

UNIVERSIDAD DE MONTEMORELOS

POSTGRADUATE DIVISION

IN PARTIAL FULFILLMENT OF THE REQUISITES FOR THE

MASTERS OF PUBLIC HEALTH

PROJECT SUBJECT:

'A PILOT STUDY OF THE HEALTH STATUS, LIFESTYLE
HABITS, HEALTH PROMOTION AND VARIOUS
HEALTH-ORIENTED ATTITUDES OF SDA MINISTERS WORKING
IN MEXICO'S NORTHERN UNION.'

BY ROBERT H. GRANGER

MONTEMORELOS
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Montemorelos
Nuevo León, México

August, 1994

Authorization of Completion

This project has met the requirements of the 'Professional Project' segment of the culminating phase of the Masters of Public Health at Montemorelos University. It has been presented and successfully defended before the Project Advisory Committee, which consisted of:

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*To my God,
who sustains me.*

*To my wife,
who supports me.*

Thank you.

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In appreciation of...

... the faculty and students of Montemorelos University who have guided me in my quest for a greater knowledge of the science of salvation. You may not know who you are, though I do.

... those who have taken an active role in the realization of this project, including Pr. M. Soto, Dr. J. Goley, Dr. S. Matsumoto and Dr. L. Wade.

... those who were willing to be the subjects of this survey, the ministers. Thank you for your time and interest in this project.

"My heart is made sad as I look at our churches, which ought to be connected in heart and soul and practice with the medical missionary work...I wish to tell you that soon there will be no work done in ministerial lines but medical missionary work. The work of a minister is to minister. Our ministers are to work on the gospel plan of ministering.

"You will never be ministers after the gospel order till you show a decided interest in medical missionary work, the gospel of healing and blessing and strengthening. Come up to the help of the Lord, to the help of the Lord against the mighty powers of darkness, that it be not said of you, 'Curse ye Meroz, ...curse ye bitterly the inhabitants thereof; because they came not to the help of the Lord.' Judges 5:23."

General Conference Bulletin, April 12, 1901

Conclusions

This research project has dealt with very sensitive issues. Many pastors have exposed themselves to investigation, although their identity has been anonymous. Their willingness to participate is commended, and it is expected that this project will work in their favor. The very action of filling in the survey has stimulated thought in the minds of some pastors. How much more I expect the results to inspire change! The investigation and results have not been written with the least intention of condemning the habits and attitudes of the ministry. Rather, it has been out of an earnest desire to see the ministry both living up to and working in harmony with the high ideals that God has given his remnant church.

The questions posed in Chapter I have been answered as far as the survey permitted. During the recollection of data, it was realized that the survey had its shortcomings, and could have been formed a little differently in order to better answer some of the questions. For example, there could have been more questions dealing with Health Promotion. It would have given a broader base for more significant statistical analysis.

Within northern Mexico the ministers appear to be in fine health according to their responses about health status. For the most part, their habits are obviously such that their

health status does not reflect many problems, though many admitted to habits which they would like to change. The majority of ministers are within their ideal weight range, which maybe more because of their diet than anything else. Their exercise patterns show much room for improvement.

They are cognizant of the fact that their health behavior is being watched by church members, though there was a diversity of opinion on this and similar issues, as is seen in the responses to the declarations of Question 48.

Only about one quarter of the ministers are actively engaged in the promotion of health-related subjects in their churches. Their training plays a role in this issue, as they admit in Question 61. Even though many believe that their training has equipped them to be health educators, it is a little unrealistic to believe that 2 classes during their entire training are sufficient to enable them to do this. The students at Montemorelos University are currently receiving 2% of their course in Health subjects, yet the ministers in the field are suggesting that 25% is not unrealistic. Theology students evaluated in December of 1993 called for a staggering 50% of their course to be devoted to instruction in health!

Where the testing of the hypotheses showed no relationship, it does not mean that there is no relationship. The limitations of this survey must be considered. It *could* be reasoned that the lack of significant relationships is attributable to not knowing how to correctly weight the

various lifestyle factors within the indexes used for analysis. For example, is what a person eats more likely to sway the scales than the degree of exercise exertion? Scientific studies have defined very well the impact of one's health habits upon one's health status. Much pre-testing would have been required to understand the specific impact of certain habits upon a person's health. Even then, it could change from individual to individual. It is interesting to note, though, that in Breslow and Belloc's study, none of the various factors they measured were demonstrated to have a greater impact than each other.

But the statistical analysis which was used took into account the lack of weighting factors when the Spearman rank correlation tests were used. Even though a variable is weighted, it will still retain its own ranking. The existence of confounding factors is most probable, for there has been no controlled factors. There needs to be a consideration of the inherent bias in a self-administered survey. There is often a tendency to answer according to a "correctly" rather than "factually". See 'Analysis of data' in Chapter III (p. 48).

Also, except for height and weight, no 'hard' data was asked for in the survey. In order to make more accurate statements regarding health status, blood pressure and a blood analysis (for total cholesterol and HDL, triglycerides, glucose etc.) are really essential, along with a diet

analysis. But this was not the underlying intention of the survey.

Interestingly, there was not a detectable link between the ministers' reading of Ellen White's health books and their health habits. As the hypothesis stated, it would be reasonable to expect that the more one reads the more one would be likely to bring one's life into harmony with counsel and reap as a consequence increased health. This does not appear to be the case. Again, the limitations of the survey must be considered. Nonetheless, the responses to Questions 22, 31, 46 and 55 indicate that the writings of Ellen White do play a important role in the ministers' lives.

If Question 31 is any indication, these ministers would like to have a greater health emphasis in their training. Perhaps it is true that a minister will only do and be what he has been trained to do and be.

A significant relationship was seen between the ministers' physical health status and their mental health status. A minister could better cope with the stress and possible periods of depression of his job by doing those things which increase the health of his body.

An important relationship was observed between a minister's health habits and his likelihood of promoting health-oriented programs. Apart from this being of interest to the ministers themselves, it should be of great interest especially for those in conference/union leadership positions.

Regional Health and Temperance Secretaries (H&T Secretaries) should consider the health habits of the pastors in their charge when expecting them to run health programs.

There is little contact between the minister and his regional H&T Secretary , and vice versa. There are most likely many factors at stake, though possibly some of them may be:

- A regional H&T Secretary who has been given this portfolio in which he has little knowledge, experience and interest, or whose time is consumed by another portfolio.

- The ministers may have learned by experience that their regional H&T Secretary offers little support and hence do not avail themselves of his help.

- The ministers may be ignorant of the resources that their missions and conferences and union have at their disposal. See APPENDIX H for one of Pr. Soto's recent communiqués with his H&T Secretaries across the Union.

RECOMMENDATIONS

That:

- Health screenings be held for ministers in conjunction with their yearly retreats. This would allow for the collection of 'hard' data. Further, questionnaires could be completed on the spot, making way for an almost 100% response rate. Annual testing could be done not only for the workers' own health's sake (and hence for the work of the Lord), but as a training experience for the ministers

themselves, demonstrating how *they* may set up such a program in their churches. Further, such testing would allow for a confidential data base to be set up, which would help to monitor and improve the health of the pastor, and consequently, his pastoral abilities and ministry at large. Such testing would also allow for on-going scientific investigations.

- ☑ Ministers be offered incentives to take short-term intensive health courses that will allow them to be health educators (by an arrangement such as a 3-way shared expense by self, conference and union)
- ☑ The Masters in Public Health students be encouraged, with the cooperation of conferences, to carry out a practicum with a minister. This would help to equip both ministers and church members alike.
- ☑ Most importantly, a task force be established in the School of Theology at Montemorelos University that will research the writings of Ellen White on the role that ministers are to play in these times as health educators. This should be done with a view to making needed changes to the present curriculum. The curriculum should be of a very practical nature, and could involve the running of public programs (stop smoking, cooking schools etc.).

CHAPTER I

Background To Problem

The Seventh-day Adventist Church is one of a small minority of religious movements that categorizes the violation of health laws as "sinful".¹ Of itself, this fact is no reason for alarm or applause, but rather, is simply a statement of the church's belief that spiritual and physical health are interdependent and inseparably intertwined.

The development of what is affectionately known as "the Adventist health message" had its origin not so much in scientific research as it did in divine revelation. God revealed to Ellen White the rational laws of health which were so contrary to the life-threatening medical thought and practices of the mid-1800's.

Coon lists three important time periods in Ellen White's visions. Those relating to:

1. a doctrinal framework (1844-1850),
2. the organization of a 'remnant' church (1850's),
3. and a health emphasis (1863).²

Prior to 1863, Ellen White had been given visions that touched upon health. The 1848 vision dealt in part with the injurious effects of tea, coffee and tobacco, while the 1854

vision touched on adultery, hygiene and appetite. But it was the 1863 vision that formed the platform of what became known as 'health reform', or what today would be called a 'health-enhancing lifestyle'.³

The 1863 vision, Coon states, encompassed 10 major categories:

1. The care of health as a religious duty
2. Disease as a violation of health laws
3. A many-sided attack on intemperance:
 - alcohol, tea and coffee
 - tobacco
 - spicy and rich foods
 - overwork
 - indulgence of sexual passions
4. Vegetarianism
5. Dietary habits (quantity, times and regularity of eating)
6. Mental hygiene
7. Personal hygiene
8. Natural remedies as opposed to drug remedies
9. Environmental considerations
10. Health education

One of the Advent movement's earliest temperance crusaders was Captain Joseph Bates. Bates was a living testimony to the virtues of a life free of tobacco, tea, alcohol and rich foods *before* the 1863 health vision. But the significance of Bates' life was his outlook upon physical health as a basis for spiritual well-being. Other gospel workers soon joined hands in agreement as they gained personal

victories over sickness and stressed nerves by adherence to the divine plan. Men such as J.N. Andrews and James White and many other pioneers, all so prone to anxiety and overwork, became strong advocates of healthful living. The reader is referred to some standard Adventist works on this subject for a history of the health movement within the SDA church.⁴

SPIRITUAL BASIS

It was one thing to promote healthy lifestyle practices out of purely economic and physical concerns, but quite another to state health as being a 'sacred duty'.⁵ "Healthful living is a *sacred duty* which God has enjoined upon reasonable beings, formed in His image, to keep that image in as perfect a state as possible."⁶ And "to neglect the body is to neglect the mind."⁷

A New Testament Greek word, sozo, means 'to save', but also means 'to heal', or to be 'made whole -- body, soul and spirit'.

The body is a most important medium through which the mind and the soul are developed for the upbuilding of character. Hence it is that the adversary of souls directs his temptations to the enfeebling and degrading of the physical powers.⁸

...indulged appetite is the greatest hindrance to mental improvement and soul sanctification"⁹ and "erroneous eating and drinking result in erroneous thinking and acting."¹⁰

God's remnant church was not instituted to become either a health club or a theological "Mar's Hill". It was to be a channel through which God would bring life and complete restoration to a world under the penalty of death. "The very essence of the gospel is restoration..."¹¹

True religion and the laws of health go hand in hand. It is impossible to work for the salvation of men and women without presenting to them the need of breaking away from sinful gratification, which destroy the health, debase the soul, and prevent truth from impressing the mind.¹²

Healing of the body is never purely physical, and the salvation of the soul is never purely spiritual, but both are combined in the total deliverance of the whole man, a deliverance which is foreshadowed and illustrated in the healing miracles of Jesus in the gospels.¹³

The earthly ministry of Christ is still the only successful model for gospel workers today, for it meets the needs of the total man:

The Saviour ministered to both the soul and the body. The gospel which He taught was a message of spiritual life and of physical restoration. Deliverance from sin and the healing of disease were linked together.¹⁴

Wilkinson sees the Old Testament concept of health as having four distinct, though inseparable, layers:

1. "Health is basically a state of wholeness and fulfillment of man's being considered as an undivided entity.

2. "Health on its ethical side consists of complete obedience to God's law.

3. "Health on its spiritual side consists of righteousness which is basically a right relationship of man to God.

4. "Health on its physical side is manifested by strength and long life."¹⁵

Through pagan philosophy, the human being was divorced, or dichotomized, into body and soul. "Descartes' rigid dualistic separation of the body and the soul which, according to him, met only in the *conarium* or the pineal gland at the base of the human brain. These two separate entities of body and soul came to have separate curators. The body was handed over to the care of the medical profession and the soul to the care of the Church, and this division of care and responsibility still persists particularly in popular thought to this day."¹⁶ Doctors are to minister to the spiritual needs of the soul just as much as gospel ministers are to meet the physical needs of the body.¹⁷

In the *Adventist Review*, Norskov Olsen strongly presents the truth that "Jesus was less concerned about healing the sick than about making people whole."¹⁸

The fundamental sicknesses of men have always been sicknesses of the spirit and the mind. Never, perhaps, was this more obviously so than today....Only a healing which makes a man whole and integrates him with his fellows in a true community, living in a right relationship with God and with the good earth which God has given

man, only such a healing is adequate to the imperative 'go heal'. For this reason the Church must not imagine that it can relegate the responsibilities of its healing mission to a representative company of physicians and nurses, surgeons, and anesthetists, pathologists, and dispensers.¹⁹

CONCLUSION

The important work of health reform will not be taken seriously until its purpose is clearly seen: "The work of health reform is the Lord's means for lessening suffering in our world and for purifying His church."²⁰ And unless the ministry have an intelligent understanding as to why the morality of man is so depraved, their ministry will consist of 'stabbing in the dark'. "Intemperance [in context, a depraved appetite] lies at the foundation of all the moral evils known to man...If man should overcome this temptation, he could conquer on every other point."²¹ Ministers are to meet the needs of the total man.

