’s worship life.

Observations

As far as it could be established, there has not been any formal study conducted in relation to NEWSTART healthy lifestyle program among the Andrews Korean Seventh-day Adventist Church members. However, through the literature reviewed and through survey participation of the members of the church, I observed that the Andrews Korean Seventh-day Adventist Church needed intentional education critically geared towards improving personal, spiritual, emotional, and financial health of its members.

Recommendations

The aim of the Andrews Korean Seventh-day Adventist Church is for both members and their pastors to work together with God in order to witness the restoration of the image of God in humans. This is achieved, in part, through a healthy lifestyle and through developing and maintaining positive relationships. Based on the conclusions drawn from the project, I make the following recommendations:

1. Members in the Andrews Korean Seventh-day Adventist church should be taught the principles of personal health maintenance. Also, the church administration ought to be intentional about promoting and supporting the teaching of the principles of health components to the members.

2. The Andrews Korean Seventh-day Adventist seminary administration should include and implement curricula that will integrate healthy lifestyle principles to students who will become pastors. Total and true education should help students make a positive
impact on the lives of others to bring about a better society, using the example of how education has shaped their own lives.

3. Pastors should be empowered and encouraged to train their members to live a healthy lifestyle as members within the congregation.

4. The NEWSTART program as a healthy lifestyle is a concept that permeates every aspect of Asian life, and there is no formal distinction between the sacred and the secular when it comes to healthy living practice. Therefore, pastors, administrators, and even members of the Adventist Church in Korea, and Korean Seventh-day Adventist congregations here in America, should make the NEWSTART program a way of life for pastors and church members.

**Recommendations for Further Study**

1. It would be beneficial to study the meanings involved with the experiences of cultural beliefs and the impact of such meanings among members within the Korean Seventh-day Adventist Church. Determining such meanings may help to see how NEWSTART principles may best be adapted to such culture and integrated into the church members’ cultural assimilation.

2. It would be beneficial to undertake follow-up research to determine how well members understand the concept of the NEWSTART program in relation to personal growth and spiritual development.

3. It would be beneficial to investigate what type of impact the adaptation of authentic Korean dishes may have on the development of healthy living continuum among the Korean Seventh-day Adventist Church.
4. It would be beneficial to investigate other commitments of church administration to their members other than paying their salaries.
APPENDIX A

RESEARCH SURVEY
설 문 지

"앤드류스 한인 제칠일 안식일 예수 재림교회 성도님들의 향상된 생활방식에 대한 분석 연구"

제가 주님의 은혜로 앤드류스 신학대학원에서 목회학 박사과정을 수학할 기회를 가지게 되었고 이제 마지막 과정으로 한편의 논문을 작성하려고 합니다. 제가 Health Care 원목으로서 목회하고 있는 만큼 제 사역과 관련된 주제를 검토하여 왔습니다.

우리 재림교회에서 이제껏 잘 다루지 않은 주제이므로 조심스럽지만 저희 앤드류스 한인 제칠일 안식일 예수재림교회 교우님들이 이 연구조사에 관련된 것에 대하여 감사드립니다.

본 설문지는 무기명으로 비밀이 보장되며, 순수한 연구목적 이외에는 사용되지 않을 것입니다. 또한 귀하의 응답을 개인적으로 분석하는 것이 아니라 전체적 통계로 분석할 것입니다. 그러므로 설문지에 본인의 이름을 기록하지 마시기 바랍니다.

오늘 지금 여기서 작성해 주시기를 부탁드리며, 주님께서 오시는 그 날까지 하나님의 크신 사랑과 은혜 가운데서 영육간에 강건하시기를 바랍니다.

2017년 10월
원목 박 명 도 드림
응답자 여러분은 이 설문지를 작성하고 제출하시는 것으로 아래의 "설문 동의서"를 읽고 설문에 참여하기로 동의하셨다는 것을 간접적으로 표하시게 됩니다.

1과. 인구 통계학 정보
다음은 응답자 전체의 인구통계학적 정보를 위한 질문입니다. 해당되는 항목에 표(x) 해 주시기 바랍니다.

