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ABSTRACT

DEVELOPING A SMALL GROUPS HEALTH MINISTRY AT
THE VENTURA COUNTY KOREAN SEVENTH-DAY
ADVENTIST CHURCH

by

Hee Choung Park

Adviser: Anton Kapusi

ABSTRACT OF GRADUATE STUDENT RESEARCH

Professional Dissertation

Andrews University

Seventh-day Adventist Theological Seminary

Title: DEVELOPING A SMALL GROUPS HEALTH MINISTRY AT THE VENTURA COUNTY KOREAN SEVENTH-DAY ADVENTIST CHURCH

Name of researcher: Hee Choung Park

Name and degree of faculty adviser: Anton Kapusi, DMin

Date completed: February 2024

Problem

Although the members of the Ventura County Korean Seventh-day Adventist Church (VC KSDA) expressed interest in evangelism, the congregation had not shown evidence of evangelism during the past three years (2017-2020). As the pastor, I suggested that the members lacked a clear, planned, and structured program for outreach during the COVID-19 pandemic, especially for small group health programs. This study was to challenge the church to find ways to respond to the growing influence that the church wanted to have on the community.

Method

The program was designed and implemented at the VC KSDA Church in the fall of 2021 and sought to develop a health program for the whole church. I proposed that the theoretical framework for the project be the Love of God Model rather than the Information Model. The case study research methodology was selected and involved surveys, interviews, and participant observation. I wanted a methodology that was useful in exploring the research questions through an interpretation of the insights and experiences of a small, limited group of participants. The data included the participants' questionnaires and learning reflections, my field notes and evaluations, and the interviews of the attendees and the focus group. The data were evaluated using a qualitative case study research methodology and were enriched with a brief quantitative focus on analysis of their learning and practices. This project sought to initiate a small group program in the VC KSDA community. The idea of starting small groups was presented as an outreach method of a health ministry. In the context of spiritual experience, personal health, and development, the small group health ministry was presented as a relevant topic as a follow-up to the effects the COVID 19 pandemic had caused within the local community (see Appendix A).

Results

At the end of the program, the attendees reported a greater awareness of the role and importance of health ministry in their changed lives. They also described an increased sense of personal health principles and divine activity in their health practice that resulted in a deeper discernment of God's healing power. I found that 18% of the members were growing after the health program. Two people have returned to church,

two people were baptized, and seven people have joined a small-group Bible study for baptism; there was a general sharing of such healthful life resources as health foods and health-related magazines, and some people also attended regular small group meetings which focused on those matters. In addition, the participants felt that learning and sharing with other people about health led to close relationships between the church and the community, allowing the latter to be connected with the church. I reaffirm my belief that many of the participants will see the health message as their mission. Engaging in health programs also gave the participants an appreciation for the potential that health ministry outreach tools could have in the wider missionary outreach of the community.

Conclusions

Based on the program attendees' learning reflections, this developing small group ministry experience and its structured engagement with health appeared to have practical spiritual and physical benefits with transformational outcomes accruing for some participants. The attendees reported that this program seemed to give the invitation of Jesus and encourage His followers to come to Him, and was seen, in fact, to be the preferred path of healthful living and discipleship. This led to addressing the references to how Jesus "made him [an unwell person] whole" (Luke 17:14). Therefore, further exploration of this program as a part of 21st century outreach was merited and recommended.

Andrews University
Seventh-day Adventist Theological Seminary

DEVELOPING A SMALL GROUPS HEALTH MINISTRY AT
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ADVENTIST CHURCH

A Professional Dissertation
Presented in Partial Fulfillment
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Doctor of Ministry

by
Hee Choung Park
February 2024

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LIST OF ABBREVIATIONS

| | |
|-----------|--|
| ADKAR | Awareness, Desire, Knowledge, Ability, Reinforcement |
| NEW START | Nutrition, Exercise, Water, Sunlight, Temperance, Air, Rest, Trust in Divine power |
| SDA | Seventh-day Adventist |
| VC KSDA | Ventura County Korean Seventh-day Adventist Church |

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CHAPTER 1

INTRODUCTION

Small groups have been a relevant movement that addresses the role and influence of a church with the goal of outreach, doing evangelism in the world. Recent literature showed that more Christian leaders and members are needed to implement health-oriented small group programs (Sohn & Ahn, 2023, pp. 17, 24).

The Seventh-day Adventist (SDA) denomination has built on established health ministries to serve the community. Small group health ministry programs may well hold value and messages for Adventist members and leaders concerned with the perils of the COVID-19 pandemic.

This introductory chapter describes a ministry context in which the challenges of health ministry are addressed in a specific and limited way. It provides an overview of the development of the project, including a review of recent and relevant literature. It also develops and evaluates an intervention. Finally, it offers some conclusions which are unique and central to this study.

Description of the Ministry Context

The VC KSDA was started 30 years ago and currently has 40 members. At the height of its membership, there was a group of over 90 members. Attendance on a weekly basis is now small, but those who attend are devoted and eager to reach out to the

community. The ethnic makeup of this group consists of a majority of Korean members with a few international marriages of Korean wives and Caucasian husbands.

As the researcher and implementer of the project, it was important that I be a married, Asian male pastor, who had immigrated to the United States. This would foster a sense of shared identity with the members in their engagement with the study and its implementation.

Statement of the Problem

While the members of the VC KSDA had expressed an interest in evangelism, the congregation had not shown evidence of any outreach during the last three years (2017-2020). Although the Korean population had grown in the surrounding areas, church membership had decreased. The VC KSDA is located north of Los Angeles in Ventura County. In the past, Adventist media groups such as It Is Written, Hope Channel, Amazing Facts, Adventist News Network, and Faith for Today were in this region, and there was a bustling, diverse, and growing community. Since these groups relocated elsewhere, the area has changed significantly. This was instrumental in causing a reduction in the numbers of attendees/members. My observation was that the members lacked a clear, planned, and structured program for outreach, especially as it pertained to small group activities.

Statement of the Task

Even with changes in the community as described above, the Korean population had grown to over 8,000 residents. The project entailed redesigning the church's program structure to reach the community. To this end, the project was to encourage our church

members to reach out and engage with the community.

I wanted to explore God's Word for His wisdom and guidance and I was certain that this project, focusing on small group development, would be able to accomplish this goal. By God's guidance, Ellen White's books also enabled me to evaluate this task.

I firmly believed that a planned small group health program was our number one priority, and my role was to challenge the Korean community in this focus.

In response to the problem this investigation was to study, the plan was to investigate the possibility of intervening by developing, implementing, and ultimately evaluating small health group training programs. The objective was for the members of VC SDA to be integrated in the Ventura community.

Delimitations of the Project

The scope of this project was limited in several ways. First, while still considering wider small group activities, the project itself was framed within health-oriented programs conducted in the SDA context. Second, since the project was situated in the VC KSDA area, the attendees all were members and new participants in the community. Third, participation in this project was limited to people attending the 2021 small group health activities. Fourth, the curriculum contents for this project were focused on wholeness, that is, wellness-oriented programs implemented in the community.

Description of the Project Process

The project process included building a theological foundation, reviewing recent literature, developing and implementing health programs, and then evaluating and reporting the results within a selected research methodology and protocol.

Theological Reflection on Small Groups and Health Ministry

This research provides more detailed information found in the Old and New Testaments regarding small groups and health ministry. To provide a theological foundation for engaging a small group health ministry, I sketched small groups from scriptures, and then I chose to reflect on the concept of health ministry that is mainly found in the Gospel of Luke.

Small Groups

First, God embodied community in that the Father, Son, and Holy Spirit were one (Matt 28:19). There was unity, cooperation, teamwork, and a love for one another among the three Members of the Godhead (Gen 1:26). It was because of their special relationship that they decided to express that love by creating human beings in their likeness to experience and enjoy the same relationship. (Gen 2:18). God made His people to belong, and people are searching for a place to belong. As God's people, let us meet that need. Let us not live in isolation (John 17:20–23). In 1 Cor 12, the apostle Paul compared the church to the human body; he pointed out that every person has a unique role in the church, just as each part of the body has a special function. It is in community that the church is most challenged to grow in Jesus. This is God's plan for His church (2 Pet 3:18).

Second, His people cannot fully reflect God's image if they choose to live as loners in isolation. They need to interact with others in order to learn to love and to be loved. God desires that His people find community in relationships. His people are all born into a physical family group which fulfills a basic human need. In the same way, every newborn child of God needs the nurture that only a small group can give.

Health Ministry

Health ministry might be suggested that a more obvious choice would have been the messages of the Gospel of Luke, which reveal the wholeness of man, as Luke the physician observed. However, the following considerations led me to the experiential focus.

First, the Gospel of Luke contains numerous references to light (found in Luke 6:17,18) and offers memorable messages that reveal Jesus' focus on health and well-being in His ministry. Second, Luke presents the healing by disrupting the world of the seen, drawing the reader's eye further into the unseen realms of caring and to the true Healer, Jesus Christ (Luke 8). This was essentially the task of the health ministry (Luke 14:1–6). Third, the context of late first-century Christianity to which Luke responded had important similarities to the context of the early 21st century church and offered important clues regarding how it adapted to a contemporary health ministry. Fourth, “healing” is connected to several theological themes in the Gospel that have relevance for current health ministry. Jesus said, “Go and do likewise” (Luke 10:37) in the parable of the good Samaritan. Healing in the book of Luke is also explicitly connected with, and dependent upon, the work of the Spirit (Luke 4:35; 9:1) and provides a cornerstone for health ministry.

Review of Literature

A review of literature relevant to small groups and health ministry in the context of outreach was undertaken by focusing on selected works. Priority was given to current literature written within the last ten years. However, the late 2011s to early 2021s were of

such importance to the development of the field that some key earlier works were included.

First, I explored literature related to small groups, including historical overviews of the field, theoretical works, research on small group interventions, examples of health ministry resources, and other recent literature reviews. Whenever available, I included literature that approached small groups from a health perspective. Second, I surveyed literature related to outreach, which included some more general small group research. Finally, I chose to give some limited attention to the literature of small group and health ministry and Ellen White's books.

Development of the Intervention

As noted earlier, the project intervention grew out of an outreach program I had learned about at the SDA Church over more than a decade. It became apparent during that time, as Kotz (2009) stated so well, that one tip is to “live like a Seventh-day Adventist: One of the basic tenets of the religion is that it's important to cherish the body that's on loan from God. . . . They're also very focused on family and community” (p. 83).

I found this to be particularly true for these times because non-Adventists are very interested in the Adventist lifestyle. After conducting a health-oriented outreach program, I decided to refocus on it, giving priority to the development of health ministry as a way of equipping the church to share it and have other people become immersed in it. From my theological reflection and review of literature, I drew the conclusion that there was a need to identify a wholistic health framework program that could integrate a few theoretical and theological viewpoints. Furthermore, I discovered that the key elements of the “Love of God Model” (Johnson, 2019, pp. 99, 101) aligned well with the theological

insights gained from Luke's Gospel. Once adapted to this theological perspective, the model became a rich framework from which to teach and practice health ministry as an outreach program.

Structure of the Intervention

The intervention was built on active learning steps. This yielded a program structure that was broken into four phases: preparation, practices, approaches, and activities (for detailed steps, see chap. 5) that moved participants from awareness to analysis to reflection to action. A set of eight, health-based outcomes was developed for the program. The 34 hours of the program were divided among preparation, prayer, lectures, discussions, and activities and through online and in-person sessions. There were two speakers for the biblical health messages, four speakers for health (each speaker had two lectures), and four speakers for health cooking (each speaker also had two presentations; see Appendix A).

Program assignments were developed for each of the phases, including participating in a questionnaire survey and practices, writing evaluation papers, facilitating meetings with groups of people, and producing shared stories and evaluations with a team of fellow small group members. All of this was “packaged in” programs with each group in which members learned and allowed participants to post items and discuss questions online and offline.

Research Methodology and Protocol

Evaluating the intervention required me to establish a research protocol. I emphasized that the theoretical framework for the project was the Love of God Model in

contrast to the Information Model. I decided to explore small group members' perceptions of the spiritual and practical value of developing a health-oriented program as an outreach.

Quantitative data were entered for descriptive purposes, largely for their usefulness in exploring my research questions through an interpretation of the insights and experiences of a small, limited group of 6–12 participants. Eighty percent of attendees in the meeting chose to participate in the research by signing informed consent forms. Measures, in the form of questionnaires and notes, were taken to ensure the confidentiality of data and participants, as well as the credibility and reliability of the research. Data included the participants' questionnaires and learning reflections, my field notes and evaluations, and the interviews of the members and the focus group. The data, questionnaires, and notes would be anonymous. The data were then analyzed using the method of content analysis. An interpretive narrative of the intervention data is offered in chapter 5. Conclusions from the interpretation of the data, along with overarching conclusions from the project, are detailed in chapter 6.

Definition of Terms

While every effort has been made in this paper to define specialized terms as they appear in the project, some frequently used terms with specialized meanings may best be defined and situated at the beginning.

Small group is “A micro-community of 6 to 12 Jesus followers doing the Christian life deeply together” (Howerton, 2014, para. 2). My research shows that each small group should have 6–12 people. A *small group* can be seen in the account of some of the first believers following Pentecost, as outlined in Acts 2:42–47. Included in this list

are: (a) devotion to living out what they learned from studying God’s Word together (the apostles’ teaching); (b) devotion to living life together (“fellowship,” or *koinonia*); (c) eating together and/or partaking of the Lord's Supper together (“the breaking of bread”); (d) wholehearted, faith-centered prayer that brought about the miracles seen throughout the book of Acts; and (e) meeting one another’s needs even when it meant giving up something substantial of their own: “Now all the believers were together and held all things in common. They sold their possessions and property and distributed the proceeds to all, as anyone had a need” (Acts 2:44–45).

Health is defined by the WHO as “a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity” (World Health Organization, 1946, p. 1). Indeed, the whole health approach is to be healthy in mind, body, spirit, and community. A true understanding of divine healing power is the foundation to this project.

Outreach, as the term is used in this project, has the understanding that an *outreach* program aims to guide those who are learning about health programs. *Outreach* involves giving, learning, doing, and sharing. Outreach and evangelism are interchangeable in my research.

Focus group may simply refer to small group leaders. They assemble to participate in a guided discussion about meetings or to provide ongoing feedback on outreach programs.

Participants is the preferred term in this project when describing people who are engaged in small group health programs. The term “viewer” has often been used but has passive connotations. I have chosen “participant” to denote the reality that many

programs today require some level of interaction.

Practices are forms of activity. It is central to practice the programs in the VC KSDA and the community which describe the dialectical relationship between the individual and small group, attempting to demonstrate how each relies upon the other. In other words, health program practices—the things people do with or related to health in their everyday lives—both influence and shape participants, as well as allow participants to shape and enhance meaning to their world.

Summary

This introduction has offered a better health outreach program through small group projects in a very limited and focused way. The interpretive analysis of this study was intended to offer insights as to the spiritual and professional value of health ministry in the life and work of the church members. It was my hope that the program would be an encouragement to others who are pursuing or considering the implementation of similar work within the context of evangelistic outreach programs.

To accomplish the task of this project, chapter 2 will concentrate on the biblical foundations of small groups and health ministry.

CHAPTER 2

BIBLICAL FOUNDATIONS OF SMALL GROUPS AND HEALTH MINISTRY

This chapter investigated the theological foundations relating to small groups health ministry. I researched small groups from scriptures, and then I studied to reflect on the concept of health ministry that is mainly found in the Gospel of Luke.

Biblical Reflection of Small Groups

God has done evangelism through the members of the church who have disciplined themselves to work together in small groups to win souls (Luke 19:10). This method was the easiest, most economical, and most fruitful way of church growth available. Surratt (2015) said,

Small groups are limitless when it comes to a church's reach in a city. . . . Small groups meeting in homes and inviting their neighbors to join them give us the best chance to reach the 40 percent who would never walk into our churches. (pp. 14, 107)

As a result, I found that the largest churches grew to their present size because they have organized their congregations into small, soul-winning groups (Surratt, p. 12). Small groups are exciting because this method of evangelism was founded on biblical support (Exod 18:21-23; Matt 4:18-22; Acts 2).

Scriptural Sketches of the Small Group Model

The most important fact in the project was that in order to be physically, socially,

mentally, and spiritually healthy, they all need one another and recognize that God is needed (Luke 4:18). A small group is one of the best places to live out this lifestyle. Christian community is living like Jesus in relationship with one another—being caring, accepting, forgiving, understanding, and patient. The significance of the personal touch in small group activities was especially intriguing considering that unchurched people did not appear to be as relational (Rainer, 2023) as typically church members and as being available for each other in both the good times of life and the difficult times (Luke 21:11; 2 Tim 3:1–5). Thus, the small group model could be based on Scriptural implications discussed in the next subtitles.

Slick (2008) noted that the word “trinity” was not found in Scripture but that it was a term used to attempt to describe the triune God—three coexistent, co-eternal Persons who were God. Of real importance was that the concept represented by the word “trinity” existed in Scripture as outlined in the next paragraph. God embodied community in that the Father, Son, and Holy Spirit were one (Matt 28:19). There was unity, cooperation, teamwork, and a love for one another among the three Members of the Godhead (Gen 1:26).

The following was what God’s Word says about the Trinity: There is one God (Deut 6:4; 1 Cor 8:4; Gal 3:20; 1 Tim 2:5). The Trinity consists of three Persons (Gen 1:1, 26; 3:22; 11:7; Isa 6:8; 48:16; 61:1; Matt 3:16–17, 28:19; 2 Cor 13:14). In Gen 1:1, the Hebrew plural noun *Elohim*, אֱלֹהִים, was used. The noun *Elohim* is plural, but it is always used with a singular verb when it speaks of the true God. Stewart (2014) explained that this indicates a unity and diversity within the nature of God. In Gen 1:25; Gen 1:25; 3:22; 11:7; and Isa 6:8, the plural pronoun for “us” is used. The word *Elohim*

and the pronoun “us” are first person plural forms, ([la] nu) לָנוּ referring in the Hebrew language to more than two. It denotes the aspect of plurality in God. The Hebrew word for God, *Elohim*, allows for a group. It was because of their special relationship that they decided to express that love by creating human beings in their likeness to experience and enjoy the same relationship. During the creation of the world, God said, “Let Us make man in Our image, according to Our likeness” (Gen. 1:26). Next, God said, “It is not good that man should be alone; I will make him a helper comparable to him” (Gen 2:18).

The larger church body itself cannot provide the closeness needed for full development to take place. His people cannot fully reflect God’s image if they choose to live as loners in isolation. They need to interact with others in order to learn to love and to be loved. God desires that His people find community in relationships. God made men and women to have positive, supportive community interactions with one another. It is unnatural or contrary to the ordinary course of nature to be out of harmony with God and one another. Whether married or single, each person needs one another, and each one needs God.

In 1 Cor 12, the apostle Paul compared the church to the human body; he pointed out that every person has a unique role in the church, just as each part of the body has a special function. Each unique role and gift are needed and necessary. If one person suffers, the entire church community suffers just as the whole body suffers if a single part is hurting. It is in community that the church is most challenged to grow in Jesus. This is God’s plan for His church (2 Pet 3:18).

The apostle Paul said it well in 2 Cor 5:15: “He died for all, that those who live should live no longer for themselves, but for Him who died for them and rose again.”

When one is connected to Jesus, self becomes secondary, and Jesus becomes primary. Christianity builds no walls of separation between people and their neighbors, but bonds human beings to God and to one another. This research provides more detailed information found in the Old and New Testaments.

Old Testament Principles for Small Groups

After the human race was created in the image and likeness of God (Gen 1:27), men and women were created as social creatures; they lived happier and more productive lives in groups (Gen 3:18, 23, 24). The family unit was given to fulfill the basic human need, which was to love and be loved. Just as a newborn baby needs the love and attention of a family for healthy development, so a newborn child of God needed the nurture that only a small, attentive group from the larger church family can give them. “Church membership is no longer the core of a church; small groups are. Small groups are easily replicable” (Surratt, 2015, p. 13).

When God created the first man and woman in Eden, He formed a small community in relationship to Himself. They walked together “in the cool of the day” (Gen 3:8). Next, God gave them a task to do together with Him: they were to tend the garden (Gen 2:15). They were also told to be fruitful and multiply (Gen 1:28), thus increasing the size of their group. There were several key principles here of small groups. In Gen 3:8, a small group was a minimum of three individuals—two humans and God (Adam אָדָם, and his wife חַוָּה, plus God אֱלֹהִים). They interacted and did things *together* (Gen 1:28). They wanted others to join their group and add to their social and spiritual development (Gen 2:24; Eph 5:31).

Being the first created couple, Adam and Eve also formed a household—thus a

“small group”—and gave birth to all the people and nations that followed. Because of sin, God’s plan of community and harmony was disrupted—for example, in the dispute between Cain and Abel (Gen 4:8), and at the Tower of Babel (Gen 11:4, 9). However, God proposed to bring restoration to this fractured relationship. Abraham and his household group were brought into the covenant (Gen 15:17). The kingdom was promised to David and his household (2 Sam 7:16). The plan involved the Israelites as the nation God would use as His example to accomplish this task (Gen 12:2, 3).

God’s organizational structure for Israel involved large, medium, and small group relationships. The nation was composed of groups and subgroups of various sizes: It was divided into tribes, which were divided into clans, which were divided into families and individual households (Acts 10:1–8; Heb 11:4–11, 17–32). In the same manner, spiritual Israel, God’s church today, needs to have competent and balanced small groups at each level of the organizational structure. If the church overlooks any of these groupings, it will suffer in its mission.

The Old Testament concept of organizing from large to small was also seen in the leadership advice (Exod 18:21–26) Jethro, Moses’ father-in-law, gave him while the Israelites were wandering in the desert. Moses had a large group membership of more than 2 million. Exodus 38:26 states that the membership in the wilderness was comprised of 603,550 men. Adding a wife and several children to each man made for a large congregation. It was no wonder Moses pulled his pastoral hair and said, “How can I alone bear your problems and your burdens and your complaints?” (Deut 1:12). It is obvious that the task facing Moses was impossible. Many pastors today attempt to minister to a congregation with truly little assistance. It is impossible for pastors to meet the needs of

all their members alone. That is why it is important for all members to assist in ministry (White, 1998, p. 70).

In Exod 18:21–23, Jethro told Moses to select able men who feared God, men of truth who were not greedy, and place them over the people. He instructed Moses to divide the people into groups of thousands, מֵאוֹת; hundreds, מֵאֲשֵׁי; fifties, אֶלְפִים; and tens, עֶשְׂרֵת. This would mean that Moses needed, in approximate round numbers, 60,000 leaders of 10, 12,000 leaders of 50, 6,000 leaders of 100, and 600 leaders of 1,000 for a total of 78,600 leaders. Selecting the leaders and writing job descriptions for each must have been quite a task. However, God inspired Moses to follow these orders explicitly. Delegation of authority is a requirement for effective leadership (D'Ambrosio, 2014). Leadership is not one man trying to do the work of ten people. It is one man getting ten people to work to achieve organizational goals. In order to achieve this, a leader must delegate his authority to leaders under him to mobilize and motivate others to work (Kendagor, 2019, p. 24).

Biblical Reflection of Health Ministry

Luke's Healing Gospel

The context of first century Christianity to which the Gospel of Luke responded was marked by sick people, as well as the threat of diseases. The theme of the Gospels was to heal sinners, even though there were so many physicians; however, one-way sinners could be healed was to meet Jesus who could heal both physically and spiritually. Those things would happen in the small groups who followed Jesus's method.

I further summarized that these challenges have much in common with the context of early 21st century Christianity, creating a similar challenge of identity for

believers. Luke's Gospel offers contemporary Christians a path of healing, in which believers are enabled to see themselves and their Lord. Luke 4:23 says, "Physician, heal yourself" (v. 26), "yet not one of them was cleansed—only Naaman the Syrian. "He rebuked the high fever, and it left her" (Luke 4:38).

God promised healing power in Exod 15:26:

If you diligently heed the voice of the Lord, your God and do what is right in His sight, give ear to His commandments and keep all His statutes, I will put none of the diseases on you which I have brought on the Egyptians. For I am the Lord who heals you.

For Luke, this healing of "sight for the blind" in Luke 4:18 occurred only by means of the divine agency of the Holy Spirit. This miracle of healing was joined with the human agency of those who bear witness to the powerful truth of what they have seen under the word of the Spirit. This work centers on Jesus, as well as restoring the image of God in His followers. It entailed a reordering of human desire in line with God's desire so that we might see our true humanity in relationship to Jesus. It also enabled believers to perceive themselves as God's temple during everyday life.

A centurion's servant "was sick and about to die..."but say the word, and my servant will be healed" (Luke 7:7). The centurion said, "Therefore I did not even think myself worthy to come to You. But say the word, and my servant will be healed." (7:2,7). Verse 9 says, "When Jesus heard these things, He marveled at him, and turned around and said to the crowd that followed Him, "'I say to you, I have not found such great faith, not even in Israel.'" This view, from Dr. Luke's perspective, was a spiritual discipline dependent upon the agency of the Spirit and required the active faith of the viewer. This resulted in a great manifestation of Transcendence to the visible world.

Foundation of Health Ministry

To provide a theological foundation for engaging health ministry, I chose to reflect on the concept of experiencing that is found in the Gospel of Luke. It might be suggested that a more obvious choice would have been the messages of the Gospel of Luke, which reveal the wholeness of man, as Luke the physician observed. However, the following considerations led me to the experiential focus.

First, the Gospel of Luke contains numerous references to light (found in Luke 6:17,18) and offers memorable messages that reveal Jesus' focus on health and well-being in His ministry. Second, Luke presents the healing by disrupting the world of the seen, drawing the reader's eye further into the unseen realms of caring and to the true Healer, Jesus Christ (Luke 8). This was essentially the task of health ministry (Luke 14:1–6). Third, the context of late first-century Christianity to which Luke responded had important similarities to the context of the early 21st century church and offered important clues regarding how it adapted to a contemporary health ministry. Fourth, “healing” is connected to several theological themes in the Gospel that have relevance for current health ministry. Jesus said, “Go and do likewise” (Luke 10:37) in the parable of the good Samaritan. Healing in the book of Luke is also explicitly connected with, and dependent upon, the work of the Spirit (Luke 4:35; 9:1) and provides a cornerstone for health ministry.

The Importance of Healing Ministry

What became apparent throughout this research was that the biblical healing ministries matter. Luke 10:9 says, “Jesus sends out the seventy-two by two healing the sick who are there.” In the end, the significance of a health ministry cannot be located

solely within the content of a program or its influence. Rather, it is grounded in health activities—in who selects the health ministry and how it is adopted in everyday life. This was essential for the kind of healthful lives at work in Luke’s Gospel. Hubbard (1977) indicated that “Luke was a beloved physician. Yet he was much more. Serving as evangelist, preacher, teacher, and counselor, Luke was a physician of both soul and body as he shaped the symbolic world of the late first century in new ways” (p. 29). A contented mind and a cheerful spirit are health to the body and strength to the soul (Prov 17:22).

Luke 4:18 said, “To proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed, to proclaim the year of the Lord’s favor,” which was quoted from Isa 61:1, 2. Jesus’s vision was thus established in OT and NT. Isaiah 58:8 says, “Your healing will quickly appear.” Healing, in Hebrew **אָרַךְ**, means “to be extended.” To do healing ministry meant working the power to extend the Gospel. Jeremiah 8:22 says, “Is there no balm in Gilead, is there no physician there? Why then is there no recovery for the health of the daughter of my people?”

What initially seemed like an addition eventually transpired to be an awareness of the importance of health and healing, especially in the context of “pestilences in various places” (Luke 21:11) in the last days. I encouraged every church to have its own mission to spread the health message. Paul’s message focused on those “without self-control in last days” (2 Tim 3:3). “Everyone who competes in the games goes into strict training” (1 Cor 9:25), and he discoursed on self-control (Acts 24:25), focused on “whether you eat or drink or whatever you do, do it all for the glory of God” (1 Cor 10:31).

A study of the Gospel of Luke was undertaken to develop its foundation of engaging the value of the health ministering like Jesus. One of Jesus's disciples, Luke (Col 4:14), followed Jesus, and wrote about "a sick woman for twelve years, but no one could heal her" (Luke 8:43). A crippled woman was healed on the Sabbath: "Woman, you are set free from your infirmity" (Luke 13:10). While Jesus was at a Pharisee's house, a man suffering from dropsy was healed on the Sabbath (Luke 14:2, 3). Jesus said, "It is not the healthy who need a doctor, but the sick" (Luke 5:31). A man was sick and about to die, but his master said, "But say the word, and my servant will be healed" (Luke 7:7). Jesus cured many who had diseases, sicknesses, and evil spirits, and gave sight to many who were blind (Luke 7:21). Jesus sent out the twelve to drive out demons, to cure diseases, to preach the kingdom of God, and to heal the sick (Luke 9:1, 2). They set out from the village, preaching the gospel and healing people everywhere (Luke 9:6). Ten lepers were cleansed (Luke 17:14). After a man's right ear had been cut off, Jesus touched him and healed him (Luke 22:50, 51). The health ministry as Jesus' mission is emphasized in the following reference. Christ's method alone will give true success in reaching the people.

This research was also important to capture the response of how various people made sense of the healthful experiences they encountered in their lives.

Jesus and the Small Group in the Gospel of Luke

When Jesus was ready to begin explaining the kingdom of God (Mark 1:15), He began with a small group. Matthew 4:18–22 and Luke 6:13–16 list the 12 disciples (δώδεκα ἀποστόλους) Jesus chose. They needed some rough edges of character sanded off, but they were the beginning of Christianity. The specific number of 12 disciples is

interesting. I agreed with his point that once a group becomes larger than 12, the dynamic changes and it is no longer a small group, but a midsize group. That is why it is important for a small group to divide once they reach 12 members. If they do not, the survival rate is not good because the small group dynamic is no longer present (Ott, 2002, p. 29).

Another interesting small group phenomenon occurred within the group of 12 disciples. Jesus and the disciples had close friendships among themselves (John 15:14). Taylor (2011) said that “Jesus had a special closeness to Peter, James, and John, who were called Jesus’s best friends” (p. 31). In the Garden of Gethsemane (Matt 26:37), Jesus asked three of His disciples to pray with Him while the others were left in another part of the garden. Likewise, on the Mount of Transfiguration (Matt 17:1–3), the three disciples saw Jesus transformed. There is nothing wrong with group members bonding with one another; this is quite natural.

Jesus spent time with His small group, the disciples. He bonded with them, instructed them, prayed with them, and then took them with Him to observe Him ministering to others. Afterward, they retreated into their small groups and debriefed and processed their ministry and mission (Matt 14:13–23). A casual reading of the Gospels reveals that Jesus spent more time one-on-one or in small group settings than in large group settings.

Jesus always put people before structure and traditions. His goal was to model redemptive relationships. He told the disciples that if they wanted to be leaders in His small group, they had to put others before themselves. They had to be willing to serve others and give up selfish goals and desires (Luke 22:24–30). In addition, Jesus told the religious leaders that their priority should be living the principles of the kingdom, not

policing the rules of the kingdom. He said that it is what is on the inside of the person that counts, not the outward appearance (Luke 17:20, 21). Once the relationship was correct, obedience would follow. In everything the church does, including small groups, people must be the number one priority (Eph 4:1–3). Members should not participate in group life to fix one another (Heb 10:24). It is the role of the Holy Spirit to convict and change lives. Jesus also used the small group setting with His disciples to train them to see what He was about (John 1:38–39). It was a safe environment in which to share concerns and questions and be able to grow from the experience.

An example of this safe group environment was the parable of the sower that Jesus told (Luke 8:5–15). The disciples were sitting with the crowd listening to Him share the story and its application to life and ministry. When the disciples were alone with Jesus, they asked Him to explain the parable to them. Their discussion helped them understand the practices of soul winning in the kingdom of God (Luther, 2017). Similarly, the small group environment provides an opportunity for each member to minister to the others in the group, invite their friends and relatives, and learn about ministry in a non-threatening setting.

Jesus used the small group setting not only for sharing spiritual lessons, but also for serving the people. The disciples were jealous of one another and fought with each other about who would be first in the kingdom. He was able to explain it to them: “But not so with you. Rather, let the greatest among you become as the youngest, and the leader as one who serves” (Luke 22:26). The gifts of each person were to work in harmony with those of others under the guidance of the Holy Spirit.

Endofthematter.com (2018) noted the model of a healthy small group when Jesus

called, taught, and sent out His group of 12. He invested time in a group of men who turned the world upside down. As a church leads or forms its own small groups, there are four ways a church could follow the example of Christ with His followers:

1. He invited them (small groups are formed intentionally),
2. He invested in them (small groups are opportunities to learn God's word),
3. He cared for them (small groups provide a place of refreshment), and
4. He served with them (small groups reach beyond their small groups). (para. 6)

A healthy church is characterized by a serious concern for spiritual growth on the part of its members. In a healthy church, people want to get better at following Jesus Christ (Dever, 2013, p. 200). The purpose of the small group is shown in the meaning of the word “disciple” in the Bible.

The key New Testament word for *follower* was “learner.” Jesus invited people to become His disciples. Disciples followed, learned, and applied what was learned in their lives so that others could tell whom they followed. The Greek word *μαθητής*, “disciple,” was found in the New Testament only in the Gospels and Acts as a “follower or adherent of a teacher” (Disciple [Christianity], 2023, para. 1). A disciple indicated “discipleship as total attachment to someone, not the classical Greek idea of a pupil” (Conner, 2021, p. 351). The word occurs in both masculine and feminine forms. *Μαθητής* was the usual word for “apprentice.” It occurs at least 250 times in the New Testament and denotes the person who attached himself to Jesus as his Master. This word means a personal attachment which shapes the whole life of the one described as *μαθητής* and which, in its particularity, leaves no doubt as to who was deploying the formative power (Matt 10:1; 20:17; Luke 10:1; Acts 9:26; 11:26; 14:2; 21:4). A disciple was a follower who learned to

be like the one he/she followed (Luke 6:40), and as such, was related to the small group. The small group power is described in the following pages.