PROBLEM

If there is a separation of medical missionary work from the gospel, "the work will be crippled."²² The SDA Church has a mandate: "The gospel of health is to be firmly linked with the ministry of the Word."²³

Pastors are not to consider medical missionary work as an option in their work, but an integral and complete approach to man's restoration. The church can boast of its hospitals, clinics, training centers *ad infinitum*, and there still exist

a separation of the two gospels. The unity of the two comes in one complete package--a mindset and a lifestyle--not as two seemingly unrelated approaches.

DECLARATION OF PROBLEM

Ministers are to be medical missionary workers, do ministers themselves perceive a need to enhance their knowledge of health, and to include a greater percentage of health-related subjects in the undergraduate ministerial course?

How active are pastors in integrating health programs in their church's witnessing activities?

In their personal lives, what are their physical health habits (limited to dietary, exercise and rest habits)?

What is the current mental and physical health status of pastors?

What are the attitudes of pastors toward: the lifestyles of both themselves and church members; role modeling; and the acquisition of health education for ministers?

HYPOTHESES

Number 1:

A pastor who practices positive lifestyle habits enjoys a higher status of physical and mental health than a pastor who does not.

Number 2:

A pastor who practices positive lifestyle habits is more likely to promote healthy concepts in his church(s).

Number 3:

A pastor who reads more of Ellen White's counsel upon health practices more positive health habits than the pastor who does not read as much.

Number 4:

There is a relationship which exists between the level of a ministers' mental health status and physical health status.

Number 5:

A relationship exists between a minister's degree of satisfaction with being equipped to be a minister of the "gospel of health" during ministerial training, and of wishing to see a higher percentage of health-oriented classes included for future ministerial students.

Number 6:

An overweight pastor is less likely to promote health in his church(s) than one whose weight is within the ideal range.

LIMITATIONS

The results of the study have immediate relevance to the states found in Mexico's Northern Union. To the degree that there is uniformity and universality in the SDA church, the

results should be of importance in all of Mexico specifically, and Latin America and the world church generally.

DELIMITATIONS

► The population of this research is limited to full-time, paid Seventh-day Adventist pastors working in Mexico's Northern Union (of the Inter-American Division), which consists of Mission, Conference, Union and General Conference employees.

► The positions occupied by the pastors are field (pastoral), administrative/departmental, and institutional (teaching etc.).

► Retired pastors have not been included in this research.

DEFINITIONS

Adventist health message - The counsel of God pertaining to all aspects of health as given by God through the Bible and the writings of Ellen White.

Health - Within the study, the context defines whether the reference is specifically to spiritual, mental or physical health. Health, as defined by the World Health Organization (WHO), is 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'²⁴ When health is viewed in terms of the whole man, the following addition to WHO's definition is necessary: "It is only when man's being is

whole and his relationships right that he can be truly described as healthy. The basic relationship of all is man's relationship to God and when this is disturbed all human relationships are disturbed whether they are of man to himself, to his fellows, or to his environment." ²⁵

Health promotion - The active promulgation of the Adventist health message.

Lifestyle - Any and all habits that influence, positively or negatively, one's health.

Minister/Pastor etc. - Unless otherwise specified, a gospel minister employed by the Seventh-day Adventist (SDA) Church.

Role modeling - The influence upon others of a person's values, beliefs and lifestyle.

SUPPOSITIONS

► It is assumed that the reader has a knowledge of the structure and organization of the SDA Church, and of the role of Ellen White as a latter-day prophetess.

► The validity of the research instrument in testing the hypotheses.

► The honesty of response to the research instrument, and hence:

► The respondents' security of their assured anonymity, due to the personal nature of the questions within the research instrument.

ORGANIZATION OF THE STUDY

Chapter One delineates the background necessary for the understanding of this research subject. Chapter Two reviews both the current literature and events pertinent to the themes introduced in the Problem subsection of Chapter One. The writings of Ellen White are quoted liberally in Chapter Two. Chapter Three discusses the methods and approaches taken in designing the research instrument and how the data was collected. Chapter Four presents the results, including a graphical representation of some of the questions of interest to the researcher. Chapter Five deals with the conclusions and recommendations arising from the analysis of the study. The Appendices include non-numerical answers not contained in Chapter Four, as well as other information vital to the understanding of the research paper.

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6. White, E.G., *Spiritual Gifts* Vol. 4a, p. 148
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9. _____, *Testimonies for the Church*, p. 156
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11. _____, *Desire of Ages*, p. 824
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19. Jekel, James F., "A Biblical Basis for Whole-Person Health Care", in David Allen, ed., *Whole-Person Medicine, an International Symposium*, p. 149
20. White, E.G., *Testimonies for the Church*, Vol. 9, p. 112
21. _____, *In Heavenly Places*, p. 194
22. _____, *Counsels on Diets and Foods*, p. 75
23. *Ibid.*, p. 75
24. World Health Organization, *Basic Documents* (WHO, Geneva, 1948), p. 1
25. Wilkinson, J., *op. cit.*, preface to Part One

CHAPTER II

Research Of Literature

Since the basis of this research is founded upon the biblical principles as found in the writings of Ellen G. White, a significant portion of this chapter is devoted to an investigation of those writings. It may appear that the citations are repetitive, but they are included to demonstrate the emphasis that she herself placed upon such principles.

The chapter is divided into the following sub-sections:

- Gospel Ministry and Health Promotion
- Role Modeling
- Health in the Ministerial Curriculum
- Lifestyle Factors and Habits
- Summary

Besides the specific instruction given for SDA ministers, there is a general review of related literature. The resources of the libraries of the University of Montemorelos and Loma Linda University were used to research this chapter.

GOSPEL MINISTRY AND HEALTH PROMOTION

"In the work of the gospel, teaching and healing are never to be separated." ¹

In a personal letter, Pastor Gary Strunk of the Pacific Health Education Center in California says, "I don't see how

we can be complete ministers without including health evangelism, whether it is popular among the brethren or not. It is very popular with God. ... The Lord is behind health evangelism. It has been de-emphasized and unsupported by some conference administrations, but interest in the health work continues by the laity and pastors who really have a desire to win souls rather than climb politically."²

When there is a low level of enthusiasm by church leadership, many initiatives have difficulty in bearing fruit. Ellen White had to counsel this very issue:

The gospel of health has able advocates, but their work has been made very hard because so many ministers, presidents of conferences, and others in positions of influence have failed to give the question of health reform its proper attention. They have not recognized it in its relation to the work of the message as the right arm of the body. While very little respect has been shown to this department by many of the people, and by some of the ministers, the Lord has shown His regard for it by giving it abundant prosperity. When properly conducted, the health work is an entering wedge, making a way for other truths to reach the heart. When the third angel's message is received in its fullness, health reform will be given its place in the councils of the conference, in the work of the church, in the home, at the table, and in all the household arrangements. Then the right arm will serve and protect the body.³

The indifference among our ministers in regard to health reform and medical missionary work, is surprising. Even those who do not profess to be Christians treat the subject with greater reverence than do some of our own people, and they are going in advance of us.⁴

The advances by those "who do not profess to be Christians" are making a significant impact. Dr. Dean Ornish offers a comprehensive lifestyle modification package with his live-in program and combines with it the 'spiritual' dimension through meditation and relaxation techniques.⁵ Omega and Esalen Institutes, two of the largest New Age philosophy educational facilities in the USA, offer seminars, workshops, intensive training, continuing education units and other resources. Their programs demonstrate the importance of uniting the spiritual and the physical dimensions of man, though the majority of their teachings are far removed from the biblical model.⁶

Non-Adventist Christian groups are very active. Bill Gothard, a Baptist, is in demand across the globe for his seminars on life principles. His seminars and printed literature deal, among other things, with healthful diet and other lifestyle factors.

Reverend George Malkmus, after a personal fight against colon cancer, founded Hallelujah Acres in Rogersville, Tennessee. His Christian health ministry targets both Christians and non-Christians. His newsletter, *Back to the Garden*, almost reads like the pages of Ellen White's writings as he speaks against the use of meat, dairy and poultry products. "The facts are that meat, dairy and eggs can be linked directly or indirectly to about 90 percent of all

physical problems and deaths in America today!!!" His combination of literature sales, seminars, restaurants and simple treatments appear to be taken from the counsel given to the Seventh-day Adventist church.⁷

Clergy United for the Renewal of East Baltimore (CURE) has joined in a venture with the National Heart, Lung, and Blood Institute (NHLBI), the American Lung Association (ALA) and the Johns Hopkins Center for Community Health Promotions to initiate stop-smoking programs in African-American communities and churches. CURE was an integral part of the program entitled 'One Day at a Time', because of its concern for the overall well-being of this community.⁸

In *Health Education*, a study was done of Texas Southern Baptists' perceptions of their ministerial counseling competencies and churchgoer health counseling needs. The major concern was to identify areas of needed competency that would better enable the ministers to offer effective health counsel.⁹

A descriptive study of health lifestyle patterns was done on American-African Baptists and SDA's. The study used the same seven health promoting factors used by Belloc and Breslow in their 1972 study of Californians: hours of sleep, appropriate body weight, regularity of exercise, moderate alcohol consumption, smoking abstinence, regularity of breakfast and moderation of between meal snacks. The conclusions of this study are pertinent, one being "that the

church as a wider support system needs to be utilized by practitioners as a vehicle for client education."¹⁰

The Colombia Union of SDA's in South America has taken a positive stand in favor of harmony between the gospel ministry and the medical missionary work, based upon a statement found in *Testimonies for the Church*, Vol. 6, p. 240. In cooperation with the School of Health at Loma Linda, a training campaign equipped ministers with a conference series entitled 'Life Abundant' and a collection of vegetarian recipes, which they used during a large evangelistic thrust. During that week-long series, the ministers presented their health themes immediately prior to those of the conference evangelists.¹¹

The unique cooperation that is currently occurring between 'The Quiet Hour' radio ministry and Weimar Institute is creating interest with their 'Health Expo'. This initiative has been the means of entering new territory which up until recently has been very difficult, such as a number of states in the ex-Soviet Union. "Ministers of the gospel are to unite with the medical missionary work, which has ever been presented to me as the work which is to break down the prejudice which exists in our world against the truth."¹² Again, the concept of combining the health as a part of a gospel presentation is a return to this divine counsel.

A new venture is currently getting off the ground in the Health and Temperance department of the Allegheny East Conference of SDA's. With President Clinton's National Health

Plan's emphasis on prevention, the conference sees that the church has never been in a better position to show its wares. Under the leadership of Gwen Foster, the department is setting in place a church-based multiple risk factor identification and health intervention (preventive) project, "Fitness for Life", with American-Africans as the primary targets.¹³

Prevention appears to be a new 'buzz word' in health circles, but there is really nothing new about it. At the turn of the century, Dr George Gould, editor of *American Medicine*, said that "the great progress of the future in medicine will be prevention ... the best therapeutics is to render therapeutics unnecessary."¹⁴

The church has a mandate to create a healthy nation. Actions like that of the above conference indicate that the conference itself wants to be a part of the solution, not the problem.

A nation's first line of defense in building a healthy people lies in the maintenance and promotion of health. Any society that concentrates its health dollars and its health services on care of the sick will never be a healthy society. There is critical need for a concept of 'community health services' to transcend the all-too-common concept of 'sick services'. Leadership by persons oriented and educated to a concept of health is sorely lacking. When maintenance and promotion of health fall short, a wide range of resources are needed (of which hospitals are one) to properly provide the therapeutic and rehabilitative services in many settings through various health disciplines. This is not to suggest that care of the sick is unimportant. Rather, the sick reflect our failure in promoting and maintaining health.¹⁵

While the harmony between the gospel ministry and medical professions is welcomed, it should not detract from a very sobering line of counsel: "...soon there will be no work done in ministerial lines but medical missionary work."¹⁶ In response to this statement, Mitchell asks an equally serious question, "If ministers are not prepared, what will they do?" He then goes on to say that "there is an abundance of talent and facilities within our organization to quickly put into effect God's commands for carrying out a medical missionary program. But to do so there must be unity of action and unbounded confidence in the leading of the Spirit of Prophecy. Must the church always be outsmarted by Satan? Who will come up to the help of the Lord in carrying out this task?"¹⁷

Ted Wilson studied the writings of Ellen White and the information found in Nelson and Van Dolson's research, *Health Education in the Seventh-day Adventist Church*.¹⁸ He cites four important statements from the Spirit of Prophecy:

"1. 'Gospel workers should be able also to give instruction in the principles of healthful living.'¹⁹

"2. 'All gospel workers should know how to give the simple treatments that do so much to relieve pain and remove disease.'²⁰

"3. 'Every church should be a training school ... There should be schools of health, cooking schools, and classes in various lines of Christian help work.'²¹

"4. 'Combine medical missionary work with the proclamation of the third angel's message ... Send out into the churches workers who will set the principles of health reform before every church.'" ²²

You will never be ministers after the gospel order till you show a decided interest in medical missionary work, the gospel of healing and blessing and strengthening...I wish to say that the medical missionary work is God's work. The Lord wants every one of His ministers to come into line. Take hold of the medical missionary work, and it will give you access to the people. Their hearts will be touched as you minister to their necessities. As you relieve their sufferings, you will find opportunity to speak to them of the love of Jesus. ²³

Our ministers should become intelligent on health reform. They need to become acquainted with physiology and hygiene; they should understand the laws that govern physical life and their bearing upon the health of mind and soul.