1. 성별: 여 ( ) 남 ( )
2. 연령: 만 18-29 세 ( ) 만 30-39 세 ( ) 만 40-49 세 ( ) 만 50-59 세 ( ) 만 60세이상 ( )
3. 재림 교인 신앙연수:
   2년미만 ( ) 3-5 년 ( ) 6-10 년 ( ) 11-15 년 ( ) 16 년이상 ( )
4. 직업: 학생 ( ) 가정주부 ( ) 직장인 ( ) 은퇴 ( ) 무직 ( )
5. 목회 경력 (목사님만 답하시세요)
   2년미만 ( ) 5년미만 ( ) 10년미만 ( ) 10년이상 ( )
6. 교회에서의 직분: 평신도 ( ) 집사 ( ) 장로 ( ) 목사 ( )
7. 혼인 여부: 기혼 ( ) 이혼 ( ) 미망인 ( ) 별거 ( ) 독신 ( )
8. 현재 재학 중이십니까? 네( ) 아니오 ( )
9. 최종학위: 무학 ( ) 초등학교 ( ) 중학교 ( ) 고등학교 ( ) 대학교 ( ) 대학원 ( )

2과. 식습관
10. 채식주의자 입니까?
    네 ( ) 아니오 ( )
11. 채식을 하신 기간은?
    2 년이하 ( ) 5 년이하 ( ) 10 년이하 ( ) 10 년이상 ( )
12. 재림교인이 되기 전에 채식을 하셨나요?
네(  ) 아니오(  )

13. 채식을 하게된 동기는?
부모의 영향(  ) 건강상의 이유때문에(  ) 친구의 영향(  )
재림교회의 건강기별의 영향(  ) 기타(  )

14. 채식을 시도한 적이 있습니까?
네(  ) 아니오(  )

15. 현재 채식을 하지 않는 이유는?
영양상태를 고려해서(  ) 육식을 좋아해서(  )
채식이육식보다 우월하다고 믿지 않아서(  )

16. 채식을 할때 골고루 영양을 섭취합니까? (탄수화물, 단백질, 지방, 미네랄, 비타민 등)
네(  ) 아니오(  )

17. 당신은 간식을 즐기시니까?
네(  ) 아니오(  )

18. 당신은 현미를 주식으로 드시나요?
네(  ) 아니오(  )

19. 현미식을 할때 소화가 잘 되십니까?
네(  ) 아니오(  )

20. 백미를 주식으로 하시는 이유는?
맛이 좋아서(  ) 소화가 잘 되어서(  ) 값이 싸서(  )
구입이 쉬워서(  )

21. 당신은 여과수 (Filtered water) 를 마십니까?
네(  ) 아니오(  )

22. 당신은 하루에 2000 ml (8 컵) 이상 마십니까?
네(  ) 아니오(  )

23. 당신은 공복에 물을 마십니까?
네(  ) 아니오(  )

24. 당신은 탄산음료( 7 up, Coke, Pepsi 등) 를 마십니까?
네(  ) 아니오(  )

25. 당신은 설탕이 함유된 주스를 마십니까?
네(  ) 아니오(  )

26. 당신은 커피를 매일 마십니까?
네(  ) 아니오(  )

27. 당신은 건강상의 이유로 금식을 하기도 합니까?
네(  ) 아니오(  )

28. 당신은 요리할때 모노소디움 굴루타메이트(MSG)-인공 조미료를 사용합니까?
네(  ) 아니오(  )

29. 당신은 담배나 술을 하십니까?
네(  ) 아니오(  )

30. 당신은 불법 약물을 사용해본 경험이 입습니까?
31. 당신은 통증때문에 처방된 진통제를 드시나요?
네( ), 아니요( )

32. 당신은 우울증 약을 드십니까?
네( ), 아니요( )

33. 당신은 수면제를 드십니까?
네( ), 아니요( ).