After His resurrection, just before He returned to heaven, Jesus gave the disciples what the church called the Great Commission. He told the disciples, and all Christians, to go to all nations and make disciples, baptizing them, teaching them to follow His teachings faithfully, and guiding the believers in living the Christian life (Matt 28:18–20). The church was to be made up of many parts. Christians were to be properly concerned with each one. They were to work at all the tasks God assigned to them. Christians were to be necessarily concerned with the Great Commission. The church was to evangelize all those—in families, neighborhoods, cities, states, and continents—who had yet to believe. The Greek phrase *πάντα τὰ ἔθνη*, which is translated “all nations,” specifies who was to be discipled. Romans 16:26 says, “According to commandment of the eternal God, [the gospel] has been made known to all the nations (*πάντα τὰ ἔθνη*), leading to obedience of faith.” Nations, *ἔθνη*, cannot mean modern nation-states. *ἔθνη* in Matthew 28:19 means a large group of people based on various cultural, physical, or geographical ties (Bush, 2013, p. 5). The meaning clearly was that the gospel must be made known to all peoples, not nations, tribes, castes, economic and social classes, specific segments of society, in order to lead them to the obedience of faith. Tens of thousands of such people groups are found in the world. A great commitment to the great commandment and the Great Commission makes the church great Christians. This occurs as His disciples organized the early churches.

The Beginning of New Testament Small Groups

After Jesus’s death and the Holy Spirit had been received at Pentecost, His

followers began to live out small group principles that Jesus had modeled. In fact, there was the foundation and agendas of small groups based on Acts 2 and the believers' experience at Pentecost. The scriptural foundational roots for small groups were found in the Spirit-filled church described in Acts 2.

Jesus then told the disciples to wait in Jerusalem for the Holy Spirit to come upon them (Acts 1:4). He said when that happened, they would receive power and be His witnesses all over the world (Acts 1:8).

Acts 2 described the disciples receiving the power of the Holy Spirit. What then follows was a description of what a Spirit-filled church looked like. In vv. 22–36, Peter preached to the people about the fact that Jesus is the Messiah, the Savior of the world and the Son of God. After hearing the sermon, the people cried out, "What shall we do?" (v. 37). Peter told them to repent and be baptized (vv. 38–41).

Then, Acts chapter 2 describes what church life was like for these newly baptized members of the newly formed, relatively pristine, Spirit-filled church. Verse 42 described four items that were part of their daily church life. First, the believers devoted themselves to the apostles' teachings, διδασκῆναι. Second, there was fellowship, κοινωνία, with one another—love, caring, sharing, and nurture. Third, they broke bread together. That is, they ate together and shared the emblems of the Lord's Supper, ἄρτου, together. Fourth, they prayed together, προσευχαῖς. Verse 43 added a fifth element, that miracles and supernatural signs occurred in the church. Other Bible references mention conversions and healings, and even resurrections from the dead (Acts 8:26–40; 14:8–19; 9:36–42).

Acts 2:44 and 45 had a sixth element. These verses said that the believers had "all things in common" πάντες δὲ οἱ πιστεύοντες (v. 44) and sold their possessions in order to

give freely to anyone in need. No doubt, some believers have lost their possessions when they became Christians. New Christians sometimes found themselves without a job, money, or a home. Thus, the members of the church helped one another and met the personal needs of the members (Got Questions Ministries, 2022). Today, those needed might include financial help with food, housing, utilities, or medical bills. In addition, meetings needed might include alcohol and drug rehabilitation and recovery programs for other addictive habits. The focus was on the impact that Christians had and still have on the world around them in bettering the lives of the suffering, poor, and others with similar needs. Based on this scriptural premise, the local church looked at organizing and leading a small group home Bible study small group that included all the principles found in Acts 2:41, 42 as mentioned in this chapter. This type of group paralleled the small group in Paul's ministry.

Relational Small Group Start-ups in Pauline Writings

Paul's ministry was outlined in Acts and in the Pauline epistles. The apostle Paul was the greatest explorer of Christianity in the first century. His missionary journeys established Christianity all over the Roman world. Examining the kind of church Paul established helps the church today to understand the beginnings of Christianity more clearly and discover whether the church established at Pentecost was a passing fad or a permanent structure inherent in the theology of the apostles.

In following Christ's instructions to go two by two, Paul began his missionary journeys in community with other disciples. Sometimes it was Paul, Barnabas, and Mark; at other times, Paul was accompanied by Silas. Paul and his community did not seek simply to disciple individuals, but continually sought to reach the house (ὁ οἶκος) of

those they evangelized (Acts 16:15, 31–33). Hendrickx (1991) offered “the repeated New Testament use of the term οἶκος (112 times) and οἰκία (94 times) which indicated the contextualization of the epistles and gospels within this ‘house’ environment” (p. 154).

Historically, “household” and related terms, described the foundation and context of the Christian movement. While *oikos* and *oikia* can be expressed as “house,” “home,” and “household” (Abarim Publications, 2016) which are deeply meaningful, what Paul meant by “house church” depended on the composite Hellenistic culture of his time with both Gentile and Jewish components. It took a community to create communities. The smallest community, two by two, were those whom Jesus sent out as the smallest evangelistic team. Never did Jesus send people out alone (Mark 6:7; Luke 10:1).

Evangelism in first-century Christianity was “always done by a community and focused on a community” (Wooll, 2021, p. 2). The reason for this was that Christ had commissioned a new community and He had modeled community evangelism throughout His ministry (Luke 8:1). In the model of the early church, there was no Christianity without a community (Luke 10:1). It was impossible to have community in isolation. Paul did not view salvation as simply a transaction between the individual and God (Acts 10:1). Prior to their encounter with Christ, people belonged to a community. It was into a new community that their reconciliation with God in Christ brought them. To embrace the gospel was to enter community (Acts 17:11). A person could not have one without the other.

Paul’s most definitive statement on community was found in the passages of Rom 12:6–8, which discusses spiritual gifts, χαρίσματα, in the setting of the unity of the community of Christ. Other key verses from the larger passage say, “For as we have

many members in one body, and all members have not the same office: So, we, being many, are one body in Christ, and everyone members one of another” (Rom 12:4, 5).

Paul emphatically declared that all Christians are members of one body—they exist in community with each other. To be a Christian, according to Paul, was to be in community with other Christians.

Paul’s description of a caring community was this:

Let love be without dissimulation. Abhor that which is evil; cleave to that which is good. Be kindly affectioned one to another with brotherly love; distributing to the necessity of saints; given to hospitality. (Rom 12:9, 10, 12, 13)

Paul’s understanding of community was clear in this passage. It was at the heart of all the “one another” passages in the New Testament. The “one another” passages arose out of Paul’s theological understanding of community. Howard (2006) stated that “His theology of community is that the redeemed community as a necessary means for the progressive sanctification of the individual believers” (p. 152). It was in this community that real care for each other, *ἀγάπην*, occurred.

In 1 Cor 12, Paul continued to discuss spiritual giftedness in the church. The Spirit might give gifts to people individually, but the gifts were not to be used independently. They were to be used in community. Paul’s argument was, again, as follows:

For as the body is one, and hath many members, and all the members of that one body, being many, are one body: so also, is Christ. For by one Spirit are we all baptized into one body, whether we be Jews or Gentiles, whether we be bond or free; and have been all made to drink into one Spirit. For the body is not one member, but many. (1 Cor 12:12–14)

Paul clearly espoused the idea that part of being in community was to care for those who are the weakest:

Nay, much more of those members of the body, which seem to be feeble, are necessary: And those members of the body, which we think to be less honorable, upon these we bestow more abundant honor: and our uncomely parts have more abundant comeliness. (1 Cor 12:22–23)

Paul's idea of community was that those members of the community who were the weakest were to receive special attention. They were the objects of special care and more extensive labor. Paul concluded this passage with a truly clear description of what community looked like:

...That there should be no schism in the body; but that the members should have the same care one for another. And whether one member suffers, all the members suffer with it; or one member be honored, all the members rejoice with it. (1 Cor 12:25–26)

Paul's passages regarding community reinforced the understanding that Paul's theology was consistent with Jesus's idea of community.

The apostle Paul had expanded the understanding of Jesus' model of community as the norm for the Christian church. He has given the modern church a theological basis and a practical model for the small group in the churches he established. Paul worked in small groups with others. He won people in groups and then placed the new believers in the new groups he established (Acts 16:13–15). He modeled and developed a pattern of church that was radically different from the Jewish worship of the time. Paul did so by transforming the church from being a spectator to a participatory activity. The church, under Paul's leadership, became both a service one attended and a fellowship one entered. Small groups and house churches all belonged to the community.

The early believers called the church a "household of faith" (Gal 6:10). Paul offered encouragement to the young people by continually reminding them they belonged to a spiritual family. They were members of "the household of God" (Eph 2:19). Peter used the same metaphor and expanded the concept to mean that the members were a

“spiritual house” (1 Pet 2:5) in which God lived. This metaphor edged over into reality because in the first century, Christian life centered around private homes (Acts 2:46). Christians were not allowed to build church buildings until after the 313 CE agreement: The Edict of Milan treated Christians benevolently within the Roman Empire (Edict of Milan, 2019). The home became the meeting place of the early believers. There are four texts that illustrate this: the church in the house of John Marks’ mother (Acts 12:12), the church in the house of Priscilla and Aquila (Rom 16:3–5; 1 Cor 16:19), the church in the house of Philemon (Phlm 2), and the church in the house of Nympha (Col 4:5; Acts 2:41–47). All these churches indicated that the early Christian community in Acts 2 was a tight-knit community that shared their resources and met daily for Bible study, fellowship, prayer, and praise.

There was a variety of types of house meetings. The book of Acts reveals the following types:

1. Prayer meeting (Acts 12:12)
2. Evening of Christian fellowship (Acts 21:7)
3. Common meals, possibly Communion services (Acts 2:46)
4. A night of prayer, worship, and instruction (Acts 20:7)
5. Impromptu evangelistic gatherings (Acts 16:32)
6. Planned meetings to present the gospel (Acts 10:22)
7. Following up of those inquiring about the gospel (Acts 18:26)
8. Organizational instruction (Acts 5:42)

There was a balance between home and public meetings and a “winning combination” (Johnson, 1997, p. 54) in the nurture and evangelistic methods that followed. After the outpouring of the Holy Spirit, Scripture states that the believers met daily “in the temple courts and from house to house,” teaching about Jesus (Acts 5:42, NIV). Later, Paul did the same. He also taught and evangelized “from house to house”

(Acts 20:20, NIV). Meetings in the homes were not the only context in which the church functioned.

He modeled and developed a pattern of church that was radically different from the Jewish worship of the time. Paul did so by transforming the church from being a spectator to a participatory activity. The church, under Paul's leadership, became both a service one attended and a fellowship one entered. Small groups and house churches all belonged to the community.

Large mass meetings such as meetings in the Temple and in synagogues were also part of the evangelistic strategy. Synagogues were the church buildings for the Jews. At first, Christians met with them, not considering themselves a separate entity, but only a reformed group within Judaism as explained by Pollens-Dempsey, and Whittemore (2021, p. 5). Christians were barred from the synagogues and were forced to meet in private homes where neighbors could be invited to discuss and listen to the gospel story with less danger of being interrupted.

Summary of Implications

To provide a theological foundation for engaging a small group health-oriented ministry, a theology of small groups and health ministry has emerged from the Bible. At the beginning of the Christian church, His followers began to live out small group health-oriented ministry principles that Jesus had modeled. The steps remaining to set a biblical foundation for small groups health-oriented ministry were, first, to review the principles discovered in the Bible and other sources of inspiration, and second, to apply them to the church-group format. The principles reflect God's wisdom, and their application made it

practical for today.

Conclusion

Drafting these principles and competencies into a workable formation is a challenge that is addressed more fully in chapter 4. The biblical evidence validated the small group health-oriented ministry proposed there and gave a structure for the church to become organized in this way. The church had a question as to whether it would believe in the small group health-oriented ministry concept. In addition, distinct challenges and unresolved questions accompanied this quest, some of which would find answers only by experimentation. The most daunting challenge was reintroducing the concepts of koinonia, mission, and multiplication to the small group health-oriented ministry.

These concepts form the biblical foundation for a holistic model defined in chapter 3 which will investigate literature related to the small group health ministry.

CHAPTER 3

LITERATURE REVIEW

This chapter delves into literary findings on small groups within the Adventist Church in the past few years has reflected contemporary society. Literature relating to small group development for evangelism was diverse. The previous chapter drew an understanding of small groups directly from Scripture, while this chapter addresses small groups from a historical perspective on small groups, small group structures, understanding small group principles, and healthy church and small group.

The works reviewed are divided into the following categories: A historical perspective on Seventh-day Adventist, Small groups and outreach in the Adventist church, Adventist church eras, the Prophetic guidance, and Healthy church and small groups.

A Historical Perspective on Seventh-day Adventist Small Groups

A paradigm shift could be defined as a dramatic change by members of a group or community in the cognitive framework of basic assumptions, ways of thinking, underlying suspicions, and methodology (Mason, 2016). I observed that a true paradigm shift in small group ministry could release a desperately needed, disciple-making revolution in the churches. “The life of the church must be centered in the small group” (Burrill, 1997, p.146). Christians must simply look at Scripture and Christian history to

realize that this is the case. Small groups were reflective of God's original intent for His church. The supporting evidence is there, and the principles should be kept in mind. The application of these principles would vary with culture and circumstance.

Adventist Church Eras

The SDA Church came out of the Millerite movement of the 1830s to the 1840s, which drew adherents from several mainline denominations. One of these was the Methodist Church and Ellen White was baptized into the Methodist Church in 1842.

As a member in the Methodist Church, Ellen White became involved in what were called class meetings. This practice originated in England and later developed into the weekly prayer meeting as a ministry of John Wesley, founder of the Methodist Church, demonstrated in England in the 19th century. The small group movement in Methodism had an impact on the Seventh-day Adventist Church because of the influence of Ellen White. She recognized the positive spiritual benefits of small group ministry.

White (1915) wrote:

The presentation of Christ in the family, by the fireside, and in small gatherings in private houses, is often more successful in winning souls to Jesus than are sermons delivered in the open air, to the moving throng, or even in halls or churches. (p. 193)

White (1979) emphasized the following:

Let small companies assemble in the evening or early morning to study the Bible for themselves. Let them have a season of prayer that they may be strengthened and enlightened and sanctified by the Holy Spirit. Let little companies meet to study the Scriptures. (p. 11)

Ellen White had another opportunity to observe the impact of small groups upon a country and a city. From 1891 to 1900 she was in Australia assisting with the development of the Seventh-day Adventist Church there. During this period with the

Christian church in Australia, God impressed on Ellen White the importance of small group ministry:

Let some help the people to learn how to give Bible readings and to conduct cottage meetings. Let others bear the burden of teaching the people how to practice the principles of health and temperance, and how to give treatments to the sick. Still others may labor in the interests of our periodical and book work. (White, 1909, pp. 82–83)

These quotations show that Ellen White used terms such as cottage meetings, small companies, little companies, and small gatherings to refer to what are called small groups today.

Sahlin (1990) wrote that there have been three eras of evangelism in the Adventist Church.

The Era of Prophetic Evangelism (1844–1900)

The first period was characterized by an emphasis on the Word of God and a prophetic critique of the established churches.

Targets included such social institutions as: Slavery, alcohol, dress, and diet. Preaching was the key method of this era. The camp meeting was instituted as a means of evangelism and as a key to revival in the Adventist members. The primary focus of evangelism was church planting. More than 1,500 local churches were organized during this time. (pp. 14–15)

The Era of Institutional Evangelism (1900–1980)

The second era brought a focus on evangelistic preaching on the communication of a Christ-centered system of Adventist doctrine.

In this period the average congregation more than tripled in size from 36 members in 1900 to 110 members in 1963. In this era our hospitals, publishing houses, health food industry, and education system grew rapidly. The Adventist approach to ministry, like that of other denominations, was an assembly line approach. If a method worked, it was packed and passed along to others. After all, why reinvent the

wheel? Since we all have the same goal, many reasoned, let us use the same methods. (pp. 15–18)

The Era of Relational Evangelism (1980–Present)

The new era appears to be characterized by an emphasis on sharing one’s faith by meeting personal needs, establishing friendships, and then talking about Jesus and Bible doctrines.

Fellowship is more important than organization and position and “climbing the ladder.” The goal is to meet the needs of people rather than to build up institutional programs. Various methods of previous eras are merged with some newer methods. Home fellowship groups/small groups have emerged as one of the leading strategies of this era. (pp. 20–23)

The church must move from the pyramid to the circle, from power down to power around, from bureaucracy to organic structures that enable the members to serve one another, as well as the world. Atoe (2021) explained the rapid growth and expansion of churches of God as recorded in the acts of the apostles. The church exists to communicate the gospel of Jesus Christ and the mind of God as revealed in God’s Word to the world. We are Christ ambassadors—His point of contact to all men in every generation (2 Cor 5:2–8). The church exists to spread the good news of redemption and reproduce itself in the lives of people.

Surratt (2015) said that most churches in America struggle to have a significant percentage of their adult attendance in small groups. According to a recent study done by Lifeway Research, only “33 percent of churchgoers attend classes or groups for adults four or more times in a typical month. Fourteen percent attend two or three times a month” (Sullivan, 2023, p. 14). Most of the people in the church never get connected to a group.

Many churches never get past the 50 percent barrier. It took different approaches to move beyond the core to the crowd. Life transformation happens best within the context of community, so if a church is going to be intentional about discipleship, it must develop on-ramps to small groups that reach people on the fringes and beyond. Surratt (2015) said,

You may decide a disciple should always be on mission, because knowledge will come through doing the work. The training is based on active ministry outside the walls of the church, not in its classrooms. This strategy can lead to a group of eternal baby Christians without the foundation needed to defend their beliefs. (p. 38)

Thus, churches needed practical, proven strategies for moving people from the fringes into biblically based communities through small groups.

Reed (2013) had a noticeably clear blueprint for growing small groups: not a rigid model or a borrowed strategy, but a simple, proven approach to accomplishing what could be a difficult task. Building systems and structures could produce authentic, vibrant small groups. Church small groups were powerful. Reed said,

Christian fatigue syndrome is wearing people out with good things and not freeing them up to do what's best. When people are hit with Christian Fatigue Syndrome, they become desensitized to authentic worship, heartfelt evangelism, and authentic community. Small groups are not just another church activity to put on busy calendars. Small groups are the heart of authentic community.” (p. 57)

My conclusion is that God used intentional relationships to bring change to people's lives through small groups in the Adventist Church.

Small Group and Outreach in the Adventist Church

The Seventh-day Adventist Church grew out of the work of William Miller, who predicted the Second Coming of Christ in 1843–1844. After failing to understand the prophecy, many who had been attracted to his message began to restudy this and other

biblical teachings. Some who continued as Adventists and accepted Sabbath worship found new leadership in the persons of Ellen G. and James White (History of the Seventh-day Adventist Church, 2023).

In North America, there were 40,000 to 50,000 towns and villages with no SDA Church presence and thousands of towns and cities that had a large enough population base to handle numerous churches. If the average membership of an Adventist church in North America was approximately 75–100 members, and most communities averaged more than 1,000 in their population base, then the church needed to target sections of these cities for planting new churches for Jesus Christ (Johnson, 1997, p. 14).

Recent statistics also show that data from the 1980–2010 Religious Congregations and Membership Studies rank the United States with the highest total number of adherents and the highest percentage of the population in the Seventh-day Adventist Church (Quality Data on Religion of the Association of Religion Data Archives, 2021). Data from 2010 were collected by the Association of Statisticians of American Religious Bodies (ASARB) and included statistics for 236 religious groups and information on the number of congregations and adherents within each state and county in the United States. These data originally appeared in the 2010 U.S. Religion Census: Religious Congregations & Membership Study, published by ASARB. Regarding the Seventh-day Adventist Church presence in 2010, the average percentage of presence in relation to the general population in the 50 U.S. states was 0.364%. The state with the highest SDA Church presence was Oregon (1.05%), and the lowest presence was Utah (0.11%). In 2000, the average rate of presence was 0.304%; in 1990, 0.359%; and in 1980, 0.315%. Data from 2010 showed the presence of Seventh-day Adventists in the United States

(Quality Data on Religion of the Association of Religion Data Archives, 2021). It also reported the number of adherents in the SDA Church.

With these statistics in mind, I saw the challenge for outreach and found answers in Ellen G. White's bold and visionary writings:

Missionaries are wanted to go into towns and villages, and raise the standard of truth, that God may have His witnesses scattered all over the land, that the light of truth may penetrate where it has not yet reached, and the standard of truth be raised where it is not yet known. Jesus did not neglect the villages. (White, 1946, p. 52)

I saw jets of light shining from cities and villages, and from the high places and the low places of the earth. God's Word was obeyed, and as a result there were memorials for Him in every city and village. (White, 1909, vol. 9, pp. 28–29)

From these writings, we see that people were simply gathered in and were not connected to other members or involved in ministry. They were given Bible studies, baptized, attended church, and worked on social committees. This is not bad, but it is not enough. The church could do better. The Scriptures have given the church a fundamental approach that has a better chance of helping to produce fully devoted disciples of Jesus Christ who are involved in outreach from the very beginning of their Christian lives. Whatever process one follows, it must produce new believers who are actively involved in using their gifts in ministry to reach lost people for Jesus.

One key principle to remember is this: small groups, like cells in a body, are meant to multiply (Hubbard, 2022). Thus, the place where small group ministry occurs in the church is where individual members can use their spiritual gifts in outreach to others. The priority must be on individual ministry, not on church structures, systems, programs, or church services. As important as these things are, they are not the priority.

Bagley (2016) gave a theological evaluation of the important role small groups play as a branch of the “mother church” from which they were birthed. He placed an

emphasis on how they impact the surrounding community. Four main topics were explored as they related to small group ministry in our postmodern society, perhaps suggesting its impact on the rest of the 21st century:

1. The theological dynamic of small groups and their importance in today's society
2. How fellowship and discipleship work as a result of small groups and how they supplement what the mother church, as a large and/or institutional body, cannot do on the day set aside for corporate worship
3. How leadership training evolves within the small group setting with an emphasis on identifying, training, and launching fresh leaders in the church
4. Evangelism as a product of small group ministry where small groups touch society within the sphere of each member's influence

I always believed that it was time to change or adapt the system where necessary so it could give birth naturally to an empowered lay movement. It was time to empower the laity for small group ministry. It was time to take another look at the role and function of the pastor and, if necessary, to redefine the role.

Outreach and Adventist Church

In the early days of the Seventh-day Adventist Church they followed a model of church life that was closer to early church methodology. Burrill (1993) stated:

We have no settled pastors. Every one of these members does missionary work, such as selling books, loaning, or giving away tracts, obtaining subscriptions to our periodicals, visiting families, looking after the poor, aiding the sick, etc. Last year they made 102,000 visits, wrote 40,000 letters, obtained 38,700 subscriptions to our periodicals, distributed 15,500,000 pages of reading matter and 1,600,000 periodicals. (p. 39)

No wonder the Adventist Church grew. The church might not use exactly the same methods today, but the principle of an involved and empowered laity is the same. White (1998) wrote: “To everyone work has been allotted, and no one can be a substitute for another” (p. 10).

The words “paralyzed” and “fossilized” remind the church of Ezekiel’s valley of dry bones (Ezek 37:1–4). A church that is inactive in ministry is a church that is dead or dying. A church that depends solely on the pastor and leaders chosen by the nominating committee to do their ministry for them is a church that is out of harmony with God’s will. Seventh-day Adventists would not think of violating the Sabbath hours by improper activity, but some have fallen into Satan’s trap of ignoring God’s plan of taking the gospel to all the world. That plan was that every Christian should always be involved in ministry. The Bible called this constant readiness “in season and out of season” (2 Tim 4:2, NIV).

We read the following about how the Adventist Church grew in its first 60 years, about the methodology on which the growth was based:

No sooner is this work done, apparently, then it must be done over again. Church members that are thus looked after and labored for become religious weaklings. God has withheld His blessings because His people have not worked in harmony with His directions. (White, 1902, p. 18)

White (1915) also wrote the following:

Churches are to be organized, and plans laid for work to be done by the members of the newly organized churches, the churches at home will be received, for the success of the workers will be regarded as a subject of deep personal concern by each member of the church. (p. 26)

The church has lost its passion for those who need to know Jesus. It is so easy to get caught up in the whirlwind of life that the church forgets the people who drift away. Too many have left ministry to the paid pastors. That mindset is not biblical and must be

changed. Gladen (2018) said, “Time is not the issue; the issue is how the church answers felt needs” (p. 33). The church must pray for and look for opportunities to make a spiritual difference in the lives of men and women in the community.

Outreach and Spiritual Gifts

In his statement on spiritual gifts, Paul described God’s method of accomplishing nurture and outreach ministry. In Eph 4:7, God had something for every Christian to do: ministry. “But to each one of us grace was given according to the measure of Christ’s gift” (NKJV). Paul said the same thing in 1 Cor 12:4–7: “The manifestation of the Spirit is given to each one” (NKJV). Everyone was given something to do for Jesus.

Paul described God’s plan for paid pastors, as the church would call them today: “And He Himself gave some to be apostles, some prophets, some evangelists, and some pastors and teachers” (Eph. 4:11, NKJV). The purpose was “for the equipping [notice this job description] of the saints [that is, the church] for the work of ministry, for the edifying of the body of Christ” (NKJV). In the next few verses, Paul described what a church looked like when all the members were involved in ministry: they had unity of faith, Christ was the head, they spoke the truth in love, and they were growing (Eph 2:22; 4:3–6, 15). In summary, then, I found all spiritual gifts which God given for community service through small group ministry.

New Testament Outreach Methods in the Literature

The Bible gave several methods of outreach that were used in the early Christian church. These methods are still valid, although changing cultures require that they be adapted: preaching, outreach small group ministry, personal visitation, teaching,

literature, testimony, household evangelism, synagogue evangelism, prayer, and church planting.

Bittner (2012) raised the pursuit of God for small groups as a part of blending the classic works of respected Christian authors with a modern day, small group Bible study guide. The small group Bible study guide allows small groups to unlock the truth of this great way successfully. It was complete from the beginning objectives through the ending prayer topics.

Gladden (2018) showed that planning small groups included a small group Bible study guide. All the parts of the process were necessary and biblical. Each part had to work together with the others to accomplish the task of evangelizing the world. A successful small group strategy could use each of the previously mentioned methods effectively within the small group ministry. That is why, at various times in the Early Christian Church, or reasons of numbers and spiritual support, it used house evangelism as the primary method (Hendrickx, 1991). The same thing could and should occur today. There are a variety of ways to share Jesus Christ, as well as steps in the process that could be incorporated as parts of a successful, small group strategy. What is more important, successful small group strategies could be used effectively within the small group outreach ministry.

Using Old Methods in New Contexts

It is time to reexamine where the church has been and where God wants it to go from here. The church must blow the dust off certain tried-and-true principles and begin to re-implement them by using contemporary methods. White (1946) put it this way:

Men are needed who pray to God for wisdom, and who, under the guidance of God,

can put new life into the old methods of labor and can invent new plans and new methods of awakening the interest of church members and reaching the men and women of the world. (p. 105)

It is obvious that if the church wants to finish the work on this earth, something must change. In other words, no more “business as usual.” Church leaders now call for new wineskins and a paradigm shift (Gladden, 2012; Reed, 2013; Surratt, 2015). They say that the lay leadership of the church should be actively involved in a team ministry which makes them producers and spectator Christians (Keller, 2011). It is time for Seventh-day Adventists to move ahead by example and action:

There must be no fixed rules; our work is progressive work, and there must be room left for methods to be improved upon. But under the guidance of the Holy Spirit, unity must and will be preserved. Means will be devised to reach hearts. Some of the methods used in this work will be different from the methods used in the work in the past; but let no one, because of this, block the way by criticism. (White, 1946, p. 105)

My experience confirms that the point that must be emphasized is that methods change, but standards and doctrines remain continuous through small group outreach.

Individualism and Community

North American society has had a long tradition of individualism that stands in tension with the idea of community. Society holds up personal independence as a goal, but individualism has its disadvantage. Most people are looking for their healing and fulfillment, and true community—finding a relationship with God and one another through both giving and receiving—must be developed (Carroll & Sanchez, 2022).

This isolated elevation of the individual is a far cry from God’s plan for individual uniqueness “in the context of community” (Wooll, 2021). In the analogy of the church as a baby (1 Cor 12), every person has a unique role in the church. If one person suffers, the entire church community suffers. Each unique gift is needed and is necessary. It is in

community that the church is most challenged to grow in Jesus. This is God's plan for His church.

The apostle said it well in 2 Cor 5:15: "He died for all, that those who live should live no longer for themselves, but for Him who died for them and rose again." When one is connected to Jesus, self becomes secondary, and others become primary. White (1915) stated: "Christianity builds no walls of separation between man and his fellow man but binds human beings to God and to one another" (p. 140). This is the goal of the church and Christianity—living in a unity and harmony that become an avenue for the outpouring of the Latter Rain of the Holy Spirit. Research shows how to make community a reality in the church through small group ministries.

Boyd (2015) translated the work of spiritual direction into a powerful model for group discernment and individual transformation. Like all spiritual direction, this model requires patience, dedication, and love, but the benefits in community are enormous. Boyd's model says that "when one member of the group grows, all benefit. The collective wisdom of the group becomes an asset to each member. Participants may discover that their community has become very close and loving" (p. 96). I found that encouraging both groups and individuals has illustrated how groups have successfully used this process to achieve spiritual growth and change.

Psychologists Cloud and Townsend (2017) provided small-group leaders with valuable guidance and information on how they can help their groups grow spiritually, emotionally, and relationally. They showed how God's plan for growth was made up of three key elements: grace plus truth plus time. When groups embraced those elements, they found God's grace and forgiveness and learned how to handle their imperfections

without shame as they modeled God's love and supported one another: "A small group ministry directs person to places where he can be given what he cannot provide for himself, like support, structure, healing, and help with the appetites driving the behavior, with depending on God's Spirit, and so on" (p. 70).

I agree that what makes small groups health-oriented work is leading them to help people take the roles and responsibilities of both leaders and group members from individualism to community, toward more sharing and serving.

Implications

The church is a movement, not a building; an organism, not an organization. An organism is alive and active. Just as the human body is made up of many cells which, in turn, make up the various organs of the body, so the church consists of many members or parts of the body functioning in partnership and unity. For the body of Christ to be healthy, there must be both cells and the whole body that function together in ministry. Vision alters the church. The church does not create God's vision; it is altered by His vision so He can accomplish His will through it. The trend today in the church toward equipping the laity was summarized in the concept of lay ministry empowerment. God longs to energize the church through small groups.

The Prophetic Guidance

Seventh-day Adventists believe that they have received inspired guidance from God in the form of counsels given through Ellen White, as well as the Scriptures. God gave His revelations, authoritative and unique, to guide and direct His people for the end-time. The Adventist Church has had wonderful success as a result of following the

counsel of the Scriptures and of Ellen White: "Have faith in his prophets and you will be successful" (2 Chr 20:20). This text could be proved true. There was plenty of scriptural evidence for the small group. White (1902) urged church members to work for the salvation of the lost through small groups.

The formation of small companies as a basis of Christian effort has been presented to me by One who cannot err. Why do not believers feel a deeper, more earnest concern for those who are out of Christ? Why do not two or three meet together and plead with God for the salvation of some special one, and then for still another? (p. 21)

White (1902) said the idea of small groups for outreach came from God.

Regarding this method of small group, the church could agree that it is God's idea.

Literature evangelists who integrated into local church small-group outreach would have greater success if they were "pressing together in love and unity, encouraging one another to advance, each gaining, courage and strength from the assistance of the others" (White, 1902, p. 22).

Ultimately, my goal has been to demonstrate that the small group plan came down through the centuries of the Christian church. It should come as no surprise, then, that small group outreach should be emphasized again at the end-time.

Small Groups are for Everyone

In the following statement, large churches were told to organize their big congregations into small, soul-winning units. If there is a large number in the church, the members should be formed into small companies to work not only for the church members, but also for unbelievers:

If in one place, there are only two or three who know the truth, let them form themselves into a band of workers. Let them keep their bond of union unbroken, pressing together in love and unity, encouraging one another to advance, each gaining courage and strength from the assistance of the others. (White, 1902, p. 22)

This counsel implies that two people can work together as a team and be more powerful in winning souls than if each worked alone. Jesus said the same thing: “If two of you shall agree on earth as touching anything that they shall ask, it shall be done for them of My Father which is in heaven” (Matt 18:19). The message was clear. In every congregation, large or small, soul-winning would not be successful until the individual members who might be praying here and there alone, get together to pray and work in groups.

It is to pray in the mind and spirit of Jesus, while we believe His promises, rely upon His grace, and work His works” (White, 1892, p. 101] As people got together in the mind and spirit of Jesus to do His work, they became powerful soul-winners. Pryor (2021) noted that “An ideal group is 6-12 people” (Pryor, 2021, para. 6). The disciples’ number of a dozen was preferable, but Christ could accomplish glorious things even through only two or three. After all, He revealed Himself on the Mount of Transfiguration to only three of the disciples. He could still do the same today and be glorified in the smallest group that gathered to glorify Him.

His presence would bring spiritual growth to everyone in the group: “Let small companies assemble in the evening, at noon, or in the early morning to study the Bible. Let them have a season of prayer, that they may be strengthened, enlightened, and sanctified by the Holy Spirit. (White, 1902, p. 195).

Notice how the group was to function: They were to pray together, study the Bible together, and share personal experiences. The result was blessing, joy, comfort, and “Christ will come into your hearts” (White, 1902, p. 195). That was a powerful promise for the churches. This quotation ended with the thought that it was only through this

means that Christians could maintain their integrity. The word “integrity is derived from the Latin word *integer*, or wholeness” (Crossan, 2016, p. 93). Fractured, broken, incomplete Christians could become whole in a small group.

The church constantly influences others, and others influence the church. “None of us lives to himself, and no man dies to himself” (Rom 14:7). If the church were cut off in any way from the influence of other Christians, the church’s own spiritual life begins to suffer. The church loses the support it needs in the spiritual battle to maintain spiritual integrity. The church needs to nurture and be nurtured in a small, loving, Spirit-controlled group so that the church can reach spiritual excellence and help others reach it, too.