Thousands upon thousands know little of the wonderful body God has given them or of the care it should receive, and they consider it of more importance to study subjects of far less consequence. The ministers have a work to do here. When they take a right position on this subject, much will be gained. In their own lives and homes they should obey the laws of life, practicing right principles and living healthfully. They will be able to speak correctly on this subject, leading the people higher and still higher in the work of reform. Living in the light themselves, they can bear a message of great value to those who are in need of just such a testimony.

There are precious blessings and a rich experience to be gained if ministers will combine the presentation of the health question with all their labors in the churches. The people must have the light on health reform ...

The presidents of our conferences need to realize that it is high time they were placing themselves on the right side of this question. Ministers and teachers are to give to others the light they have received.²⁴

The healing of the sick is to accompany our evangelical work. When the Saviour sent the disciples out to preach the Word, He 'gave them power...to cure diseases.' They were 'to preach the kingdom of God, and to heal the sick.' This was the two-fold command given them. To our ministers the same command is given.²⁵

"The gospel and the medical missionary work are to advance together."²⁶

Ministers are to embrace the work of medical missionary evangelism.²⁷ The Lord is anticipating a time when every church member becomes a medical missionary worker.²⁸ But "The secret of a revived church is a revived ministry. The secret of reformation in the membership is reformation in the leadership. ... With a revived and reformed leadership we shall soon have a revived and reformed membership."²⁹ The Lord is asking the ministry to take the initiative.

In a series of articles in the *Ministry* magazine, Klingbeil speaks very straight to the SDA ministry regarding their duty of health promotion and education. The articles demonstrate the degree of conviction that he felt in the 1960's regarding the necessity of having a preventive health-oriented ministry.

In contrast to the *healing* arts, he questions if the efforts at *prevention* are progressing just as rapidly. Even 30

years ago, the costs of prevention were only a fraction of the cost of restoration.

Prevention is achieved quietly, unglamorously, and with much less know-how and expenditure of very scarce dollars. Let us train our minds more than ever to think that prevention is better than cure, that surgical scars are no badges of special merit, but all too often marks of our neglect.

... Minister-physician cooperation is a splendid and necessary thing. We have made sincere efforts to increase it. But I submit that this cooperation will remain superficial unless we can join with physicians in actually teaching our people in all methods of disease prevention. It is not enough for the pastor merely to ask the overburdened doctor to come in and talk about this or that. This may be desirable at times. But why does not the minister *himself* teach health? Ellen G. White insists that he should.

... If we are to see God's promise realized regarding the health of His people, it will come largely through our ministers teaching our people how to fulfill the conditions in classes in hygiene, physiology, and proper living.³⁰

Klingbeil makes an appeal to the ministry to stand before the people as true Adventist ministers, preaching a message of entire deliverance from sinful indulgence of both mind and body. Ministers, of all denominational workers, are the ones most intimately related to the membership, and thus should be the ones to play a role in imparting the necessary instruction of prevention of disease, he argues. He is really echoing nothing other than divine counsel: "God wants the ministers and the church members to take a decided, active interest in

the medical missionary work."³¹ Also, "Ministers and teachers are to work intelligently in their lines, instructing church members how to work in medical missionary lines."³²

It is interesting to note that the Levitical priests of the Old Testament had the responsibility of matters pertaining to health. And it is by no mere coincidence that Paul, in 1 Corinthians 12, uses the illustration of the body to talk about spiritual gifts and the work of each member within the body of Christ, His church.

ROLE MODELING

Research in the social sciences is continually verifying the power of role modeling as an influence in education. In this look at role modeling, the concept of mentorship, along with peer education, is also considered.

In a Wisconsin study, athletes were used to deliver anti-smoking messages to fourth grade students.³³ In teaching the practical side of social work, teaching techniques must also include the conscious knowledge of using oneself as a role model.³⁴ In becoming better role models, higher educators in institutions of clinical education must be conscious of the behaviors they demonstrate and the broad range of activities and attitudes that students observe and emulate, which includes clinical competence, professional demeanor, doctor-patient interactions, ethical values, and social consciousness.³⁵

Some nurse educators have held to the notion that caring cannot be taught directly and is learned by students from faculty role modeling, among other interactions. The results from this study indicated that students do learn about caring from faculty role modeling.³⁶ Doctors and nurses can also be a model from which the patient can learn the 'right' life habits.³⁷

By serving as a stable adult role model, the dentist can facilitate the adolescent's personal growth, as well as positively influencing dental health.³⁸ School officials can serve as role models to the students, reinforcing the importance of dental health.³⁹

An interesting study considered the health behaviors of middle school students, and concluded that 'book' knowledge and decision making skills imparted by the school health educators had limited impact upon student health behavior. More important influencing factors were parental behavior, family structure, role modeling, and the economic and religious status.⁴⁰

Melville and Maddalozzo demonstrated that a male physical educator's appearance of body fatness greatly affected his ability to teach and instill good exercise intentions in high school students.⁴¹

Many studies have looked into the influence of peer education. An effective peer education technique is role modeling, in which a peer imitates the meritorious behavior of

his/her peer (In this setting, the one who is attempting to model correct behavior is termed a peer educator.).⁴² When older teens are involved in efforts to change the smoking behavior of younger teens, they themselves experience a decrease in their own level of smoking.⁴³

The results of a World Health Organization (WHO) survey showed that stop-smoking programs and other health education initiatives, since the early 1980's, have included a greater component of role modeling and peer leadership.⁴⁴ In another WHO study, tobacco and alcohol usage among adolescents was seen as exacting the greatest public health toll in terms of associated morbidity and mortality. As WHO looks for methods to make changes in the adolescents' substance use behavior, "peer leadership provides a promising and optimistic model".⁴⁵

In two separate articles, Rutz and Parham maintain that nutrition educators should reveal, by their own dietary practices, a positive model for eating.⁴⁶

In the *Journal of Health and Healing*, an editorial asks:

Should not our goal in applied nutrition be to practice personally and to teach a dietary exemplifying suitable quantities of a wide variety of excellent quality foods, well prepared and nicely served, following truth and inspired guidelines, and totally avoiding all harmful substances? And should not our lifestyle and teaching incorporate the whole pattern of healthful lifestyle?⁴⁷

A role model is more than a person who promotes positive attitudes and behaviors. A true role model will practice

behind closed doors the principles being espoused. "According to students, teachers 'have to follow the rules themselves' in order to effectively teach character education," states Mary Williams.⁴⁸

What a student learns has a lot to do with how the learning process occurs. "Power is synonymous with life; there is no power without life, and a teacher has power in proportion as he lives what he wishes to teach."⁴⁹ The argument in favor of a certain truth or ideal, then, is most favorably expressed by one who demonstrates its worth and power.

In advice to would-be entrepreneurs, one teacher-author states that "the successful entrepreneurship program should not only enable the teacher to be entrepreneurial--it should expect the teacher to be entrepreneurial. Students are encouraged to pursue entrepreneurship via effective role models. *There is no more available and effective role model than the educator.* Not only is it important that information be conveyed to students in an entrepreneurial way, *the teacher can serve as one of the most important role models by providing examples of new and innovative ideas.*"⁵⁰

In Weimar Institute's staff application package, the following statement is included:

Embracing this sacred goal [of drawing people to Jesus] means accepting a *sacred role--that of mentor.* A mentor is one who deliberately nurtures the best in another by both 'precept

and example.' ...We must unambiguously 'walk what we talk'.⁵¹

In every line, the teacher should scrupulously observe the principles of health. He should do this not only because of its bearing upon his own usefulness, but also because of its influence upon his pupils. He should be temperate in all things; in diet, dress, labor, recreation, he is to be an example.⁵²

In *Counsels on Diets and Foods*, Ellen White says that "We must strive continually to educate the people, not only by our words, but by our practice. Precept and practice combined have a telling influence."⁵³ "All our educators should be strict health reformers."⁵⁴ "Neither principal nor teachers should be entrusted with the education of the youth until they have a practical [experiential] knowledge of this subject [health reform]."⁵⁵

Raja Aman Nainggolan uses the biblical model found in Deuteronomy 6:1-25 to describe the teaching process. The methodology found in verses 4 to 9 indicates that it is necessary to: live what is taught, have intellectual interaction of what is lived, model, have a favorable atmosphere.⁵⁶

Medical practitioners, because of their influence over populations of people, are cautioned to take great care as to their conduct. The following counsel is given:

The physician's example, no less than his teaching, should be a positive power on the right side. The cause of reform calls for men and women whose life practice is an

illustration of self-control. It is our practice of the principles we inculcate that gives them weight. The world needs a practical demonstration of what the grace of God can do in restoring to human beings their lost kingship, giving them mastery of themselves.⁵⁷

The physician who is true to his responsibility must point out to these patients the cause of their suffering [tobacco and alcohol]. But if he himself is a user of tobacco or intoxicants, what weight will be given to his words? With the consciousness of his own indulgence before him, will he not hesitate to point out the plague spot in the life of his patient? While using these things himself, how can he convince the youth of their injurious effects.⁵⁸

McDougall criticizes the double-standard portrayed by physicians during the 1980's:

Our primary source of health information is usually our physician. Most doctors live a fairly affluent lifestyle and eat rich foods. Steaks, cheese, butter, and white rolls are still served at Heart Association meetings, not to mention the necessary after-dinner dessert. It is not unheard of for a group of doctors and health educators to discuss the role of fat in the cause of breast cancer while eating a meal of fried chicken and french fries. It is hard for doctors and nutritionists to judge the literature objectively when their personal habits are being challenged. Most people are too defensive to handle such a situation. Thirty years ago, when many doctors smoked cigarettes, it was difficult to get proper advice from them on smoking and its relationship to lung disease. Today a similar situation exists in the matter of nutrition.⁵⁹

At the turn of the century Ellen White stressed to church workers the importance of a consistent life, of which doctors, nurses and authors were not exempt:

Through lectures and the consistent practice of the principles of healthful living on the part of consecrated physicians and nurses, the blinded understanding of many will be opened, and truths never before thought of will be fastened on the mind.⁶⁰

Above all things, we should not with our pens advocate positions that we do not put to a practical test in our own families, upon our own tables.⁶¹

The impact that ministers' personal lives can make upon believers and unbelievers is significant, according to Lee.⁶² He adds, "the heavier a minister's responsibility in this denomination, the more widespread his influence". The eyes of the church membership at large are upon its ministers.

Why do some of our ministering brethren manifest so little interest in health reform? It is because instruction on temperance in all things is opposed to their practice of self-indulgence. In some places this has been the great stumbling block in the way of our bringing the people to investigate and practice and teach health reform. No man should be set apart as a teacher of the people while his own teaching or example contradicts the testimony God has given His servants to bear in regard to diet, for this will bring confusion. His disregard of health reform unfits him to stand as the Lord's messenger.⁶³

HEALTH IN THE MINISTERIAL CURRICULUM

This subsection deals with the importance of ministerial students receiving sufficient education to serve as health educators. The entire section could really be summarized by this simple but powerful line of counsel: "They [ministers] should be as well prepared by education and practice to combat disease of the body as they are to heal the sin-sick soul by pointing to the Great Physician."⁶⁴

Those who go forth as ministers of the gospel should be intelligent upon this subject [medical missionary work].⁶⁵

So far as possible, it would be well for evangelical workers to learn how to minister to the necessities of the body as well as the soul; for in doing this, they are following the example of Christ.⁶⁶

Again, Klingbeil has a strong opinion:

Let us never resurrect again the false idea that the physician attends to the needs of the body only, whereas the pastor is the nurse of the soul. We have made gratifying progress in considering the doctor a physician of the whole man. In harmony with this true concept, our medical students are given sufficient training in matters spiritual to qualify them to carry on a balanced practice. I fear that this cannot be said of the training of a minister of the gospel. *We have not yet reached the place where the ministerial curriculum emphasizes knowledge of the physical as much as that of spiritual or Biblical.*⁶⁷

In 1968, Klingbeil had "confidence to foresee the day in the almost immediate future in which all seminarians will be able to study these vital subjects, when with the necessary

cooperation between schools, preventive medicine will take its place where God intends it to be..."⁶⁸ He suggests that verbs and dates, Greek and Hebrew, take up a larger portion of the curriculum than does the "weightier knowledge of healthful living".

... It is essential that the gospel minister shall have a knowledge of disease and its causes. He should know how to give help to the sick. He should be able to teach the people how to treat the house we live in. This is a part of the gospel.⁶⁹

In new fields no work is so successful as medical missionary work. If our ministers would work earnestly to obtain an education in medical missionary lines, they would be far better fitted to do the work Christ did as a medical missionary.⁷⁰

O.A. Olsen called for his "brethren in the ministry everywhere to give this subject [health and temperance] careful thought and attention" , and then proceeds to give a series of helpful 'pocket-styled' health studies.⁷¹

Our ministers should become intelligent on health reform. They need to become acquainted with physiology and hygiene; they should understand the laws that govern physical life and their bearing upon the health of mind and soul...There are precious blessings and a rich experience to be gained if ministers will combine the presentation of the health question with all their labors in the churches.⁷²

The 1906-1907 Prospectus of the Loma Linda College of Evangelists shows how such an education can be interwoven, stressing the truth that Christ made no distinction between physical and spiritual ministry. Some years later, the slight

change of name to College of Medical Evangelists did not change their basic concept of giving ministers a brief but intensive training in medical missionary work. "You cannot afford to spend years in preparation."⁷³ The 1916-17 and 1920-21 curricula at least show this emphasis. Battle Creek College taught physiology to the ministerial and missionary trainees.⁷⁴

A review of curriculums in a select number of SDA Theology schools was researched, both in the USA and Latin America. The review was done in order to ascertain the current emphasis upon health given to ministerial students. Please refer to APPENDIX A.