34. 당신의 통증이 있습니까?
네( ), 아니요( )

35. 암 진단을 받으신적이 있습니까?
네( ), 아니요( )

36. 고혈압이 있습니까?
네( ), 아니요( )

37. 심장병이 있습니까?
네( ), 아니요( )

38. 신장병이 있습니까?
네( ), 아니요( )

39. 건강이 안좋으셔서 처방약을 늘 드십니까?
네( ), 아니요( )

40. 비만증이 있습니까?
네( ), 아니요( )

41. 체중이 낮은이유가, 저식증- (먹는 것을 두려워하거나, 거부하는 병적현상), 식욕이상향진증, 폭식을 하고 토해내기를 반복하는 증세때문에?
네( ), 아니요( )

42. 얼마나 자주 목욕을 하십니까?
매일( ), 주 3회( ), 주 2회( ), 주 1회( )

43. 의사, 치과의사를 정기적으로 검진 하십니까?
네( ), 아니요( )

44. 얼마나 자주 운동을 하십니까?
안함( ), 주 1-2 회( ), 주 3-4 회( ), 주 5회 이상( )

45. 운동을 하실때, 30 분 이상 하십니까?
네( ), 아니요( )

46. 헬쓰클럽 회원이십니까?
네( ), 아니요( )

47. 평상시, 운동을 어디에서 하십니까?
집에서( ), 헬쓰클럽에서( )
5 과. 뉴스타트 프로그램

48. 뉴스타트 프로그램에 대해 아십니까?
   네( ) 아니요( )

49. 뉴스타트 프로그램에 관련된 책을 읽으셨거나, DVD 를 보셨습니까?
   네( ) 아니요( )

50. 뉴스타트 프로그램에 참여해 보신적이 있으십니까?
   네( ) 아니요( )

51. 당신은 뉴스타트 프로그램이 건강한삶을 증진시킨다고 믿으십니까?
   네( ) 아니요( )

52. 뉴스타트 프로그램이 우리교회에 있다면 참석할의향이 있으십니까?
   네( ) 아니요( )

6 과. 나의 가정 경제

53. 지금에 수입으로 만족 하십니까?
   네( ) 아니요( )

54. 은퇴를 안하셨다면, 은퇴후 노후를 위해 준비를 하고계십니까?
   네( ) 아니요( )

55. 은퇴를 하셨다면, 노후를 위해 준비를 하셨습니까?
   네( ) 아니요( )

56. 매년 적어도 한번은 휴가를 가십니까?
   네( ) 아니요( )

57. 빚이 있으십니까? – (자동차나 집유자는 제외)
   네( ) 아니요( )
APPENDIX B

MAP OF REPUBLIC OF KOREA
APPENDIX C

SYNOPSIS OF ANDREWS KOREAN SEVENTH-DAY ADVENTIST CHURCH HISTORY
History of the Andrews Korean Seventh-day Adventist Church

November 1977 A number of Andrews University seminary families and several residents in Berrien Springs started a vespers service on Friday at their house and established a home church.

October 1979 The Michigan SDA Conference gave recognition to the home church as the Andrews University Korean SDA branch Sabbath school and company meeting at the Village SDA Church with 30 members.

January 1981 Pastor Gae Hoon Shin became the first pastor for the Battle Creek and Berrien Springs Seventh-day Adventist Churches.

May 1983 The company moved from the Village Seventh-day Adventist Church in Berrien Springs to the Niles Westside Seventh-day Adventist Church for evangelistic work in South Bend, IN.

May 1985 The company moved to the Andrews University science complex.

September 1985 A construction committee was organized for church building.

May 1985 Andrews University leased five acres of land for 50 years to the Andrews Korean SDA Church for the new church building.

September 4, 1987 Church building groundbreaking ceremony

November 21, 1987 About 130 church members offered the first organizational worship.

June 8, 1990 Maranatha SDA members helped build fellowship hall for two weeks.

October 1992 The church building was completed.

October 10, 1992 “Andrews Korean Seventh-day Adventist Church” became the official church name and it worshipped as an affiliated church.

December 2005 The mortgage for the church building was paid off.

January 2006 A committee was organized for church consecration (dedication service).

April 15, 2006 The Andrews Korean SDA Church building was consecrated.
May 9-24, 2006 26 overseas missionaries, including the senior pastor, were sent out for a short-term mission trip to San Narciso, Philippines.