God is so specific about His desire to have groups in the church. He wants the members of His church to be built up and equipped for ministry as they labor together with each other and together with His Holy Spirit and His holy angels (Heb 1:14; 1 Cor 2:12–13). People are important to God, and His goal was to save each one in His kingdom.

It is evident that the importance of forming small groups should become paramount for any church wanting to put forth a meaningful effort toward soul-winning. It could be more important than determining that the church should use the most effective means to win souls, and the way to do it is in small groups.

The church should follow the counsel of Jesus as found in Scripture, the Spirit of Prophecy, and contemporary writings to build small groups in the church. Successful groups were properly structured according to the model provided by the Word linked together by a common goal and interdependent procedures, built on the foundation of the Word and buttressed by inspired counsel. The church could experience the desired,

effective result through using the power of small groups in the church.

Characteristics of Adventist Church Small Group

I researched the characteristics of small groups. The traditional approach to small groups has tended to make small groups secondary and large group meetings primary. Small groups have been relegated to prayer meeting and to the Sabbath School class before the worship service. The traditional approach also tended to be program-centered. Relational groups are secondary. Churches with this style have sometimes been structured according to a program-based design.

Most Adventist churches are program-based with small groups as one option. In both formats, some churches have worked extremely hard at making the Sabbath School class contribute to health ministry and community in the local church. Many of these churches have eliminated most of the Sabbath school program time to give more class time. Many Adventist churches were “in transition from a program-based ministry to a small group-based ministry and were attempting to provide a small group experience for every church member” (Johnson, 1997, p.72).

A historical and global view of the small group movement showed conclusively that small groups were revolutionized, not a recent innovation (Burrill, 1997). Wherever the church has been vital and growing and serious about discipleship, small groups have abounded. God has blessed the modern home cell movement with heart, vision, and writing skills. Relationship skills for a successful group are also key to a small group, sharing questions, Bible study, mission, and prayer. The various purposes of small groups were for fellowship, Bible study, outreach, health ministry, support for needs, and house church.

Incidentally, the “strategy” of small groups was followed by the apostles in establishing the early Christian church at that time. It should come as no surprise, then, that outreach should be emphasized again in the end-time. The small group health-oriented ministry is God’s plan.

Healthy Church and Small Groups

Davis (2017) presented to church leaders that church health was measured by more than just numbers, but declining membership was often a key symptom of a church in crisis. He showed the church’s importance of keeping Christ’s ownership of the church central, maintaining a humble attitude, choosing its battles wisely, empowering godly men to join in leadership, making prayer a priority, focusing on the Word, and much more. Davis said,

Healthy churches avoid gimmicks and worldly techniques to attract a crowd. The healthier the church, the more active they are in sharing the gospel boldly and the more evangelistic fruit they will see. Dying churches almost universally have turned away from bold and fruitful evangelism.” (p. 39)

Revitalizing gave churches the spiritual support they longed for and the practical advice they needed to turn their churches around and position them for greater health in the future.

Gladden (2018) helped churches develop and implement strategic plans for small group ministry: its vision, purpose, how to connect, grow, measure progress, develop leaders, create opportunities to serve, and so forth. Gladden said, “Spiritual health will get you numbers, but numbers will not give a church spiritual health” (p. 74). The context of spiritual health is where people connect, grow, invest, reach others, and where a family can be sustained.

Donahue (2012) stated:

Encourage healthy conflict: No one enjoys working through conflict. In fact, most of us will do anything to avoid it, hoping the problem will go away. Kindness and confrontation joined together promote reconciliation and create an environment for facing difficult issues with truth and grace. (p. 97)

This kind of encouragement, love, and grace are essential ingredients for growth in the life of small groups. Helping group members process growing was to encourage them to try another kind of group.

Stanley (2009) focused on fairness in the community: “Christianity is the fairest possible system in a world that is irreversibly unfair” (p. 77). My thought is that Church members cannot grow spiritually unless they are connected relationally. Ingmire (2016) explained that small-group leaders have the incredible honor to create safe spaces for group members to grow. Together, small groups learn more about God, the Bible, and each other, and that is incredibly meaningful ministry. At the same time, leading a small group can be challenging. Handling messy group dynamics such as spotty attendance or people who talk too much takes a little know-how. Jackson said the following about setting the stage for real friendship:

That same knowledge, when discussed in an environment that promotes relationships, has the power to move from head to heart. Group members allow that knowledge to be imparted to them, and they seek to apply it. That’s when life changes happen. So, let’s look at how we can model and emphasize healthy and life-changing relationships within small groups. (p. 54)

Gladden (2012) explained the steps toward a healthy, dynamic group with focus and purpose. He gave the road map to follow and to develop healthier small groups for the new small group leader, the seasoned leader who felt his/her small group’s lack of purpose, or the leader who wanted to move the small group to the next level. Regarding discipleship and encouraging spiritual growth in small groups, Gladden (2012) wrote:

Your focus should be on developing people, not discussing a passage. Spiritual growth is more caught than taught. The goal is to get the Word of God and the truth of God into the lives of the people who sit in that room with you. Discipleship – growing to be more like Christ – is developed in relationships with people. (p. 109)

Churches should define success clearly, develop a personal leadership plan, invite members into small groups, and help members fulfilled the Great Commission and the Great Commandment. Small groups are a vital way to build community.

Hoover (2017) said that churches long for deep and lasting friendships, but these could be challenging to make and keep. With engaging true stories and guidance drawn from Scripture, Hoover offered a fresh, biblical vision for friendship that allowed for the messiness of our lives and the realities of our schedules. She asked,

What is holding you back from developing satisfying friendships, how to make and deepen friendships, how to overcome insecurity, self-imposed isolation, and past hurts, how to embrace the people God has already placed in your life as potential friends, and how to revel in the beauty and joy of everyday friendship? (p. 74)

Reed (2013) focused on the health of the leaders. A healthy small group is one that accomplishes “the win” for the church system. He said, “The health of the leaders is critical for a healthy group. If you are a group leader, then the first step in having a healthy group is making sure you are spiritually prepared and equipped... seeking God’s will” (p. 85). I do support what is more important is that small groups are a vital way to build community, to revitalize churches for spiritual support, and to fulfill the Great Commission and the Great Commandment. They are needed to turn their churches around and position them for greater health in the future. The small group should be heart of love, hospitality, and humility to thrive.

Implications

An entire range of small group formats is found within the SDA Church. In

traditional Adventist churches, the Sabbath School class functions as the only small group component of church life. Most Adventist churches are program-based with small groups as one option. In both formats, some churches work extremely hard at making the Sabbath school class contribute to ministry and community in the local church. Many of these churches have eliminated most of the Sabbath School program time to give more class time. So, I tried the Sabbath School lesson study time for new people to teach the Word included the health messages.

I conceded that health message has become part of Sabbath School new participants' lives, the space in which they form healthful bonds and through which they developed a quality of life of themselves and each other. As in Luke's Gospel, where staying and seeing were integral to discipleship, people sensed that understanding other people's health would become an entry point into the world and lead to fruitful relationships with them. Small group members also seemed to know the principles in this healthful life—primarily, being nonjudgmental and allowing others to think and support themselves. I did agree that “people who have high-quality connections are healthier, have higher cognitive functioning, are broad thinkers, are more resilient, are more committed, and know better” (Kouzes, 2016, p. 155).

Conclusions

The works mentioned above do not represent an exhaustive review of related literature. They were limited to the issues with the most direct bearing on the scope of small group outreach ministry. One key principle to remember is this: The life of the body is in the cell. Thus, in the church, the place where small group ministry occurs at the optimum, is where individual members could use their spiritual gifts in outreach to each

other. The trend in church today towards equipping the laity is summarized in small group outreach health ministry. God longs to energize the church through small groups. Connection, belonging to each other, has “proven to be the best strategy for getting people within church into a small group” (Surratt, 2015, p. 107). Through the small group health ministry, “a great entering wedge” and a removing of prejudice influenced the community, and the church was to reach souls “in the highways and the byways” (White, 1908, p. 76).

A description of the initiative will be researched in chapter 4.

CHAPTER 4

DESCRIPTION OF SMALL GROUPS INITIATIVE FOR HEALTH MINISTRY

The VC KSDA was associated with the English-speaking SDA Church. The VC KSDA was using a facility of the Thousand Oaks SDA Church. This church had excellent Sabbath school programs for all age groups of children. Their adult sessions were always well prepared and had very good attendance. All the Korean children, as they learned better English, attended these Sabbath school sessions according to their age. Being a part of this church was a valuable advantage for a small group of foreign people like the VC KSDA, not only for the sake of the children's programs, but also in terms of other benefits such as the convenient location, accommodation for bilingual couples, and the positive impression of the VC KSDA for visitors and newcomers.

To initiate the project, I looked at internal statistics and trends.

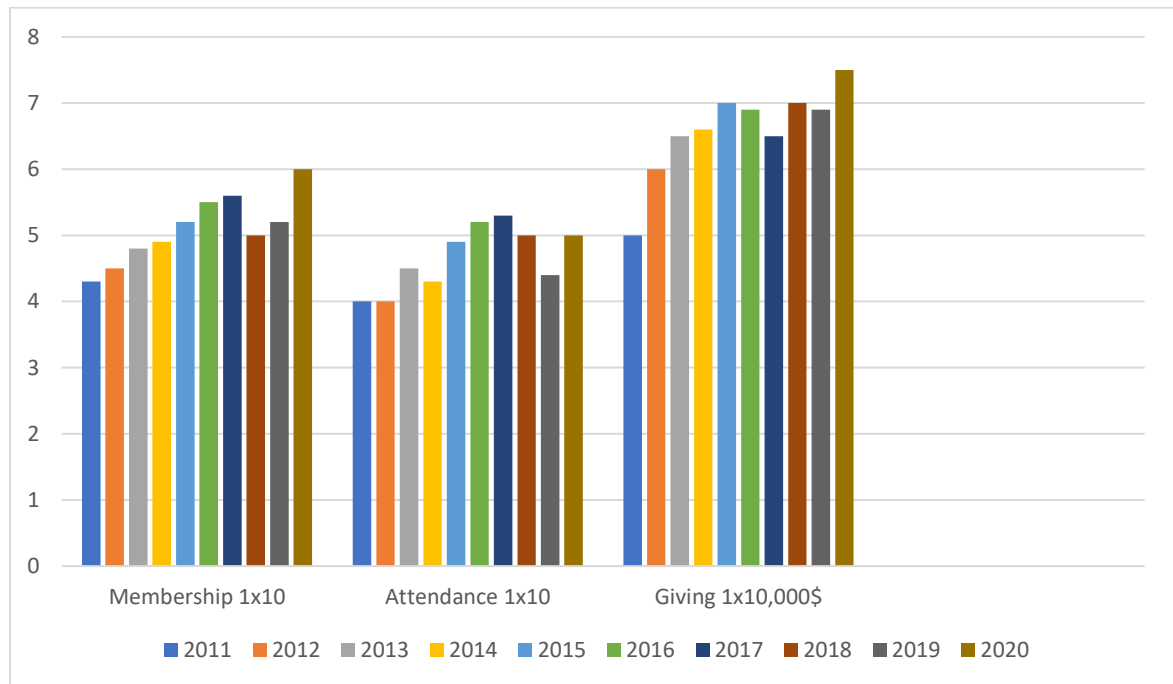
Internal Statistics and Trends

There is a graph below of the internal statistics of the VC KSDA from 2011 to 2020 (Figure 1). From 2011, the membership and attendance gradually increased, but in 2017, some of the members moved away to find jobs. In spite of this, the church

continued to grow. However, the data changed every year. In fact, per capita giving in the VC KSDA had surpassed that of the Southern California Conference. This meant that most of the members were good givers.

Figure 1.

VC KSDA Internal Statistics, 2011-2020.



Note. Adapted from the VC KSDA membership books and church board reports (2011-2020).

Community Context and Outreach Projects

In the Thousand Oaks vicinity of Ventura County, there are many races: White, Hispanic, or Latino, Asian, Black, Native American, and Alaskan native, Pacific Islander, and Native Hawaiian. The people groups to be reached by the VC KSDA were Koreans and Korean Americans (i.e., 2nd generation Koreans) in Ventura County. At present,

Asians are estimated to be 7.8% of the population. Ventura County in the U.S. was not well known to Koreans, in general. Therefore, most local Koreans came to this area because of personal connection with old and/or current residents at the time they moved from Korea. In the 2000s, large numbers of Koreans moved to this area. In 2012, a few Korean people moved away because of the lack of jobs or business opportunities; however, Korean residents are increasing in the Thousand Oaks vicinity. Today there are Korean Methodist, Presbyterian, Baptist, and Catholic churches, as well as the VC KSDA. About 7,000 were Korean students attending Pepperdine University, 25 miles away to the west of our church, as well as the University of California in Santa Barbara, just 40 miles north of our church location.

In order to reach the community through a small health ministry, I looked at factors both retarding and enhancing the growth of the church. These include the following concerns.

Negative Factors

Job Availability/Business Opportunities

There were not many job opportunities for Koreans through the usual job recruiting agencies or local advertisements because of the language barrier and wrong information that was acquired before immigrating to the United States about any jobs that might have become available in the new area. The current church members have varied types of jobs or businesses such as medical and dental laboratory technician, blue collar labor, including coin laundry and dry cleaner, and restaurant worker. The business opportunities targeted for Koreans were very limited due to the small number of Koreans in the area. The business opportunities targeted for English-speaking Koreans were not

many either due to language or cultural barriers. Therefore, many Koreans have moved out of this area during the last few years. Not many changes in this situation were expected soon.

Image of Seventh-day Adventists and Lack of Korean Community Involvement

Most Korean people who have heard of the Seventh-day Adventist church go into a defensive mode as soon as the name of SDA members is mentioned to the Korean community. Image, however, was not a problem unique to this area. Seventh-day Adventists had been misunderstood by the general Korean public, especially by other Korean Protestant communities.

The perception of the SDA Church found in Korea 110 years ago was applied to us in our current, local situation. This has resulted in a minimum level of involvement in the local Korean community activities by the VC KSDA.

The problem of the misunderstood Adventist messages was focused on Sabbath observance, the investigative judgement, and Ellen G. White's writings (Presbyterian Church, 2004, pp. 405–432). The peculiar situation of the VC KSDA as an ethnic minority in an American city made it even worse because of not mingling with them except for the active relationships of several members within the larger Korean community. It was no surprise, then, that the reputation of the VC KSDA was not positive in the local Korean community in spite of the series of evangelistic meetings held from 2017 to 2020. How to remove this prejudice was a challenge for me.

Positive Factors

In spite of the growth-retarding factors mentioned above, there were three possible factors for the growth of the VC KSDA.

Decision Making Process

Because this church was small and the members had been Adventist a relatively long time, the decision-making process was not a major concern. A typical issue, for instance, which involved all the members, was often discussed with the entire membership, rather than in the Board meeting. As a matter of fact, they could accept the new process and direction easily and very quickly once they were motivated to do so.

Love Fellowship

The VC KSDA members had a potluck every Sabbath either at church or at one of the member's residences after the morning service. Everyone who attended the service was invited. The whole congregation typically participated, except for people who might have had other commitments. Everyone knew each other very well. They understood quite well what was going on in each other's private lives. A warm sense of being a part of God's family was very much apparent. After learning to love fellowship, "each participant would agree with enjoying being a part of the fellowship more than in the past" (Schwarz, 2005, p. 111).

Existing Contacts

Although there had been a minimum level of involvement in local Korean community activities, if there was any at all, the peculiar situation of the VC KSDA as an ethnic minority in an American city made it even worse since the members did not

mingle with them except for the active relationships of several members within the larger Korean community.

Some of the VC KSDA members were engaged in business and had lived in the area for a few years, and thus, had many Korean acquaintances and contacts. Many people were also contacted during health seminars and evangelistic meetings. There was enough of an existing base to get something started. Recently, once every two months, the VC KSDA has held community activities, health seminars, cooking schools, and so on. There were usually 15 volunteers, over 30 other participants, and five leaders, with 60% being non-members. In 2019, one person was baptized. The programs were very relevant and successful.

How the Context Relates to the Project

Under current circumstances, the VC KSDA does not have much “going for them.” There were a lot of limiting factors for growth in terms of the Korean community size, the image of Seventh-day Adventists, job ability, and so on. Nevertheless, I could identify some ways to improve the situation by implementing good goals as well as some actions from which immediate benefits were expected. Edmondson (2016) indicated that “even when a vision is singular and obvious, as in the rescue, frequently reminding people what is at stake and what they might be able to accomplish together remains essential” (p. 162).

I dealt with this implementation process that consisted of four goals:

1. Motivate the friendly “Love of God Model” (see Appendix E) to prepare for change the context in September 2021.

2. Increase the opportunity for outreach with small groups to manage change in October 2021.

3. Reach the community people effectively to do health ministry from November 1–4, 2021.

4. Reinforce the community people effectively to change on November 8–11, 2021.

To see these goals realized, a few processes would have to be started and several contributing goals would have to be met and related to the project.

Implications for Change

I looked at plans and strategies for growth for the present and future. The VC KSDA was a 28-year-old congregation that had experienced some renewal through the influx of new members during the last ten years which made up about 30% of its current membership. By my observation, these factors were essential in the growth in the VC KSDA. I found that the church had good potential among the unreached target people who were open to a meaningful way of life. With humble mind and sincere desire for spiritual enrichment, all the church members served their fellow Korean community for the growth of the church. The VC KSDA could push through the 75-member barrier in Thousand Oaks. In addition, I was always open to seeing what the Lord could do beyond my expectations.

The major concerns and questions plaguing the mind of the VC KSDA congregation alike usually took the form of a stream of pointed questions such as: What was wrong with the church? Why did it seem too ready to welcome worldliness? Why did so many congregations not grow appreciably, and some lost members? Why did so

many youth/baptized persons leave the church? Why were funds in short supply in so many local fields and institutions? Why did a variety of petty issues constantly threaten to split some congregations? Why did no pastor ever seem good enough for the church? Why did so many of members continually visit other SDA churches instead of attending their own? Why was it that after the morning service, it was nearly impossible to get anyone to attend afternoon or weekday activities?

It almost seemed as if the church had become a hotbed of problems instead of a fountain of solutions. There seemed to be too many “burned out” lay people who were no longer capable of attracting newcomers. Without a solution now, these challenges would become the future for the churches.

Even though the members of the VC KSDA had expressed interest in the church and spiritual growth, the congregation had not shown evidence of growth in the past three years. My pastoral observation suggested that the members lacked a clear, planned, and structured concept/program for health orientated small group to be mature disciples in the church. The task of this study was to develop how to have health-oriented small groups within the church, how to grow them, and how to mature the members as true disciples. The life of the church really “occurs in the small groups of the local church” (Burrill, 1997, p. 146).

Since the church was not growing and if members wondered why, it might be suggested to take a close look at the mentality of small groups. In some cases, the church organization would not have to look much further to discover the major barriers to growth.

To a leader who was serious about his work, this constant feeling of the job being left undone can create physical, emotional, and even spiritual problems. There was a way to turn this situation around. There was a way to work as a leader and reach fulfillment. It was possible for the church to know for certain that things were getting done and that God's blessing and approval surrounded the ministry. This took place only when the ministry was according to God's order and not according to human logic.

The Bible clearly states: "And his gifts were that some should be apostles, some prophets, some evangelists, some pastors, and teachers ... for building up the body of Christ" (Eph 4:11 RSV). Christ gave spiritual gifts to the church. It was not only that those who receive the gifts are those with theological training. If Christ gave this gift to the church, there must also be men and women in every congregation who have this gift regardless of their education. They are found in every church. When a member in the church is faithful to the Lord, is deeply concerned about the spiritual welfare of the other members, and shows it by his willingness to pray, visit, call, or write to those who need care, he most likely has the pastoral gift. Christ gave these gifts to the church. The fruit of the Holy Spirit is love: "God's love might be essentially relational such that God's love is his sympathetic relationship with all others, who are included in himself" (Peckham, 2015, p. 220). God called His people to serve others. How sad when they are never given that opportunity. Crossan (2016) wrote that "humanity includes considerate, empathetic, compassionate, magnanimous, and forgiving" (p. 69).

As a result of these implications, I developed the "vision-able" model presented below.

Developing the Model

Every Seventh-day Adventist church has its own ideas about how to be a church. The collective mental model a congregation adopts becomes the foundation for the values and priorities its small group pursues. That mental model determines both the personality and culture of church life. Therefore, it was crucial that each member carefully examine his/her thinking to make sure it aligned with Scripture.

Johnson (2019, see Appendix E) presented two models about how to be church, suggesting her understanding of two of the most prominent mental models of church within the Adventist church.

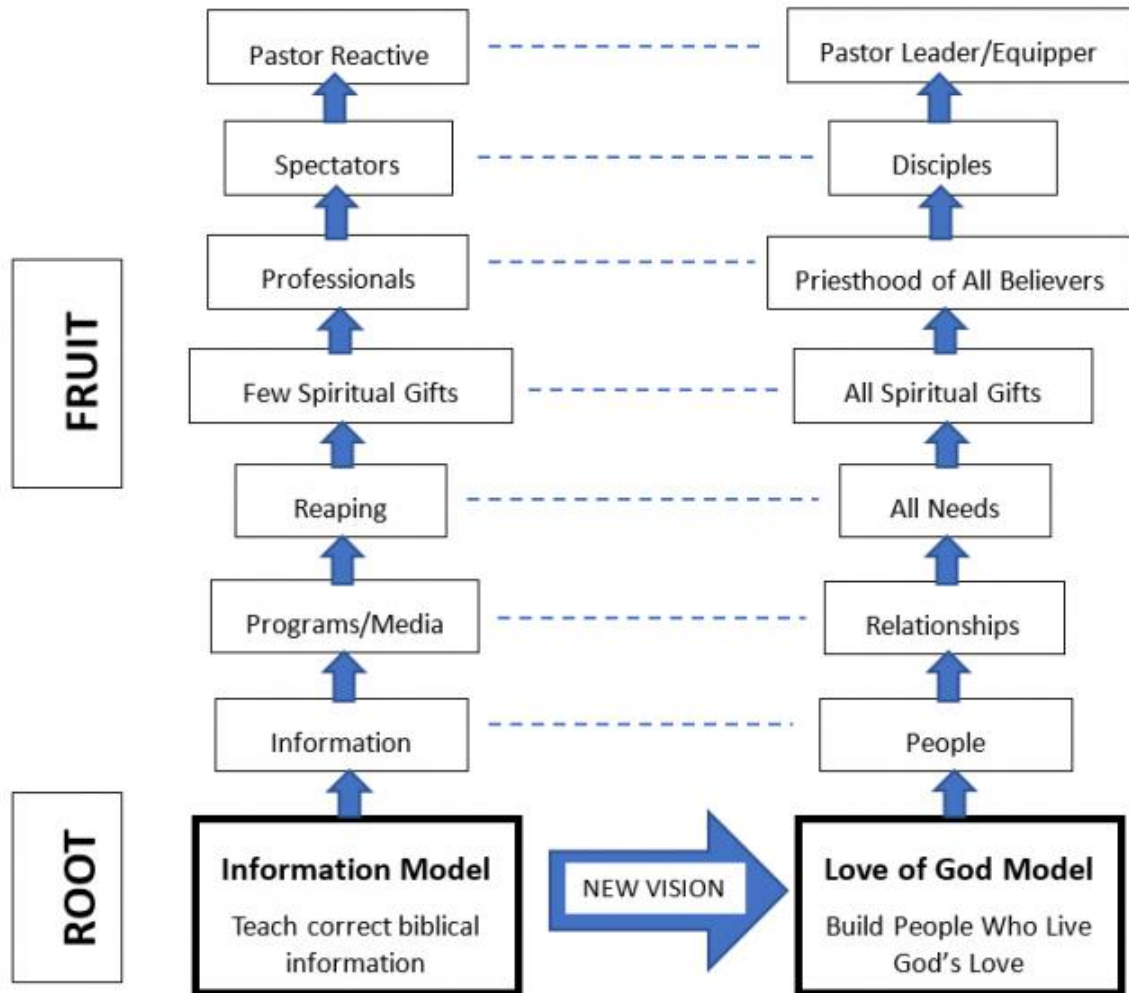
This graphics presented the “Information Model” on the left and the “Love of God Model” on the right (Figure 2). The one the church adopted would result in dramatically different dynamics within the local congregation. The root thinking applies to the answer that would be given when someone asked the question about what God’s overarching purpose was for the church. Out of that root model and perspective flow a few fruits or consequences. There was a cause/effect relationship.

Many Seventh-day Adventist churches were operating under the “Information Model” of church (Johnson, 2019; see Appendix E).

This model said that the main purpose of the church was to teach correct biblical information around the globe. This kind of church tended to depend more and more on information and to rely on very few spiritual gifts. The members would then become spectators.

Figure 2.

Two Models of Church.



Note. Adapted from Johnson (2019).

New Vision of the Church

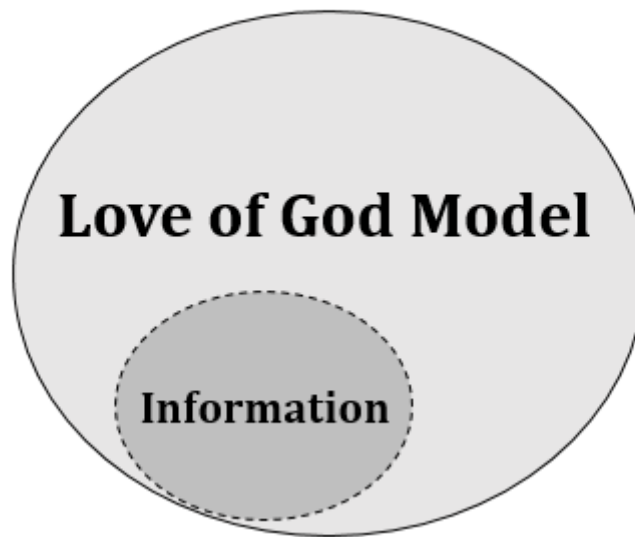
In the “Love of God Model,” people were central. Building people was at the heart of the mission. To “build people,” relationships become very important. By contrast, building close relationships was seen as extra or optional in the Information

Model (Figure 3). To grow all kinds of people, all kinds of needs must be met, and all the spiritual gifts must be utilized. The high priority was focused on building people; then disciple-making would take place.

Figure 3.

Relationship of the Two Models.

Relationship Of The Two Models – *Not Either/Or*



Note. Adapted from Johnson (2019).

Consequently, Johnson (2019) observed the following: “You cannot go directly from ‘few spiritual gifts’ to All Spiritual Gifts” simply by holding a Spiritual Gifts Seminar. You first change people’s root understanding” (p. 4) There were no shortcuts. Without changing the root model in their heads, any change would almost always create unnecessary resistance and confusion. Our doctrines were very important. Truth was vital, but it was not an end in itself. The main purpose of our doctrines was to help us

understand God’s character of love and become a more loving people/ The more truth, the more potential for love. Information was part of the larger “Love of God Model.” The two models were not an either/or choice. They are both/and. Jesus’ vision taught the church about the proper relationship between truth/information and love (Matt 22:36–40). After studying Johnson’s model, I contend that it should be practiced in the project.

The model of church that Jesus created was not one of large churches, but of small groups that lived in open and honest community with one another (Burrill, 1997). Through the small group the members could learn healthy character elements which worked together to support “temperance”: patient, calm, composed, self-controlled, prudent, and cultivating temperance (Crossan, 2016, pp. 17, 111). The ultimate purpose of a small group was to lead group members into a saving relationship with Jesus Christ’s vision and to become fully devoted disciples (Johnson, 2019). I presented and accomplished this vision in my project: The way to enhance love and growth was through small group activities.

I connected this “Love of God Model” to the beginning part of the intervention in September 2021.

The Health Ministry Explained

Coon (2015) wrote that the Adventist health messages were given as one of God’s three priorities for the first 20 years of vision (see Appendix F). It was obviously 100 years ahead of the time in the 19th century. The information became outmoded by the rapid advances in medical science in the 21st century regarding the causes, treatment, and prevention of disease. Nonetheless, there are at least 15 benefits of the health messages (see Appendix F).

The Adventist health ministry was explained to the Ventura County community area in October and November 2021 through the health-oriented small group outreach program.

The health message was spread through the small group outreach organized by the VC KSDA church online and offline. Much information is available through the Sabbath School and Personal Ministries Departments of the General Conference of SDA (Colón, 2010) which emphasizes how to reach people as a tool through “Health Evangelism” (see Appendix F).

Andress (2013) focused on the health ministry:

When rightly understood, the message of health, hope, and healing that God has given to Seventh-day Adventists is a message of restoration and redemption. When followed in its completeness, it is a message that restores mankind into the image of God—physically, mentally, and above all, spiritually. It is imperative then that we understand the components of that message. (p. 51)

Andress (2013) commented on God’s health code through Moses (p. 31) and also found that centuries later, during the Middle Ages, the Christian church adopted and promoted practices profoundly in opposition to the Mosaic health code. As a result, for over a thousand years the Western world was ravaged by the most devastating plagues it has ever known (p. 34).

With a small group, the way the health ministry was presented and reinforced should be to “understand the times and [know] what Israel should do” (1 Chr 12:32) in the time of COVID-19. Friedman (2011) wrote concerning healing that group systems thinking can depart from traditional notions of linear cause and effect, choosing, rather, to be interdependent on one another for therapy and change (Friedman, 2011, pp. 14–17).

The objective was to return to a true relationship, love, which was focused on

“caring for one another, forgiving one another, healing one another, teaching one another, correcting one another, and so on” (Cloud, 2017, p. 37).

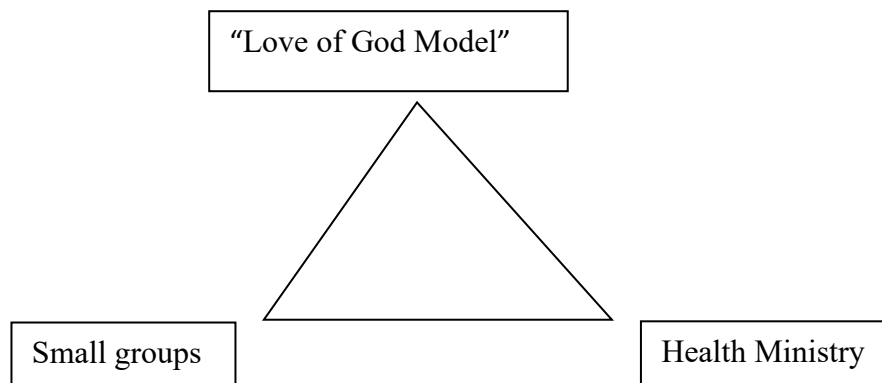
These promotions of the health ministry added to a summary that was composed of the three factors of implementations as seen below.

Three Factors of Implementation

This implementation consists of three factors as shown in Figure 4: The “Love of God Model,” small groups, and the health ministry.

Figure 4.

Three Factors of Implementation.



The three factors shown were implemented in the research. The preparation activity was mainly designed according to the “Love of God Model” approach by Johnson (2019) before the series of meetings. The function of the small group organized by the KSDA church was to advertise the series of meetings from November 1-4 and 8-11, 2021, to contact new nonmembers, to follow up after meetings, and to care for the attendees as friends. The integration of the “Love of God Model,” the small groups, and

the health ministry were motivated by friendliness and friendship-seeking in order to personalize the connection for change in context.

Description of the Initiative

The first phase of the implementation was designed to help small-group members become aware of their own preparation and those of the community people they served. Church presentations began with an introduction to the church concerning small group health ministry in the community, including some basic thoughts and foundational concepts: “God’s love model” on September 4, 11, 18, and 25 in 2021. The questionnaires were distributed and collected from September 1 to October 31, 2021.

The second phase was designed to teach group members how to analyze outreach experiences critically and to reflect on their significance in small group activities. Church presentations took place in small groups and included key questions for biblical inquiry. People would be invited to attend the groups for the opening night. The meeting agenda, namely, to keep the group members returning and to facilitate the small group leaders’ preparation, was the object of focus. The participants explained what a small group was, and the small group teams were organized: a leader, assistant leader, and host, as well as a meeting place were chosen. The study materials were presented on October 2, 9, 16, 23, and 30, 2021, and the questionnaires were collected for two months until October 31, 2021.

The third phase focused on applying the concepts of the health ministry with a group of people during a series of four meetings from November 1 to 4, 2021. This entailed learning how to approach people. The meeting time in this phase was devoted to engaging with the goals. As a leader, this one gave me an opportunity to model the

facilitation of such discussions: Growing people's assessment of a potentially changing church body, the process outcome, and determination for more multiplication.

The fourth phase asked members to engage in the task of “doing” or acting it out. An additional four-meeting series was held from November 8 to 11, 2021. This involved acting and exercising creativity. Final reflections and evaluation statements took place. The church presentations included an overview of the faith-based creative approach described earlier in this chapter. There was a careful strategy that was well timed and organized. As mentioned above, the project found some positive expectations in the VC KSDA church area.

I believe that following the “countdown” helped the church to prepare its small group activities in the congregation for a series of health ministry meetings. These series of meetings were used to conduct a focused, small group with the people in the community. The goal was to create a resource that could continue to be an asset for friends and disciples even after the series of meetings was completed.

Research Methodology and Protocol

The intervention was evaluated with Questionnaires of the ADKAR Model (Hiatt, 2012, pp. 83–89, 107–114; see Appendix C) for personal change, and the results reported involved a process of continual reflection on, and emerging data throughout, the meetings, gaining a general sense of the final data and then conducting a close analysis using reflection tools, generating a description of the attendance and using research methodology and protocol that are built into the project.

Research Purpose, Design and Sample

The purpose of this research project was to explore the perceived value of small groups for people in the community. Activity groups were formed from diverse groups that included all the church members, as well as some visitors in the church community. Each group consisted mainly of six to twelve individuals between the ages of 18 and 75 and did not include any vulnerable groups of people like prisoners, hospital patients, those mentally impaired, and so on. During the group activities, the members were asked to respond to the questionnaire listed on a separate piece of paper. Virtual activities were included.