LIFESTYLE FACTORS AND HABITS

'Wellness' and 'lifestyle' are two words which are growing in popularity. The philosophy underlying these two modes of living is 'prevention'. By no means a new concept, the habits of one's lifestyle have everything to do with one's capacity to live a prolonged, joyful and healthful life.

"Teach the people that it is better to know how to keep well than how to cure disease."⁷⁵

The indices of personal health, according to Anderson, are:

- Freedom from disease and disabilities
- Lack of consciousness of existence of body
- Feeling of buoyancy
- Adequate vigor
- Zest in daily living

- General ease and relaxation
- Wholesome appetite
- Stability of weight
- Regularity in sleep and adequate rest
- Purposeful and planned daily living
- Emotional stability
- Social adequacy ⁷⁶

To this list can be added the reality of increased spiritual perception.

The all important question is, How can such health be realized? In the *Adventist Review* Durand summarizes Rucker and Hoffman's book, *The Seventh-day Diet*. The Adventist lifestyle, as promoted in this book, calls for seven primary changes to the American way of life:

1. Eat breakfast
2. Cut out empty and refined calories
3. Eat more fruits and vegetables
4. Consume less fat
5. Learn to fast
6. Get plenty of exercise
7. Reprogram your mind. ⁷⁷

The writings of Ellen White emphasize the importance of the eight laws of health that God has ordained for our happiness. Weimar Institute arranged them into the acronym

NEWSTART. An adherence to these principles brings complete

| | | |
|---------|-------------------|----------------------|
| health: | N utrition | S unshine |
| | E xercise | T emperance |
| | W ater | A ir |
| | | R est |
| | | T rust in God |

... Disease is the result of violating God's laws, both natural and spiritual. The great misery in the world would not exist did men but live in harmony with the Creator's plan...When they [Israel] fulfilled the conditions, the promise [of Exodus 15:26 & Deuteronomy 7:15] was verified to them. 'There was not one feeble person among their tribes' Psalm 105:37.⁷⁸

If the churches expect strength, they must live the truth which God has given them. If the members of our churches disregard the light on this [health reform] subject, they will reap the sure result in both spiritual and physical degeneracy.⁷⁹

Right physical habits promote mental superiority. Intellectual power, physical stamina, and length of life depend upon immutable laws. Nature's God will not interfere to preserve men from the consequences of violating nature's requirements.⁸⁰

On the subject of temperance we should be in advance of all other people; and yet there are among us well-instructed members of the church, and even ministers of the gospel, who have little respect for the light that God has given upon this subject. They eat as they please and work as they please.⁸¹

Although the road to eternal salvation is, and always has been, the same for all - the blood of Christ - God has always had higher expectations of leadership because of their position of influence and authority. So often, reform is dependent upon and goes no further than leadership is prepared to carry it. The Bible is replete with such incidents, and Ellen White picks up on the same principle of 'leadership accountability'.

There is a solemn responsibility upon all, especially upon ministers who teach the truth,

to overcome upon the point of appetite. Their usefulness would be much greater if they had control of their appetites and passions, and their mental and moral powers would be stronger if they combined physical labor with mental exertion. With strictly temperate habits, and with mental and physical labor combined, they could accomplish a far greater amount of labor and preserve clearness of mind. If they would pursue such a course, their thoughts and words would flow more freely, their religious exercises would be more energized, and the impressions made upon their hearers would be more marked.⁸²

While we do not make the use of flesh meat a test, while we do not want to force anyone to give up its use, yet it is our duty to request that no minister of the conference shall make light of or oppose the message of reform on this point...do not take a position before the people that will permit them to think that it is not necessary to call for a reform in regard to meat eating; because the Lord is calling for a reform.⁸³

Let not any of our ministers set an evil example in the eating of flesh meat. Let them and their families live up to the light of health reform. Let not our ministers animalize their own nature and the nature of the children.⁸⁴

Our ministers, who know the truth, should arouse the people from their paralyzed condition, and lead them to put away those things that create an appetite for flesh meat.⁸⁵ Can we possibly have confidence in ministers who at tables where flesh is served join with others in eating it?⁸⁶

Those upon whom rest important responsibilities, those, above all, who are guardians of spiritual interests, should be men of keen feeling and quick perception. More than others, they need to be temperate in eating.⁸⁷

Though the facts of physiology are now so generally understood, there is an alarming indifference in regard to the principles of health. Even of those who have a knowledge of these principles, there are few who put them in practice. Inclination or impulse is followed as blindly as if life were controlled by mere chance rather than by definite and unvarying laws.⁸⁸

SUMMARY

The preceding research has considered four major areas: the gospel ministry and health promotion; role modeling; health in the ministerial curriculum; and lifestyle factors and habits. These areas were investigated in a panoramic manner, including studies done within the social sciences. It is the purpose of this summary to bring these elements into sharp focus with a few succinct paragraphs.

A discussion of the gospel ministry and its relationship to health promotion revealed that ministers will most successfully fulfill their role as ministers when the "gospel of health" is embraced along with the "gospel of the Word". Pressing the point to its limits, Ellen White writes that one should only be considered a minister after the gospel order only as he takes an active interest in the medical missionary work.

The pastor is to occupy a unique position in God's remnant church as a medical missionary worker. By precept *and* example, both in his personal and professional life, the pastor has the ability to instruct church members and the

broader community in the concepts of healthful living. There should be a constant awareness of being observed by those to whom he ministers, for however much he may wish it to be otherwise, he is role modeling healthful or unhealthful living.

Because of the sacred role of the minister, his personal lifestyle should be guarded, closely adhering to divine counsel. Of all people, the minister is to be a living representative of the 'health message' -- not merely as an example to 'the flock', but in order to have a personal increased capacity for divine illumination and inspiration. The power of a minister's words will only have power to the extent to which he himself practices them.

Although ministers may not have received training in health, a solemn obligation rests upon them, nonetheless, to study the laws of the being, then teach them by precept and example. As Appendix A testifies, very little concern is given to physical health in the curriculum of pastoral training in Adventist Colleges.

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83. _____, *Counsels on Diets and Foods*, p. 401
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CHAPTER III

Methodology

Contact with the following organizations failed to locate any known investigations done specifically upon the health status of SDA (or non-SDA) ministry (Hispanic or non-Hispanic) in either the USA or Mexico: the Inter-American Division President; Sentinel Research Services¹; Center for Health Research (A Loma Linda University Research Consulting Group)²; and the Secretary and Health and Temperance Secretary of the Northern Union of Mexico. Therefore no known model or prototype research was available for examination.

There is an interesting chapter to be found in a World Health Organization production which deals with investigations regarding health in Mexico, between 1980-89. It has a good coverage on the types of studies done and also their distribution amongst Mexico's various states.³

Included in APPENDIX B is the results section of a survey done on the Theology students of Montemorelos University in December, 1993. Some questions posed to the students were also put to the working pastors in this survey. The student research was done with this project in mind. A careful comparison of both results is suggested.

The survey handed out to the delegates of the 1990 General Conference Session held in Indianapolis, USA, was heavily relied upon in the formation of the instrument for this research, after seeking counsel for its use from the Public Health Department Chairman of Montemorelos University. The 1990 survey appears, in turn, to be based upon the old Adventist Health Study Survey, an on-going Loma Linda research project.

a) Description of design

The instrument needed to take into account the unique culture and mentality of the Latin Americans. The instrument would need to employ a cost effective, efficient and accurate way of retrieving information. Taking these factors into consideration, along with the limitation of time available to carry out the research, a detailed multi-option survey was decided on.

b) Population of study

Pastors working in Mexico's Northern Union were surveyed. This Union, as opposed to the Southern Union, was chosen because of convenience, as the Union Office is located beside Montemorelos University.

The Union provided the names of every minister currently working within its jurisdiction. Workers who have been through ministerial training and are currently working for

Montemorelos University (including missionaries from other Divisions) were also surveyed.

The number of surveys sent totaled 200. See Chapter IV for the breakdown of this number.

c) Instrument and Design of instrument

See APPENDIX C for survey. A written survey consisting of varied question types was utilized: graded scales, yes/no, categorical, and open-ended. The question categories were randomly mixed so as not to lead the respondent in answering according to a 'right' answer. Some questions were intentionally kept together when the nature of the questions demanded it. A few verification questions were included to check for consistency of answer. Opportunities were provided for 'other' answers where the respondent could specify a more exact written response.

The question categories, by questions numbers, are:

General information: 1-9

Education: 14, 22, 24, 27, 28, 31, 33-37, 39

Mental health status: 53, 57

Physical health status: 12, 13, 30, 38, 40, 43, 49, 52, 56, 60

Physical health habits: 18-20, 26, 32, 41, 45, 47, 50, 58, 62,
63, 64

Health promotion: 11, 15-17, 23, 25, 59

Factors that could affect attitudes and habits: 10, 55

Opinions and attitudes toward:

Health status of self: 21, 44, 51

Education: 29, 61

Ellen White: 46

Church affiliation: 48.1,2

Dietary habits: 48.3,4

Pastoral lifestyle (Role modeling): 48.5,9,12; 54

General lifestyle: 48.6-8,10,11,13,14

Open-ended question:65

d) Collection of data

Through the kind cooperation of the Union office, the surveys were sent to the field workers by Mexican post. The package included an introductory letter from the Union's Health and Temperance Secretary (APPENDIX D), the survey, and a pre-addressed envelope (with the researcher's personal address) for the return of the survey. No return postage was included.

Because of the personal nature of many questions, it was considered that the respondents would most likely fill in the survey, or at least fill it in honestly, if their anonymity was guaranteed. That is, the respondent's identity must be assured. The only problem with this would be following up those pastors who had not responded. Without knowing their identity, there would be no way of knowing which pastors had responded and which had not. That is, without having to resort to a blanket follow-up letter to everyone. It was decided to have complete anonymity with a single mailing only.

Those working within Montemorelos University received their surveys hand delivered to save unnecessary expenditure.

Regarding the surveys that were sent via post, there is no way of knowing how many did not arrive at their destination. The same is true for the completed responses which may have been returned.

Before the survey was formulated, it was known that the average return rate for mailed out surveys is usually around 30% (in the USA). An incentive was offered to the pastors with the hope of having a larger sample size: if they completed the survey, they could send to the Union Office for a summarized report of the survey. All that they needed to do was send in a form *separate* to the survey which included their name and address. Doing it this way continued to assure them of their anonymity.

e) Analysis of data

The data was entered into the statistical package, SPSS Version 6.0 for Windows. The results section of Chapter IV defines more precisely the types of tests and procedures taken to analyse the data. All raw data were verified to exclude any extraneous data which might arise from input error. In regards to bias, it is difficult to measure and is unavoidable. One can only assume an honest response. A 100% response rate of a large population would still include this natural bias. The collection of 'hard' data would diminish respondent bias.

ENDNOTES

1. Jan Kuzma
Sentinel Research Services, Inc.
990 Red Hill Valley Rd, SE
Cleveland
TN 37323

2. Dr. Gary Fraser (Director)
Center for Health Promotion
Loma Linda
CA 92350

3. 'La investigación en salud en América Latina',
Organización Panamericana de la Salud, *Publicación
Científica No. 543*, Washington D.C., 1992, p. 93-118

CHAPTER IV

Results

This chapter is divided into three sections:

- Direct Question-by-Question Numerical Responses.
- Graphic Representation of Selected Questions.
- Testing of Hypotheses.

DIRECT QUESTION-BY-QUESTION NUMERICAL RESPONSES

This section follows the format of the survey, though the questions have been regrouped into the following subjects (but retaining the question numbering of the original survey):

1. General Data
2. Physical Health Habits
3. Physical Health Status
4. Mental Health Status
5. Pastoral Health Promotion
6. Education
7. Factors That Could Affect Health Attitudes
8. Opinions and Attitudes Towards:
 - a. Personal Health Status
 - b. Education
 - c. Ellen White
 - d. Church Affiliation
 - e. Dietary Habits
 - f. Pastoral Lifestyle (Role modeling)
 - g. General Lifestyle

The responses have been entered directly into the regrouped survey. The total number of responses received was 64. This amounts to a response rate of $64/200 = 32\%$. It is

difficult to say with any certainty, though this rate may have been significantly less were it not for Pr. Soto's letter which accompanied the survey. This gave the survey a sense of legitimacy in the eyes of the ministers, which may be an important consideration for those wishing to do a similar project in Latin America.

Where the responses in certain questions do not tally up to 64, it is because answers may have been invalid, not complete and other similar reasons.

| <u>Region</u> | <u>A</u> | <u>B</u> | <u>C</u> | <u>D</u> | <u>E</u> |
|-----------------|------------|-------------|----------|------------|----------------|
| Baja California | 20 | 6 | 30 | 10 | 3 |
| North East* | 76 | 30 | 40 | 38 | 15 |
| North West | 26 | 11 | 42 | 13 | 5.5 |
| North | 17 | 5 | 29 | 8.5 | 2.5 |
| West | 25 | 6 | 24 | 12.5 | 3 |
| Central | 36 | 5 | 14 | 18 | 2.5 |
| | <u>200</u> | <u>63**</u> | | <u>100</u> | <u>31.5***</u> |

A = Number of surveys sent to pastors

B = Number of responses received

C = % of responses received

D = % of region representation in initial mail-out

E = % of region representation in final project analysis

* For the purpose of this survey, the personnel in this Union conference includes:

- Conference Pastors and Administrators 44
- Union Administrators 9
- University of Montemorelos Workers 23

** 64 surveys in total were received, but one respondent did not answer the question dealing with his region of residence

*** Taking the above factor (**) into account, E should really total up to 32%

44 respondents (69%) requested the summarized report of the survey, which was offered to them as an incentive to complete the survey.