August 1, 2006 Five volunteer youth pastors began their ministry for English-speaking young people.

October 7, 2006 Andrews Korean SDA Cyber Church was established. ([http://www.akasda.com](http://www.akasda.com))

November 11, 2007 Celebration worship for the 30th anniversary of the Andrews Korean Seventh-day Adventist Church was held.

**Other Activities with Leadership and Dates:**

October 2008 Groundbreaking ceremony for the Fellowship Hall.

November 2009 Dedication Ceremony for the Fellowship Hall.

June 2010 Discipleship Center building project voted to be built outside church property.

December 2010 Fellowship Hall remodeling project begins.

February 2011 Living Word (English-speaking Young Adult Fellowship) separates and forms another church.

September 2011 Second Meeting held to discuss the Discipleship Center building project.

November 2017 Missions outside U.S. (Philippines, Korea, China, Puerto Rico).

2006-2017 Missions within U.S. (Kentucky, Indiana, Ohio, Minnesota).
Senior Pastors of Andrews Korean SDA Church:

May 1988-June 1994   Pastor Boojung Kim
June 1994-April 2000  Pastor Samyong Lee
September 2000-September 2005  Pastor Wanjoon Yang
September 2005-February 2011  Pastor Wonyoung Bong
July 2011-July 2013  Pastor Sungchul Kim
August 2014- Present  Pastor Sangkeun Lee

Assistant Pastors

September 2006-January 2007  Pastor Hangrae Ha
January 2007-September 2007  Pastor Junghan Kim
September 2007-August 2010  Pastor Jungyu Kim
August 2010-August 2015  Pastor Jinha Kim
August 2015-Present  Pastor Daniel Jeon

Youth Pastors for English Speaking Members

August 2006-November 2007  Pastor Kevin Kim, Joey Oh, Chris Choi, JungKyu Park, Austin Anderson
November 2007-March 2010  Pastor Dongbin Suh, Jinha Kim
March 2010-October 2010  Pastor Peter Ahn
October 2010-August 2015  Pastor Jinha Kim
August 2015-Present  Pastor Daniel Jeon

Youth Pastors for Korean Speaking Members

September 2006-January 2007  Pastor Hangrae Ha
January 2007-September 2007  Pastor Junghan Kim
<table>
<thead>
<tr>
<th>Time Period</th>
<th>Pastors</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2008-September 2009</td>
<td>Pastor Dae Hee Jung, Bong Gil Choi, Anna Jo</td>
</tr>
<tr>
<td>September 2009-September 2010</td>
<td>Pastor Jinsoo Park, Soonbum Kwon, Younggyo Suh</td>
</tr>
<tr>
<td>September 2010-September 2014</td>
<td>Pastor Jungchul Lee, Innjae Sohn, Kyunam Park, Sangmin Huh</td>
</tr>
<tr>
<td>September 2014- August 2016</td>
<td>Pastor Sachyun Lee</td>
</tr>
<tr>
<td>August 2016-Present</td>
<td>Pastor Dongwon Kang</td>
</tr>
</tbody>
</table>
APPENDIX D

KOREAN DISHES
APPENDIX E

INFORMED CONSENT FORM FOR SURVEY
INFORMED CONSENT FORM

I am conducting a research study as part of my Doctor of Ministry project, in partial fulfillment for my study completion at Andrews University, Berrien Springs, Michigan. Your participation in this study is greatly appreciated.

Research Title: Implementing Holistic Lifestyle Program at the Andrews Korean Seventh-Day Adventist Church.

Purpose of Study: The purpose of this study is to develop, implement, and evaluate a holistic lifestyle program at the Andrews Korean Seventh-day Adventist Church that will motivate members toward living a healthy life.

Duration of participation in study: I understand that I will be required to complete a survey, which will take approximately 10-15 minutes of my time.

Benefits: I understand that there is no direct benefit attached in this project survey, may be motivated toward living a healthy life.

Risks: I have been informed that there is no more than minimal risk.