Disclosure of the Researcher's Position and Bias

For this study, I served not only as the researcher but also as a local pastor and facilitator of the intervention. As such, I participated fully in the intervention but in a dual role, which I made known to the people in the community. I had to consciously account for this in my pastoring without my own cultural bias.

Detailed Study Procedures

Ellen G. White (1908) stated the focal point of first providing access to the health message to allow the hearts of the hearers to be open to the evangelistic truth of the Bible and to the Holy Spirit which was shared in the small groups (p. 76). There was a dire need for our health message in the COVID-19 times. Thus, this approach was relevant to the community, and the questionnaires were helpful in conducting the project. The collection of questionnaires took place from September 1 to October 31, 2021.

The small group activities were held in various church members' homes with the

option to connect virtually for training, seminars, teaching, and sharing. The small groups met eight times (over a period of two weeks). There were leaders with one designated leader per small group, and I appointed those leaders and trained them. The topics that were taught included the health message (for details, see Appendix F) and the “It is Written” series. There were guest speakers, and I was also a speaker. The leaders and small group members reached out and contacted various people. There were no physically invasive procedures.

Confidentiality

The participants were recruited by personal invitation, announcement, email, and texts from local church members. Participation in the activities was voluntary with no pressure or coercion. The objective was to help the Seventh-day Adventist church and myself as a researcher to reach out in a better way in the changing context in Ventura County. All the participants gave informed consent to take part in the activities. This consent was given just before the questionnaire was distributed. The participants were also free to leave when they wanted without any penalty or loss of benefits, if any were available.

The surveys and evaluation statements of the results were stored in a private electronic survey account that I procured and had password protected. The material posted online by the people was presented in a private way that I created and that was available only to the members. The field notes and surveys remained on my personal hard-drive and cloud computing space and were password protected. The level of risk to those who participated in the project was minimal.

Data Analysis

1. These data were collected through a questionnaire (see Appendix B). During the in-person small group meetings, a questionnaire was distributed and collected on/off lines. The questionnaires were sent and received via e-mail for those who met virtually. All the questionnaires were analyzed. There were no recordings of any of these meetings.

2. The qualitative data were analyzed using the methods of content analysis. This specifically involved a process of (a) continual reflection on emerging data throughout the meetings, (b) gaining a general sense of the final data, then conducting a close analysis using reflection tools, and (c) generating a description of the attendance.

3. I adapted the ADKAR Model (Hiatt, 2012, pp.107–114; see Appendix C) to evaluate the research. The assessment processes were awareness, desire, knowledge, ability, and reinforcement. If a statement accurately reflected the current state, then the score would be 5. If a statement was in strong contrast to the current state, then the score would be 1 in that area. The statements were distributed and collected and analyzed online and offline.

Conclusions

The process of development, intervention, and implementation took eight meetings over a period of two weeks in the VC KSDA church community. After that, an evaluation took place. During that time the church learned a great deal from the experience in the community. The small groups' health ministry did open the hearts of the community to the easiest, least expensive, and most productive method of extending God's kingdom, so this project was focused on and kept doing the "Love of God Model"

approach designed by Johnson (2019) toward making friends and disciples for God to share in His mission.

How to be a church and how to help them grow and mature have been the concern in these days for God's church to adopt the "Love of God Model" with more koinonia, outreach, and consequent multiplication. In Col 4:17, Paul said: "See that you fulfill the ministry which you have received in the Lord." The work of the church has been to use the gifts and responsibilities laid upon it by the Lord Jesus Himself.

I studied other theological educators who added to this project from their own research on developing faith-based small groups as an effective tool. Ideally, such research could serve to confirm, implement, or troubleshoot the insights gained from these limited activities.

I looked at the description of a small group initiative for the health ministry. I planned three factors—the "Love of God Model," small groups, and the health ministry—in order to do effective implementation with those methods and sequences. This chapter was problematic because it seemed to describe the intervention already, mixed in with the context. It seemed to anticipate much of what actually happened, specifically, as the implementation followed. This is discussed in the next chapter.

CHAPTER 5

PROCESS OF THE INTERVENTION IMPLEMENTATION

Implementing of Small Groups Health Ministry

What would small groups say they were learning throughout the process? How would they describe the value of the implementation to their well-being in the COVID-19 pandemic? The constructed factors were from learning reflections written by small group members after four phases, as well as from feedback offered with small group health ministry series of meetings. The qualitative description aimed to present an account of learning and change through the eyes of small groups over the project implementation.

The church promoted the health ministry publicly by carefully planning small group implementation in the church community. Small groups took priority over programs because very few programs existed that did not arise from small groups (Johnson, 2011, p. 149). Through these meetings, the small groups went out of the church building and into the community mainly electronically, but also physically (in person). Each section of this chapter, small group health ministry activities, presented the attendees' perspectives following their experience in that segment of the implementation. A prepared publicity timetable (see below) was followed from September 4 to November 11, 2021.

Consequently, for two months (September and October 2021), I placed my focus on educating church members with corresponding small group activities, and for about

the following two weeks (November 1–11, 2021), doing evangelistic meetings along with the health ministry. “Pre-evangelistic evangelism” followed, with about 30 members attending Phases One and Two—these were the advertising phase weeks for the small groups’ health ministry series of meetings. Some members of these small groups attended the meetings of Phases Three and Four (see Figure 12 and Figure 13 for Meeting Attendance of Phases Three and Four).

Phase One: “Love of God Model” Focus (September 1–30, 2021)

What were the practical values of small groups in this project, how engaged were they with the small group health ministry, and to what extent did that involvement shape their daily lives? Phase One was designed to initiate the small groups’ practical values awareness, provide a basis for the groups’ spiritual lives, and develop major approaches for thinking about a small group health ministry. What emerged was a picture of a group of people who were, overall, engaged with and dependent upon health questionnaires and who struggled to reconcile weak and strong aspects of their well-being.

The first phase of the implementation was designed to help church group members become aware of their own preparation and those of the community they served. Church presentations began with an introduction of the implementation, including some basic thoughts and foundational concepts of a church and community small group health ministry. This was presented during two hours in a series of meetings using the “Love of God” model sermon series at 11 a.m. and 7 p.m. on September 4, 11, 18, and 25, 2021. Those attending were mainly people who regularly came to church and who had come to the small group meetings using the “Love of God” model (see chap. 4).

The main themes of training the small groups were the roots and fruits of the two models: an information model, teaching correct biblical information, and the new vision—the “Love of God” model. This second model builds people who love God’s love; creates people who are growing in relationship; and focuses on all needs, all spiritual gifts, and the priesthood of all believers. Each meeting lasted for two hours, including reflection and discussion for 20 minutes and concluding with an earnest prayer meeting. Miller (2017) described this prayer time as follows: “The very thing we are allergic to—our helplessness—is what makes prayer work. It works because we are helpless. We can’t do life on our own. Prayer mirrors the gospel” (p. 43).

Health Ministry Practices Questionnaire

During this time, the health questionnaires worksheets (see Appendix B) that were prepared were distributed and collected. The health surveys were done using the health questionnaires during the month of September 2021 and were collected for one month until September 30, 2021.

The results of the Health Questionnaires Survey revealed that small groups were engaged with how to live lives of well-being and were collected electronically and in person. The surveys will be evaluated in chap. 6.

Developing a Winning Attitude

Ultimately, the “Love of God” model was studied, presenting a total of two hours’ worth of information in a series of meetings at 11 a.m. together in a large group and at 7 p.m. in small groups on September 4, 11, 18, and 25, 2021.

September 4: “Two Models of Church: The One You Choose Makes All the Difference”

The apostle John’s account of the story of the woman at the well begins with these words: “He left Judea and departed again to Galilee. But He needed to go through Samaria” (John 4:3–4, NKJV). Jesus saw what the disciples did not see: receptive hearts. Jesus “needed” to go through Samaria because the Holy Spirit told Him that there would be receptive hearts in this unlikely place. That woman’s dramatic conversion impacted scores of people in Samaria. In Acts 8:4, 5, 14, we read of the ultimate result of Jesus’ ministry in Samaria. The disciples may otherwise have passed by Samaria without ever providing an opportunity for the Samaritans to hear the truth of the Word of God.

According to these texts I found the foundation of acceptance and the “Love of God” model were presented. The apostle Paul had the principles underlying the acceptance of one another (Rom 15:7; Eph 4:32). Jesus’ attitude was, “No matter what you have done, I am willing to forgive you and provide you with the power to change.”

September 11: The “Love of God” Model and Attitude Adjustment”

What kind of attitude adjustment did the small groups need, not just for witnessing but for life in general? Members of small groups need to accept one another despite their weakness and mistakes and share their joys and sorrows freely. Two stories (Matt 15:28 and Mark 14:9) described what the essentials of a positive winning attitude were. They show that divine love, *ἀγάπη*, is so opposite from society’s values and priorities (Johnson, 2007, p. 165).

September 18: “Presenting the Truth in Love”

Presenting the truth in love: The apostle Paul reminded his readers of “the truth in love” (Eph 4:15). What would it mean for small groups if kindness, courtesy, and love overflowed from each member’s heart? The bonds of friendship were built on this truth: Demonstrate acceptance and compliment other people where it would be appropriate, making a habit of looking for the good in people as opposed to the bad. The apostle Paul listed some of the specific things for which he complimented the Thessalonians (2 Thess 1:1–4). White (1909) assessed, “If we would humble ourselves before God, and be kind and courteous and tenderhearted and pitiful [i.e., full of pity], there would be one hundred conversions to the truth where now there is only one” (p. 189).

September 25: The “Love of God” Model

New Testament writers never emphasized love over truth. They blended love and truth, grace and law, compassion and honesty. White (1908) said, “Love must dwell in the heart. A thoroughgoing Christian draws his motives of action from his deep heart-love for his Master. Up through the roots of his affection for Christ springs an unselfish interest in his brethren” (p. 425).

The “Love of God” model was based on these small group activities, following the Scriptures which present an entirely different model of church. It has been said that the main purpose of church is to build people who can live out God’s love. It focuses on collectively revealing, as a community of faith, what the Godhead is really like. Very different fruits or consequences stem from this root understanding, and thus, church life changes dramatically.

“Love of God Model”: People were Central

Building people up was at the heart of our mission. If we were going to build people up, relationships became very important. By contrast, building close relationships was seen as “extra” or “optional” in the Information Model. If we were going to grow all kinds of people, then we needed to be able to meet all kinds of needs, not just “reaping.” If we were going to try and meet all kinds of people’s needs, we needed to utilize all the Spiritual Gifts; they all had an important and special place. Christ’s method alone gave true success in reaching the people. In essence, Christ’s method is people (Samaan, 1999, p. 67). Zacharias (2012) indicated that the essence of every person and the individual reality of each life is sacred (p. 168). It is sacred because intrinsic value has been given to everyone by the Creator. For the members to activate their spiritual gifts, they needed to understand that they were all ministers, what the Bible calls spiritual “priests” (Johnson, 2019, p. 4).

The church presentations took the hearts and minds of the church members from the “Information Model” to the “Love of God Model.” The church body needed to change its mind before the church could change its method. Otherwise, any changes the church made would simply be like a stretched rubber band that would snap back into its original form once you let go of it.

This did not mean that correct biblical information was not important. Our doctrines were very important. Truth was vital, but it was not an end. The main purpose of our doctrines was to help us understand God’s character of love and thus, become a more loving people. The more truth, the more potential for love. Information was, in fact,

part of the larger “Love of God Model.” The two models were not an either/or choice. They were both/and (see chap. 4).

In September 2021, pre-meetings were practiced four times, focusing on the “Love of God Model” in the small groups. The next phase occurred regarding how to make friends in the small groups and using the health ministry during the project implementation.

Phase Two: “Making Friends for God in Small Groups and Health Ministry” Focus (October 1–31, 2021)

The series, “Making Friends for God in Small Groups and Health Ministry,” was presented over a total of two hours at 11 a.m. together in a large group and at 7 p.m. in small groups on October 2, 9, and 16, 2021. In addition, pre-meetings were presented to the church and community at 11 a.m. together in a large group and at 7 p.m. in small groups on October 23 and 30, 2021 before the actual outreach series of meetings of the small group health ministry teams.

The second phase was designed to teach group members how to analyze outreach experiences critically and to reflect on their significance in small group activities. Church presentations consisted of small groups, including key questions for biblical inquiry: how to invite people to attend the groups, the opening night, the meeting agenda, how to keep the group members returning, and the small group leader’s preparation. It also included a discussion of what a small group was and how to organize the small group teams: leader, assistant leader, and host; choosing a place to meet; and choosing study materials.

The Health Questionnaires that had been collected in September 2021 before the November 1–11 series of small groups meetings themselves.

An Exciting Way to Get Involved

October 2: “Small Groups: God’s Idea in Scripture”

How should we understand the concept of the unity of God (see chap. 3) in a “small group” having the express purpose of redeeming people. “The plan of salvation had its place in the counsels of the Infinite from all eternity” (White, 1908, p. 186). There was nothing more important to God than saving as many people as possible (1 Tim 2:4, 2 Pet 3:9). Jackson (2016) said that small groups activities “make character change happen best in the context of community” (p. 48).

October 9: “Organized for Service”

How did the human body provide an excellent illustration of working together harmoniously in a small group? Why could spiritual gifts be implemented in small groups? Small group ministry was ordained by God to enable each small group member to grow spiritually, experience warm fellowship, and utilize his or her gifts in service. In addition, I found this concept in the following text: “Let them keep their bond of union unbroken, pressing together in love and unity, encouraging one another to advance, each gaining courage and strength from the assistance of the others” (White, 1902, p. 22).

October 16: “Small Group Dynamics”

What activities were Early Christians’ small groups involved in? They met together to intercede for others, pray about mutual concerns, share in warm fellowship, study the Word of God, be equipped for service, help protect each other against false teachers, and participate together in outreach activities (Acts 4:31; 12:12, and 20:17–19, 27–32). What was Jesus’ solution to the outreach? “The harvest truly is plentiful, but the

laborers are few” and “pray the Lord of the harvest to send out laborers into His harvest” (Matt 9:37, 38). Small groups were an answer to Christ’s prayer and exponentially increased the number of laborers for Christ’s harvest.

Tran (2015) indicated that “as participants address the challenges of group dynamics successfully, they will develop and reinforce skills, such as listening and speaking the truth in love, that contribute to positive group participation and shape stronger and closer groups” (p. 88). How should some struggles be managed while small groups move toward change? Wollf (2017) defined prioritized values as including “God’s Word, Caring relationships, Children/Youth, Personal comfort/safety, Global missions, Avoiding conflicts, Servanthood, and Personal agendas” (p. 18).

Health Ministering Like Jesus

October 23: “People’s Attitude to Others”

Why did small group members stand firmly on health principles for COVID-19? The health ministry as Jesus’ mission is emphasized in the following reference. White (1985) indicated that those who claim to believe in health reform and yet work counter to its principles in daily life practice are hurting their own souls and are leaving wrong impressions upon the minds of believers and unbelievers (p. 75).

“Christ’s method alone will give true success in reaching the people. The Savior mingled with men and as one who desired their good. He showed His sympathy for them, ministered to their needs, and won their confidence. Then He bade them, ‘Follow Me’” (White, 1908, p. 143). Why is how we say something as important as, or even more important than, what we say? When our words are encouraging and filled with grace,

small groups can have a positive influence on the lives of others (Isa 42:3; Col 4:5–6; Eph 4:15).

October 30: “Healing Ministry”

Jesus ministered to people’s felt needs so that He could ultimately meet their deepest needs. A felt need is an area of life in which people already sense that they cannot solve an issue by themselves. During the COVID-19 pandemic, there was a need for a better, more healthy life and a personal relationship with God. Jesus combined the threefold ministry of teaching, preaching, and healing. I did these kinds of threefold ministry: God’s love model, small groups, and health ministry.

What kinds of small group activities could take place in our community to meet people’s needs and demonstrate that the church really cares for them? It was through health-related activities by small groups ministering in the community.

In the next two phases, the three factors—“Love of God” Model, small groups, and health ministry—were practiced on November 1–4 and 8–11, 2021 as the implementation of the project in order to do evangelism for outsiders. The KSDA church evangelism committee (small groups team leader [lay activity leader]: chair, each small group leader, health ministry director, community service director, head elder, treasury, pastor) composed the small groups, and members were assigned to the various groups.

Phase Three: “Practices of Small Group Health Ministry I” Focus (November 1–4, 2021)

The third phase focused on applying the concept of each small group’s health ministry to participate and to hear lectures together with people during a series of four meetings at 7 p.m. to 9 p.m. from November 1 to 4, 2021 online. This entailed learning

how to approach people. Meeting time in this phase was devoted to understanding and focusing on the goals. As a leader, this one gave me an opportunity to model the facilitation of such discussions: assessment of growing people for the church body, process outcome, and planning for multiplication.

November 1, 2021

Cooking seminar: “Protein Dinner” by Gloria Bae

Healing Message: “The Future of this Planet” by Pastor Jung H. Kim

Practical Health Message: “The True Healing or the False” by Joanna Kim

What the church needed was balance between the cognitive and the relational—the “Love of God Model” and the information model—that is, two different models of church: which one you choose makes all the difference in the church’s effectiveness in the community. Brother S said, “I realized how the “Love of God” model is essential ... I did not feel I was so cognitive.”

I focused more on the relational than on the cognitive (Burrill, 1997, p. 129)—on the “Love of God” model than on the information model (Johnson, 2019, p. 2). This project revealed that the health ministry should be built on small group ministry (Burrill, 1997, p. 131). In his message of healing, Jung Kim, one of the guest speakers, said that warned the small group members about distinguishing between true and false healing. Cooking seminars took place on the basis of what Skrzypaszek (2014, p. 7) and Gen 1:29–30 said: people should “choose the very best.” Crandall (2016) found that a lifestyle change for health is the first step. It is vitally important because 85 percent of heart disease comes from lifestyle (p. 7).

November 2, 2021

Cooking seminar: “Healthy Diet” by Joo H. Lee

Healing Message: “The Problem of Pain” by Pastor Jung H. Kim

Practical Health Message: “Save the Earth and Super Seeds” by Sun Park

This project challenged the membership to return to the “relational church” of the New Testament and early Adventism with their “social meeting” or small groups (Burrill, 1997, p. 6). Among super seeds, brown rice has healed diseases (Naosu, 1995, p. 3). Satan’s deadliest weapon, Satan’s psychological warfare (1 Pet 5:8; Eph 6:12), is darkness; it is where one is easily attacked or deceived. Seamands (2015) indicated that low self-esteem, which paralyzes potential, destroys dreams, ruins relationships, and marches around in a vicious circle of fear and uselessness (pp. 58–67).

November 3, 2021

Cooking seminar: “Tofu and Lentils” by Chan L. Kim

Healing Message: “The True Rest” by Pastor Jung H. Kim

Practical Health Message: “Save the Earth” by Sun Park

What was the Genesis of the Adventist way in an American Blue Zone? Buettner (2012) described that “being healthy has always been a fundamental part of the Adventist message” (p. 135) and that “observing the Sabbath remains a lingering reality, a way to stay connected. It is meant to be a sanctuary in time for rest and rejuvenation, and it accomplishes that on a number of levels” (p. 149).

November 4, 2021

Cooking seminar: “Tofu and Lentils” by Sun S. Jung

Healing Message: “How to live abundantly” by Pastor Jung H. Kim

Practical Health Message: “The Method of Healing” by Eun M. Kwon

Why did the church ignore the crisis that literally threatened one’s existence, like COVID-19? This is covered in the discussion of “Small groups: The center of life for the church” (see chap.3). Belief in the ministry of the laity was restored for the project. Also, the healing method was NEWSTART (see Appendix F).

Phase Four: “Practices of Small Group Health Ministry II” Focus (November 8–11, 2021)

In the fourth phase, a series of four meetings of each small, health ministry group was held concerning the task of “doing”: participating and hearing lectures together from 7 p.m. to 9 p.m. from November 8 to 11, 2021 with some participants attending online.

November 8, 2021

Cooking seminar: “Salad” by Kang E. Choi

Healing Message: “The Nutrient from the Sky” by Pastor Harold H. Park

Practical Health Message: “The Good Oil” by Joyce Yoon

In the Bible, there are frankincense, myrrh, and olive oil (Luke 10:34; Matt 2:11; Jer 8:22; Exod 27:20; Lev 8:12). Crandall (2016) pointed out that olive oil can help lower LDL cholesterol and help prevent blood from clotting in the arteries, which may lead to a heart attack (p. 146).

November 9, 2021

Cooking seminar: “Soy and Salad” by Joo H. Lee

Healing Message: “More Water, better Health” by Pastor Harold H. Park

Practical Health Message: “Approaching another Pandemic” by Joanna Kim

I found support for water therapy in the following sentences. Nedley (2004) stated, “If a person is not drinking enough water, hematocrit rises, thus increasing the risk of heart attacks and strokes” (p. 496). He also said, “Water can be used externally to benefit those with arthritis. It is effective for the rheumatoid variety and other forms of joint inflammation. Hydrotherapy (water therapy) can serve many purposes in individuals” (p. 509).

November 10, 2021

Cooking seminar: “Potatoes Cook” by Sun S. Jung

Healing Message: “The Clean Blood in the Body” by Pastor Harold H. Park

Practical Health Message: “Herbs” by Soon O. Park

My project did a series of meetings of the health ministry during the time of COVID-19 to meet people’s needs. I agreed with Crandall (2016) who reported that seven “super” foods might supercharge the heart and lower cholesterol and could even reverse coronary artery disease (p. 144). My recent experience convinced me that one of the seven super foods was oatmeal, the best defense against cholesterol, as shared in the presentation.

November 11, 2021

Cooking seminar: “Turmeric” by Gloria Bae

Healing Message: “Exercise the Brain” by Pastor Harold H. Park

Practical Health Message: “How to Survive” by Joanna Kim

Campbell (2006) introduced the concept that “Adventist vegetarians are much healthier than their meat-eating counterparts” (p. 150) and those Adventist who “deprived” themselves of meat also “deprived” themselves of the ravages of diabetes (p. 150). Snowdon and Phillips (1985) found that compared to meat eaters, vegetarians had about one-half the rate of diabetes. They also had almost half the rate of obesity (pp. 507–512).

Findings of Some Challenges

1. “Back to the Future”: The Church is built on relationships like the New Testament diaspora and would need reorganization. The new paradigm is a church where the small group is the organizing principle. Michalko (2019) found that it is possible to “challenge your fundamental assumptions by reversing them” (para. 2). Here are some examples of reversing assumptions: people come to church; reversed: the church goes to people to develop small groups (Burrill, 1997, p. 9). Did Jesus offer people something deeper than physical healing? The Record states, “For the Son of Man has come to seek and to save that which was lost” (Luke 19:10). Each act of healing was an opportunity to reveal God’s character, relieve suffering, and provide an opportunity for eternal life. What the church needs is balance between the cognitive and the relational. John 15:12–13, James 1:27, and Galatians 6:2 all say to “make it personal” to the church. This is crucial for any serious outreach. Because of the massive size of urban populations, it is easy to

lose sight of the fact that faith is personal. The bottom line in reaching the community, or any other place, is for an individual finding a personal relationship with Christ. Research has shown that the vast majority of converts to the Seventh-day Adventist Church say that they joined because of a relationship with an Adventist acquaintance. Oftentimes, friendships, especially in the case of outreach, involve death to self and a willingness to work for the good of others.

2. What should the structure of the church be in the 21st century according to biblical guidelines? To be biblical, the church must be centered in small group. The hierarchical structure in the local church, with a pastor in charge, needs to move to a more “circular” plan of organization (Burrill, 1997, p. 141). The vital element of small group ministries might take the form of the “house church” as it existed in the New Testament (Acts 2:46), or it may simply be small groups within a larger congregation. Wherever there is an urban neighborhood or suburban town that does not have a local church but where there are three or more Seventh-day Adventists, a small group should be organized and begin to function in that community (White, 1902, p. 21).

The main themes of the training meeting were small group main activities, prayer services with group leaders, special Sabbath worships, evaluation of small group practices, planning for small groups to move forward, and having a circular style of leadership (Burrill, 1997, p. 42) During the worship service, there were training seminars on how to give Bible studies and prayer services with small group members. Due to the complexities of modern society, support people may be needed for small group members in ministry. This involves more people in ministry, but it does create a ministry of mutual support, rather than having all the small group leaders report to the pastor, which is the

“Moses’ pyramid” scheme of control. This latter simply does not work because of not supporting each other, even in small group ministry.

A circular style of leadership operating in a church today will provide a support base for all leaders. As church members recognize that power is not centralized in one person, they will become more willing to help each other solve problems. This is the “Jethro model” (Exod 18:1–19:6). Church can be created from the institutionalized church (the Roman ecclesiastical system) to small group paradigms, that is, small group relational communities.

3. Different “mind conditions” produce different kinds of results (Matt 13:1-9); this suggests the need to study the mind conditions before investing in outreach. This can make a great deal of difference in how effective small group meetings can be. The Apostle Paul knew how to adapt to the environment that he was in, and he learned how to present the truth to meet the needs of those he was trying to reach in the best way possible. Plowing the ground, planting seeds, nurturing the sprouts to harvest, and preserving the harvest—all these things work best if there is a strong relationship element. The church needs to learn how to be friends with people. The church needs to learn how to listen to them. The church needs to learn how to love them. If these are essential elements for any outreach, how much more so are they in the ministry where individuals can, at times, feel lost and uncared for amid the vast and teeming population?

Today the cry among many members is that the pastor is “not feeding me.” The 80/20 syndrome is also seen where church-growth watchers declare that one of the great maladies afflicting Christianity is a dependent laity in which 80 percent of the members wait for 20 percent of professional and paid clergy to serve them (Burrill, 1997, p. 8). The

pastor's key antidote, then, would be empowering the leaders and the formation of new small groups.

4. It has frozen the church in American Individualism: resistance to the notion of anything that resembles what the church sees in the first 10 chapters of the book of Acts.

This individualism leads to judgmentalism, which hatches separatism, which is akin to tribalism, nationalism, and racism. It is time to forsake individualism in favor of establishing biblical community: small groups.

Cruz (2022) said the following:

In 21st century America, that call includes the pursuit of justice and flourishing for the common good, necessarily centered on the poor and oppressed and the cries of creation itself. This is not a side project, but essential to our collective call. Until we drastically turn away from this active perpetuation of aggressive individualism, we won't hear the call and people will continue to die from our active harm. (p. 2)

In 1 Cor 12, Rom 12, and Eph 4, the Scriptures teach about spiritual gifts. They say that there is a multiplicity of different gifts but only one mission. The types of soil mentioned in the parable in Matt 13:3–9 and 18–23 show the need for many different gifts to be included in reaching the community. “Men of varied gifts are to be brought in. New methods must be introduced. God's people must awake to the necessities of the time in which they are living” (White, 1946, p. 70). Why were the gifts shared with others? God's grace was central to the apostle Paul's soteriology, and He wanted to ensure that grace did not remain a mere doctrine but also functioned at the community level, as a concrete reality for everyone (Bell, 2014, p. 195).

This approach is essential to the ministry for several reasons. One is the complex mosaic of cultural, ethnic, language, and socioeconomic groups to be reached within the

hundreds of communities and subcultures in even medium-sized cities. Unless there are small groups targeting each of these segments, Christ's mission will not be completed. Through the gift of divine insight, the church can see what is necessary to be effective in ministry. It is even more necessary today to have a wide variety of approaches and gifts working within a large, multifaced strategy.

The body of Christ is not a homogenous group of people who are all alike. It is not a country club with people of the same backgrounds who all think the same. It is a dynamic movement of people of different gifts, united in their love for Christ and for Scripture and who are committed to sharing His love and truth with the world (Rom 12:4; 1 Cor 12:12). Small group members "can be very mature in one aspect of identity and undeveloped in another" (Warner, 2016, p. 213).

5. I met unexpected developments. The big challenge was to win people's battles against diseases like COVID-19.

What was the small groups' role in pandemic times? Rather than attempting to harness power, the pastor had to release power to the small groups continually. Only as lay leaders are empowered can the church itself really become the church of Jesus Christ and provide a leadership role in the community (Burrill, 1997, p. 151). The China Study is a story that needs to be heard. Campbell (2006) found that "the Adventists population is a good example to study because of their dietary habits: their religion encourages them to stay away from meat, fish, eggs, coffee, alcohol, and tobacco (p. 149). I believed the following countdown helped the church to prepare small group activities in the congregation for a series of health ministry meeting activities.

Small group health ministry was needed because of how difficult it was for

believers to follow Jesus in the community. There were many pressures, temptations, and encounters with alternative faiths and ideologies. Some believers simply gave in to the pressures and dropped out of church, while others developed a hard shell to protect their feelings and became insensitive to the people around who needed a loving representation of Jesus.

Conclusions

This chapter described a project regarding members who engaged with a small group outreach health program. The perceived spiritual value of this intervention derived, first, from the church's awareness of small group activity and influence in their lives and mission. I have been able to render service to God longer and more efficiently, to be sharpened to understand truth better, and to be enabled better to withstand the temptations of Satan by attaining spiritual growth and development individually in the context of change.

Small groups involved acting and exercising creativity. Final reflections and evaluation statements occurred. Church presentations included an overview of the faith-based creative approach described in chap. 4. There was a careful strategy that was well timed and organized. I have pointed out that the project also found some expectations in the VC KSDA church area. Before the series of meetings, there were four groups organized with each group having six or seven people. After the health ministry, the small group numbers increased to where the largest group had added twelve people. Each group added seven or eight more people after the outreach meetings.

My conclusion was that small group health ministry consequently helped others not of our faith toward our outreach, thus attracting the public's interest in a favorable

manner beyond COVID-19 to find the benefits and blessings of good health, as well as some challenges. I have presented the implementation in this chapter, and I will focus on the results and evaluation in the next chapter.

CHAPTER 6

PROJECT EVALUATION AND LEARNINGS

General Conclusions on the Project

This project sought to implement a small group health ministry in the Ventura County Korean Church community. Small groups were presented as an outreach method of health ministry in the 21st century. In the context of personal health and development, a small group health ministry with the “Love of God” model was presented as a relevant topic with attention paid to the church in these days. The participants were encouraged to share their health experiences and “identity formation” in God’s mission. This type of ministry focused on sharing the health message and connected with the church community electronically and in person during the COVID-19 pandemic. The health ministry was combined with health content meetings. This project was studied and practiced for enhancing one’s well-being in life with two questions: “What value has the project held for your personal health?” and “What relevance do you see it having in your life?” The qualitative data from these reflections, along with my own notes and observations, have been included in the study. Quantitative and qualitative data collected from the Health Questionnaire and the ADKAR personal change tool were also incorporated. Consequently, the evaluation, recommendations, and conclusion are presented in chapter 6.

The four phases of the implementation shown in chapter 5 were implemented in the project.

Conclusions on the Four Phases of the Implementation

Phase One: “Love of God Model” and Small Groups

Surveys were done with the Health Questionnaire, and small groups were organized before the implementation according to the church board and Southern California Conference’s approval of the project. In phase one, there were the basis of the “Love of God” model and a biblical foundation for the small group health ministry activities, along with some advertising (via social networks, phone/person contact, announcements), in spite of the COVID-19 pandemic.

Phase Two: Presentation of Small Group Ministry

The main themes for the small groups were gaining a new vision, building people who live out God’s love, creating growing people and relationships, meetings, spiritual gifts, and understanding health ministry and advertisements.

Phase Three: Implementation of the Small Group Health Ministry I

In the third phase, there were the small group activities of reflections, discussion, how to implement a health seminar on a biblical foundation, and how to practice a small groups health ministry in a series of meetings with members/nonmembers.

Phase Four: Implementation of the Small Group Health Ministry II

The main themes of the fourth phase were the small group main activities, and small group practices evaluation. Most participants went from awareness to practice

managing to action through the outreach health another series of meetings. Furthermore, it was designed with an individual change management tool that moved to the ADKAR model for personal/ small groups change.

The Health Questionnaires were evaluated, and the four phases of the implementation were then related to the Questionnaires.

Conclusions on the Small Group Health Ministry Surveys

What value did the project hold for the participants' health? How was the small group health ministry implemented during COVID-19? The task of this survey was to develop a small group health ministry for the VC KSDA, other SDA church members, and nonmembers of the Ventura County community. A related survey took place in the church community before the implementation focused on small group health ministry. First, 60% of the Health Questionnaire was distributed to small group members, and 40% to nonmembers; 153 responses (110 responses from members, 43 responses from nonmembers) were collected in September 2021. The Questionnaire consisted of five categories: individual health, their own diseases and how to deal with their own health, the church's role in community health, prevalent health message, and reaching out with the health ministry (see Appendix B).

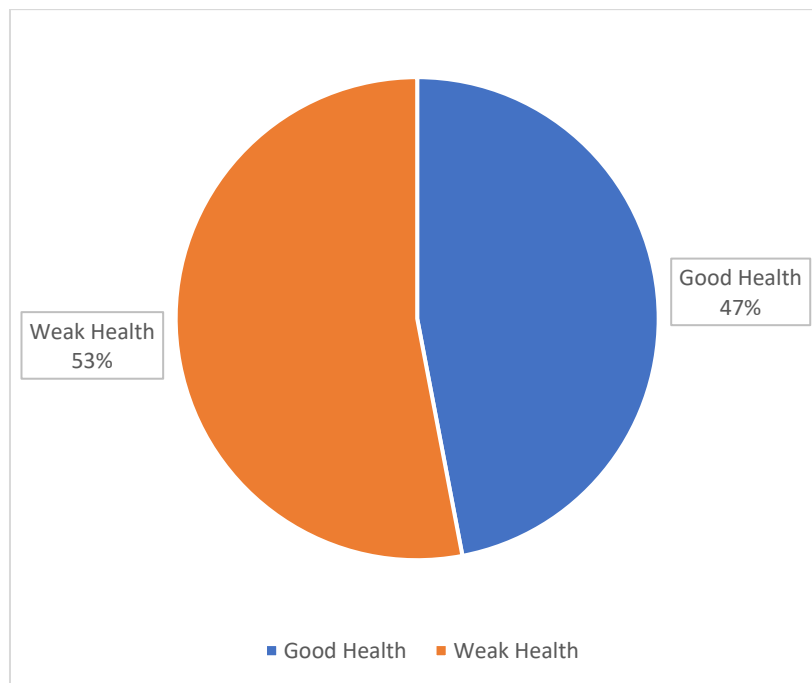
The survey explored valuable implications of the small group health ministry project.