Direct Question-by-Question Numerical Responses

Numerical responses are within the parentheses [] for most questions.

1. General Data

1. What is your position as a pastor?

[14] Union, Conference or Mission officer/departmental director

[36] Church pastor

[12] SDA institutional worker

[2] Other (Specify): _____

2. In which region of the Union do you live?

[6] Baja California [5] North

[30] North East [6] West

[11] North West [5] Central

3. What is your current marital status?

[61] First time married [0] Divorced

[1] Remarried [0] Widowed

[0] Separated [2] Never married

4. What is your date of birth?

____ / ____ / ____

day month year

[5] <= 25 years [16] 41-45 years

[10] 26-30 years [4] 46-50 years

[12] 31-35 years [4] 51+ years

[11] 36-40 years

MEAN= 37.52 years Standard Deviation = 8.9

7. What languages can you read with ease?

[64] Spanish [3] Portuguese

[31] English [2] French [0] Other(s): _____

8. Is your nationality Mexican?

[59] Yes

[4] No If No, what is it? _____ (See APPENDIX E)

9. What was your age at baptism? _____ (years)

[7] <=10

[24] 11-15

[23] 16-20

[6] 21+

MEAN = 15.24 years Standard Deviation = 4.1

2. Physical Health Habits

18. How regularly do you eat breakfast?

- 0] Never
 7] Occasionally
 12] Frequently
 45] Regularly

19. How many times per week do you engage in regular vigorous activities, such as brisk walking, jogging, bicycling etc, long enough or with enough intensity to work up a sweat, get your heart thumping or get out of breath?

- 12] Never engage in activities this vigorous (**Go to question # 20**)
 16] 1 time/week 6] 4 times/week
 7] 2 times/week 7] 5 times/week
 11] 3 times/week 3] 6 times/week or more

20. Usually how many minutes do you exercise per session?

- 2] 0-9 minutes 7] 40-49 minutes
 13] 10-19 minutes 4] 50-59 minutes
 7] 20-29 minutes 15] 60 minutes or more
 7] 30-39 minutes

26. How many glasses (250ml) of water do you drink on most days? Please circle.

- 0] 0 8] 5
 0] 1 14] 6
 1] 2 9] 7
 9] 3 11] 8
 10] 4

32. How often do you eat between main meals (of ANY food, including beverages other than water)?

- 24] Never 6] Frequently
 34] Occasionally 0] Regularly

41. What habits would you most like to change? Check as many as apply.

- 48] Too little exercise 12] Too much stress
 8] Poor diet (junk food, sodas etc.) 13] Too little or too much sleep
 0] Tea and/or coffee 19] Too little fresh water
 16] Eating between meals 9] Too little sunshine
 11] Eating too much or too little 3] None
 21] Meat eating 1] Other (specify) _____ (See APPENDIX E)

45. How many main meals do you usually eat per day (excluding snacks)?

- 1] 1
 34] 2
 29] 3
 0] 4
 0] 5 or more

47. Mark with an X the item which comes closest to how frequently you NOW use each food or beverage when following your usual routine. Mark "never" the foods you don't use.

Never or almost never

| Never or almost never | | | | | | |
|-------------------------|----|----|----|----|---|--|
| Less than once per WEEK | | | | | | |
| Several times per WEEK | | | | | | |
| Once per DAY | | | | | | |
| 2-3 times per DAY | | | | | | |
| 4-5 times per DAY | | | | | | |
| Over 5 times per DAY | | | | | | |
| 14 | 11 | 23 | 15 | 1 | 0 | 0 Whole milk (liquid or powder) |
| 32 | 8 | 13 | 8 | 1 | 0 | 0 Nonfat (skim) milk (liquid or powder) |
| 30 | 13 | 12 | 3 | 2 | 0 | 0 Milk substitutes (soy, nut etc.) |
| 56 | 0 | 1 | 0 | 0 | 0 | 0 Regular coffee |
| 56 | 2 | 0 | 0 | 0 | 0 | 0 Decaffeinated coffee |
| 58 | 0 | 0 | 0 | 0 | 0 | 0 Tea (not herb tea) |
| 43 | 9 | 4 | 0 | 0 | 0 | 0 Herb teas |
| 19 | 32 | 7 | 1 | 1 | 0 | 0 Margarine |
| 22 | 25 | 10 | 2 | 0 | 0 | 0 Butter |
| 3 | 25 | 33 | 2 | 0 | 0 | 0 Eggs |
| 33 | 12 | 5 | 1 | 1 | 0 | 0 Egg substitutes |
| 3 | 15 | 35 | 7 | 1 | 0 | 0 Cheese (except cottage cheese) |
| 34 | 15 | 6 | 0 | 0 | 0 | 0 Cottage cheese |
| 55 | 3 | 0 | 0 | 0 | 0 | 0 Cola beverages (Coke, Pepsi etc.) |
| 18 | 37 | 6 | 0 | 0 | 0 | 0 Other soft drinks (Joya, Barrilitos etc.) |
| 36 | 21 | 3 | 0 | 0 | 0 | 0 Beef (steak, hamburger, barbacoa etc.) |
| 44 | 15 | 0 | 0 | 0 | 0 | 0 Fish |
| 38 | 17 | 4 | 0 | 0 | 0 | 0 Poultry (chicken, turkey) |
| 46 | 3 | 1 | 0 | 0 | 0 | 0 Meat of other kinds. Specify: _____ (See APPENDIX E) |
| 1 | 26 | 30 | 4 | 1 | 0 | 0 Processed vegetable protein (soy, gluten etc.) |
| 0 | 1 | 28 | 20 | 15 | 0 | 0 Beans |
| 4 | 35 | 21 | 4 | 0 | 0 | 0 Nuts |
| 0 | 1 | 32 | 26 | 4 | 0 | 0 Green salads |
| 1 | 3 | 35 | 23 | 1 | 0 | 0 Cooked GREEN vegetables (beans, spinach, peas etc.) |
| 0 | 11 | 33 | 15 | 1 | 0 | 0 Broccoli, cauliflower, cabbage, brussel sprouts |
| 17 | 27 | 12 | 5 | 0 | 0 | 0 Olives |
| 0 | 3 | 23 | 20 | 16 | 1 | 0 Tomatoes |
| 15 | 12 | 24 | 7 | 1 | 0 | 0 Pickles |
| 28 | 23 | 7 | 1 | 0 | 0 | 0 Ketsup |
| 14 | 16 | 15 | 10 | 5 | 0 | 0 Chiles (of any kind) |
| 49 | 3 | 3 | 1 | 0 | 0 | 0 White/Black pepper |
| 9 | 24 | 24 | 3 | 3 | 0 | 0 Raisins, dates, other dried fruits |
| 2 | 3 | 23 | 16 | 18 | 2 | 0 Fresh fruit (bananas, oranges, mangos, guavas etc) |
| 4 | 19 | 26 | 11 | 1 | 0 | 0 Donuts, sweetrolls, coffee cake etc. |
| 27 | 28 | 4 | 1 | 0 | 0 | 0 Chip type food (potato chips, Fritos, Doritos) |
| 28 | 17 | 10 | 7 | 0 | 0 | 0 Brown rice |
| 3 | 12 | 40 | 9 | 0 | 0 | 0 White rice |

Never or almost never

| | | | | | | | |
|----|----|----|----|---|---|---|------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 11 | 30 | 19 | 4 | 0 | 0 | 0 | Honey |
| 6 | 7 | 29 | 15 | 5 | 1 | 0 | Sugar (any type) |

50. How many glasses (250ml) of beverages, other than water, (soda, fruit juices etc.) do you drink on most days? Please circle.

| | |
|----------|---------|
| [9] 0 | [3] 5 |
| [12] 1 | [3] 6 |
| [17] 2 | [1] 7 |
| [11] 3 | [3] 8 |
| [3] 4 | |

58. How many kilometers do you usually walk every day? _____ km(s)

Response Range = 0-7kms with the following distribution:

| <u>Km</u> | <u>Response</u> |
|-----------|-----------------|
| 0 | 19 |
| 1 | 8 |
| 2 | 15 |
| 3 | 6 |
| 4 | 8 |
| 5 | 2 |
| 6 | 3 |
| 7 | 2 |

MEAN = 2.1 kms Standard Deviation = 1.96

62. Circle the hours at which you normally eat your main meals (excluding snacks):

| | | | | | | | | | | | | |
|----------------------|----|----|----|---|---|---|----|----|----|----|----|----------|
| (AM) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Midday |
| <i>Distribution:</i> | | | | | | | | | | | | |
| | 0 | 2 | 0 | 0 | 0 | 3 | 23 | 16 | 14 | 1 | 0 | 4 |
| (PM) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Midnight |
| <i>Distribution:</i> | | | | | | | | | | | | |
| | 18 | 23 | 13 | 1 | 2 | 3 | 10 | 10 | 12 | 3 | 1 | 0 |

63. Circle the time of your largest meal:

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|--------|---|---|---|---|---|---|---|---|---|----|----|----------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Midday | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Midnight |
|---|---|---|---|---|---|---|---|---|----|----|--------|---|---|---|---|---|---|---|---|---|----|----|----------|

The responses are not included due to the ambiguity of this question .

64. How many hours of sleep do you usually get per night?

- [1] 5 or less
- [12] 6
- [26] 7
- [22] 8
- [2] 9
- [0] 10
- [0] 11 or more

3. Physical Health Status

5. What is your height without shoes? _____ cms

MEAN = 171.4 cm Standard Deviation = 8.0

Used to calculate Body Mass Index (BMI) for the formation of a Health Index

6. What is your weight without shoes? _____ kgs

MEAN = 72.0 kg Standard Deviation = 11.3

Used to calculate Body Mass Index (BMI) for the formation of a Health Index

12. During the past year, how many different times have you visited a medical doctor in his or her office? (excluding dentists)

- [21] None
- [24] Once
- [19] 2 to 5
- [0] 6 to 9
- [0] 10 or more

13. How long has it been since you last obtained the services of a medical doctor for any reason?

- [39] Less than one year
- [12] 1-2 years
- [7] 3-5 years
- [5] Over 5 years

30. Has a doctor EVER told you that you had any of these conditions:

| <u>Yes</u> | <u>No</u> | |
|------------|-----------|--------------------------------------|
| 15 | 48 | Any allergy |
| 3 | 60 | Heart attack (myocardial infarction) |
| 1 | 63 | Stroke/apoplexy |
| 4 | 59 | High blood pressure |
| 1 | 63 | Diabetes (Adult onset) |
| 1 | 62 | Diverticulitis/diverticulosis |
| 1 | 63 | Cancer |
| 7 | 56 | Kidney disease/renal failure |
| 1 | 62 | Rheumatoid arthritis |
| 0 | 63 | Osteoarthritis |

| <u>Yes</u> | <u>No</u> | |
|------------|-----------|--------------------------|
| 0 | 63 | Gout |
| 0 | 63 | Osteoporosis |
| 1 | 62 | Prostate trouble |
| 6 | 57 | Nervous breakdown |
| 1 | 62 | Ulcers |
| 6 | 57 | High blood cholesterol |
| 12 | 51 | Muscle tension headache |
| 1 | 62 | Angina |
| 1 | 62 | Congestive heart failure |
| 0 | 63 | Claudication |

38. During the past year, how many different times have you seen a non-medical doctor such as a chiropractor, naturopath, homeopath, herbal doctor, acupuncturist etc?

- [42] None
 [12] Once
 [9] 2 to 5
 [0] 6 to 9
 [0] 10 or more

40. How frequently do you take the following drugs or medicines?

| <u>Once or more/week</u> | <u>Occasionally</u> | <u>Never</u> | |
|--------------------------|---------------------|--------------|---|
| 0 | 13 | 51 | Aspirin, Tylenol, Bufferin, Mejoralito etc |
| 0 | 5 | 59 | Stronger pain reliever (Prodolina etc) |
| 0 | 12 | 52 | Medicine for indigestion |
| 0 | 3 | 61 | Laxatives |
| 0 | 1 | 63 | Tranquilizers (for nerves) |
| 0 | 1 | 63 | Sleeping pills |
| 0 | 1 | 63 | Pep pills |
| 0 | 0 | 64 | Nitroglycerine etc for chest pain |
| 0 | 1 | 63 | Beta-blockers |
| 0 | 0 | 64 | Medication for diabetes (oral or injection) |
| 0 | 2 | 62 | Medicine to lower blood pressure |
| 1 | 1 | 62 | Cholesterol lowering drugs |
| 6 | 20 | 37 | Vitamin supplements (of any type) |

43. Are you currently under a physician's care for illness?

- [57] No
 [7] Yes (specify disease or condition) _____ (See APPENDIX E)

49. Do you have a physical disability that limits you in accomplishing normal activities like exercising, driving a car, dressing etc?