Voluntary Participation: I have been informed that my participation in this study is completely voluntary. I am aware that there will be no penalty or loss of benefits I'm entitled to if I decide to cancel my participation in this study. And that there will be no cost to me for participating in this study.

Confidentiality: I understand that my identity in this study will not be disclosed in any published document. And that researcher will keep the records in a locked cabinet in his library before no other person will have access to the data. Data will be shredding it after 3 years of completion of the project.

Contact: I am aware that I can contact the supervisor of Chaplain Myung Do Park or Chaplain Park himself at 708-932-8972 or mdopark@gmail.com for answers to questions related to this study. My advisor is Dr. James North and you may reach him at 269-471-1590 or jamesn@andrews.edu. I can also contact the Institutional Review Board at Andrews University at (269) 471-6361 or irb@andrews.edu.

I have read the contents of this Consent and received verbal explanations to questions I had. My questions concerning this study have been answered satisfactorily. I hereby give my voluntary consent to participate in this study. I am fully aware that if I have any additional questions I can contact Chaplain Myung Park directly or his advisor.

Signature (Subject) Date
저는 주님의 은혜로 엔드류스 신학 대학원에서 목회학 박사 과정을 수학중에 있습니다. 하나님의 은혜와 저를 위해 기도해 주신 모든 분들에게 감사드립니다. 이제 박사 과정의 마지막 부분으로 엔드류스 한인교회 성도들의 전인적 건강을 위한 논문을 작성중에 있습니다. 이 논문을 위해 성도님들의 도움이 필요합니다. 본 설문 작성을 통해 주신 모든 분들에게 감사드립니다.

설문목적: 제칠일 안식일 예수재림교 엔드류스 한인교회 성도들의 전인적 삶의 질 향상을 위한 연구

연구의 목적: 본 연구는 제칠일 안식일 예수 재림교 엔드류스 한인교회 성도들의 삶을 하나님께서 계시해 주신 건강 기별에 따라 전인적 건강을 누릴 수 있도록 하기 위함이다.

설문참여 시간: 설문 작성에 소요되는 시간은 약 10-15분 정도 걸릴 것입니다.
설문 참여에 대한 보상: 본 설문에 참여함으로 귀하에게 예상되는 직접적인 이익은 없습니다. 그러나 본 설문에 참여함으로 더 나은 삶에 대한 동기가 부여될 것입니다.
설문 참여에 따른 피해: 본 설문의 참여로 귀하에게 예상되는 피해는 없습니다.
자발적 참여 및 참여 거부와 철회의 자유: 본 설문에 참여하는 것은 전적으로 귀하의 의사에 따라 결정하시면 됩니다. 만약 본 설문에 참여하기를 원하지 않으시면 동의하지 않으셔도 되며, 또한 동의 후에도 마음이 바뀌는 경우, 언제라도 연구자에게 구두 또는 서면으로 참여 중지를 요청할 수 있습니다. 어떠한 선택을 해도 귀하에게 불이익은 없을 것입니다.
비밀보장: 귀하의 개인 정보는 수집되지 않습니다. 본 설문지는 연구가 완료된 이후 3년간 봉인된 곳에 보관될 것이며, 3년 후 소각될 것입니다.

 연구자의 소속 및 연락처: 본 연구자는 엔드류스 신학 대학원 목회학 박사 과정에 있으며, 연구와 관련된 질문 이 있다면 아래의 연락처로 연락 부탁드립니다.
원목 박명도: 708-932-8972 / mdopark@gmail.com
지도교수 (Dr. James North): 269-471-1590 / jamesn@andrews.edu
기관 감사위원회: 269-471-6361 / irb@andrews.edu

나는 이 설문지의 내용에 대하여 충분한 설명을 들었으며 숙지하였습니다. 이 설문지에 대한 나의 질문에 충분한 대답을 들었으며, 자발적으로 설문 작성에 응합니다. 또한 본 연구에 관한 어떤 질문도 연구자 및 지도교수에게 문의할 수 있음을 공지 받았습니다.