Individual Health

The survey revealed that 47% of the respondents were in good health, and the remaining 53% respondents reported average health or being mildly or severely physically impaired. See Figure 5. I found that about half of them needed health ministry.

Figure 5.

Overall Health (2021).



One's Own Diseases and How to Deal with One's Own Health

The survey participants said that they had dealt with such diseases as the following: high blood pressure, COVID-19, clinical depression, gastroesophageal reflux disease, stomach cancer, fatty liver, epilepsy, spinal stenosis, angina pectoris, joint disease, osteoporosis, kidney disease, tinnitus, gastroparesis, arthritis, thyroid cancer, cholecystitis, colorectal cancer, respiratory diseases, stress gastritis, obesity, overweight,

asthma, anxiety, diabetes, fibromyalgia, hypertension, allergies, ankle problems, post injury, cold and flu, hypothyroidism, heart diseases, thyroid diseases, vitamin D deficit, bad knees, Raynaud phenomenon syndrome, numb fingers, poor sleep, and shoulder problems. Numerous diseases were surveyed and needed attention. More specific information in dealing with these conditions was also supplied.

They had also worked for better health: 40% of the people did regular exercise, 42% of them controlled their diet/meals/eating habits, and 18% of them chose to use vitamins/other (Figure 6). To recover from their diseases, 52% of the respondents went to hospitals/doctors, and 48% of them chose natural remedies/other (Figure 7). They were very interested in better health, but Figure 7 showed that they relied on going to the hospital.

Figure 6.

Better Health (2021).

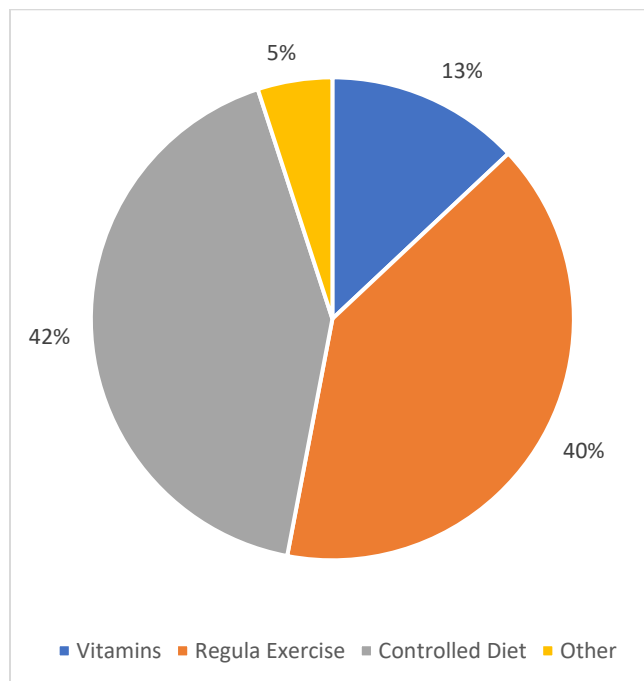
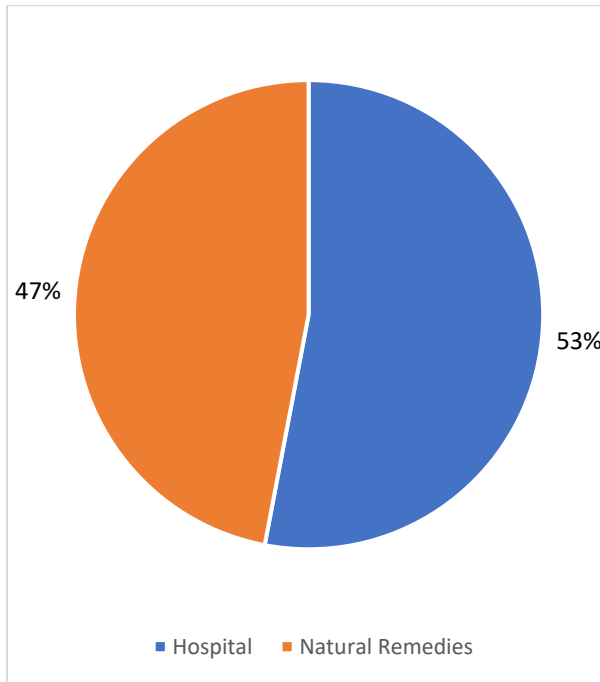


Figure 7.

Recovery Methods (2021).



For natural remedies 27% of them used water, 33% used activated charcoal, and 40% focused on diet/meals/eating habits/other.

In addition, 19% of them followed a meat diet, 55% followed an egg/milk/vegetable diet, and 26% were vegans.

Of the respondents, 76% drank water, 13% drank soft drinks, and 11% drank coffee/tea.

Church Role in Community Health

Twelve of the 63 responses (19%) showed that their motivation for accepting the Seventh-day Adventist message was health. Regarding the data showing the importance of the relationship between the health message and spiritual life, 84% indicated that it

was important, while 15% indicated that it was somewhat important. Figures 8 and 9 show the role of the church for the community who are waiting for a health-based ministry.

Figure 8.

Motivation for Accepting Adventist Health Messages (2021).

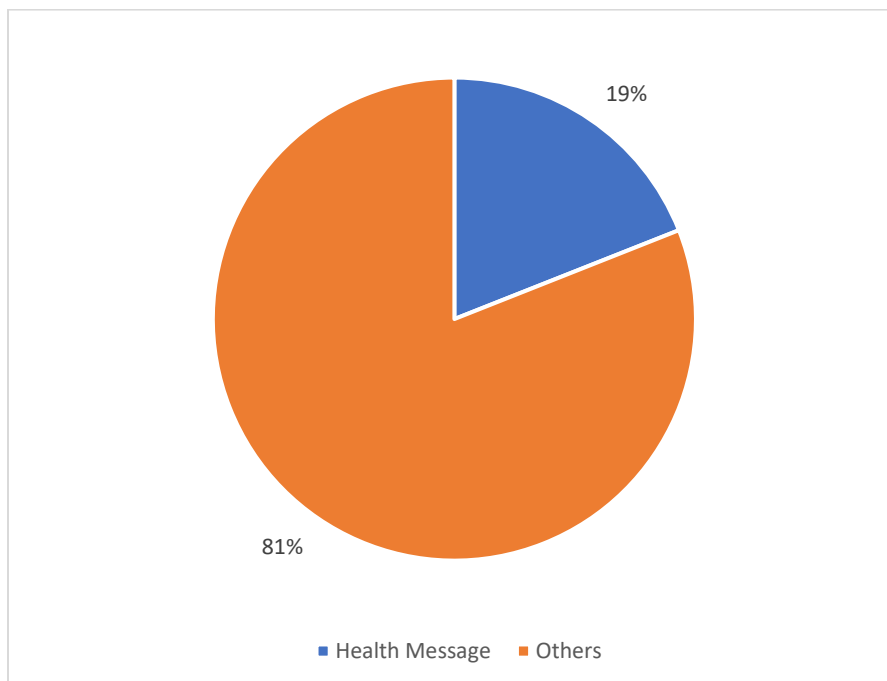
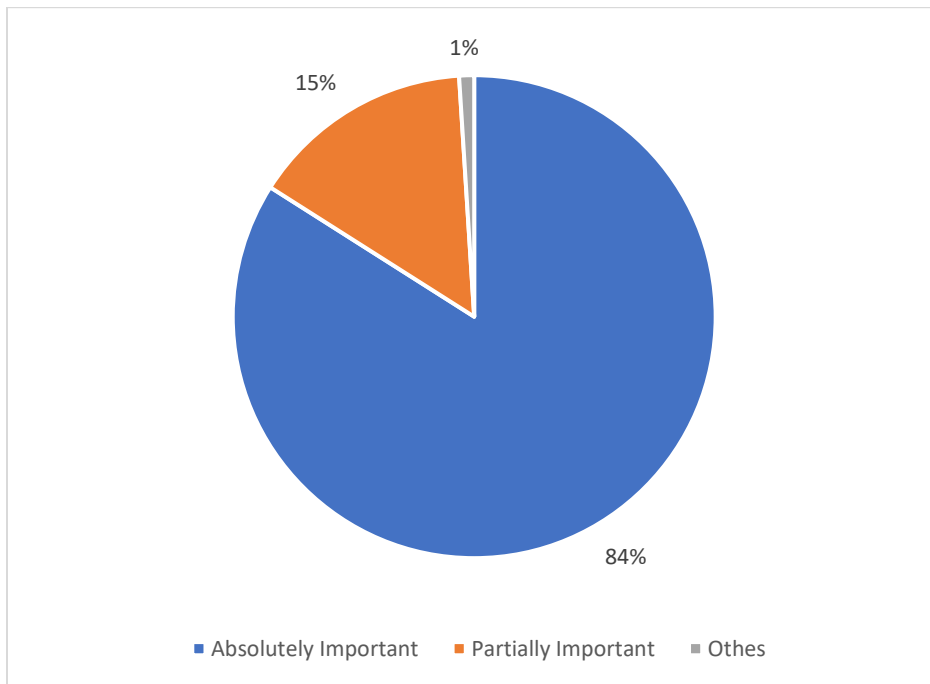


Figure 9.

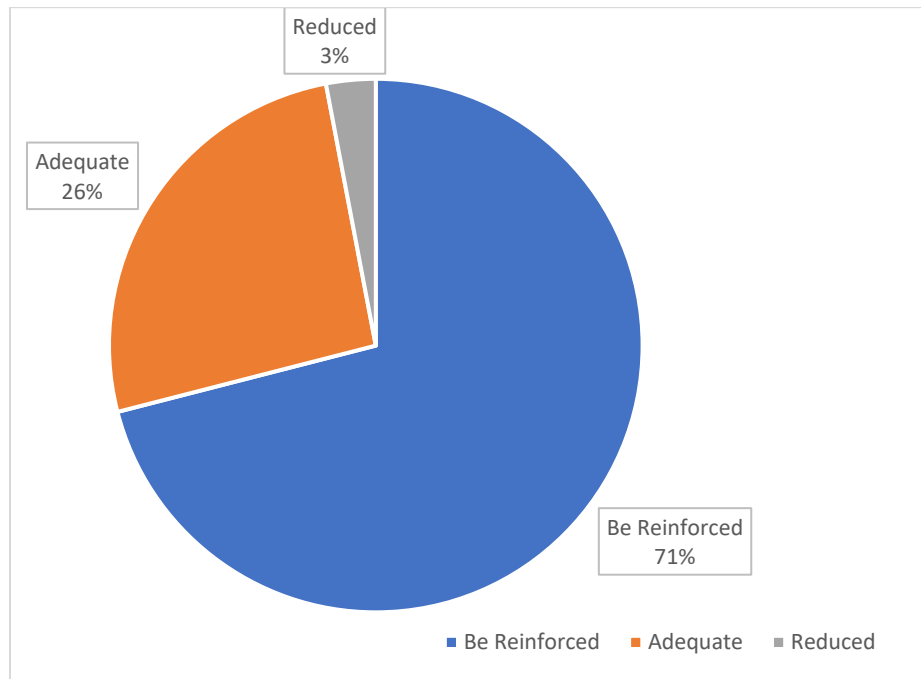
Relationship between Health Message and Spiritual Life (2021).



The mission of a small group health ministry is very positive as a result of the surveys. In response to how important spreading the message of health evangelism was to the church's enterprise or duty, 71% of the respondents said it was inadequate and needed to be reinforced, and 26% said it was adequate (see Figure 10). The surveys, then, indicated the areas that needed to be addressed.

Figure 10.

Present Church Duty of Health Ministry (2021).



In addition, 18% of the respondents believed in the importance of health reform in the last days. To prepare for the Second meant was to practice the health message, and it was related to children's spiritual life and leading the family and others to Jesus.

Prevalence of Health Message

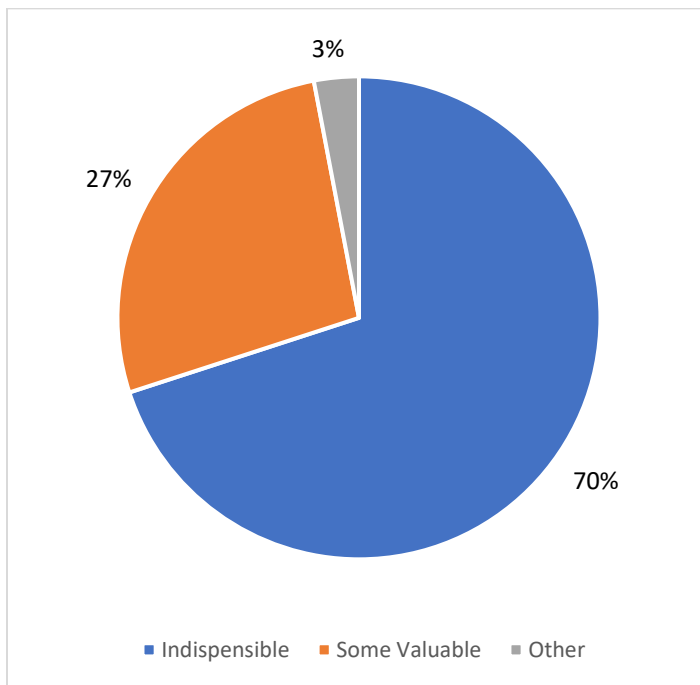
The survey asked for a response to this statement: "I practice the health message and it is prevalent in my life." Of the respondents, 49% said, "Yes" and 48% said, "Partially." Regarding how they got health information, 38% said it was from the Spirit of Prophecy; 26%, from the Bible, and 29%, from the Church.

Reaching Out with the Health Message to Others

Eighty percent of the survey responses said there was correlation between the Three Angels' Message and the health message. Moreover, 70% of the respondents were certain that the health message was a valuable tool when reaching out to others and forming friendships in the community (see Figure 11). I found that the health message as a tool is indispensable and is very relevant in the 21st century.

Figure 11.

Health Message as a Tool to Outreach (2021).



Conclusions on the Health Questionnaire

The surveys covered five categories: Individual health, one's own diseases and how to deal with one's own health, the church's role in community health, prevailing

concepts of the health message, and reaching out with the health message to others. What was the value of this Questionnaire in the project?

1. Individual health: The survey revealed that 47% of health questionnaire respondents had been in good health, and the remaining 53% respondents reported average health or being mildly or severely physically impaired. Thus, they needed small group health activities for a preventive way to good health and to be able to promote the health message for people who were unhealthy due to COVID-19.

2. One's own diseases and how to deal with one's own health: The survey participants said that they had dealt with some diseases. They were also working towards better health: 40% of the people did regular exercise, 42% of them controlled their diet/meals/eating habits, and 18% of them chose to use vitamins/other. For natural remedies, 27% of them used water, 33% used charcoal, and 40% used diet/meals/eating habits/other. In addition, 19% of them followed a meat diet, 55% followed an egg/milk/vegetable diet, and 26% were vegans. Seventy-six percent of the participants drank water, 13% drank soft drinks, and 11% drank coffee/tea.

What was helpful in cases of COVID-19? Tsoucalas et al. (2015) found and reported that:

none of the five epidemic diseases such as typhus, leprosy, yellow fever, cholera, and plague, was contagious. Hydrotherapy, balneotherapy in this case, became once again a cure all remedy... In the Old Testament water is a major symbol. It was created on the first day, it brings life and joy. It is a powerful element that can destroy evil and enemies as it is mentioned in the Flood and the flight of Israel from Egypt while John the Baptist used the water of the Jordan to cleanse people's sins. Water's healing properties are also reported as Naaman the Syrian was cured from leprosy. In the New Testament, water was more symbolic and was considered a symbol of spiritual grace, purification, and salvation. (pp. 431–432)

Another indication of the importance of water therapy is White's (1912) statement: "The Lord has taught us that great efficacy for healing lies in a proper use of water. . . . There are simple herbs that can be used for the recovery of the sick . . . One of the most beneficial remedies is pulverized charcoal" (pp. 288, 294).

In addition, my experience has been that water, herbs, and charcoal are effective for treating a wide range of conditions and could easily be used in the home as part of a self-care program for COVID-19 as used historically during the plague. Trivieri (2002) also reported that "external hydrotherapy is the use of water, hot and cold temperatures to maintain, and restore health" (p. 278). Also reported were participants' changing experiences as indicated in the subtitle of chap. 6: Evidence of Changes.

3. The church's role in community health: Twelve of the 63 responses (19%) indicated that the motivation for accepting the Seventh-day Adventist message was health. The specific response was that they had gotten some motivation by accepting the health message: God's law and love, good health, their need of God in their lives, mindfulness in creating a happy life, the truth of health knowledge, happiness, teaching the truth of the words of God, and the health message.

The surveys showed that most participants were eager for better health, especially to know God's principles in the Bible, such as the NEWSTART health program (see Appendix F). What was the new model of health? Holford (2004) indicated that

health means not just an absence of disease, but also an abundance of vitality. Positive health, sometimes called functional health, can be measured in three ways: Performance, absence of ill health, and longevity. Your genes interact with your environment (everything you eat, drink, and breathe) to create you. If you have good nutrition the result is that you have the capacity to adapt to the stresses of life. That's health. If your total environmental load exceeds your genetic capacity to adapt, you may develop disease. (pp. 6, 10)

4. Prevalent health message: The data showed the importance of the relationship between the health message and spiritual life: 84% of the participants said it was important, while 15% said it was somewhat important.

Smith (2004) said, “Let food be thy medicine and medicine be thy food” (p. 211). This is often ascribed to Hippocrates (400 BC) and is used to emphasize the importance of nutrition to prevent or cure disease. Smith also said,

Although many patients were convinced of the importance of food in both causing and relieving their problems, much of doctors’ knowledge of nutrition is rudimentary. Most feel much more comfortable with drugs than foods, and the “food as medicine” philosophy of Hippocrates has been largely neglected. That may be about to change. Concern about obesity is rocketing up political agendas, and a growing interest in the science of functional foods is opening many therapeutic possibilities. (p. 180)

I agree that this point because my experience confirms it.

5. Reaching out with the health message to others: Eighty percent of the participants said there was a correlation between the Three Angels’ Message and the health message. Moreover, 70% of them were certain that the health message was a valuable tool when reaching out to others and forming friendships in the community.

What is the purpose of the church’s existence in the community? White (1918) said:

During His ministry, Jesus devoted more time to healing the sick than to preaching. His miracles testified to the truth of His words, that He came not to destroy, but to save...As He passed through the towns and cities He was like a vital current, diffusing life and joy. (pp. 19–20)

Jesus was the great medical missionary to this planet. Healing has been one of His endeavors in this world. Following His example, the small group health ministry, a series of small group meetings, has sought to maintain this aspect of His ministry.

Series of Meetings on November 1–4, 8–11, 2021

I thought attendance at the meetings was worthy of note because I wondered whether the publicity had been effective or not (see Figures 12 and 13). Thus, I was very surprised by the attendance, but had anticipated more attendees. They are important to the small group activities, to this project. Scott (2004) found that “you hold your ideas about what needs to be done until your partners have had an opportunity to formulate his or her own solutions” (p. 108). I concur with his observation.

Figure 12.

Attendance, November 1–4, 2021.

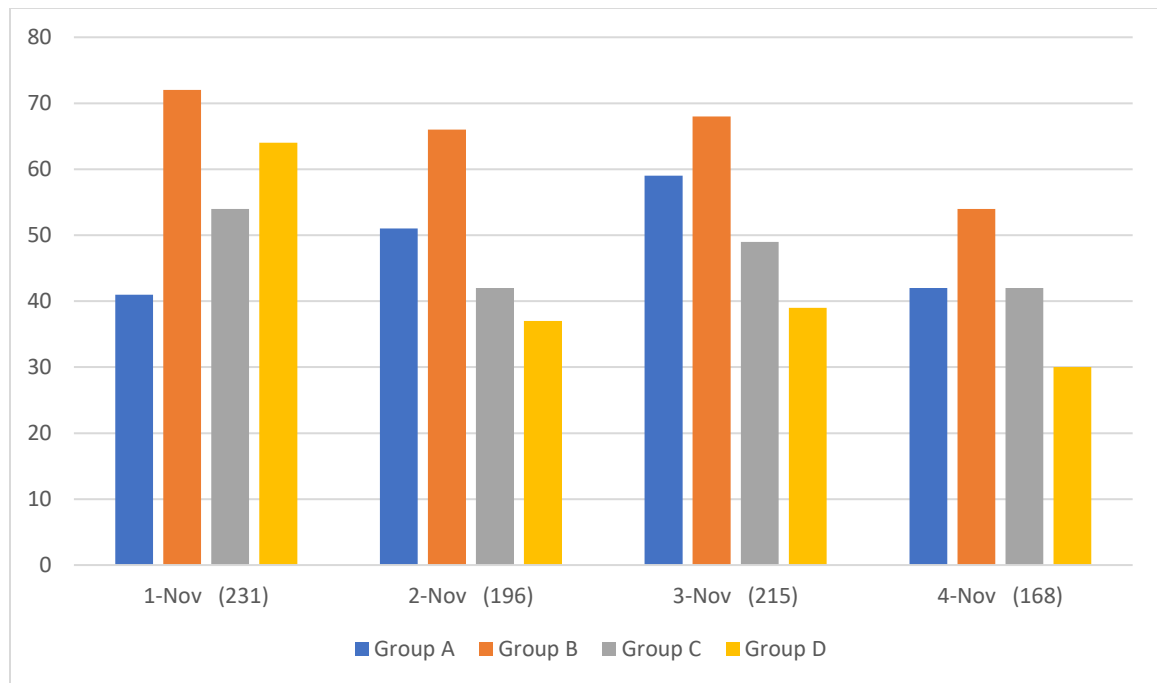
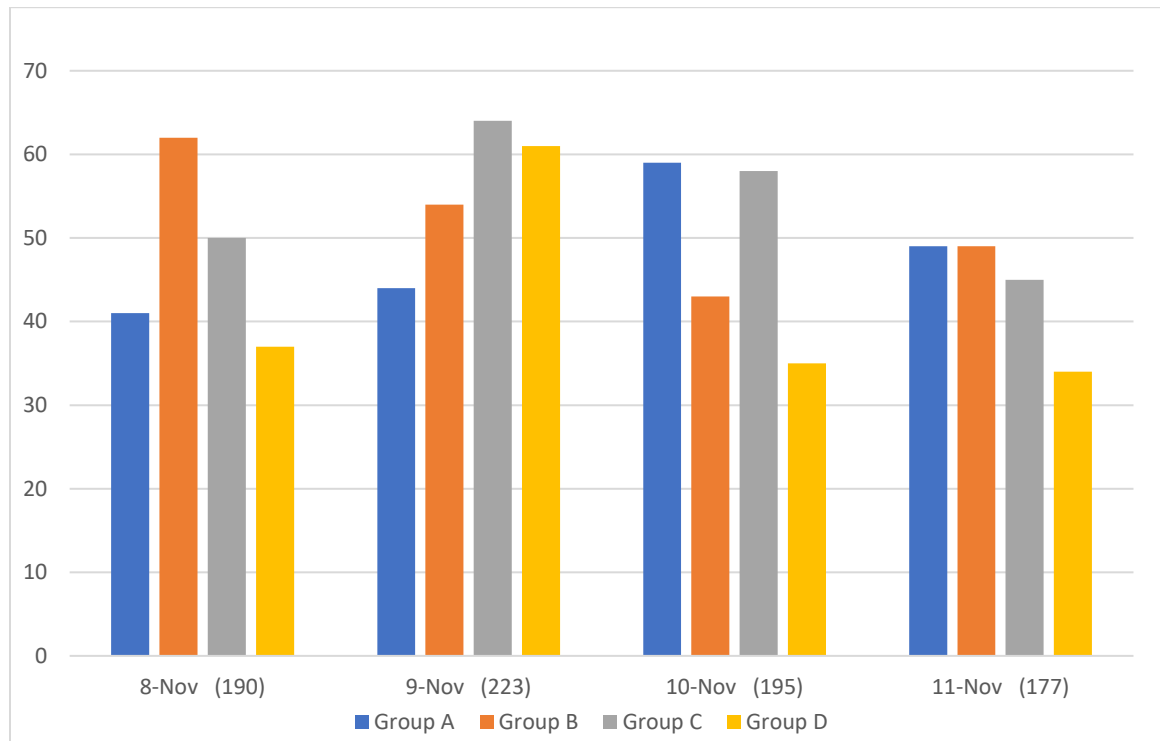


Figure 13.

Attendance, November 8–11, 2021.



Those interested attended two series of meetings, both via Zoom and in person in phases three and four. Of the total attendance, 63 were members, 37% were nonmembers who attended for the first time, 19% (Group A) lived in a nearby community, while 81% (Group B, C, D) lived in communities farther away. What was the value of this good attendance?

Barna (2002) indicated that

two-thirds of all Americans believe that the purpose of life is to make a significant contribution to society... We commit our lives to God we, essence, declare that we will trust Him in these matters: emotional distress, physical pain, bad choice, etc. (p. 16)

I carried out these health ministry small group meetings “to deepen commitment to bringing the best of ourselves to our work and to our families every day. And this, in return, translates to stronger relationships and better performance” (Scott, 2009, p. 61). It was the motivation of our small group health ministry to make some changes. I also agreed that the meetings were well attended, showing a felt need in the community.

As a case in point, I recognized that the series of meetings was to be understood by the interpretation of data and evaluation of the model to identify change: The value of this project and its relevance are described next.

Description of the Evaluation

What follows is a description of how the data from the intervention (chap. 5) were evaluated and interpreted, along with a report or interview of the resulting conclusions and outcomes.

Evaluation Method: ADKAR Model

I organized and reflected on the data as they emerged throughout the activities, comparing them with my own observations and notes. I then conducted a close analysis of the data within and across the small group health meetings. A quantitative portrait of the participants’ activities was descriptive and was used only to provide an understanding of the research context. Employing quantitative and qualitative research, the evaluation was designed (see Appendix C) and written, and the data were evaluated using a process of content analysis. The ADKAR Model (Hiatt, 2012) was adapted for the evaluation process. There were four small groups of health ministry activities, and twelve responses from each group were analyzed as shown in Appendix C.

As noted in chap. 4, designed qualitative interviews were an ideal choice when a researcher wants to provide a rich, multi-faceted description from which others could share and discuss their own experiences. Therefore, the analysis and interpretation of the data in this research were intended to provide a potential source of insight for other people exploring the value of a health ministry for small groups.

Interpretation of Data

The ADKAR Model (Hiatt, 2012, pp. 45-60, 107-114) was implemented for personal use. The data were collected from November 11, 2021, to December 31, 2021 (see Appendix C), and they were interpreted.

The ADKAR Model characterized the process for individual change in five key steps:

A: Awareness of the need to change

D: Desire to participate in and support the change

K: Knowledge about how to change

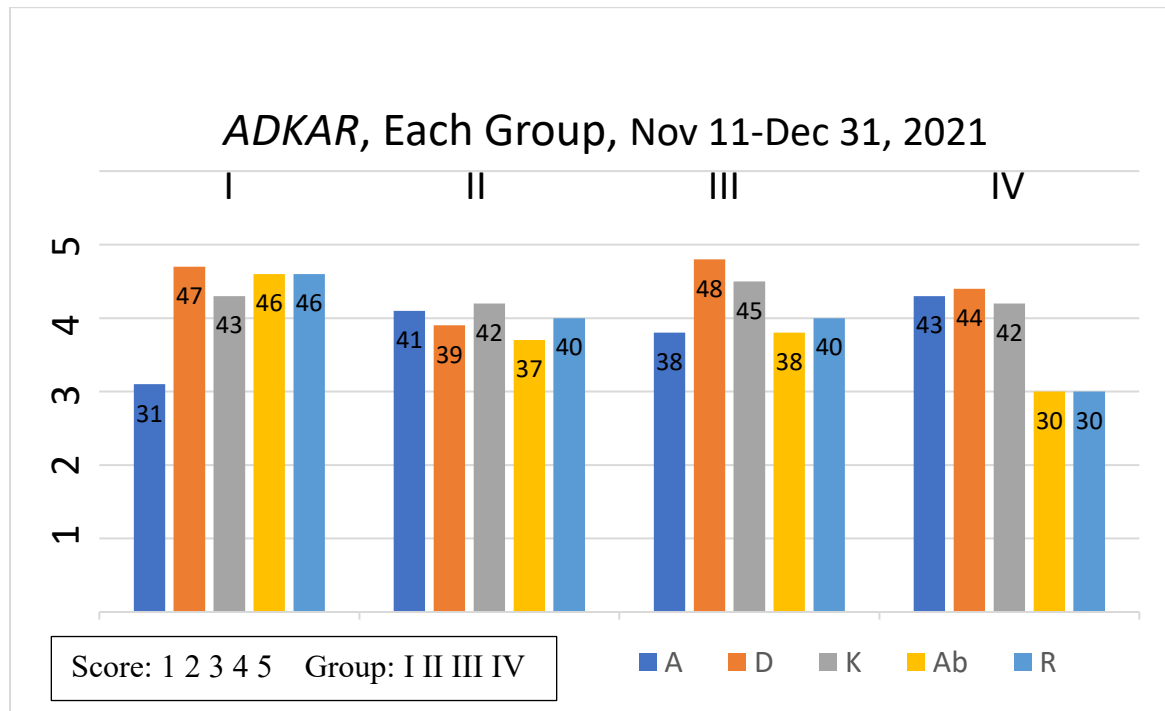
A: Ability to implement new skills and behaviors

R: Reinforcement to keep the change in place

Using the worksheets (see Appendix C), the participants were asked to rate each area on a scale of 1 to 5. A score of “1” meant that the individual was giving this area the lowest score (e.g., a score of 1 for each step meant that the person was completely unaware of the reason a change was needed). A score of “5” indicated the highest degree of compliance or understanding for that area (see Figure 14).

Figure 14.

Personal Change Management Adapted from ADKAR Model.



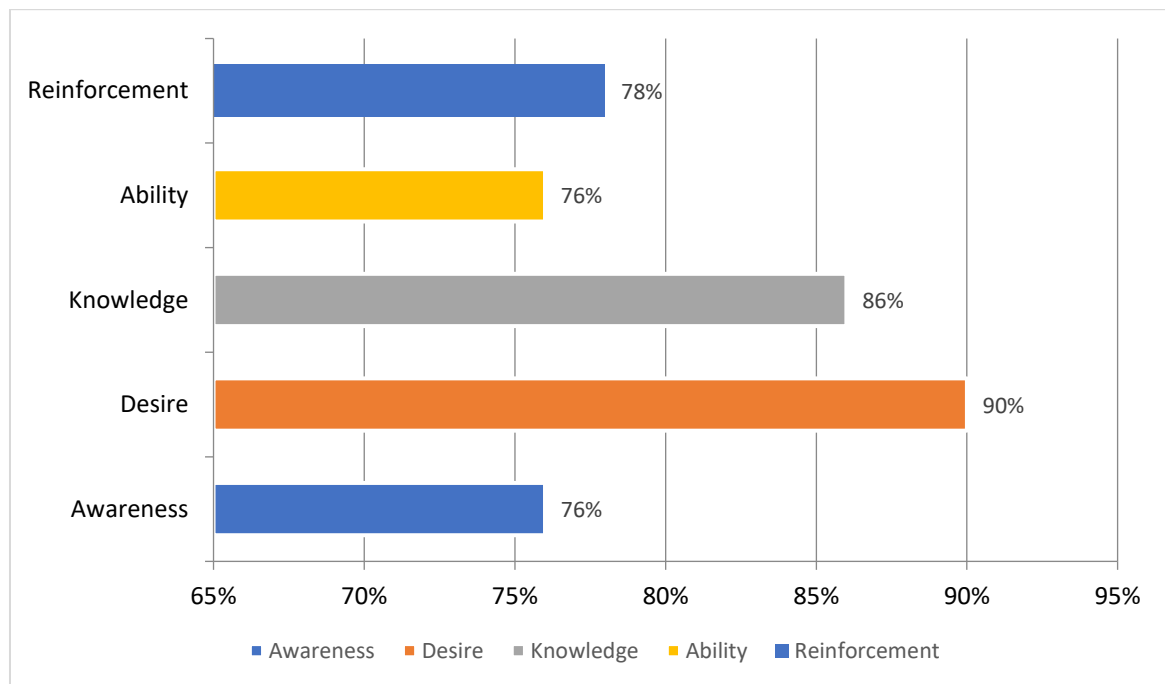
Note. Taken from Hiatt (2012).

The ADKAR Model characterized the process for individual change in five key steps: *Awareness, Desire, Knowledge, Ability, and Reinforcement*. Figure 14 gives the median scores of the twelve responses of each small group according to the rating scale for the ADKAR Model (see Appendix C).

Finally, the scores of the rating scales were interpreted, and the process for change of the small groups participants was evaluated by using the five key steps of the ADKAR Model as shown above in Figure 15.

Figure 15.

Median of All Small Groups Adapted from ADKAR Model.



Note. Taken from Hiatt (2012).

1. Awareness of the need to change their lives: Seventy-six percent were aware of this. Sister C, one of the people interviewed, had left the Adventist Church 15 years before, but came back to the church after this small group health ministry, and we discussed her special experiences in the small group health meetings. The reason she believed the change was necessary was that she chose a healthy, spiritual, and physical life. She was aware of the reason needed to change from her past life to the future.

2. Desire to participate in and support the change in small groups: Ninety percent desired this change. My experience confirmed that the Holy Spirit was empowering participants to have big desires in a small group health ministry. One of the most notable changes was the strengthening of the small group participants' motivation.

3. Knowledge about how to change toward a good health ministry: Eighty-six percent knew how to do this. Another interviewee, Sister J, summarized that this kind of small group health ministry meeting was designed to be easily accessible, and she really wanted to give it more opportunities beyond our communities.