- [62] No
 [2] Yes Specify disability: _____ (See APPENDIX E)

52. Are your stools generally hard, dry and difficult to expel?

[59] No

[5] Yes

56. What is the most usual color of your urine?

[17] Transparent

[42] Clear yellow

[2] Yellow

[0] Dark yellow

60. Are you now trying to lose weight?

[28] Yes

[36] No

4. Mental Health Status

53. How much stress are you currently experiencing?

[3] None

[21] Very little

[36] A moderate amount

[4] A great deal

57. How frequently are you

| | |
|-----------|---------------------|
| Depressed | [6] Never |
| | [39] Seldom |
| | [17] Occasionally |
| | [2] Often |

| | |
|--------------|---------------------|
| Apprehensive | [13] Never |
| | [21] Seldom |
| | [24] Occasionally |
| | [4] Often |

| | |
|-------|---------------------|
| Tense | [1] Never |
| | [18] Seldom |
| | [33] Occasionally |
| | [11] Often |

| | |
|--------------------------------|--------------------|
| Suffering from chronic anxiety | [41] Never |
| | [19] Seldom |
| | [3] Occasionally |
| | [1] Often |

| | |
|---|--------------------|
| Feeling something terrible is going to happen | [37] Never |
| | [23] Seldom |
| | [3] Occasionally |
| | [0] Often |

5. Pastoral Health Promotion

11. For what length of time have you been working as a minister? _____ (years)

Distribution is as follows:

| <u>Time</u> | <u>Response</u> |
|-------------|-----------------|
| <= 2 years | 11 |
| 3-10 years | 20 |
| 11-20 years | 21 |
| 21-30 years | 10 |
| 31-40 years | 1 |
| 41+ years | 1 |

MEAN = 12.0 years Standard Deviation = 8.91

15. Over the past year, how many times have you been contacted by your Conference, Union or Division Health and Temperance Director?

[28] None (**Go to Question # 17**)

[16] 1

[15] 2-3

[3] 4-5

[2] 6 or more

16. How is such contact usually made?

[23] In person

[11] Phone call

[10] Personal Letter

[13] Newsletter/Circular

[3] Other: _____ (See APPENDIX E)

17. Over the past year, how many times have you initiated contact with your Conference, Union or Division Health and Temperance Director?

[29] None

[15] 1

[12] 2-3

[4] 4-5

[2] 6 or more

23. Over the past year: **a)** how often have you conducted the following programs **b)** who attended?
6 or more

| | | | | >75% SDA's | | | |
|-----------|---|----|----|-------------------------------------|----|---|---|
| 3-5 times | | | | 50% SDA's/non-SDA's | | | |
| 1-2 times | | | | >75% non-SDA's | | | |
| None | | | | | | | |
| 1 | 1 | 7 | 55 | Stop smoking | 1 | 1 | 7 |
| 0 | 1 | 5 | 58 | Weight management | 3 | 1 | 2 |
| 0 | 0 | 5 | 59 | Stress management | 3 | 1 | 1 |
| 2 | 4 | 17 | 41 | Vegetarian nutrition/cooking school | 16 | 3 | 2 |

| | | | | How many times of each book have you | | | |
|-----------|-----------|-----------|------|--------------------------------------|---------------------|----------------|----------|
| | | | | >75% SDA's | 50% SDA's/non-SDA's | >75% non-SDA's | |
| 6 or more | 3-5 times | 1-2 times | None | | | | |
| 0 | 0 | 6 | 58 | Fitness training | 5 | 1 | 0 |
| 0 | 0 | 3 | 61 | Diabetes awareness | 2 | 0 | 1 |
| 2 | 0 | 5 | 57 | Hygiene principles | 4 | 1 | 2 |
| 4 | 2 | 19 | 39 | General health awareness series | 15 | 5 | 4 |
| 0 | 0 | 3 | 61 | First Aid or CPR | 0 | 1 | 0 |
| 0 | 1 | 4 | 59 | Other: (See APPENDIX E) | <u>2</u> | <u>1</u> | <u>2</u> |
| | | | | 51 | 15 | 21 | |

In regards to the target audience:

59% to primarily SDA's

17% to equal quantities of SDA's and non-SDA's

24% to primarily non-SDA's.

25. What may be a limiting factor in your giving health presentations? Circle as many as apply.

[34] Insufficient knowledge

[5] My personal habits would not be in harmony with the message

[11] I do not know where or how to start

[9] Health is not my area of interest

[20] Low level of support and/or contact from my overseers

[13] Lack of confidence in myself

[18] Other (specify) _____ (See APPENDIX E)

59. Have you ever conducted health seminars in conjunction with a health professional?

[37] No

[27] Yes If Yes, specify with whom (eg/ nurse, doctor): _____ (See APPENDIX E)

6. Education

14. Which of the following courses would you be in favor of seeing in the ministerial degree? Check as many as you like.

[21] General Anatomy and Physiology

[9] Ethics in Health

[39] Stress management

[33] Exercise Physiology

[36] Diet and Nutrition

[39] Preventive Health and Lifestyle Diseases

[33] Counseling alcohol and drug addicts

[26] How to conduct stop-smoking seminars

[4] Suggestions: _____ (See APPENDIX E)

22. Of the following books by Ellen White: **a)** which do you own **b)** what % of each book have you thoroughly read ?

| | <u>Own</u> | <u>% Read</u> | |
|------------------------------------|------------|---------------|---------------------------|
| <i>Ministry of Healing</i> | 62 | Mean = 78.2 | Standard Deviation = 31.3 |
| <i>Counsels on Diets and Foods</i> | 56 | Mean = 74.5 | Standard Deviation = 31.9 |
| <i>Temperance</i> | 49 | Mean = 56.2 | Standard Deviation = 36.8 |
| <i>Counsels on Health</i> | 50 | Mean = 37.1 | Standard Deviation = 32.6 |

24. Are you currently undertaking any further studies?

[51] No

[12] Yes Name of course: _____ (See APPENDIX E)

27. Do you see a need to increase your own knowledge of health?

[6] No (**Go to Question # 29**)

[58] Yes

28. What factor is limiting you from doing further studies in the area of health (either full-time, part-time or correspondence)? Circle as many as apply.

[25] Finances

[9] Little or no interest

[1] Age

[2] Family commitments

[37] Time

[18] Other (specify) _____ (See APPENDIX E)

31. From which sources do you obtain reliable health information. Check as many as apply.

[7] Friend

[4] Village health worker

[3] Village healer

[60] Writings of Ellen White

[46] Other books from Adventist publishers

[35] Health newsletters/magazines

[36] A licensed physician

[14] Nurse

[8] Minister

[1] Nowhere

[8] Other (specify): _____ (See APPENDIX E)

33. Did you study for the Theology degree (even though you may not have finished it)?

[62] Yes (**Go to Question # 37**)

[1] No

34. Where did you receive your ministerial training? Mark all that apply.

[59] University of Montemorelos

[2] Linda Vista

[1] Colpac

[4] Other: _____ (See APPENDIX E)

College

Country

35. How many years of the Theology degree did you complete? _____ (years)

MEAN = 4.00 years

36. During your training in Theology school, did you receive classes specifically in health?

[3] No

[59] Yes If Yes, specify number: _____ (Also see APPENDIX E)

The distribution of responses to 'Yes' is as follows:

No. of classes Response

| | |
|---|----|
| 0 | 1 |
| 1 | 17 |
| 2 | 26 |
| 3 | 6 |
| 4 | 5 |
| 7 | 1 |

37. During your training in Theology school, did you take any classes in health that were not a required part of the course?

[49] No

[14] Yes If Yes, specify courses: _____ (See APPENDIX E)

39. What was the last year or highest degree you completed in school? Circle answer.

Elementary: 1 2 3 4 5 6 Middle School: 1 2 3

High School: 1 2 3 College: 1 2 3 4

Masters Doctorate

Distribution of responses is as follows:

Year Response

| | |
|---------------------|----|
| 3rd year of College | 1 |
| 4th year of College | 33 |
| Masters | 26 |
| Doctorate | 3 |

7. Factors That Could Affect Health Attitudes and Habits

10. How important of an influence were the following on your joining the Adventist Church?

| Very Important | Important | Somewhat Important | Not Important | |
|-------------------|-----------|-----------------------|------------------|---|
| 15 | 9 | 9 | 31 | Church pastor or evangelist |
| 6 | 6 | 5 | 47 | Bible worker |
| 3 | 4 | 12 | 45 | Youth leader/Pathfinders Club Director etc |
| 32 | 2 | 3 | 27 | Relative. Specify relationship. (See APPENDIX E) |
| 29 | 2 | 2 | 31 | Growing up in SDA home |
| 16 | 11 | 5 | 32 | Adventist school, academy, college, university |
| 5 | 8 | 6 | 45 | Junior or Youth Camp |
| 13 | 7 | 8 | 36 | Adventist acquaintance. Specify. (See APPENDIX E) |

| Very <u>Important</u> | <u>Important</u> | Somewhat <u>Important</u> | Not <u>Important</u> | |
|--------------------------|------------------|------------------------------|-------------------------|--|
| 13 | 15 | 10 | 26 | Sabbath School |
| 1 | 6 | 4 | 53 | Bible correspondence lessons |
| 1 | 4 | 7 | 52 | SDA radio, TV programs |
| 12 | 15 | 9 | 28 | SDA books, magazines, and other publications. Specify. (See APPENDIX E) |
| 10 | 8 | 5 | 41 | Small group Bible study |
| 2 | 5 | 4 | 53 | Community services |
| 5 | 4 | 10 | 45 | SDA health and temperance message |
| 8 | 1 | 1 | --- | Other source(s). Specify. (See APPENDIX E) |

42. Who usually prepares your meals?

- [1] Self
 [60] Wife
 [0] Children
 [0] Parent(s)
 [0] Neighbor
 [2] Other (specify relationship): _____ (See APPENDIX E)

55. What level of influence do the following associations and sources have on your current eating habits?

| None | Slight | Moderate | Strong | Very Strong | Extremely Strong | |
|------|--------|----------|--------|-------------|------------------|---|
| 2 | 4 | 13 | 17 | 26 | 0 | Wife |
| 25 | 16 | 10 | 5 | 0 | 0 | Friend |
| 7 | 10 | 9 | 18 | 17 | 0 | Family (during growing years) |
| 1 | 0 | 9 | 30 | 24 | 0 | Writings of Ellen White |
| 7 | 6 | 24 | 19 | 5 | 0 | Other health literature |
| 3 | 1 | 1 | 1 | 6 | 0 | Other (specify): _____ (See APPENDIX E) |

8. Opinions and Attitudes Toward:

a) Personal Health Status

21. How do you see yourself with regard to your weight?

- [13] Somewhat underweight
 [18] About right
 [24] Slightly overweight
 [5] Moderately overweight
 [4] Considerably overweight

44. How would you rate your quality of life? That is, your ability to participate in physical, mental and social activities of every day life?

- [1] Very poor
- [1] Poor
- [15] Fair
- [39] Good
- [8] Excellent

51. How would you rate your health at the present time?

- [7] Excellent
- [46] Good
- [11] Fair
- [0] Poor
- [0] Very poor

b) Education

29. What percentage of college ministerial training should be devoted to health? _____ %

MEAN = 25.2% Standard Deviation = 16.5

61. How well did your ministerial training equip you to be a minister of the "gospel of health"?

- [17] Very well
- [20] Well
- [21] Poorly
- [5] Not at all

c) Ellen White

46. What is your view of Ellen G. White? (check only one)

- [48] A true prophetess similar to other Bible prophets
- [7] A Christian with the gift of prophecy
- [0] A dedicated woman with good judgment and common sense
- [0] Someone whose writings are no longer relevant for the church
- [0] Someone very capable and clever but one whose source of information was largely other people's writings
- [0] A religious fraud
- [2] Other (specify): _____ (See APPENDIX E)

d) Church Affiliation

48.1,2. By using the scale provided, indicate your level of agreement toward the following statements.

| | | | | | | |
|-------------------|---|---|---|----|--|--|
| Strongly disagree | | | | | | |
| Disagree | | | | | | |
| Not sure | | | | | | |
| Agree | | | | | | |
| Strongly agree | | | | | | |
| 5 | 2 | 3 | 5 | 48 | The church should deny membership to a person who uses alcohol, tobacco, or illegal drugs | |
| 1 | 1 | 0 | 8 | 52 | A church member who is a regular user of alcohol, tobacco, or illegal drugs should be disfellowshipped if the member has no desire or plan to change | |

e) Dietary Habits

48.3,4. By using the scale provided, indicate your level of agreement toward the following statements.

| | | | | | | |
|-------------------|----|---|---|---|--|--|
| Strongly disagree | | | | | | |
| Disagree | | | | | | |
| Not sure | | | | | | |
| Agree | | | | | | |
| Strongly agree | | | | | | |
| 8 | 32 | 9 | 8 | 3 | It is OK for SDA lay people to eat meat, fish or fowl | |
| 43 | 13 | 0 | 0 | 6 | It is OK to serve meat dishes at church-sponsored fellowship dinners or potlucks | |

f) Pastoral Lifestyle (Role modeling)

48.5,9,12. By using the scale provided, indicate your level of agreement toward the following statements.

| | | | | | | |
|-------------------|----|---|----|----|--|--|
| Strongly disagree | | | | | | |
| Disagree | | | | | | |
| Not sure | | | | | | |
| Agree | | | | | | |
| Strongly agree | | | | | | |
| 1 | 4 | 1 | 10 | 45 | Ministers and church leaders should follow stricter lifestyles than church members | |
| 0 | 0 | 1 | 6 | 56 | Ministers should be a living representation of the SDA health message | |
| 25 | 29 | 5 | 1 | 2 | It is OK for SDA pastors to eat meat, fish or fowl | |

54. If your superiors practice the health principles they teach, what level of confidence would you place in their other teachings?