서명 __________________________ 날짜 ________________
APPENDIX F

LETTER OF IRB APPROVAL
October 4, 2017
Myung Park
Tel. 708-932-8972
Email: mdpark@gmail.com

RE: APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS


Your IRB application for approval of research involving human subjects entitled: “Implementing holistic lifestyle program at Andrews Korean SDA Church” IRB protocol # 17-130 has been evaluated and determined Exempt from IRB review under regulation 46.101 (b) (2). You may now proceed with your research.

Please note that any future changes (see IRB Handbook pages 11-12) made to the study design and/or informed consent form require prior approval from the IRB before such changes can be implemented. In case you need to make changes please use the attached report form.

While there appears to be no more than minimum risks with your study, should an incidence occur that results in a research-related adverse reaction and/or physical injury, (see IRB Handbook pages 12) this must be reported immediately in writing to the IRB. Any research-related physical injury must also be reported immediately to the University Physician, Dr. Katherine, by calling (269) 473-2222.

We ask that you reference the protocol number in any future correspondence regarding this study for easy retrieval of information.

Best wishes in your research.

Sincerely,

Mordekai Ongo
Research Integrity and Compliance Officer

Institutional Review Board - 4150 Administration Dr Room 322 - Berrien Springs, MI 49104-0355
Tel: (269) 471-6361 Fax: (269) 471-6543 E-mail: irb@andrews.edu
REFERENCE LIST


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VITA
VITA

Name: Myung Do Park

Date of Birth: February 10, 1953

Spouse: Yang Keun Park

Children: Jinny Park and Benjamin Park

Education Background:

<table>
<thead>
<tr>
<th>Year</th>
<th>Degree</th>
<th>Institution</th>
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<tbody>
<tr>
<td>2009-2018</td>
<td>D.Min., Healthcare Chaplaincy</td>
<td>Andrews University</td>
</tr>
<tr>
<td>1994-1998</td>
<td>Master of Divinity</td>
<td>Andrews University, Berrien Springs, MI</td>
</tr>
<tr>
<td>1981-1985</td>
<td>Bachelor of Science</td>
<td>University of St. Francis, Joliet, IL</td>
</tr>
<tr>
<td>1971-1974</td>
<td>Seoul Adventist School of Nursing</td>
<td>Seoul, Republic of Korea</td>
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Professional Experience:

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<tr>
<td>2015-present</td>
<td>Heartland Hospice Chaplain, Mishawaka, IN</td>
</tr>
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<td>2013-2014</td>
<td>Minneapolis VAMC Protestant Chaplain, Minneapolis, MN</td>
</tr>
<tr>
<td>2006-2013</td>
<td>Vitas Innovative Hospice Lead Chaplain, Tinley Park, IL</td>
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<td>2003-2006</td>
<td>Vitas Innovative Hospice Care Staff Chaplain, Tinley Park, IL</td>
</tr>
<tr>
<td>2001-2003</td>
<td>Volunteer Chaplain at Jackson, MI, State Prison</td>
</tr>
<tr>
<td>2000-2001</td>
<td>CPE Residency at St. Joseph Medical Center, South Bend, IN</td>
</tr>
<tr>
<td>1999-2000</td>
<td>CPE Intern at Bronson Medical Center, Kalamazoo, MI</td>
</tr>
<tr>
<td>1990-1997</td>
<td>Lay Minister at Schaumburg Korean Seventh-day Adventist Church in IL</td>
</tr>
<tr>
<td>1984-1989</td>
<td>Coordinator of Clinical Nutrition Unit at St. Elizabeth Hospital, Chicago, IL</td>
</tr>
<tr>
<td>1989-2007</td>
<td>Coordinator of Intravenous Therapy, Loyola Medical Center, Maywood, IL</td>
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Credentials:

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<tr>
<td>2009</td>
<td>Northern Regional Director of Korean Chaplain Association</td>
</tr>
<tr>
<td>2008</td>
<td>Board Certified Chaplain from Association of Professional Chaplains</td>
</tr>
<tr>
<td>2004</td>
<td>Ordained to the Seventh-day Adventist church Gospel Ministry</td>
</tr>
<tr>
<td>2001</td>
<td>Ecclesiastes Endorsement from Adventist Chaplaincy Ministry</td>
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