4. Ability to implement new skills and behaviors in small groups: Seventy-six percent had this ability. One of the hosts, Joseph, summed up that 37% of the attendees were from other denominations, that the small group meetings were very good, and that the attendees liked learning more about the health message and so on. How do we break the barriers preventing these people from learning? The solution was to promote health ministry everywhere with the love of God and good attitudes.

5. Reinforcement to keep the change alive in our own locality and beyond: Seventy-eight percent did so. There were more series of small groups health ministry meetings in more places. Helping to support the change involves this perspective: The need to join more continued meetings by establishing the “What’s in it for me” (WIIFM) philosophy and message in the healing process, and by enhancing the great commitment to the mission that had also occurred in the other communities.

Based on these evaluations, there was some evidence of change that followed.

Evidence of Change

A close analysis of the data revealed two themes: The value of the project and its relevance are woven throughout the four phases. Data collected before and during the phase offered a portrait of the VC KSDA church members and others who were engaged with the change in their own lives and circumstances. The attendees described their learning related to their practice.

There were some instances of change leading to healing:

1. Sister H was supposed to have surgery on both knees for arthritis and worn-out cartilage. She had an appointment to have surgery, but she learned how to do hydrotherapy and charcoal poultices when she participated in our health seminar and practiced it willingly. What was the result? Both knees were cured, and she recovered without surgery.

2. Sister S struggled with chronic eczema on both her thumbs for more than 20 years. She also had urticaria, atopy on her face, and a fungal infection in her toenails. As a participant in the health seminar, she learned how important nutrition was for skin health. She followed the directions for the whole plant-based diet at every meal and both thumbs were cured. She had been tormented by modern medicine without any improvement for more than 20 years. Sister S now mainly enjoys food with brown rice, super seeds, and vegetables and drinks 8–10 cups of fresh water every day.

3. The K couple had both been scheduled for knee surgery due to arthritis and dried out fluid in their knee joints (worn-out cartilage). They started participating in the health seminar as a Methodist pastor and his wife. They were astonished once they encountered the Adventist health message, welcomed it with open arms, and began to follow a new lifestyle. However, they said that it was not easy to break their old habits, especially how they ate. Today, they are happy to be members of the Adventist Church with great health and good relationships with church families.

Senge (2006) indicated that “attunement to new learning communities [Small group health ministry] has evolved into building learning communities as the core strategy for change” (p. 307). Several participants also reported during the interview

about heightened levels of change in their learning; some of them expressed a growing sensitivity to the change in the viewing process. The change was while applying the learning factors in the phase that the implications of better results came to the meetings. Many attendees felt that they had the potential to assist their change in building relationships with other people, and that these relationships—especially if they were nonjudgmental—would offer opportunities for change and for reaching them by sharing. I found that “leading small groups through a process of deep change in its identity, mission, and operating procedures, are fundamentally altered” (Osmer, 2008, p. 177).

As they engaged in the activities phase, many began to appreciate the health outreach ministry in a multiplicity of ways and saw its potential for not only sharing spiritual content with others, but also for empowering other people to shape their personal experiences of faith in further developing a health ministry in their communities.

Participants had enthusiasm and commitment to the small group health ministry, and a deep change occurred: (a) being aware of His health ministry mission, (b) a good desire, (c) practice, (d) implementation of the new small groups, and (e) supporting the mission. There were greater contributions to continuing the small group ministry beyond our community in order to publish new books on health ministry to be distributed to young college people according to their felt needs, and resources were dedicated overwhelmingly to the health ministry.

Conclusions Drawn from the Data

For this health ministry outreach program in the church community, based on their learning reflections, and the activities and engagement experienced, the small group health ministry has perceived spiritual and divine value in harmony with His Great

Commission. Jesus said, “Go therefore and make disciples of all the nations ... teaching them to observe all things that I have commanded you” (Matt 28:19).

Attendees of these activities reported changes in their preferences, perspectives, and practices while the meetings were going on. This allowed them to conclude that some level of transformational learning took place as they attempted to reconcile their faith and health practices. Furthermore, based on the data, the first two phases—awareness and sharing—seemed to have the greatest perceived spiritual value for the small groups.

The last two phases—doing and sharing—appeared to yield the greatest perceived value for members, particularly in the areas of building relationships and effective ministry in the church community. This suggested the conclusion that the program design was well-balanced between the two main purposes of the intervention: awareness and sharing love. Attendees admittedly recognized both the value of the small group health ministry using the “Love of God” model (see chap. 4) and its relevance to felt needs in the context of COVID-19.

Outcomes of the Intervention

The survey data suggested that the active learning approach taken in this intervention, along with the presentation of activities and practices as a pastoral focus, allowed people to reflect on the intersection of faith and health in their own lives, as well as to envision the value of a health ministry in their lives.

How, or if, the church continues to develop and apply the health ministry as taught in the phases described in this project is beyond the scope of this research. However, it appears that seeds have been sown for the nurturing of practices that were

more closely aligned with their personal faith and service of outreach toward their community.

Thus, one outcome of this intervention has been my commitment to continue the development of this ministry in the Adventist church toward nonmembers. Thus, a second outcome of this intervention has simply been the value of the refreshed health message when this project was acknowledged and constructively addressed—first with church members and then with other people they led and influenced.

Small group health ministry outlines on November 1-4 and 8-11, 2021 and the contents of daily announcement flyers shared during Fall 2021 Health Program are noted in Appendix A. Consequently, our small groups' activities began being an awakening to other community people as described below.

Recent Activities Beyond Our Small Groups Health Practices Online and Offline in 2022, 2023

What were the results of the small group health ministry activities in the VC KSDA and the community? I found 18% of members were growing. They have practiced healthful changed lives enthusiastically and have shared it with others. In addition, two people have returned to the church, two people were baptized, and seven people have joined a small-group Bible study for baptism; there was a general sharing of such healthful life resources as health foods and health-related magazines, and some people also attended regular small group meetings which focused on those matters.

The VC KSDA small group health ministry has conducted regular meetings at 7 p.m. every Sunday evening in the USA and Canada. In other countries, other teams have held meetings to teach the health message overseas, sharing it on an on-going basis.

The VC KSDA small groups delivered His Health messages to people outside our community. These were enthusiasm, a method of small group team-work ministry (dedicated hosts, teams), and great contributors: prayers, funding, and active and visible support.

Also, several other teams of the small group health orientated ministry implemented in and beyond North America to share the small group health message online and in person in 2022 and 2023 (modified as needed for COVID-19).

Areas of implementation in 2022 and 2023 (by the host church): The other teams shared the health messages both at home and overseas.

North America: California, Hawaii, Washinton, Illinois, Georgia, and Maryland, Canada.

Overseas: China, Taiwan, Mongolia, South Korea, Africa, Japan, and Guam.

Conclusions

In addition to the conclusions reached from the intervention program (chap. 5), a short summary of the biblical, evangelistic, and valuable conclusions reached in chapters 2, 3, and 4 prepared the way for a set of overarching conclusions.

Conclusions on Biblical Foundation

To provide a theological foundation for engaging a small group health-oriented ministry, a theology of small groups and health ministry has emerged from the Bible. At the beginning of the Christian church, His followers began to live out small group health-oriented ministry principles that Jesus had modeled. The steps remaining to set a biblical foundation for small groups health-oriented ministry were, first, to review the principles

discovered in the Bible and other sources of inspiration, and second, to apply them to the church-group format. The principles reflect God's wisdom, and their application made it practical for today. The biblical evidence validated the small group health-oriented ministry proposed there and gave a structure for the church to become organized in this way. The church had a question as to whether it would accept the small group health-oriented ministry concept. In addition, distinct challenges and unresolved questions accompanied this quest, some of which would find answers only by experimentation. The most daunting challenge was reintroducing the concepts of koinonia, mission, and multiplication to the small group health-oriented ministry.

Conclusions of the Literature Review

From this, I concluded that there was a need for a balanced approach to a healing ministry in the field. There were a few health factors that have been represented in any approach to healing ministry, such as relationships among people, their contexts, the need for insight into situations encountered, dialogue, and helping to protect sick people from disease.

The works mentioned above do not represent an exhaustive review of related literature. They were limited to the issues with the most direct bearing on the scope of small group outreach ministry. One key principle to remember is this: The life of the body is in the cell. Thus, in the church, the place where small group ministry occurs at the optimum, is where individual members could use their spiritual gifts in outreach to each other. The trend in the church today towards equipping the laity is summarized in small group, outreach health ministry. God longs to energize the church through small groups. Connection, belonging to each other, has "proven to be the best strategy for getting

people within church into a small group” (Surratt, 2015, p. 107). Through the small group health-orientated ministry, “a great entering wedge” and a removing of prejudice influenced the community, and the church was able to reach souls “in the highways and the byways” (White, 1908, p. 76).

A review of literature related to practical healing in small groups and faith-based health ministries was also implemented. In chap. 4, I used the “Love of God” model which attempted to balance the concern for growth, church activities, and results with an appreciation for how group members select, shape, and incorporate small groups within the context of their lived experience and identity outreach. Adapted as a faith-based approach, a “practiced perspective” allows church leaders to consider the meaning and significance of small group activities within the context of group members’ everyday lives and faith.

Conclusions of the Project Implementation

The “Love of God” model gave people healing power and better relationships consisting of love (ἀγάπη), unconditional love, the highest form of love, charity, and the love of God for man and of man for God. The “Love of God” model was studied and adapted by the church. John demonstrated his loving leadership in his Epistle of 3 John. John provided “a model of loving care and the self-denial necessary... Beloved (αγαπητός) is an equally important term of endearment in the Epistles of John” (Forrest, 2017, pp. 473, 483) for any small group in a church context. The Apostle Paul said that “those having gifts of healing” is one of the spiritual gifts in the church as the body of Christ (1 Cor 12:28). First Corinthians 13:13 says, “The greatest of these is love.” God really wanted to manifest this love to this world. Luke 10:34 says, “The parable of the

good Samaritan, pouring on oil and wine... Go and do likewise.” Luke persuaded the churches to do healing ministry: How lives, as disciples, change.

After conducting a situational analysis of the activities, I concluded that the activities were well developed to foster the concept of a healing ministry as church outreach. I redesigned the ministry using the framework described in the first section of this chapter. In addition, I discovered that the “Love of God Model’s” key elements corresponded well with the theological insights offered by the Gospel of Luke (detailed in chap. 4). This brought my research together in a way that I had not anticipated.

Finally, I concluded that a qualitative case study research design would be best suited to the purpose of my intervention, which was to explore and describe the perceived spiritual and professional value: the relevancy of teaching faith-based healing small group activities in a church setting through the experiences of people participating in the program for COVID-19.

Overarching Conclusions

Bringing together the conclusions from chaps. 2, 3, and 4 and the conclusions in this chapter drawn from the implementation of data (chap. 5), it is now possible to make three overarching conclusions from the project. Small group health orientated ministry is made and through which church and community were often created and sustained in an ongoing relationship. It is a “new connection” for a Christian happy and changed life and mission in times of crisis, especially by promoting an abundant life together with other people. Recognizing ways in which the Spirit might be working, and through the symbolic witness of the small group meetings in the VC KSDA and the community to

bring people to light and truth, was key to understanding the health program as a church outreach program.

What initially seemed like an addition eventually transpired to be an awareness of the importance of health and healing, especially in the context of “pestilences in various places” (Luke 21:11) in the last days. A Samaritan was traveling the same road, saw the sufferer, and he did the work that the others had refused to do. With gentleness and kindness, he ministered to the wounded man. “When he saw him, he had compassion for him, and went to him, and bound up his wounds, pouring in oil and wine, and set him on his own beast, and brought him to an inn, and took care of him... Take care of him; and whatever more you spend, when I come again, I will repay you” (Luke 10:33–35, NKJV).

I experienced the value of the small group health ministry as the “Love of God” model as shown in the Gospels and the essential directions of how lives are in the time of COVID-19.

Conclusions on Personal Transformation

A further way of assessing this project was to consider its impact on my life as a participant. Three changes deserve mention.

First, my increased grasp of the relationship between mind and body has brought new thoughts to my work as a health-oriented ministry, especially as it relates to dealing with challenging and complex health issues in the present environment, of which a well-being lifestyle was one of the better ways. Recent blood work showed that my total cholesterol levels dropped down from 201(borderline) to 161(normal range) after making changes in harmony with the health message (see Appendix F).

Second, the process of this program has been an incredible journey of discovery

that has continued to unfold up to the last moment. Like putting a man on his experience, completing a project dissertation encourages many other healthy ways along the way. Being an effective leader required small groups “to be transformative—willing to continuously be made from the inside out by the power and direction of the Holy Spirit—to change one’s own style of influence” (Wilson, 2007, p. 221).

Third, the years during which I completed this project coincided with what the world experienced to be a period of the COVID-19 pandemic. Luke’s imaginative Scriptures have been a healing power for me during this somewhat difficult time (Luke 4:18; 21:11), allowing me to understand better the mission of the small group health ministry in church context. I summed up the findings of the attendees’ felt needs, namely, to know the Adventist health message more.

Recommendations

A few recommendations for further action and research have arisen out of this limited intervention and research project.

1. The literature review noted more health ministry in evangelistic areas (chap. 3). I recommended that this should be reinforced by adopting the health ministry as a topic sponsored by evangelism in the SDA Church. Each church could adopt this health program with 3–4 group areas meeting together both online and in person.

2. The literature review also found no evidence of a plan for health ministry as an outreach tool in some Adventist churches. I recommend that more churches launch a task force to approach the spread of the health ministry, including the development of online and in-person programs.

3. Further, the literature review found very few Adventist health message resources for parents. Consequently, I would like to begin research and develop an evangelistic outreach tool for use in a small group health ministry.

4. I also encourage exploring the development of a five-session health program for use in Adventist church young groups including a leader's guide, participant booklet, and video resources.

5. While chapter six briefly outlines a healing theology, seen from the perspective of Luke as a physician and in his Gospel, a deeper healing outreach ministry would be a useful contribution. I would like to write articles and a book on Christian health ministry based on the insights I have gained from my research.

6. Underlying this study are assumptions about health messages and ministry which, given the scope of this document, could not be fully articulated. Therefore, I would like to submit a proposal of a peer-reviewed article regarding Adventist healing theology.

7. As a result of my research, I would like to develop a "natural remedy tour" of Weimar Institute or Wildwood Health Institute, or any other Health Institute that would explore the health ministry as a way of life.

8. Finally, because of this project, I would like to develop more small groups health ministry teams in the world and share the health message to promote change.

A Final Word

Why should health ministry be considered an essential part of the church leader's field? This answer is simply because the health ministry has become the channel through which activities were to be done in the last days. Health ministry was a wedge in which

meaning was made and through which church and community were often created and sustained in an ongoing relationship. Small group members also intended to create and sustain their relationship, mediating between these two worlds. The church and their community could belong to each other meaningfully in everyday healthy life. Becoming proficient in multiple health ministries and learning how to connect these to the Christian church was and is arguably the “new connection” for a Christian happy life and mission in times of crisis, particularly promoting an abundant life together with other people.

Thus, my hope is that a faithful small group health ministry might increasingly take its place alongside more traditional evangelistic approaches as having biblical value, timely relevancy, and ongoing adaptability in the process of evangelistic teachings for the well-being of the participants. This demonstrates valuable, practical results.

APPENDIX A

PRACTICE MEETING OUTLINES

PERSONAL CHANGE MEETINGS OUTLINE

September 4, 11, 18, 25, 2021

October 2, 9, 16, 23, 30, 2021

November 1-4, 8-11, 2021

Pre-two hours meetings at 11 a. m and 7 p. m. on September 4, 11, 18, 25, 2021 and October 2, 9, 16, 23, 30, 2021 (Subtotal 18 hours)

Series two hours meetings at 7 p. m. – 9 p. m. on November 1-4, 8-11, 2021 (Subtotal 16 hours) Total: 34 hours.

Method: Online & offline 8 meetings

Facility: Zoom (online) /Church (offline)

Daily four emphases:

Cooking presentation by lecturers (20 minutes)

Health lecturer: Joanna, Sun, etc. (40 minutes)

Biblical health message: Pastor Kim & Pastor Park (40 minutes)

Question/Answer: Joanna Kim, Pastor Park (20 minutes)

Host: VC KSDA small groups team.

Budget: Contributed.

Advertisement: Social networks, phone, person, and announcements

Contents of daily announcements flyers shared during Fall 2021 Health Ministry:

지구의 운명 vs 나의 운명

11. 1-8. 2021

It Is Written
His Hand Korea 수술초팀



지구의 운명 vs 나의 운명

첫째날 (Nov 1) 주제

- 요리강사: 금로리아 배-
- 3 프루틴 디너, 대추 아몬드 쿠키와 리메
- 과학보다 앞선 성경: 김정환
- “후론 구술의 앞날은?”
- 천연치료 강사: 조앤나
- “재앙의 때 대처법: 기근이 오고있다”

Zoom ID: 9191913004
PW: 7777

지구의 운명 vs 나의 운명

둘째날 순서 (Nov 2)

미서부 7pm

초청합니다!

요리강사: 이주희
과학보다 앞선 성경: 김정환
“왜 고통이 있는가?”
천연치료 강사: 황선옥
“지구 살리기 누구로부터?”

Zoom ID: 9191913004
PW: 7777

지구의 운명 vs 나의 운명

11/3일 순서

사회: 남인순
첫기도: 샌드라 주
요리강사: 김재린
과학보다 앞선 성경: 김정환
“합된 삶이란?”
천연치료 강사: 조앤나 김
“평범 치유/가뱃치로”

미서부 7pm Zoom ID: 9191913004 PW: 7777

지구의 운명 vs 나의 운명

11/4일 순서

사회: 안명옥
첫기도: 최영호
요리강사: 정선심
과학보다 앞선 성경: 김정환
“풍성한 삶은 어떻게?”
천연치료 강사: 권은미
“현대의학과 천연치료”

미서부 7pm Zoom ID: 9191913004 PW: 7777

지구의 운명 vs 나의 운명

Nov 8, 월요일

미서부 7pm

초청합니다!

- 요리강사: 최강희
- 과학보다 앞선 성경: 박희종
- “하늘에서 쏟아지는 영광”
- 천연치료 강사: 조이스 윤
- “환상적인 지방”

Zoom ID: 9191913004
PW: 7777

지구의 운명 vs 나의 운명

Nov 9, 화요일

미서부 7pm

초청합니다!

- 요리강사: 최강이
- 과학보다 앞선 성경: 박희종
- “수다스러워야 건강해진다”
- 천연치료 강사: 조앤나 김
- “더 무서운 전염병이 오고 있다.”

Zoom ID: 9191913004
PW: 7777

지구의 운명 vs 나의 운명

11월 10일(수)

미서부: 7pm
미동부: 10pm
한국: 목요일 낮 12시

Zoom ID: 9191913004
PW: 7777

초청합니다!

- 사회: 남인순
- 기도: 김성희
- 요리강사: 정선심
- 과학보다 앞선 성경: 박희종
- “탄핵지연 병이 온다”
- 천연치료 강사: 박순옥
- “약조”

지구의 운명 vs 나의 운명

11월 11일(수)

미서부: 7pm
미동부: 10pm
한국: 금요일 낮 12시

Zoom ID: 9191913004
PW: 7777

초청합니다!

- 사회: 황선옥
- 기도: 사론 윤
- 요리강사: 이주희
- 과학보다 앞선 성경: 박희종
- “뇌를 운동시켜라”
- 천연치료 강사: 조앤나 김
- “생명의 신비: 씨앗”

APPENDIX B

HEALTH QUESTIONNAIRE WORKSHEETS

Health Questionnaire

* **Date:** _____, 2021

* **Gender:** () Male () Female

* **Age (Circle one):** 20's, 30's, 40's, 50's, 60's, 70+

* **Church Role/Duty (Circle one):** Leader (Pastor/Elder/Deacon/Deaconess), Layperson

1. How would you evaluate your overall health?

- () Good health
- () Average health
- () Mildly physically impaired
- () Severely physically impaired

2. What illness/disease are you currently dealing with?

_____. Since (Year): _____ (Month): _____.

3. Currently, how are you working towards better health?

- () Vitamins
- () Regular exercise
- () Controlled diet/meals/eating
- () I don't do anything
- () Other: _____

4. In order to recover from your illness/disease mentioned above (question #2), what methods have you used?

- () Hospitals/Doctors
- () Natural remedies
- () Other: _____

5. If you chose natural remedies above (question #4), what natural remedies have you used?

- () Water
- () Charcoal
- () Diet/meals/eating
- () Other: _____

6. My diet/meals/eating consists of (Check one):

- () Meat diet, () Egg/Milk/Vegetable diet, () Vegan

What is your favorite drink?

- () Water, () Soft drink, () Coffee, () Tea

7. Please write your motivation for accepting the Seventh-day Adventist message and the number of years.

Motivation: _____ How many years: _____

8. How important do you think is the relationship between the health message and your spiritual life?

- ☐ Absolutely important
- ☐ Partially important
- ☐ Not important

9. “I practice the health message and it is prevalent in my life.”

- ☐ Yes
- ☐ Partially
- ☐ No

10. Where do you mainly get your health information?

- ☐ Spirit of Prophecy
- ☐ Bible
- ☐ Church
- ☐ Other: _____

11. “There is a correlation between the Three Angels’ Message and the health message.”

- ☐ Yes
- ☐ Partially
- ☐ No

12. “The health message is a valuable tool when reaching out to others and forming a friendship.”

- ☐ Indispensable; Very valuable
- ☐ Somewhat valuable
- ☐ Not valuable

13. In your opinion, how important is health evangelism (spreading the health message) to the church’s enterprise and duty?

- ☐ Inadequate; Must be reinforced
- ☐ Adequate
- ☐ Must be reduced

14. In your opinion, important area(s) of reform in these last days and in preparing for the Second Coming is/are (Check all that apply):

- ☐ Practicing the health message
- ☐ Your children’s spiritual life
- ☐ Leading your family to Jesus
- ☐ Health evangelism
- ☐ Other: _____

Thank you for participating in this health questionnaire.

건강 설문지

*성별: 남() 여(), 날짜: 2021 년 _____ 월 _____ 일

*나이: 20 대이하, 30 대, 40 대, 50 대, 60 대, 70 대이상 (해당 나이에 O 표 하세요)

*교회 직분: 교회지도자, 목회자, 장로, 집사(), 평신도()

1. 귀하는 건강하다고 생각하십니까?

건강하다() 보통이다() 약간 편이다() 아주 약하다()

2. 현재 어떤 질병을 갖고 계십니까?

_____ 병을 _____ 년, 또는 _____ 개월 전부터 앓고 있다.

3. 건강에 관심을 갖고 건강을 위해 어떤 노력을 실천하고 계십니까?

()보약, 영양제를 복용한다.

()규칙적인 운동을 한다.

()음식물을 조절한다.

()아무것도 하지 않는다.

()기타

4. 위의 질병 퇴치를 위해 어떤 치료법을 사용하십니까?

의료 시설(병원)에 의존함(), 천연 치료법(), 기타: _____

5. 천연 치료법을 사용하신 적이 있습니까?

수 치료법(), 숯 치료법() 식이 요법() 기타 _____

6. 나의 식생활은 무엇입니까? 육식(), 채식()

7. 제칠일 안식일 예수 재림교 신앙을 영접하게 된 동기와 햇수를 적어주세요.

동기: _____ 몇 년(햇수): _____ 년

8. 건강기별과 신앙과의 상관 관계를 어떻게 생각하십니까?

절대적으로 중요하다(), 부분적으로 중요하다(), 중요치 않다()

9. 나는 건강 기별을 나의 삶에 실천하고 있는가?

실천한다(), 부분적으로 실천한다(), 실천하지 못한다()

10. 건강기별 정보를 어디에서 주로 얻습니까?

예언의 신(), 성경(), 교회(), 기타()

11. ‘세 천사의 기별’과 건강 기별의 상호 관계는?

관계 있다(), 부분적으로 관계 있다(), 관계 없다()

12. 건강 기별은 이웃을 친구로 만드는데 가장 좋은 도구이다? 어떻게 보십니까?

필수이다(), 어느 정도 관계 있다(), 관계 없다()

13. 교회사업을 위한 ‘건강 기별 전도’에 관하여 귀하의 의견은 무엇입니까?

강화해야 한다(), 적당하다(), 줄여야 한다()

14. 재림준비로서의 ‘개혁’에 중요하다고 여겨지는 곳에 모두 표해 주세요.

건강 기별실천(), 자녀 신앙(), 가족 인도(), 건강전도()

기타:_____

+설문에 답해주셔서 감사드립니다+

APPENDIX C

ADKAR WORKSHEETS AND RESULTS

ADKAR WORKSHEETS

ADKAR Model characterized the process for individual change in five key steps:

Awareness of the need to change.

Desire to participate in and support the change.

Knowledge about how to change.

Ability to implement new skills and behaviors.

Reinforcement to keep the change in place.

Using these worksheets, rate each area on a scale of 1 to 5. A score of “1” means that you are giving this area the lowest score (e.g., a score of 1 for each step means that you believe the person is completely unaware of the reason a change is needed). A score of “5” indicates the highest degree of compliance or understanding for that area.

Adapted from ADKAR Model (Hiatt, 2012, pp. 45-60, 107-114)

Rating Scale

A: Awareness of the need to change (2021).

Score
1 2 3 4 5
low high

D: Desire to participate in and support the change (2021).

Score
1 2 3 4 5
low high

K: Knowledge about how to change (2021).

| | | | | | |
|-------|---|---|---|---|------|
| Score | | | | | |
| 1 | 2 | 3 | 4 | 5 | |
| low | | | | | high |

A: Ability to implement new skills and behaviors (2021).

Score
1 2 3 4 5
low high

R: Reinforcement to keep the change in place (2021).

Score
1 2 3 4 5
low high

ADKAR MODEL PERSONAL CHANGE RESULTS

Summary Results, November 11, 2021 - December 31, 2021

Each group had twelve responses; I evaluated the process for individual change with five-key steps of ADKAR Model.

| GROUP A | Awareness | Desire | Knowledge | Ability | Reinforcement |
|----------------|-----------|--------|-----------|---------|---------------|
| Attendant 1 | 3 | 5 | 4 | 4 | 5 |
| Attendant 2 | 4 | 5 | 5 | 5 | 4 |
| Attendant 3 | 3 | 4 | 4 | 5 | 5 |
| Attendant 4 | 3 | 5 | 5 | 5 | 4 |
| Attendant 5 | 2 | 4 | 4 | 5 | 4 |
| Attendant 6 | 4 | 5 | 4 | 4 | 5 |
| Attendant 7 | 3 | 5 | 4 | 5 | 4 |
| Attendant 8 | 3 | 4 | 5 | 4 | 5 |
| Attendant 9 | 2 | 5 | 4 | 4 | 4 |
| Attendant 10 | 2 | 4 | 5 | 5 | 5 |
| Attendant 11 | 5 | 5 | 4 | 5 | 5 |
| Attendant 12 | 3 | 5 | 4 | 4 | 5 |
| Total Scores | 37 | 56 | 52 | 55 | 55 |
| Median Score | 3.1 | 4.7 | 4.3 | 4.6 | 4.6 |

| GROUP B | Awareness | Desire | Knowledge | Ability | Reinforcement |
|----------------|-----------|--------|-----------|---------|---------------|
| Attendant 1 | 4 | 4 | 4 | 3 | 4 |
| Attendant 2 | 5 | 3 | 5 | 4 | 5 |
| Attendant 3 | 3 | 4 | 4 | 3 | 4 |
| Attendant 4 | 4 | 4 | 5 | 4 | 3 |
| Attendant 5 | 4 | 4 | 4 | 4 | 4 |
| Attendant 6 | 3 | 4 | 3 | 4 | 5 |
| Attendant 7 | 5 | 4 | 5 | 4 | 4 |
| Attendant 8 | 4 | 3 | 4 | 3 | 3 |
| Attendant 9 | 4 | 4 | 3 | 4 | 4 |
| Attendant 10 | 4 | 3 | 5 | 4 | 4 |
| Attendant 11 | 4 | 5 | 4 | 3 | 5 |
| Attendant 12 | 5 | 4 | 4 | 4 | 3 |
| Total Scores | 49 | 46 | 50 | 44 | 48 |
| Median Score | 4.1 | 3.9 | 4.2 | 3.7 | 4.0 |

| GROUP C | Awareness | Desire | Knowledge | Ability | Reinforcement |
|----------------|-----------|--------|-----------|---------|---------------|
| Attendant 1 | 5 | 5 | 4 | 5 | 5 |
| Attendant 2 | 3 | 3 | 5 | 3 | 3 |
| Attendant 3 | 4 | 5 | 4 | 4 | 4 |
| Attendant 4 | 3 | 5 | 5 | 3 | 5 |
| Attendant 5 | 4 | 5 | 4 | 4 | 3 |
| Attendant 6 | 5 | 4 | 5 | 4 | 4 |
| Attendant 7 | 3 | 5 | 5 | 3 | 5 |
| Attendant 8 | 3 | 5 | 4 | 4 | 5 |
| Attendant 9 | 4 | 5 | 5 | 4 | 4 |
| Attendant 10 | 4 | 5 | 4 | 3 | 3 |
| Attendant 11 | 4 | 5 | 5 | 5 | 4 |
| Attendant 12 | 4 | 5 | 4 | 4 | 3 |
| Total Scores | 46 | 57 | 54 | 46 | 48 |
| Median Score | 3.8 | 4.8 | 4.5 | 3.8 | 4.0 |

| GROUP D | Awareness | Desire | Knowledge | Ability | Reinforcement |
|----------------|-----------|--------|-----------|---------|---------------|
| Attendant 1 | 4 | 4 | 5 | 3 | 4 |
| Attendant 2 | 5 | 5 | 3 | 4 | 2 |
| Attendant 3 | 4 | 4 | 5 | 2 | 3 |
| Attendant 4 | 4 | 5 | 4 | 3 | 3 |
| Attendant 5 | 4 | 3 | 4 | 3 | 3 |
| Attendant 6 | 5 | 4 | 5 | 3 | 4 |
| Attendant 7 | 4 | 5 | 3 | 4 | 2 |
| Attendant 8 | 4 | 4 | 5 | 2 | 3 |
| Attendant 9 | 3 | 5 | 4 | 3 | 3 |
| Attendant 10 | 5 | 4 | 4 | 3 | 5 |
| Attendant 11 | 4 | 5 | 3 | 4 | 2 |
| Attendant 12 | 4 | 4 | 5 | 2 | 2 |
| Total Scores | 50 | 52 | 50 | 36 | 36 |
| Median Score | 4.2 | 4.3 | 4.2 | 3.0 | 3.0 |

SERIES OF HEALTH MEETINGS RESULTS

(November 11, 2011 – December 31, 2021)

* Gender: () Male () Female

* Age (Circle one): 20's, 30's, 40's, 50's, 60's, 70+

* Church Role/Duty (Circle one): Member (), Non-member ()

*What were your reflections on the Meetings on Nov 1-11, 2021?

1. Awareness of the need to change

Score

| | | | | |
|-----|---|---|---|------|
| 1 | 2 | 3 | 4 | 5 |
| Low | | | | high |

2. Desire to participate in and support the change

Score

| | | | | |
|-----|---|---|---|------|
| 1 | 2 | 3 | 4 | 5 |
| low | | | | high |

3. Knowledge about how to change

Score

| | | | | |
|-----|---|---|---|------|
| 1 | 2 | 3 | 4 | 5 |
| low | | | | high |

4. Ability to implement new skills and behaviors

Score

| | | | | |
|-----|---|---|---|------|
| 1 | 2 | 3 | 4 | 5 |
| low | | | | high |

5. Reinforcement to keep the change in place

Score

1

2

3

4

5

low

high

Thank you for participating in this health questionnaire.

APPENDIX D

RESEARCH APPROVAL AND CONSENT

Andrews University

Office of Research & Creative Scholarship

October 4, 2021

Hee Choung Park

Tel: 805-750-1640

Email: haroldcpark@gmail.com

RE: APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS

IRB Protocol #:21-107 **Application Type:** Original **Dept.:** Doctor of Ministry

Review Category: Exempt **Action Taken:** Approved **Advisor:** David Penno

Title: Developing a small groups health ministry at the Ventura County Korean SDA Church.

Your IRB application for approval of research involving human subjects entitled:

"DEVELOPING A SMALL GROUPS HEALTH MINISTRY AT THE VENTURA COUNTY KOREAN SEVENTH-DAY ADVENTIST CHURCH

" IRB protocol # 21-107 has been evaluated and determined Exempt from IRB review under regulation CFR 46.104 (4)(2)(i): Research that includes survey procedures in which the information obtained is recorded by the investigators in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects, and the investigator does not contact the subjects or re-identify subjects.

You may now proceed with your research.

Please note that any future changes 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 incidences occur that results in a research-related adverse reaction and/or physical injury, 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 call (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, PhD.

Research Integrity & Compliance Office

**Institutional Review Board – 8488 E Campus Circle Dr Room 234 - Berrien Springs, MI
49104-0355 Tel: (269) 471-6361 E-mail: irb@andrews.edu**

Certificate of Completion

Andrews University Office of Research & Creative Scholarship Certifies
that Hee Park successfully completed the National Institutes of Health
(NIH) Web-based training course "Protecting Human Research Subjects."

Date of Completion: 06/29/2021

Certification Number: 18738

NIH (National Institutes of Health)



Seek Knowledge, Affirm Faith, Change the World.

Andrews University

Seventh-day Adventist Theological Seminary

Christian Ministry Department

Informed Consent Form

Title of research project: Developing a Small Groups Health Ministry at the Ventura

County Korean Seventh-day Adventist Church

Purpose of Study: I understand that the purpose of this study is to discover how Ventura County Korean SDA Church within the Ventura County does outreach in the community and to determine what steps might be taken from inactive to active and reestablish faith within the ages of 18 and up group.

Inclusion Criteria: In order to participate, I recognize that I must be an adult of the ages of 18 and up and sound mind and must currently or at some point in the past, been an active participant in a Seventh-day Adventist congregation.

Risks and Discomforts: I have been informed that there are no physical or emotional risks to my involvement in this study.