- [48] More
- [0] Less
- [15] It would make no difference

g) General Lifestyle

48,6,7,8,10,11,13,14. By using the scale provided, indicate your level of agreement toward the following statements.

| Strongly disagree | | | | | | |
|-------------------|----|----|----|----|---|--|
| Disagree | | | | | | |
| Not sure | | | | | | |
| Agree | | | | | | |
| Strongly agree | | | | | | |
| 0 | 0 | 0 | 8 | 55 | Following good eating habits can prevent or decrease the occurrence of heart disease, cancer, or other serious health problems. | |
| 0 | 3 | 2 | 21 | 36 | My mental attitude and outlook on life is a major factor in how healthy I am or what health problems may develop. | |
| 0 | 0 | 0 | 8 | 55 | I can expect to feel better and be more productive as a person by following good health practices | |
| 0 | 4 | 10 | 22 | 25 | Exercise is something I enjoy and look forward to | |
| 18 | 39 | 4 | 1 | 0 | The degree of health the average person enjoys is largely determined by heredity and has little to do with lifestyle | |
| 0 | 0 | 0 | 7 | 56 | The benefits of following a healthful lifestyle are generally worth the effort | |
| 0 | 5 | 1 | 16 | 41 | The personal testimonial of an individual is more important than scientific evidence as proof of the value of a health practice | |

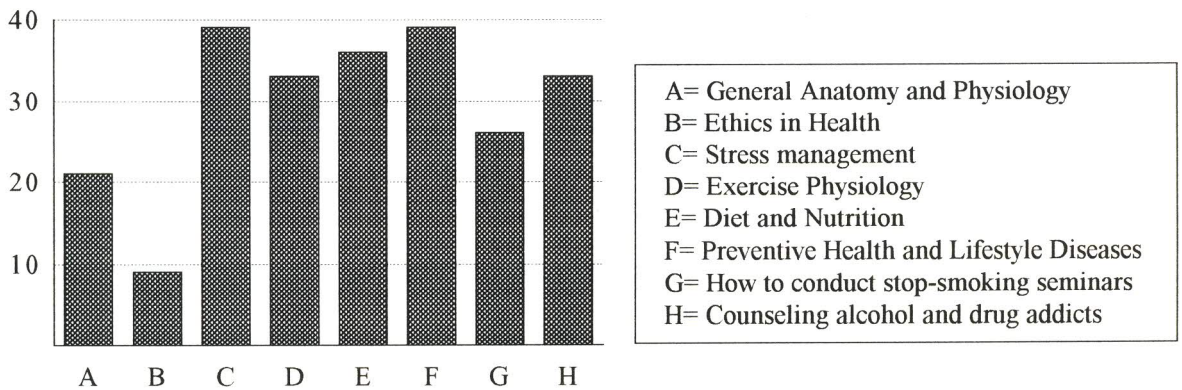
Open-ended Question

65. What do you understand by the expression, "Seventh-day Adventist health message"?
(See APPENDIX F)

Graphic Representation of Selected Questions

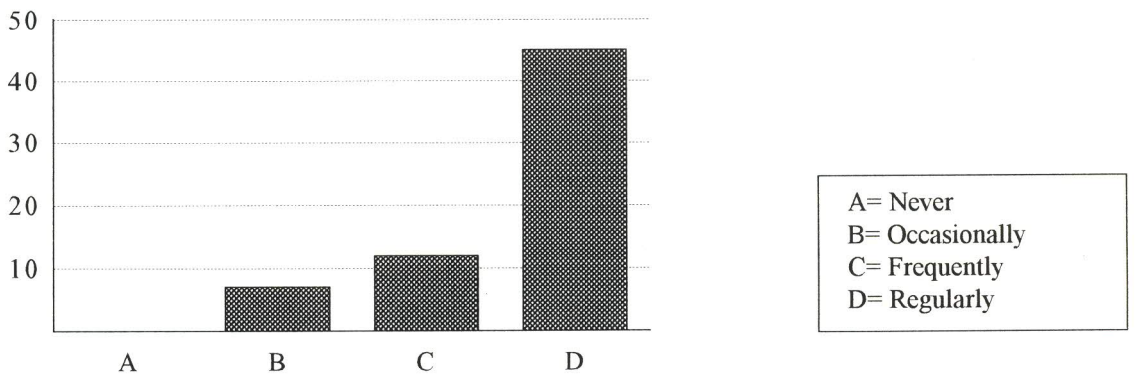
Question 14

Which of the following courses would you be in favor of seeing in the ministerial degree?
Check as many as you like.



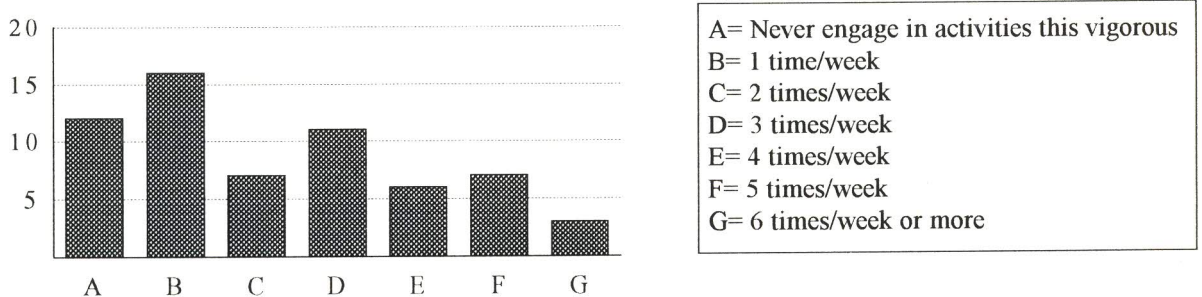
Question 18

How regularly do you eat breakfast?



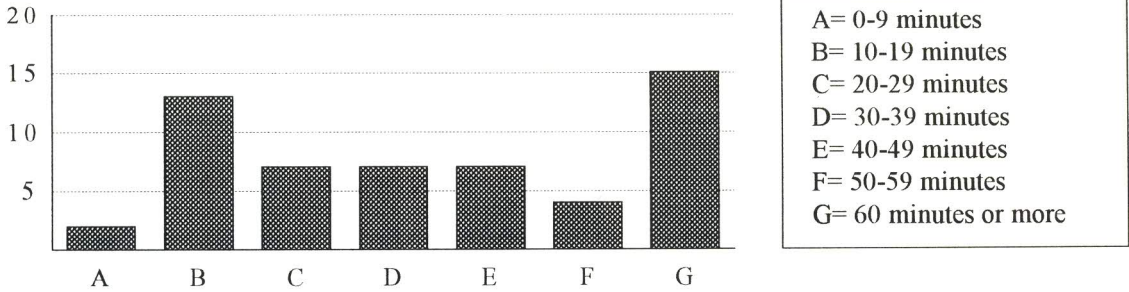
Question 19

How many times per week do you engage in regular vigorous activities, such as brisk walking, jogging, bicycling etc, long enough or with enough intensity to work up a sweat, get your heart thumping or get out of breath?



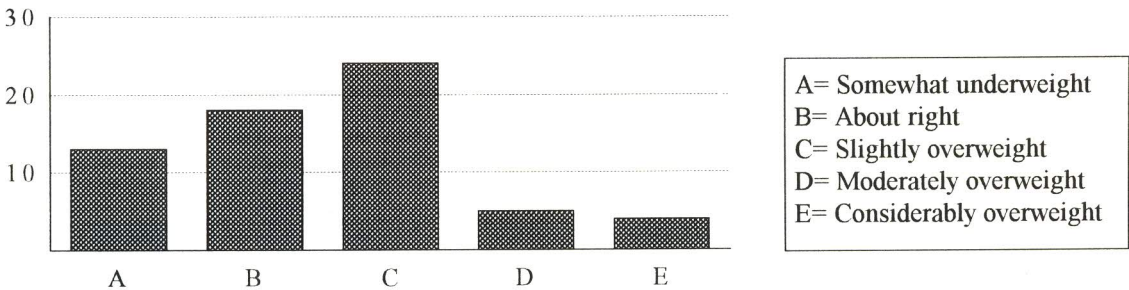
Question 20

Usually how many minutes do you exercise per session?



Question 21

How do you see yourself with regard to your weight?

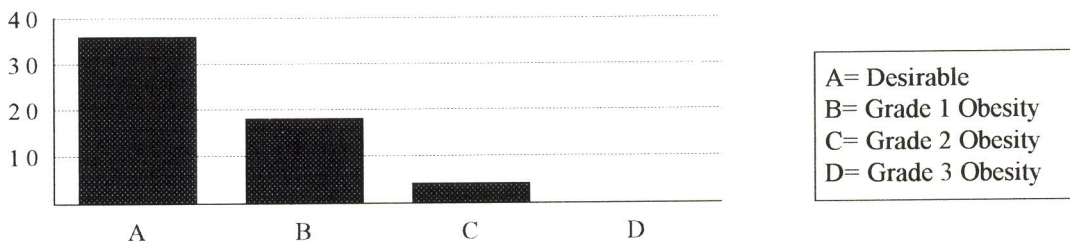


An analysis was done to determine body composition by means of the Body Mass Index (BMI), which is calculated in the following way: $BMI = \frac{kg}{m^2}$. This formula is also known as the Quetelet index, and correlates well ($r=0.70$) with hydrostatic body fat measurements (See Nieman, David, *Fitness and Sports Medicine: an Introduction*, Bull Publishing Co., USA, 1990 p. 115, 116).

Using this index, the ranges are:

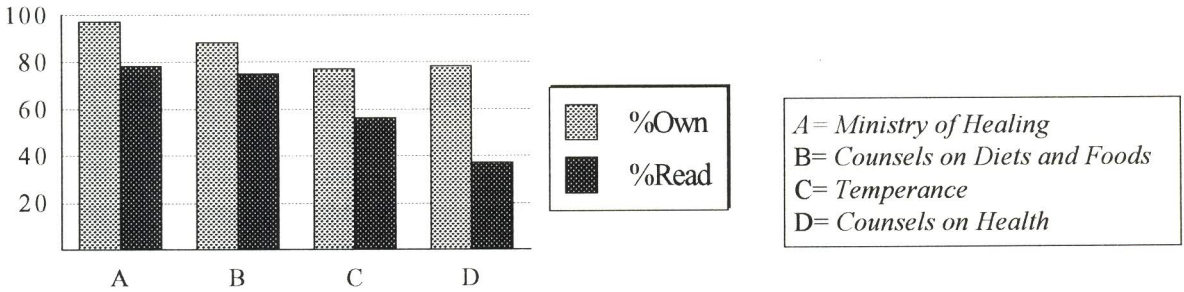
- 20-25 kg/m^2 *Desirable*
- 25-29.9 kg/m^2 Grade 1 obesity
- 30-40 kg/m^2 Grade 2 obesity
- >40 kg/m^2 Grade 3 obesity

Utilizing this scale, the distribution for the ministers is as follows:



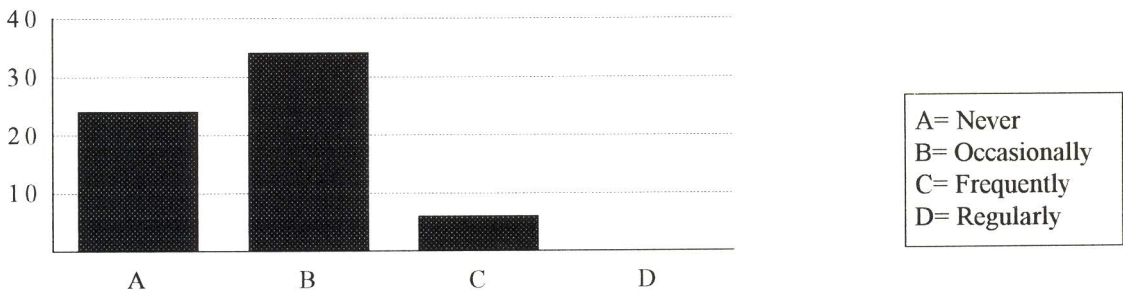
Question 22

Of the following books by Ellen White: **a)** which do you own **b)** what % of each book have you thoroughly read ?



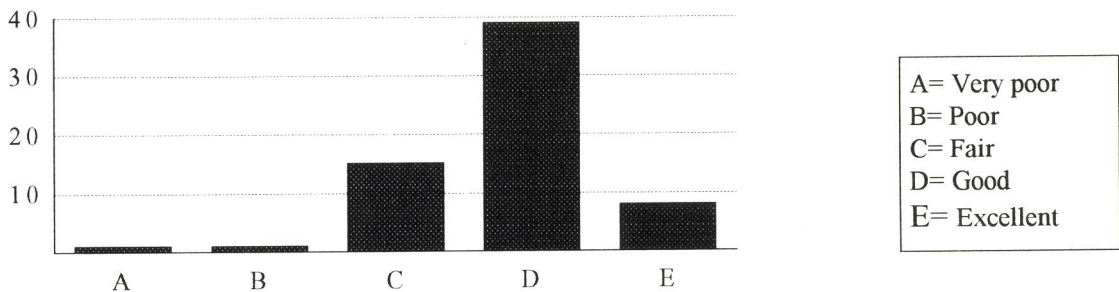
Question 32

How often do you eat between main meals (of ANY food, including beverages other than water)?