Benefits/Results: I accept that I will receive no remuneration for my participation, but that by participation, I will help the researcher and the Seventh-day Adventist Church arrive at a better understanding of the community, and that this will enable the church to develop strategies that will do evangelism.

Voluntary Participation: I understand that my involvement in this survey is voluntary and that I may withdraw my participation at any time without any pressure, embarrassment, or negative impact on me. I also understand that participation is anonymous and that neither the researcher nor assistants will be able to identify my responses to me.

Contact Information: In this event that I have any questions or concerns with regard to my participation in this research project, I understand that I may contact either the researcher, Hee Park at haroldcpark@gmail.com (Tel: (805) 750-1640), or his advisor, Dr. Anton Kapusi, **Church Growth Director**, Kentucky-Tennessee Conference of Seventh-day Adventists at akapusi@kytn.net (Tel: (615) 859-1391, ext.1034). I have been given a copy of this form for my own records.

Anton Kapusi – Church Growth Director

Signature of Subject

Date

Signature of Subject

Date

APPENDIX E

JOHNSON MODEL

TWO MODELS OF CHURCH: WHICH ONE YOU CHOOSE MAKES ALL THE DIFFERENCE



Written by:

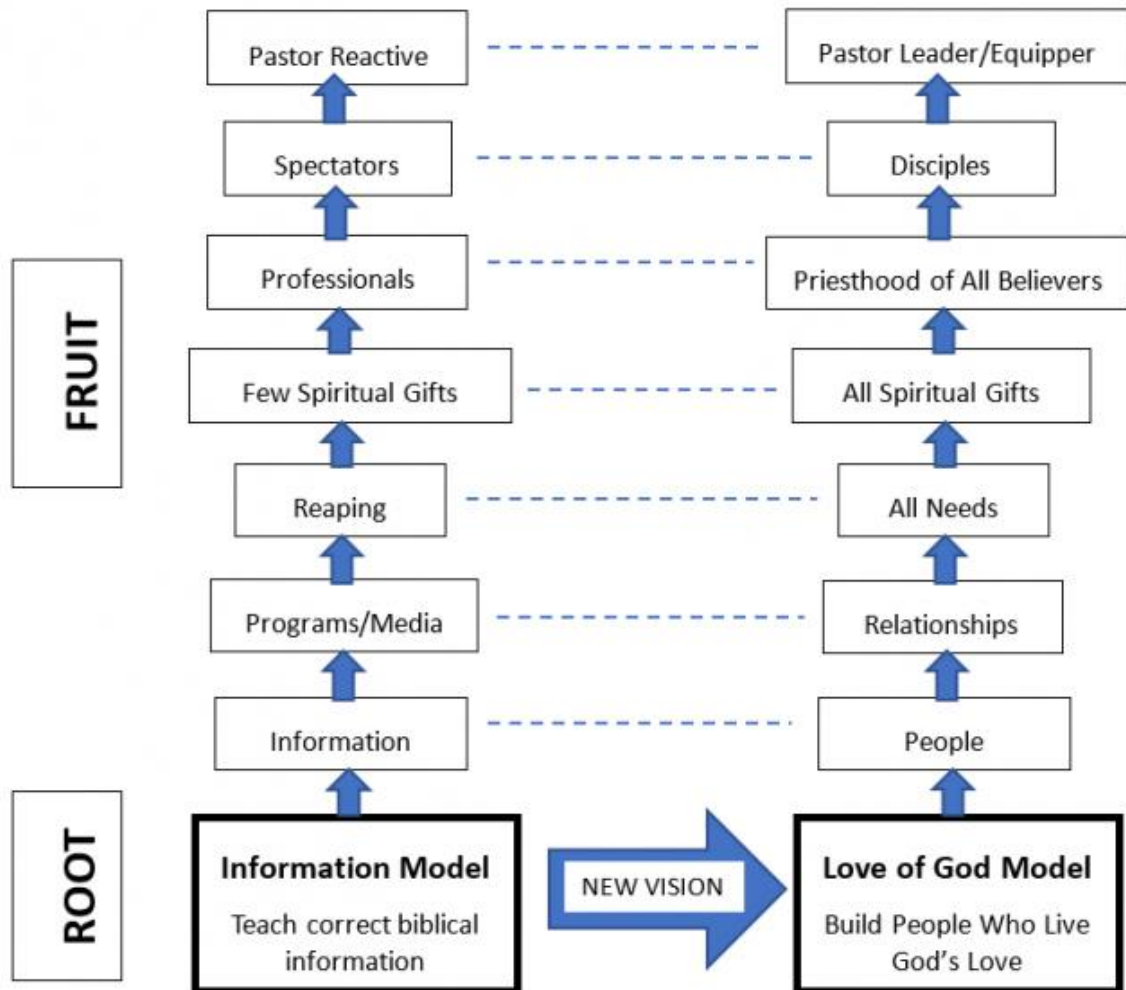
Kim Allan Johnson (Retrieved from <https://spectrummagazine.org/conference2019>)

Published:
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Every Seventh-day Adventist has their own particular ideas about “how to be church.” The collective mental model a congregation adopts becomes the foundation for the values and priorities their church pursues. That mental model determines both the personality and culture of church life. It is therefore crucial that each member carefully examine their thinking to make sure it aligns with scripture.

The following graphics and text present my understanding of two of the most prominent mental models of church within Adventism: 1) the “Information Model” on the left and 2) the “Love of God Model” on the right. Which one you adopt will result in dramatically different dynamics within the local congregation.

Look over this first graph and then read the description and analysis that follows. Please refer back to this first graph as you read.



At present, many Seventh-day Adventist churches are operating under what I call the “Information Model” of church. *This model, or way of thinking, says that the main purpose of our church is to teach correct biblical information around the globe.* It says that the central reason our church exists is to make truth known. We often hear this expressed as, “The fundamental mission of our church is to spread the Three Angels’ Messages.” That is the **root** thinking that is in many people’s heads when you ask them what God’s overarching purpose is for the Seventh-day Adventist Church in these last days.

And out of that **Root** model and perspective flow a number of **Fruits** or consequences. There is a cause/effect relationship. Each consequence leads logically to the one above it up the sequential chain.

In this model, correct biblical **information** is given highest priority. It is central.

If information is primary, then we tend to depend more and more on **programs and media** for outreach because they can get the information out the quickest to most people.

If information is paramount, then we will tend to focus almost exclusively on **reaping**. When your present information, people need to either accept it or reject it. There is little, if any, middle ground. They need to make a decision. Such decision-making is the very essence of reaping ministries.

Reaping ministries tend to rely on very **few Spiritual Gifts**, *mostly those of evangelism and teaching*. Members who don’t have those Gifts will feel as though they don’t fit in. They feel that their particular Gifts are not nearly as valuable.

If information is central, members will tend to rely more and more on the **professional** clergy, because the pastors have been to seminary and know how to explain the information best. Average members will often avoid sharing the biblical information because they feel anxious that they might get it wrong or mess it up.

If ministry is more and more in the hands of the professionals, then the members will become **spectators**.

Because the members are not utilizing their Spiritual Gifts in ministry, the work of the church falls mainly on the pastor, who races around **reacting** to need after need. As a result, he/she is not able to fulfill their biblical role as an equipper.

All of these “fruits,” all of these consequences, flow quite naturally, and tragically, from people’s root understanding of church. Does this description of church life sound at all familiar to you? Perhaps you can now understand better where it all comes from.

The scriptures actually present an entirely different model of church, which I call the “Love of God Model.” *It says that the main purpose of church is to build people who can live God’s love.* It focuses on collectively revealing, as a community of faith, what the Godhead is really like. Very different fruit or consequences flow from this root understanding and church life changes dramatically.

In the “Love of God Model” **people** are central. Building people is at the heart of our mission.

And if we are going to build people, **relationships** become very important. By contrast, building close relationships is seen as “extra” or “optional” in the Information Model.

If we are going to grow all kinds of people, then we need to be able to meet **all kinds of needs**, not just reaping.

If we are going to try and meet all kinds of people needs, we must utilize **all the Spiritual Gifts**. They all have an important and special place.

In order for the members to activate their Spiritual Gifts, they need to understand that they are all ministers, what the bible calls spiritual “**priests**.” They may not have the gift of pastoring, but they are gifted nonetheless. Their calling is just as important as that of the pastor.

If we are focused primarily on building people, then we will give **disciple-making** high priority.

Now that the members are involved in ministry, the pastor is freed to focus on fulfilling his/her biblical role as **equipper**.

The *dotted lines* on the graph above indicate which fruits or consequences relate to one another. In every case, they are quite different in the two models.

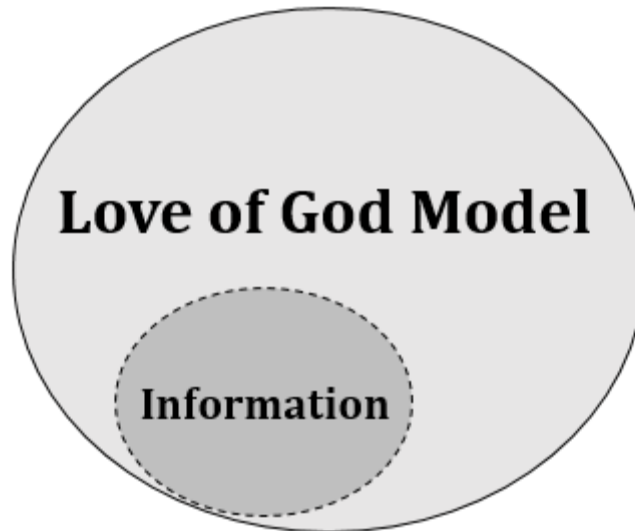
It is very important to realize that you cannot simply go from one of the “fruits” on the left side of the graph directly across to the corresponding fruit on the right side. For instance, you cannot go directly from “Few Spiritual Gifts” to “All Spiritual Gifts” simply by holding a Spiritual Gifts Seminar. *You must first change people’s root understanding.* There are no shortcuts. Without changing the root model in their heads, any change will almost always create unnecessary resistance and confusion.

You must first take people, in their hearts and minds, from the “Information Model” to the “Love of God Model.” *You need to change the mind before you change the method.* Otherwise, any changes you make will simply be like a stretched rubber band that will snap back into its original form once you let go. *

This does **not** mean that correct biblical information isn’t important. *Our doctrines are very important.* Truth is vital, *but it is not an end in itself.* The main purpose of our doctrines is to help us understand God’s character of love and become a more loving people. The more truth the more potential for love.

Information is, in fact, part of the larger “Love of God Model.” The two models are not an *either/or* choice, they are *both/and*. They need to be integrated in the proper way as the following graphic indicates. The dashed line around “Information” indicates that it flows into the larger “Love of God Model.”

Relationship Of The Two Models – *Not Either/Or*



Jesus taught us about the proper relationship between truth/information and love. He said, “You shall love the Lord your God with all your heart, and with all your soul, and with all your mind. This is the great first commandment. And a second is like it, you shall love your neighbor as yourself.” He then goes on to say, “*On these two commandments depend on all the law and the prophets*” (Matthew 22:36-40 RSV).

Our Lord reveals that all the information in the “law and prophets,” a typical Hebrew phrase designating the entire Old Testament, has one over-riding purpose: *to enable us to love*.^[1] The stories, admonitions, laws, prophecies, psalms, and proverbs in the Old Testament were never intended to become an end in themselves. They were given to provide us with the insights and understandings we need in order to love like Jesus loves. The same could be said for the New Testament as well.

The Spirit of Prophecy goes so far as to say, “If the truth we profess to believe does not change the heart and transform the character, it is of no value to us.”^[2]

Of course the Adventist church is given the sacred responsibility of shining a bright spotlight on the Three Angels’ Messages. But to think we have accomplished God’s intention by simply preaching external facts without exploring their deep connection to how we live is to do them a sad injustice and reinforce the Information Model. They must be placed within the context of God’s larger, holistic, relational purpose.

That’s why the apostle Paul wrote, “If I have the gift of prophecy and can fathom all mysteries and all knowledge...but do not have love, I am nothing” (1 Corinthians 13:2 NIV). That is why Ellen White wrote, “The last rays of merciful light, the last message of mercy to be given to the world, is a revelation of His character of love.”^[3] Note that she is not talking here about simply sharing information. She continues that statement by saying, “The children of God are to

manifest His glory. *In their own life and character* they are to reveal what the grace of God has done for them.”^[4]

It is vitally important that we put aside our preconceived ideas and preferences and make time to carefully and deeply understand God’s model and plan. Such understanding comes not only as a *cognitive* exercise. We can’t learn about how to love simply by reading about it. That’s like trying to learn how to swim by taking correspondence courses. We also learn about love *relationally*, as we interact in meaningful ways within our family, our church, our workplace, and our community. From a biblical perspective, the most important goal any Adventist congregation can aspire to in fulfilling its end time role is to take all that we know and utilize it to become, by God’s grace, experts in love.

**The “Spiritual Body Building” small group lessons were specifically designed to take people from the “Information Model” to the “Love of God” model. See www.transformyourchurch.com (this website is run by the Florida Conference of Seventh-day Adventists).*

Notes & References:

[1] *Seventh-day Adventist Bible Commentary, Volume 5, Matthew to John* (Washington, D.C., Review and Herald Publishing Association, 1956) 484.

[2] Ellen G. White, “Brotherly Love Needed,” *Review and Herald*, October 31, 1893.

[3] Ellen G. White, *Christ’s Object Lessons* (Washington, D.C., Review and Herald Publishing Association, 1941) 415

[4] *Ibid*, 415-416. Emphasis supplied.

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APPENDIX F

SUPPLEMENTAL RESOURCES

Ellen G. White and the SDA Health Message

Roger W. Coon, GSEM 534 Handout, the Seventh-day Adventist Theological Seminary

Introduction

A. God's Apparent Priorities for Ellen White's Visions (1845-65)

1. Priority #1: Formulation of the Doctrinal Framework -- The Decade of the 1840s:

- a. The role of the "Sabbath/Sanctuary Conferences" (1848-50).
- b. Dec. 13, 1850: "We know [now] that we have the truth" (Letter 30, 1850).

2. Priority #2: Church Organization of the SDA Denomination -- The Decade of the 1850s:

- a. Dec. 24, 1850: the first vision on "gospel order," 11 days after EGW's declaration on doctrinal certitude.

b. First three steps in organization, taken in 1860:

- (1) May 13: first "legally-organized" church body, at Parkville, MI.
- (2) Oct. 1: Seventh-day Adventist name adopted.
- (3) Oct. 1: first institution (publishing house) organized, at Battle Creek.

- c. The General Conference was organized on May 21, 1863, at Battle Creek.

3. Priority #3: Development of the "Health"/Lifestyle Message -- The Decade of the 1860s:

- a. The first major health-reform vision was given June 6, 1863, a mere 16 days after the General Conference was organized.

(1) The first known vision relating to health concerns was given in the Autumn of 1848.

(2) A second, limited, view was presented on Feb. 12, 1854.

(3) The third (and 1st major) vision was given Friday evening, June 6, 1863, at Otsego, MI, in the home of layman Aaron Hilliard, during a family Sabbath vespers worship fellowship.

(4) The last of the first four (and the 2nd major) health-reform vision would come two years later, on Christmas Day, 1865, in the church at Rochester, NY, in a service especially called to pray for the restoration of James White's deteriorating health condition.

I. The Need for a "Health"/Lifestyle Message

A. The Need at Mid-19th Century

1. A survey of obituaries of Seventh-day Adventist in the Review & Herald (1857-63) reveals that American life-expectancy was extremely short-and SDAs were no exception:

a. Age of SDAs at death:

(1) Slightly more than one-fourth (26.5%) died during the first seven years of life

(2) Another one-fourth (22.5%) died between the ages of 10 and 29.

(3) Thus, about half (49%) of all SDA recorded death in this period came before the individual attained his or her 30th year of life. (U.S. Government statistics for this period today are sketchy at best; but a published government study of mortality rates in Massachusetts indicates that SDAs were no better or worse off than the general population.)

b. Death frequently came with unexpected suddenness.

c. Causes of death: Overwhelmingly from communicable diseases-

(1) Nearly half (46 of 101 victims) perished from pulmonary diseases (tuberculosis was then generally known as "consumption").

(2) Typhoid was the second most-frequently reported cause (16 of 101 victims).

(3) And diphtheria came in third (7 of 101 victims).

d. "Domino"-phenomenon: one family member would become ill, die suddenly, and contagion would quickly take many of the remaining family.

(1) Nursing the ill was almost a passport to death for the care-giver; and families were decimated in an unbelievably short period by multiple deaths.

e. Death was no respected of persons: family of church leaders were afflicted, suffering incredible losses, as often as those of lay members.

f. Frequently the funeral services for the deceased were conducted without the presence of a minister.

g. In short, death was a common, frequent, and most unwelcome intruder in every SDA family.

2. The practice of medicine in the first half of the nineteenth century was, according to our modern standards of medicine, nothing less than a scary and dreadful practice. The death of George Washington, first president of the United States, offers an

illustration of how medicine was practiced even when the person suffered from a minor ailment. This is the context in which Ellen White began to call for reforms in medical treatments.

See Appendix A on the Death of George Washington.

B. The Need Today

1. While mortality rates have been materially lowered in the past 150 years, the health condition of the average American is still seriously at risk:

a. America still ranks a dismal 40th in the World Health Organization's roster of wellness among the nations of the world.

b. Every 30 seconds an American is diagnosed with cancer, and every 55 seconds an American dies of one form or another of this deadly killer (At the rate of 1,400 per day!).

c. During 1995, more than 145,000 women learned they had breast cancer; and almost one-third of male deaths in this period were caused by either colon or prostate cancer.

d. Diabetes costs the U.S. \$13 billion yearly, with a new diabetic diagnosed every 50 seconds!

e. Every 25 seconds someone in America experiences a heart attack, and every 45 seconds there is a heart disease-related death! (Heart disease alone claims more casualties annually than all American military deaths during the war in Vietnam.)

2. All of the latest studies point to the typical American diet as the major culprit in the nation's deteriorating health.

a. While, admittedly, American eating habits have made major shifts in the last century, yet sugar consumption has risen by 250% in the same period.

b. A century ago, 75% of all protein intake came from plant foods; but today 75% is derived from animal sources.

c. In his or her lifetime, the average American today will consume: 15 cows, 900 chickens, 24 hogs, 1,000 lbs. of fish and game, 12 sheep, 26,250 lbs. of dairy products (375 lbs. per year!).

d. This type of diet is high in protein and fat, low in fiber and complex carbohydrates, and deficient in many trace minerals, vitamins, and phytochemicals -- a sure prescription for early disease and untimely death.

3. The tragic fact is that many (if not the majority) of these cases of disease and death are unnecessary, and readily preventable!

a. Dr. Suhma Palmer (Georgetown University): "A healthy diet could dramatically reduce your chances of getting cancer of the colon, prostate, and breast."

b. American Medical Association: "A vegetarian diet can prevent 97% of our coronary occlusions."

c. Dr. Gio Gori (National Cancer Institute): "The dietary factors responsible for cancer are principally meat and fat intake."

d. Dr. Hans Diehl (Cardiovascular Health Improvement Program, Loma Linda, CA): "The main villain in diabetes is the enormous amount of fat in our diet."

4. Ironically, the very health/lifestyle message that would have prevented millions of untimely and unnecessary deaths was proclaimed nearly a century and a half ago, by a remarkable, then little-known, lady who had completed less than four years of elementary/primary school education!

II. Seven Reasons Why God Gave Seventh-day Adventists a Health Message

A. The "Longevity" Reason: That Seventh-day Adventists Might Live Longer

1. For an historical survey of the appalling health conditions which obtained in 19th-Century America, when Ellen White gave much of her instruction in health-related matters, see Roger W. Coon, "The Good Old Days," *Adventist Review*, Feb. 25, 1993, pp. 1, 10-12.

2. The typical life-span in the patriarchal period (Adam to Noah) was nearly 1,000 years (CD 117; 1SM 230).

3. Its decrease was especially rapid after the Flood (4 SG-a 121), and has continued to decline from generation to generation ever since (CH 19; EW 184).

4. Causes of a shortened life-span are identified as:

a. Man's sinful course (PP 68; SR 49) in disregarding the laws of life (3T 140) and nature (CH 41)

b. The misuse of the body (CH 41), particularly in:

(1) Self-indulgence (4T 343)

(2) Misuse of one's physical powers (COL 346; ML 134; MYP 235)

(3) Overtaxing one set of mental organs (3T 34)

(4) Overtaxing the stomach (CD 131), especially in eating flesh food (4SG-a 121).

5. And one may, today, prolong his/her longevity by a "careful supervision" of one's own habits of living (CD 162), especially by the promotion of a cheerful spirit (MH 241).

B. The "Happiness" Reason: That Seventh-day Adventists Might Enjoy the Years That They Do Have

1. What a God is our God! He rules over His kingdom with diligence and care, and He has built a hedge-- the Ten Commandments--about His subjects to preserve them from the results of transgression. In requiring obedience to the laws of His kingdom, God gives His people health and happiness, peace and joy. He teaches them that the perfection of character He requires can be attained only by becoming familiar with His word. (CT 454)

2. You have created unnatural appetites, and do not derive half that enjoyment from your food which you would if you had not used your appetites wrongfully. . . . A wrong course of eating or drinking destroys health, and with it the sweetness of life. Oh, how many times have you purchased what you called a good meal at the expense of a fevered system, loss of appetite, and loss of sleep! Inability to enjoy food, a sleepless night, hours of suffering--all for a meal in which taste was gratified! Thousands have indulged their perverted appetites, have eaten a good meal, as they called it, and as the result, have brought on a fever, or some other acute disease, and certain death. That was enjoyment purchased at immense cost. (2T 69)

C. The "Pragmatic" Reason: That Seventh-day Adventists Might Be Enabled to Render Service to God Longer, More Efficiently

1. The God of heaven has given us reasoning powers and intellect, and He wants us to use them. He has given us this body which he wishes us to preserve in perfect health so that we can give Him perfect service. (Ms 6a, June 27, 1886; cited in UL 192)2. Any course of action that weakens your physical or mental power unfits you for the service of your Creator. We are to love God with all our hearts, and, if we have an eye single to his glory, we shall eat, drink, and clothe ourselves with reference to his divine will. Everyone who has a realizing sense of what it means to be a Christian, will purify himself from everything that weakens and defiles. All the habits of his life will be brought into harmony with the requirements of the word of truth, and he will not only believe, but will work out his own salvation with fear and trembling, while submitting to the molding of the Holy Spirit. (RH, March 6, 1888)

D. The "Public Relations" Reason: That Seventh-day Adventists Might Be a Good Advertisement for the Remnant Church

1. God, by exhibiting His chosen people who are specimens of good health, hopes to attract the attention of non-SDA public, to create a favorable impression. We might characterize this as His "public-relations reason!"

2. Nothing will open doors for the truth like evangelistic medical missionary work. This will find access to hearts and minds, and will be a means of converting many to the truth.-Ms 58, 1901; cited in Ev 513:1.

3. "Medical Missionary work" is characterized as "a great entering wedge" (CH 535, 1893) and "the right, helping hand of the gospel" (Ms 58, 1901; cited in Ev 513:1; cf. 7T 59, 1902), that "will break down prejudice as nothing else can" (9T 211, 1909).

a. A warning against a disproportionate over-emphasis upon health was sounded in correspondence with General Conference President O. A. Olsen and Dr. John Harvey Kellogg. In a letter to the latter, EGW wrote:

(1) I have been shown that you also are in danger of making serious mistakes. You feel a deep interest in the circulation of the health publications, and this is right; but that special branch is not to be made all-absorbing. The health reform is as closely related to the third angel's message as the arm to the body; but the arm cannot take the place of the body.... The presentation of health principles must be united with this message, but must not be independent of it, or in any way take the place of it. (Lt 57, May 27, 1896; cited in 16MR 332)

4. I have been instructed by my guide that not only should those who believe the truth practice health reform, but they should also teach it diligently to others; for it will be an agency through which the truth can be presented to the attention of unbelievers. They will reason that if we have such sound ideas in regard to health and temperance, there must be something in our religious belief that is worth investigation. (Lt 1, 1875; cited in Ev 514)

E. The "Evangelistic/Missionary" Reason: That Seventh-day Adventists Might Help Non-Adventists Find the Benefits/Blessings of Good Health

1. In every place the sick may be found. . . . Workers for Christ should be . . . prepared to give those who are sick the simple treatments that will relieve them, and even pray with them. (MM 320, 1911)

2. As the medical missionary work upon the body, God works upon the heart. The comforting words that are spoken are a soothing balm, bring assurance and trust. (Ms 58, 1901; cited in Ev 517)

3. Many have lost the sense of eternal realities, lost the similitude of God, and they hardly know whether they have souls to be saved or not. They have neither faith in God nor confidence in man. As they see one with no inducement of earthly praise or compensation come into their wretched homes, ministering to the sick, feeding the hungry, clothing the naked, and tenderly pointing all to Him of whose love and pity the human worker is but the messenger--as they see this, their hearts are touched. Gratitude springs up. Faith is kindled. They see that God cares for them, and they are prepared to listen as His Word is opened. (RH, Aug. 3, 1905; cited in Ev 517)

F. The "Intellectual" Reason: That Seventh-day Adventists' Mental Perception Might Be Sharpened to Better Understand Secular (as Well as Spiritual) Truth

1. You need not go to the ends of the earth for wisdom, for God is near. It is not the capabilities you now possess or ever will have that will give you success. It is that which the Lord can do for you. We need to have far less confidence in what man can do and far more confidence in what God can do for every believing soul. He longs to have you reach after Him by faith. He longs to have you expect great things from Him. He longs to give you understanding in temporal as well as in spiritual matters. He can sharpen the intellect. He can give tact and skill. Put your talents into the work, ask God for wisdom, and it will be given you. (COL 146)

2. God gave Daniel and his companions "knowledge and skill in all learning and wisdom: and Daniel had understanding in all visions and dreams" (Dan. 1:17). . . . God cooperates with human effort. . . . God can give you skill in all your learning. He can help you to adapt yourselves to the line of study you shall take up. Place yourselves in right relation to God. Make this your first interest. . . . It rests with you to say whether you will have knowledge and skill. (Ms 13, Feb. 2, 1900; cited in UL 47)

3. Truth constantly enriches the receiver. The minds of those who receive the truth increase in activity. As they exercise their talents, seeking to improve every capability, their mental and spiritual powers strengthen, for where there is spiritual life, there is development and growth. . . . And not only will the minds of those helped be impressed, but the mind of him who is doing the work will be quickened by the power of the Holy Spirit. Through the cooperation of the power that comes from God alone, he will be enabled to make the truth so plain that it will vibrate in other minds. (Ms 88, July 10, 1898; cited in UL 205)

G. The "Spiritual" Reason: That Seventh-day Adventists Might Attain Greater Spiritual Growth and Development-That We May Become More Like Him

1. The Lord desires that we excel in mental development as regards spiritual truth, as well as secular truth; and He wishes us to thereby be better enabled to withstand the temptations of Satan.

2. The sacred temple of the body must be kept pure and uncontaminated, that God's Holy Spirit may dwell therein. (Lt 103, 1897)

3. All who consecrate soul, body, and spirit to God will be constantly receiving a new endowment of physical and mental power. The inexhaustible supplies of heaven are at their command. Christ gives them the breath of His own spirit, the life of His own life. The Holy Spirit puts forth its highest energies to work in heart and mind. The grace of God enlarges and multiplies their faculties, and every perfection of the divine nature comes to their assistance in the work of saving souls. Through co-operation with Christ they are complete in Him, and in their human weakness they are enabled to do the deeds of Omnipotence. (DA 827)

4. Do not, because you are among unbelievers, become careless in your words, for they are taking your measure. If you sit at their table, eat temperately, and only of food that will not confuse the mind. Keep yourself from all intemperance. Be yourself an object lesson, illustrating the right principles. If they offer you tea to drink, tell them in simple words [of] its injurious effect on the system. Tell them also that you do not use spirituous drinks of any kind, because you desire to keep your mind in such a condition that God can impress it with the sacred truths of His Word, and that you cannot afford to weaken any of your mental and physical powers, lest you shall be unable to discern sacred things. Thus you can sow the seeds of truth, and lead out upon the subject of keeping soul, body, and spirit in such a condition that you can understand eternal realities. (Ms 23, Nov 24, 1890; cited in UL 342)

5. All whom God has blessed with reasoning powers are to become intellectual Christians. They are not requested to believe without evidence; therefore, Jesus has enjoined upon all to search the Scriptures. Let the ingenious inquirer, and the one who would know for himself what is truth, exert his mental powers to search out the truth as it is in Jesus. . . . The Lord positively demands of every Christian an intelligent knowledge of the Scriptures. (RH, March 8, 1887)

III. Characteristics of the Health Message

A. Source of the Health Message

1. EGW declared concerning the origin of her health message that it was given by Divine initiative; and, also, by direct revelation:

I have had great light from the Lord upon the subject of health reform. I did not seek this light; I did not study to obtain it; it was given to me by the Lord to give to others. (MS 29, 1897; cited in CD 493)

B. Purpose of the Health Message

This message was given for practical/pragmatic reasons. [We have already noted God's Seven Reasons for giving us a health message.]

C. Uniqueness of the Health Message

1. Ellen White's health/lifestyle message was not always unique:

a. SDAs were not always the earliest--and, therefore, the first--to teach certain aspects of healthful living (though it is nevertheless true that, in certain areas, Elle White was well in advance of the general thinking of her day).

b. Ellen White is not proven to be a true prophet simply because of her advanced health/lifestyle counsels:

(1) Brigham Young, the Mormon leader who took his Latter-Day Saints west to Utah in 1846, taught many of the same health principles that EGW taught--and, in some instances, a number of years before she wrote!

(2) Clara Barton (1821-1912), known as "The Angel of the Battlefield" during the American Civil War (1861-61) and later founder of the American Red Cross, also reportedly taught some of the same truths as EGW -- and, in certain instances, possibly earlier than EGW.

c. Priority in the time of utterance neither qualifies nor disqualifies one as a prophet.

(1) A prophet is proven true or false by whether or not his/her teachings--taken as a whole, and especially their theological teachings--harmonize with the Word of God (Isa 8:20). (See Roger W. Coon, "Where Ellen White's Health Writings Unique? Does a Prophet Have to say It First?," *Adventist Review*, April 8, pp. 16, 17.)

2. But Ellen White's health/lifestyle message was unique in its Philosophical/Theological approach to health:

a. Ellen White linked the Christian's physical condition and the spiritual experience in a cause-effect relationship.

(1) She made healthful living a religious obligation, part of "resistent truth," as J. H. Waggoner pointed out in the RH of Aug. 7, 1866 (where he, too, made the point that SDAs were not always the earliest/first to teach certain health practices).

(2) In addition to SDAs, the only other religious bodies to make health concerns a religious and moral concerns are: the Church of Jesus Christ of Latter Day Saints (Mormons) and Islam.

(3) As noted above, the health/lifestyle message was linked to the "right arm" of a human body; but it was not to be viewed as the entire body itself.

D. Practicality of the Health Message

1. Ellen White's health/lifestyle message is not merely a philosophical/theoretical subject for intellectual discussion and debate (though it does stand up quite well in such!). It is, rather, a practical way of life, with tangible, demonstrable benefits for the faithful adherent.

2. In 1895, Dr. John Harvey Kellogg recruited Dr. David Paulson to come and work with him as a professional colleague in the Battle Creek Sanitarium. During the interview Kellogg asked Paulson if he knew how the former managed to stay five years ahead of the medical profession. Paulson did not know, and Kellogg added:

When a new thing is brought out in the medical work, I know from my knowledge of the Spirit of Prophecy whether it belongs in our system or not. If it does, I instantly adopt it, and advertise it, while the rest of the doctors are slowly feeling their way; and when they finally adopt it, I have five years' start of them. On the other hand, when the medical profession is swept off their feet by some new fad, if it does not fit the light we have received, I simply do not touch it. When the doctors finally discover their mistake, they wonder how it came that I did not get caught. (Ellen G. White Estate, *A Critique of the Book Prophetess of Health* (1976), pp. 16, 17)

E. Breadth/Scope of the Health Message

1. The health/lifestyle message is more than vegetarianism (though it includes it). It is more, even, than the broader question of diet/nutrition (though it includes these, too). It embraces a total concept of -- and program for -- wellness, including (among other things) physical exercise and mental hygiene.

2. It is concerned with the prevention of disease, not merely its cure. And it embraces the maintenance of good health, as well as its recovery.

F. Universality of the Health Message

1. Because it is based upon broad, far-reaching principle, as well as the application of those principles in specific instances, EGW's health/lifestyle message finds a practical, helpful, utilitarian application in every country, and in every culture.

G. Evangelistic Utility of the Health Message

1. Fitness, wellness, wholeness, healing through natural means, are all "in" topics of contemporary interest on the part of the majority in many parts of the world today.

2. SDAs do well to capitalize upon this interest, and exploit it to the fullest for soul-winning ends, by means of promoting:

- a. Interest in vegetarianism
- b. Cooking schools
- c. Stop-smoking programs
- d. Alcohol and substance-abuse emphasis in drug-recovery and prevention seminars.
- e. Weight-loss programs
- f. Exercise classes
- g. Stress-management programs
- h. Healthful living classes

3. The health/lifestyle message provides an excellent opportunity to make a first introduction of Ellen White to non-SDAs, as a valuable and effective "entering wedge," by bringing into focus her amazing contribution in this area of near-universal interest, and showing her advance concepts from a positive perspective.

IV. The Health Message Defined: What is the Health Message?

1. There is a significant link between the Christian's physical condition and the spiritual experience.

a. God intends our bodies to be spiritual "temples" for the indwelling of His Holy Spirit.

(1) God "owns" these "buildings" by right both of original creation and subsequent redemption by purchase-back, at a staggering personal cost to Heaven.

(2) He, therefore, cares, deeply, about how they are treated (1 Cor 6:19, 20).

b. As the "Owner," God has every legal and ethical right to decide how His personal property is treated (and He wants, above all, to get His "money's worth!").

(1) As "tenant," man has no right to do as he pleases with Someone else's property -- "this wonderful house the Lord has given us" (Lt 85, 1888; cited in 7MR 224).

(2) We have a sacred obligation to maintain these "dwellings" in an condition of optimum health. (EGW often uses the expression "sacred duty.")

(3) Men and Women are to honor and to glorify God in their bodies, by not defiling them. To shorten one's lifespan, "by disregarding nature's laws," is viewed as being "guilty of robbery toward God" (RH, Dec. 1, 1896; cited in CH 41). God will punish severely all who desecrate their "body-temple."

c. Mankind was originally created by Christ in "the image of God" (Gen 1:27)

(1) Through Adam and Eve's sin this image was subsequently marred (in some, nearly obliterated); the entire creation was affected.

(2) The great goal of Christianity, theologically speaking, is "redemption"-the restoration of what once was, back, ultimately, to its original state (Ms 161, July 1, 1903; cited in UL 196:2; GH, Oct 1, 1899:2).

d. "All should have an intelligent knowledge of the human frame, that they may keep their bodies in the condition necessary to do the work of the Lord" (RH, Dec 1, 1896; cited in CH 41).

e. "The health of the body is to be regarded as essential for growth in grace and the acquirement of an even temper. If the stomach is not properly cared for, the formation of an upright, moral character will be hindered. The brain and nerves are in sympathy with the stomach. Erroneous eating and drinking result in erroneous thinking and acting" (9T 159-160; cited in CD 405).

2. The body, in general, and the mind (with its central nervous system), in particular, is the only medium through which God can communicate with human beings (MH 130). (This, indeed, may be the most important concept in the entire health/lifestyle message!)

a. This may explain, then, Satan's concerted efforts to pollute, defile, and destroy -- if possible -- both mind and body.

b. And this is why we, as Christian human beings, have a "sacred duty" to resist, and to prevent-with God's help, of course -- this sabotage (CD. 44; 101; 257).

3. Although he/she follows correct health practices as a "sacred duty," yet in the act of obeying nature's health laws and basic health principles, the Christian "earns" nothing toward his salvation and eternal life (4SG-a 148, 149).

a. The laws of health are not absolutes placed by God at the same level as are the 10 Commandments; they are, rather ideal goals toward which we should strive to reach, whenever and wherever possible.

b. God has given us health rules, not as an arbitrary exercise in order to "show man who is boss;" but, rather, being able to foresee the end results of undesirable practices, He knew we would be healthier -- and, thus, happier -- if we avoided the harmful, and clung, instead, to the good. God requires obedience, not for the purpose of showing His authority, but that we may become one with Him in character (Ms 126, Nov 29, 1905; cited in UL 347).

c. Informed Christians observe true health principles, not in order to be saved, but, rather, because they have been saved; and they are motivated by love to do God's expressed will for their lives, as far as they know it.

d. "A clear mind enables us to understand God's will; a strong body enables us to do it" (SDA Encyclopedia [1976]:574).

e. But salvation itself, is not a matter of eating and drinking (see Rom 14:17); and salvation does not come to the Christian at the end of a knife, fork, or spoon! (While we cannot eat our way into God's kingdom, though, on the contrary, we certainly can eat our way out!)

4. The Christian, in every act of life, seeks to be guided by two great principles:

a. To actively seek to promote and maintain life and good health:

(1) "Preserve the best health" (CD 395).

(2) "Eat that food which is most nourishing" (9T 163; CD 353).

b. "Do the very best possible" in every circumstance in life in which we find ourselves (HP 60; MR #1115 and #1409).

(1) Ironically, following this principle, at times, may oblige and force the Christian to choose between the lesser of two acknowledged evils!

5. Authentic Christians will strive for self-control and follow the principles of "true temperance"

Temperance is defined as:

a. A "judicious" moderation in the use of all that is good and health-producing; and

b. "Total abstinence" from all that harms and hurts (PP 562).

6. The body, as temple of the Holy Spirit, can be polluted, defiled, and ultimately destroyed, through various bad health-habits.

a. Ingestion of all deleterious food/drink/and hurtful substances.

b. Insufficient (or a lack of the right kind of) physical exercise (ML 138; 2T 432, 525, 697; 3T 158; 7T 247).

c. Overwork -- often coupled with insufficient rest/relaxation (1T 618).

(1) I know from the testimonies given me from time to time for brain workers, that sleep is worth far more before than after midnight. Two hours' good sleep before twelve o'clock is worth more than four hours after twelve o'clock (Lt 85, May 10, 1888; cited in 7MR 224).

(2) Physical as well as mental workers should take a much longer time to eat than they generally allow; then one hour spent after eating, upon matters which are of little more consequence than to interest or amuse, before they subject themselves to hard labor again (Ibid.; cited in 7MR 225).

d. Feeding the mind upon impure thoughts (2T 408, 470; 5T 593).

(1) Paul's counsel is appropriate: "Whatsoever things are true...honest...just...pure...lovely...of good report..., think on these things (Phil 4:8).

e. Improper posture (Ed 198)

f. Abuse of bodily organs by:

(1) Over-eating (Te 283)-or eating too rapidly (CD 136; CH 577).

(2) Too much liquid-intake at mealtime (CD 105, 420; CH 120; MH 305).

(3) Irregularity in mealtimes (CD 182).

(4) Snacking in-between meals (MH 303; Ms 15, 1889; cited in 16MR 173:2).

(5) Physical over-exertion, straining, or construction of organs.

g. Failure to employ natural remedies -- or in sufficient amount.

7. God's people has an obligation to establish health care (and educational) centers to provide for the healing of those affected with illness/disease and to propagate preventive methods in a program of health education (1T 489; Ms. 1, 1863).

8. Wherever possible, healing should be accomplished through natural remedies.

a. Natural remedies identified: [acronym: NEW START]

(1) Nutrition (proper diet)

(2) Exercise

(3) Water (pure)

(4) Sunlight

(5) Temperance (abstemiousness)

(6) Air (pure, fresh)

(7) Rest

(8) Trust in Divine power (MH 127)

b. Poisonous drugs/substances should be avoided whenever and wherever possible (MM 85; Te 88; 2SM 296; 5T 195; 9T 175)

c. There is a legitimate place for some categories of drugs:

(1) Anesthetics.

(2) Vaccination/immunizations against disease; prophylaxis against malaria, etc. (2SM 279-84 [especially footnote, p. 282]; 303, footnote).

(3) Judicious use of X-rays [technically, not a drug] (2SM 303).

9. The original Edenian vegetarian diet (fruits, nuts, grains, vegetables) is still the ideal diet today.

a. Flesh foods (meat, fish, poultry) and certain dairy and poultry products are increasingly undesirable and unsafe for.

(1) Physiological reasons: disease in the animal/fish itself and possible chemical/radioactive contamination.

(2) Spiritual reasons: animal products have a cause-effect relationship to one's spiritual experience.

b. When flesh articles are removed from the diet, adequate nutritional substitutes must be sought, and provided (9T 161, 162; SD 352).

c. Meals served must be characterized as:

(1) "Simple."

(2) "Palatable" (CD 471)

(3) "Appetizing" (CT 312, 313)

(4) "Attractive" (CT 471, 312, 313; 6T 357; MR #1115)

d. Sabbath meals should "provide something that will be regarded as a treat" -- "something the family do not have every day" (6T 357).

10. In seeking the reform of others, attitude may be even more important than precept.

a. The greatest patience, kindness, courtesy, tact, and discretion must be exercised by the health-reformer at all times, if he/she is not to be truly effective in exercising a positive influence for good (9T 161; 7T 113; CD 493, 495).

b. "Balance" (6T 291) and "common sense" (2T 535) are imperatives.

c. If one is to err, it is "better to come one step short of the mark than to go one step beyond it" (thus being obliged to retrace one's footsteps); "and if there is to be error at all, let it be on the side next to the people" (3T 21; see also 5T 120-23).

V. The Source and Scope of the First Four Health Reform Visions

A. Vision of Autumn, 1848

1. Injurious effects of:

a. Tobacco:

(1) Subject first noted in Autumn, 1848, vision in Connecticut: people to discard.

(2) First writing on subject: Lt 5, 1851: a "filthy weed," an "idol" that must be given up; the "frown of God" upon users.

(3) 1864: characterized as "most deceitful and malignant" (4SG-a 128).

(4) Revised shortly thereafter: "a slow, insidious, and most malignant poison" (MH 327:1).

b. Tea.

c. Coffee.

2. Corroboration:

a. Tobacco:

(1) Alton Ashner, MD, professor of thoracic surgery, Tulane University Medical School, New Orleans: produced cinema film, "One in 20,000" (with a production grant from GC Temperance Dept.); believed to be the first major scientist to directly link cigarettes with lung cancer. Lung cancer deaths in USA in 1954: 20,000, hence film title.

(2) EGW's choice of adjectives significant:

(a) "Slow:" it takes about 20 years to fully incubate a full-blown case of lung cancer.

(b) "Insidious:" if you wait until you have symptoms of lung cancer to get medical help, you have waited too long; those only who are saved are those who get lung X-rays with periodical medical check-ups, catch it in time.

(c) "Most malignant:" the jury is no longer out on whether or not cigarettes are the principal cause of lung cancer.

b. Coffee:

(1) Research at Harvard University Medical School, 1981: coffee is the predisposing cause of cancer of the pancreas. While the chief chemical culprit is not yet identified, it cannot be caffeine, because as many drinkers of decaffeinated coffee get this disease as those who drink the straight, unadulterated beverage.

(2) Scientific study, Norway, 1984: coffee-drinkers have 2-1/2 times increase in heart attack (myocardial infarcts) as non-drinkers.

(3) Scientific study, Canada, 1993: a study of 331 Canadian women showed that drinking three cups of coffee daily during pregnancy more than doubled the statistical risk of miscarriage.

(a) Despite another recent study, which appeared to suggest that consumption of moderate amounts of coffee had no deleterious effect, the U.S. Food & Drug Administration was so concerned by the Canadian study results that it advised expectant mothers to reduce amount of caffeine intake (see Time Jan 3, 1994, p. 28).

(b) The Canadian study was reported in the Journal of the American Medical Association (JAMA), Dec. 22/29, 1993, pp. 2940-2943 ("Fetal Loss Association with Caffeine Intake").

(c) In the same issue, an editorial appeared, based upon the findings of this study ("Caffeine During Pregnancy: Cause for Concern?" pp. 2973, 2974).

(d) In another study of coffee/caffeine: one-third of all bladder cancer caused by coffee-drinking!

(e) For a report on scientific research on caffeine-intake, see Galen C. Bossley, "Is Adventist Health Reform Scientific?" Ministry, April 1987, pp. 26-28; in Anthology I: 87/7-9.

c. Tea:

(1) As beverage, tea is condemned as injurious to health.

(2) But as a pain-reliever, where no over-the-counter pain remedies are available, it was occasionally used by EGW.

B. Vision of Feb 12, 1854, Brookfield, NY

1. Content:

a. Health-related issues:

- (1) Adultery among church members
- (2) Lack of bodily cleanliness among Sabbath-keepers
- (3) Control of appetite needed

b. Other topics disclosed:

- (1) Profanity
- (2) Parental neglect of their children
- (3) Unwise youthful marriages

C. Vision of June 6, 1863

1. Background:

- a. General Conference organized just 16 days earlier at Battle Creek.
- b. James and Ellen White visiting evangelistic campaign by R. J. Laurence and M. E. Cornell at Otsego, MI over a weekend.
- c. Stayed in home of layman Aaron Hilliard: 45-min. vision given Friday evening during sunset vespers at family worship; eyewitness account of teenage Martha Amidon extant.
- d. Counsels given for recovery of James White's health and also for church at large.
- e. For an account of this First major health-reform vision: see Roger W. Coon, *The Great Visions of Ellen G. White*, Vol 1[RH, 1992], Chapter 7 ("The Health Reform Vision: 'The Cure'"), pp. 90-107.

2. Content: emphasized earlier reforms, introduced new ones; 10 emphases-

a. Care of health a religious duty:

- (1) God requires us to glorify Him in our bodies.
- (2) We earn nothing, thereby, however, toward salvation/eternal life.

b. Most disease caused by a violation of the laws of health.

- c. Wide-ranking attack on various forms of intemperance (not merely alcoholic form, though this was included):

- (1) "Stimulating" drinks.
- (2) Tobacco "in whatever form."
- (3) Highly spiced foods.
- (4) Overlook: "intemperance in labor."

(5) "Indulgence of base passion" (not otherwise identified): context seems to focus upon intemperance sexual relations within marriage (not, however, an attack on legitimate coitus enjoyed in moderation).

d. Vegetarianism advocated for the first time:

(1) "Flesh" (meat, poultry, fish) in general, pork in particular, contraindicated in ideal diet.

e. Proper dietary habits necessary to control appetite: 2 dangers identified-

- (1) Eating too much
- (2) Eating in-between meals

f. Control of the mind essential:

(1) Many illnesses originate in a diseased mind, rather than from organic/viral cause.

g. Natural remedies preferred over drug medication:

- (1) Those identified in this vision:
 - (a) Pure air
 - (b) Pure water-for both internal/external use
 - (c) Sunshine
 - (d) Physical exercise
 - (e) Adequate rest
 - (f) Fasting for brief periods, to rest stomach
 - (g) Proper nutrition

(2) Another added in 1885 (22 years later):

- (a) "A firm trust in God," "trust in divine power."

h. Personal cleanliness (originally raised in 1854 vision; reiterated here):

- (1) Now broadened to include:
 - (a) Body

(b) Clothing

(c) Living environment

(2) Personal cleanliness placed on the level of "purity of heart" for all Christians.

i. Environmental Concerns:

(1) Remove decaying vegetation from immediate proximity of houses.

(2) Wherever possible, construct houses on high ground; avoid allowing water to settle in close proximity.

j. Health education urged:

(1) For the first time, education of the public raised to the level of "duty."

(2) Need further re-emphasized in the 4th health reform vision of Dec. 25, 1865, at Rochester, NY.

3. Significance of this vision: for the first time-

a. A link established between one's physical condition and spiritual experience.

b. Vegetarianism advocated as ideal goal; pork completely contraindicated.

c. Duty of church to engage in public-health education made explicit.

D. Vision of Dec. 25, 1865, Rochester, NY (1T 485-95)

1. Background:

a. Special service in Rochester SDA Church, not to celebrate Christmas, but, rather, to pray for recovery of James White's deteriorating health.

2. Vision Content: Seventh-day Adventists should establish a health-care institutions, to provide for two urgent needs:

a. To provide spiritual, as well as scientific therapies, to cure those already ill:

(1) God called for the creation of "institutions where the sick could get help from suffering" by the twin therapies:

(a) "Diligent treatment" based upon latest scientific discoveries

(b) "Earnest prayer in faith to God."

(2) "With all our treatments given to the sick, simple fervent prayer should be offered for the blessing of healing. We are to point the sick to the

compassionate Savior, and His power to forgive and to heal. Through His gracious providence they may be restored. Point the sufferers to their Advocate in the heavenly courts. Tell them that Christ will heal the sick, if they will repent and cease to transgress the laws of God. There is a Savior who will reveal Himself in our sanitariums to save those who will submit themselves to Him. The suffering ones can unite with you in prayer, confessing their sin, and receiving pardon." (Lt 158, May 14, 1908, cited in 8MR, 267, 278).

b. To instruct in methods of preventive medicine, "that the sick may...learn how to live healthfully. So as to preserve health," to avoid unnecessary illness.

(1) "When the light came that we should have a sanitarium, the reason was plainly given. There were many who needed to be educated in regard to healthful living. A place must be provided to which the sick could be taken, where they could be taught how to live so as to preserve health."

(2) "Lectures should be diligently kept up as means of teaching the patients how to prevent disease by a wise course of action. by means of these lectures the patients may be shown the responsibility resting on them to keep the body in the most healthful condition because it is the Lord's purchased possession. Mind, soul, and body are bought with a price.... 'Therefore, glorify God in your body, and in your spirit, which are God's (1 Cor 6:20)."

(3) "In the providence of God, instruction has been given that sanitariums be established, in order that the sick may be drawn to them and learn how to live healthfully. The establishment of sanitariums is a providential arrangement, whereby people from all churches [of different denominations] are to be reached and made acquainted with the saving truth for this time" (Lt 59, Feb. 4, 1905; cited in 7MR 378, 379).

Retrieved from https://www.andrews.edu/~jmoon/Documents/GSEM_534/Class_outline/09.pdf

Appendix A

On the Death of George Washington

Excerpt taken from Mervyn G. Hardinge, *A Physician Explains Ellen White's Counsel on Drugs, Herbs, and Natural Remedies* (RHPA, 2001), pp. 37-38.

The death of George Washington offers one of the most dramatic examples of the dangers of early American medical practice. On Friday, December 13, 1799, Washington was exposed to a cold rain. Sometime during the night he had a bout of violent ague (a fever marked by paroxysms of chills alternating with fever and sweating) with pain in his upper throat, some difficulty in swallowing, and a slight cough. A fever and labored breathing followed the ague.

Washington, who believed in the benefits of bleeding, sent for a neighborhood bleeder, who removed some 13 ounces (370 milliliters) of blood. About 11:00 Saturday morning his own physician arrived. He decided to send for two consultants, who arrived in the afternoon. While waiting for their arrival, he bled Washington twice. The accounts do not specify the amount of blood removed, but do record "two copious bleedings." He also gave the former president two doses of calomel (a cathartic), applied a blister to the front of his neck, and washed out his lower bowel with an enema. All his efforts produced no benefit. Washington's breathing had become labored.

After the two consultants arrived, the three physicians, after discussing the case among themselves, decided to try another bleeding. This time they drained 32 ounces (900 milliliters) of blood, with no apparent benefit. In addition, they repeatedly gave their patient vapors of vinegar and water to breathe, several doses of tartar emetic to keep him vomiting, and a large dose of calomel to keep his bowels active. He had a large bowel movement, but his general condition worsened. Next they applied blisters to his legs and a bran poultice to his throat. Washington's breathing became more difficult until he could speak only in whispers, and about 11:00 Saturday night he died.

As best as we can gather, Washington's exposure to a cold rain on Friday brought on a sore throat or pharyngitis and laryngitis, an inflammation of his voice box. Washington himself, a believer in bleeding, ordered the first blood to be taken.

Part of his treatment consisted of four bleedings. His first involved about 13 ounces (370 milliliters). We can only estimate the amounts of blood drawn for his second and third procedures, although the historical records describe them as "two copious bleedings." Since his final bleeding was 32 ounces, let's estimate that his third and fourth [sic] bleedings were 24 ounces (675 milliliters) each. The total blood withdrawn, conservatively comes to 2,600 milliliters, more than two and one-half liters. It has been estimated that Washington, for his build and age, would probably have had seven liters of blood. The therapy drained Washington of roughly 40 percent of his blood. If the

“copious bleedings” were in amounts the same as his final bleeding, the doctors could easily have withdrawn half of his blood.

They administered two moderate and one large dose of calomel. Calomel is a rather harsh cathartic. Also, he received an enema. Repeated doses of tartar emetic induced vomiting. In addition, they blistered him on his front upper neck as well as his lower “extremities.” Usually the procedure involved large blisters on the thighs and calves. To add to the misery, they intermittently asked him to breathe “vapors of vinegar.”

Can you picture what occurred? A strong man developed a severe laryngitis. His doctors withdrew half of his blood, scoured his bowels with doses of cathartics, gave him an enema, and made him vomit repeatedly while breathing vinegar vapors. The blisters on his neck, thigh, and legs must have been like torture. And all this going on at the same time! It was enough to kill a man—and it did.

While some physicians criticized the treatment given Washington, I believe Paul Leicester Ford sums up the whole incident. “There can be scarcely a doubt that the treatment of his last illness by the doctors was little short of murder.”

A physician stated in 1849 that for many of his fellow medical professionals “the lancet, mercury, antimony or opium, are the great guns that they always fire on all occasions. . . . Whoever sends for a physician of this sort expects to be bled, blistered, or vomited, or submitted to some other painful or nauseous medication.”

THE BENEFITS OF OUR BEAUTIFUL HEALTH MESSAGE

Our Beautiful Health Message and Its Benefits

1. Correct posture, sitting and standing: "Among the first things to be aimed at should be a correct position, both in sitting and in standing. God made man upright, and He desires him to possess not only the physical but the mental and moral benefit, the grace and dignity and self-possession, the courage and self-reliance, which an erect bearing so greatly tends to promote. Let the teacher give instruction on this point by example and by precept. Show what a correct position is and insist that it shall be maintained. *Education*, p. 198.

Please note what an erect posture "so greatly tends to promote":

- 1) Physical, mental, and moral benefit
 - 2) Grace, dignity, and self-possession
 - 3) Courage and self-reliance
-

2. Deep breathing and vocal culture: "Next in importance to right position are respiration and vocal culture. The one who sits and stands erect is more likely than others to breathe properly. But the teacher should impress upon his pupils the importance of deep breathing. Show how the healthy action of the respiratory organs, assisting the circulation of the blood, invigorates the whole system, excites the appetite, promotes digestion, and induces sound, sweet sleep, thus not only refreshing the body, but soothing and tranquilizing the mind. And while the importance of deep breathing is shown, the practice should be insisted upon. Let exercises be given which will promote this and see that the habit becomes established." *Education*, pp. 198-199.

Note what proper breathing accomplishes:

- 1) Assists in the circulation of the blood
 - 2) Invigorates the whole system
 - 3) Excites the appetite
 - 4) Promotes digestion
 - 5) Induces sound, sweet sleep, not only refreshing the body, but soothing and tranquilizing the mind.
-

3. Training of the voice: "The training of the voice has an important place in physical culture, since it tends to expand and strengthen the lungs, and thus to ward off disease. To ensure correct delivery in reading and speaking, see that the abdominal muscles have full play in breathing and that the respiratory organs are unrestricted. Let the strain come on

the muscles of the abdomen rather than on those of the throat. Great weariness and serious disease of the throat and lungs may thus be prevented. Careful attention should be given to securing distinct articulation, smooth, well-modulated tones, and a not-too-rapid delivery. This will not only promote health but will add greatly to the agreeableness and efficiency of the student's work." *Education*, p. 199.

Note the benefits of the proper use of the voice:

- 1) Tends to expand and strengthen the lungs
- 2) Great weariness and serious disease of the throat and lungs may be prevented
- 3) Greatly promotes health

4. Perfect cleanliness: "The earnest teacher will improve every opportunity to show the necessity of perfect cleanliness both in personal habits and in all one's surroundings. The value of the daily bath in promoting health and in stimulating mental action, should be emphasized." *Education*, p. 200.

"Scrupulous cleanliness is essential to both physical and mental health. Impurities are constantly thrown off from the body through the skin. Its millions of pores are quickly clogged unless kept clean by frequent bathing, and the impurities which should pass off through the skin become an additional burden to the other eliminating organs. Most persons would receive benefit from a cool or tepid bath every day, morning or evening. Instead of increasing the liability to take cold, a bath, properly taken, fortifies against cold, because it improves the circulation; the blood is brought to the surface, and a more easy and regular flow is obtained. The mind and the body are alike invigorated. The muscles become more flexible; the intellect is made brighter. The bath is a soother of the nerves. Bathing helps the bowels, the stomach, and the liver, giving health and energy to each, and it promotes digestion." *Ministry of Healing*, p. 276.

The benefits of a daily bath:

- 1) Fortifies against cold
- 2) Improves circulation
- 3) Blood is brought to the surface and a more easy and regular flow is obtained.
- 4) The mind and the body are invigorated
- 5) The muscles become more flexible
- 6) The intellect is made brighter
- 7) Soothes the nerves
- 8) Aids the bowels, the stomach, and the liver, giving health and energy to each
- 9) Promotes digestion

5. Exercise: "Another precious blessing is proper exercise. Each organ and muscle has its work to do in the living organism. Every wheel in the machinery must be a living, active, working wheel. Nature's fine and wonderful works need to be kept in active motion in order to accomplish the object for which they were designed." *My Life Today*, p. 130.

"There is an intimate relation between the mind and the body, and in order to reach a high standard of moral and intellectual attainment, the laws that control our physical being must be heeded. To secure a strong, well-balanced character, both the mental and the physical powers must be exercised and developed. . . . Without physical exercise, no one can have a sound constitution and vigorous health; and the discipline of well-regulated labor is no less essential to the securing of a strong and active mind and a noble character." *Patriarchs and Prophets*, p. 601.

"When the weather will permit, exercise in the open air every day, summer or winter. Walking is preferable to riding or driving, for it brings more of the muscles into exercise. The lungs are forced into healthy action, since it is impossible to walk briskly without inflating them. . . . Take cheerful, healthful exercise." Ministry of Healing, p. 240. "There is no exercise that can take the place of walking. By it the circulation of the blood is greatly improved." *Counsel on Health*, p. 200.

"Action gives power." *My Life Today*, p. 130.

Benefits of exercise:

- 1) Lungs are forced into healthy action
- 2) Circulation of the blood is greatly improved
- 3) Nature's fine and wonderful works can accomplish the object for which they were designed.
- 4) Action gives power.

6. Healthful diet: "God has furnished man with abundant means for the gratification of an unpervverted appetite. He has spread before him the products of the earth a bountiful variety of food that is palatable to the taste and nutritious to the system. Of these our benevolent heavenly Father says we may freely eat. Fruits, grains, and vegetables, prepared in a simple way, free from spice and grease of all kinds, make, with milk or cream, the most healthful diet. They impart nourishment to the body and give a power of endurance and a vigor of intellect that are not produced by a stimulating diet." *Counsels on Diet and Foods*, p. 355. (Emphases supplied.)

Benefits of a nourishing diet:

- 1) Imparts nourishment to the body
- 2) Gives a power of endurance
- 3) Gives a vigor of intellect

7. Let mealtime be a happy time: "Let the table be made inviting and attractive, as it is supplied with the good things which God has so bountifully bestowed. Let mealtime be a cheerful, happy time. As we enjoy the gifts of God, let us respond by grateful praise to the Giver." *Ministry of Healing*, p. 385.

8. Fresh air: "Air, air, the precious boon of heaven which all may have, will bless you with its invigorating influence if you will not refuse it entrance. Welcome it, cultivate a love for it, and it will prove a precious soother of the nerves. Air must be in constant circulation to be kept pure. The influence of pure, fresh air is to cause the blood to circulate healthfully through the system. It refreshes the body and tends to render it strong and healthy, while at the same time its influence is decidedly felt upon the mind, imparting a degree of composure and serenity. It excites the appetite, and renders the digestion of food more perfect, and induces sound and sweet sleep." *Testimonies*, Vol. 1, p. 702. "We are more dependent upon the air we breathe than the food we eat." *Education*, p. 198.

Benefits of fresh air:

- 1) Will bless with its invigorating influence
 - 2) A precious soother of the nerves
 - 3) Causes the blood to circulate healthfully through the system
 - 4) It refreshes the body and makes it strong and healthy
 - 5) Influence of it is decidedly felt upon the mind, imparting a degree of composure and serenity.
 - 6) Excites the appetite
 - 7) Makes the digestion of food more perfect
 - 8) Induces sound and sweet sleep
-

9. Sunlight: "If you would have your homes sweet and inviting, make them bright with air and sunshine. . . . The precious sunlight may fade your carpets, but it will give a healthful color to the cheeks of your children. If you have God's presence, and possess earnest, loving hearts, a humble home, made bright with air and sunlight . . . will be to your family . . . a heaven below. Exercise and a free abundant use of air and sunlight would give life and strength." *My Life Today*, p. 138.

"Life in the open air is good for body and mind. It is God's medicine for the restoration of health. Pure air, good water, sunshine, the beautiful surroundings of nature these are His means for restoring the sick to health in natural ways." *Testimonies*, Vol. 7, p. 85.

Benefits of sunshine and fresh air:

- 1) Give a healthful color to the cheeks
- 2) Give life and strength
- 3) God's medicine for the restoration of health

10. Water: "In health and in sickness, pure water is one of Heaven's choicest blessings. Its proper use promotes health. It is the beverage which God provided to quench the thirst of animals and man. Drunk freely, it helps to supply the necessities of the system, and assists nature to resist disease." *Counsels on Diet and Foods*, p. 419.

"Pure water to drink and fresh air to breathe invigorate the vital organs, purify the blood, and help nature in her task of overcoming the bad condition of the system. Water is the best liquid possible to cleanse the tissues." *My Life Today*, p. 139.

Benefits of water internally:

- 1) Its proper use promotes health
- 2) Supplies the necessities of the system
- 3) Assists nature to resist disease
- 4) Invigorates the vital organs
- 5) Purifies the blood
- 6) Cleanses the tissues

11. Rest and Recreation: "When Jesus said the harvest was great and the laborers were few, He did not urge upon His disciples the necessity of ceaseless toil. . . . He tells His disciples that their strength has been severely tried, that they will be unfitted for future labor unless they rest awhile. . . . In the name of Jesus, economize your powers, that after being refreshed with rest, you may do more and better work. . . . The Christian life is not made up of unceasing activity or of continual meditation. . . . He [Jesus] knew that a season of rest and recreation, apart from the multitude and the scene of their labors, would invigorate them [the disciples], and He sought to withdraw them from the busy cities to a quiet resort where they might have a season of precious fellowship with Him and with each other. . . . The disciples of Jesus needed to be educated as to how they should labor and how they should rest. Today there is need that God's chosen workmen should listen to the command of Christ to go apart and rest awhile." *My Life Today*, p. 133.

Benefits of rest and recreation:

- 1) Refreshed with rest to do more and better work
- 2) Invigorated as person draws away to quiet place
- 3) Afford precious fellowship with each other

12. Temperate in labor: "That time is spent to the very best account which is directed to the establishment and preservation of sound physical and mental health. . . . It is an easy matter to lose the health, but it is difficult to regain it. . . . We cannot afford to dwarf or cripple a single function of the mind or body by overwork or abuse of any part of the

living machinery. . . . It is not our duty to place ourselves where we shall be overworked. Some may at times be placed where this is necessary, but it should be the exception, not the rule. . . . If we honor the Lord by acting our part, He will on His part preserve our health. . . . By practicing temperance in eating, in drinking, in dressing, in labor, and in all things, we can do for ourselves what no physician can do for us. Do not try to crowd into one day the work of two." *My Life Today*, p. 142.

13. Sleep: "Sleep, nature's sweet restorer, invigorates the weary body and prepares it for the next day's duties." *Adventist Home*, p. 289.

"Since the work of building up the body takes place during the hours of rest, it is essential, especially in youth, that sleep should be regular and abundant." "Let youth practice regularity in the hours for going to bed and for rising. . . . Let them purpose in their hearts that they will bring themselves under discipline, and practice orderly rules." *My Life Today*, p. 143.

Benefits of sleep:

- 1) Nature's restorer
 - 2) Invigorates the weary body
 - 3) Prepares it for the next day's duties
-

14. Relation between the body and the mind: "If the mind is free and happy, from a consciousness of right doing and a sense of satisfaction in causing happiness to others, it creates a cheerfulness that will react upon the whole system, causing a freer circulation of the blood and a toning up of the entire body. The blessing of God is a healing power, and those who are abundant in benefiting others will realize that wondrous blessing in both heart and life. . . .

"The relation that exists between the mind and body is very intimate. When one is affected the other sympathizes. The condition of the mind affects the health to a far greater degree than many realize. Many of the diseases from which men suffer are the result of mental depression. Grief, anxiety, discontent, remorse, guilt, distrust, all tend to break down the life forces and to invite decay and death.

"Courage, hope, faith, sympathy, love, promote health and prolong life. A contented mind, a cheerful spirit, is health to the body and strength to the soul. Gratitude, rejoicing, benevolence, trust in God's love and care these are health's greatest safeguard. . . . There is a physiological truth that we need to consider in the scripture, 'A merry rejoicing heart doeth good like a medicine.'" *My life Today*, p. 150-151.

"A life in Christ is a life of restfulness. . . . an abiding, peaceful trust." *Steps to Christ*, p. 70.

Benefits of a cheerful, happy spirit:

- 1) Promotes health
- 2) Prolongs life
- 3) A contented mind is health to the body and strength to the soul
- 4) It is health's greatest safeguard
- 5) "Doeth good like a medicine"
- 6) Causes freer circulation of the blood and tones up the entire body

15. Freedom from guilt: "This feeling of guiltiness must be laid at the foot of the cross of Calvary. The sense of sinfulness has poisoned the springs of life and true happiness. Now Jesus says, Lay it all on Me: I will take your sin, I will give you peace. Destroy no longer your self-respect, for I have bought you with the price of My own blood. You are Mine; your weakened will I will strengthen; your remorse for sin, I will remove.

"Then turn your grateful heart, trembling with uncertainty, and lay hold upon the hope set before you. God accepts your broken, contrite heart. He offers you free pardon. He offers to adopt you into His family, with His grace to help your weakness, and the dear Jesus will lead you on step by step if you will only put your head in His and let Him guide you." *Letter 38, 1887 (Guidelines to Mental Health, p. 260.)*

"The love which Christ diffuses through the whole being is a vitalizing power. Every vital part the brain, the heart, the nerves it touches with healing. By it the highest energies of the being are roused to activity. It frees the soul from the guilt and sorrow, the anxiety and care, that crush the life forces. With it come serenity and composure. It implants in the soul, joy that nothing earthy can destroy, joy in the Holy Spirit, health- giving, life-giving joy." *Ministry of Healing, p. 115.*

Benefits of freedom from guilt:

- 1) Brings peace
- 2) Love diffuses through the whole being a vitalizing power
- 3) Touches brain, heart and nerves with healing
- 4) Produces serenity and composure
- 5) Implants joy in the Holy Spirit

Retrieved from <http://yahourrighteousness.net/benefits.html>

THE ADVENTIST HEALTH MESSAGE

The title is: "What is the Adventist Health Message?" Bevan Hokin found 62 characteristics of health message.

p. 8 # 61 - Regarding the SDA Diet, before the 1960s was ridiculed, in the 70s and 80s was tolerated, in 90s accepted, now: acclaimed.

Retrieved from <https://cupdf.com/document/welcome-what-is-the-adventist-health-message-dr-bevan-hokin-bsc-mappsc-phd.html?page=1>

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CURRICULUM VITA

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