Question 44

How would you rate your quality of life? That is, your ability to participate in physical, mental and social activities of every day life?



Question 47

Foods, here graphically depicted, are classified according to the dietary pyramid developed by the United States Department of Agriculture (USDA) and the Department of Health and Human Services (HHS), with some modifications.

Group 1: Breads, cereals, rice, pastas [6-11 rations]

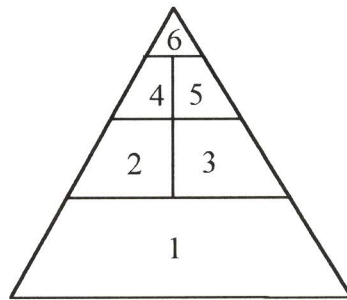
Group 2: Vegetables [3-5 rations]

Group 3: Fruits [2-4 rations]

Group 4: Milk, yoghurt, cheese [2-3 rations]

Group 5: Meat, poultry, fish, beans, eggs, nuts [2-3 rations]

Group 6: Added fat, oil, sugar [Use rarely]



The modifications include adding foods to Group 6 which should be rarely, if ever, used. This includes pickles, ketchup, coffee, etc.

The sub-questions of Question 47 were grouped as follows:

Group 1: 36,37

Group 2: 7,23,24,25,27

Group 3: 32,33

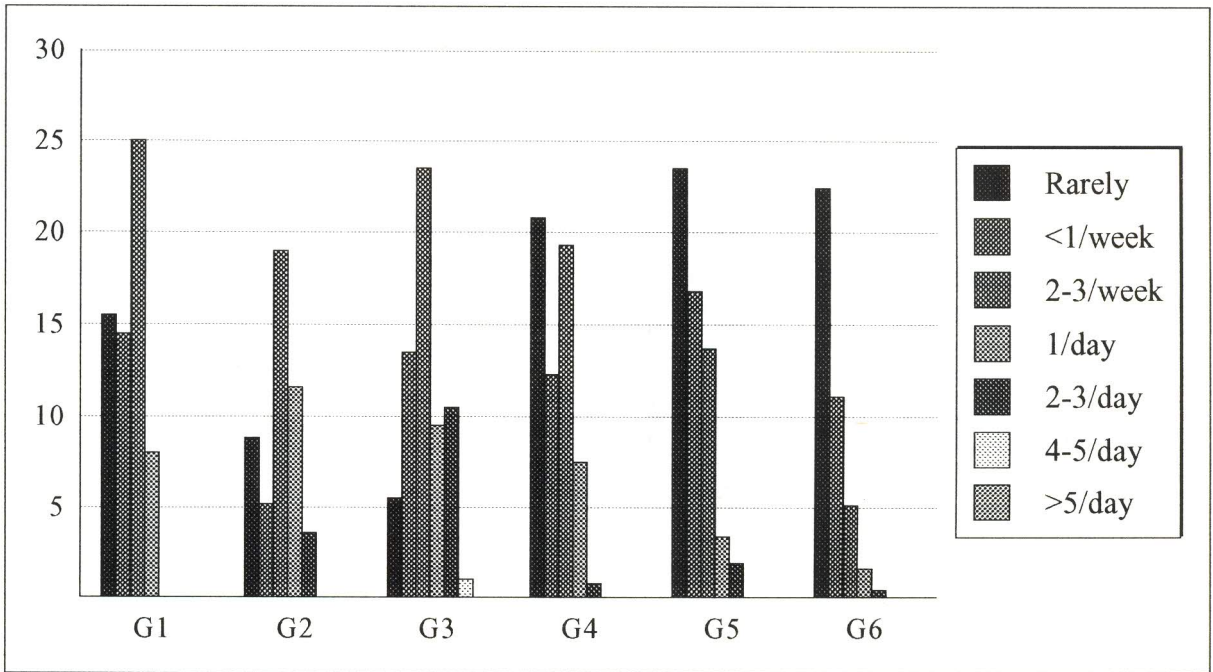
Group 4: 1,2,12,13

Group 5: 3,10,11,16-22

Group 6: 4-6,8,9,14,15,26,28-31,34,35,38,39

The values were added together in each category, then divided by the number of questions within that group so as to weight them evenly against each other.

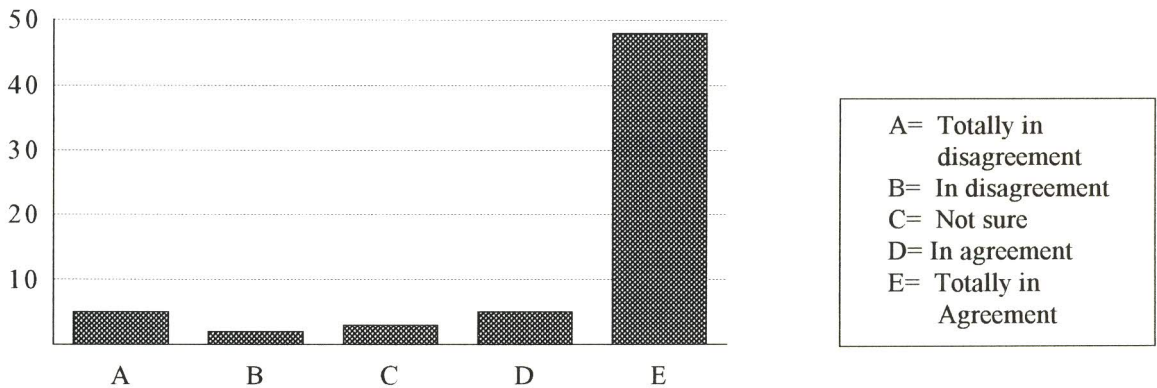
| Usage | G1 | G2 | G3 | G4 | G5 | G6 |
|----------|------|------|------|------|------|------|
| Rarely | 15.5 | 8.8 | 5.5 | 20.8 | 23.5 | 22.4 |
| <1/week | 14.5 | 5.2 | 13.5 | 12.3 | 16.8 | 11.1 |
| 2-3/week | 25 | 19 | 23.5 | 19.3 | 13.7 | 5.1 |
| 1/day | 8 | 11.6 | 9.5 | 7.5 | 3.4 | 1.6 |
| 2-3/day | 0 | 3.6 | 10.5 | 0.75 | 1.9 | 0.4 |
| 4-5/day | 0 | 0 | 1 | 0 | 0 | 0 |
| >5/day | 0 | 0 | 0 | 0 | 0 | 0 |



Questions 48.1- 14, as follows, use the same scale of agreement (as indicated in the legend).

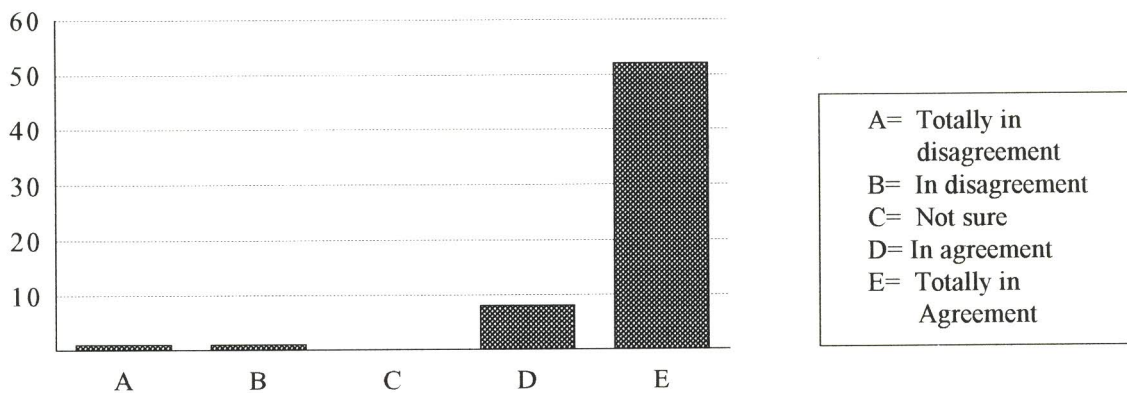
Question 48.1

The church should deny membership to a person who uses alcohol, tobacco, or illegal drugs

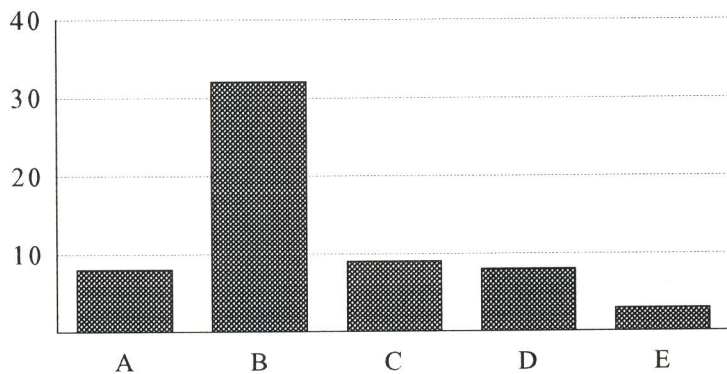


Question 48.2

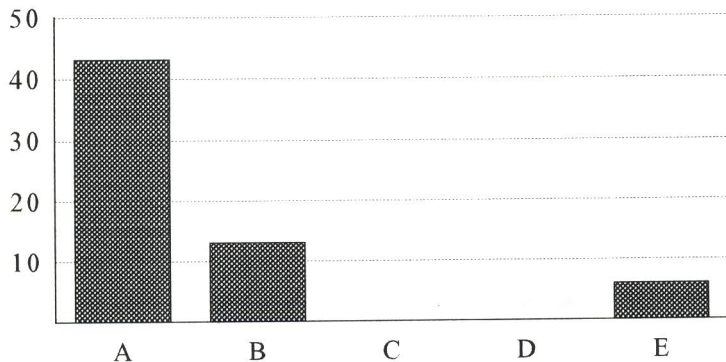
A church member who is a regular user of alcohol, tobacco, or illegal drugs should be disfellowshipped if the member has no desire or plan to change

**Question 48.3**

It is OK for SDA lay people to eat meat, fish or fowl

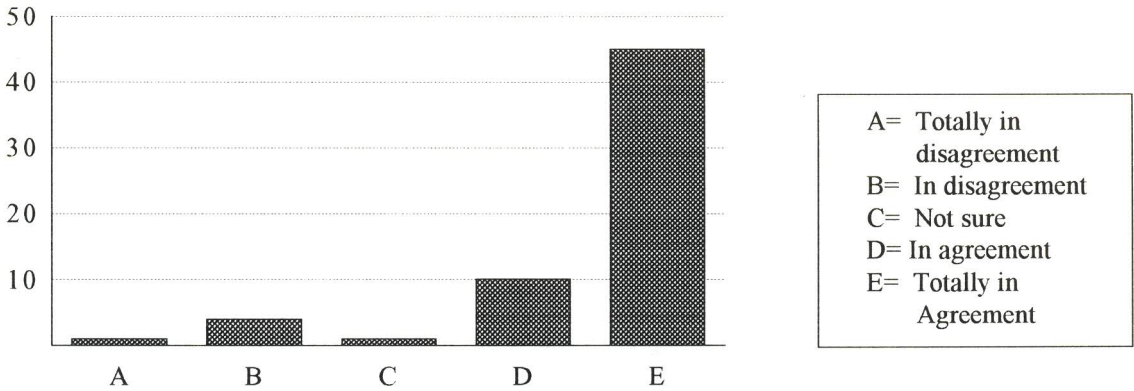
**Question 48.4**

It is OK to serve meat dishes at church-sponsored fellowship dinners or potlucks

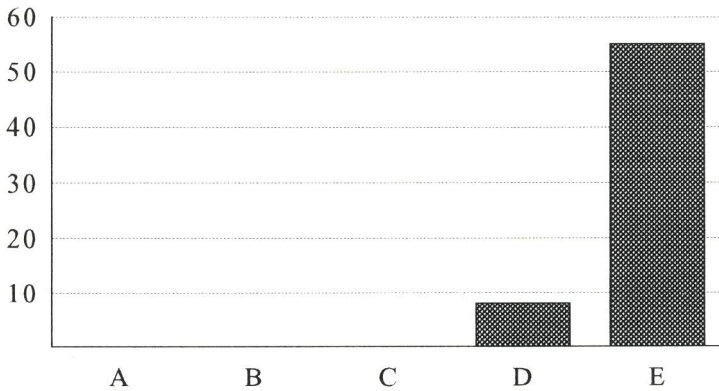


Question 48.5

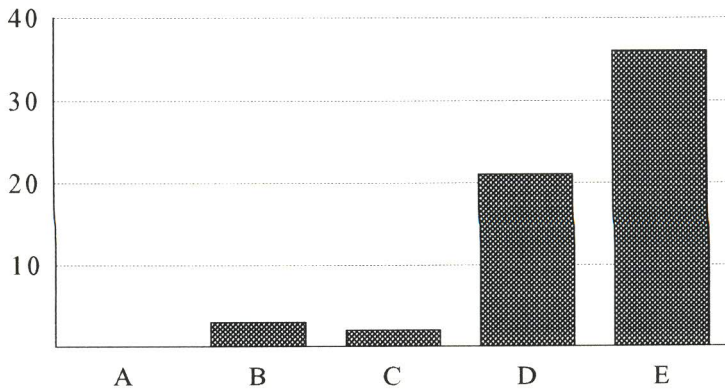
Ministers and church leaders should follow stricter lifestyles than church members

**Question 48.6**

Following good eating habits can prevent or decrease the occurrence of heart disease, cancer, or other serious health problems.

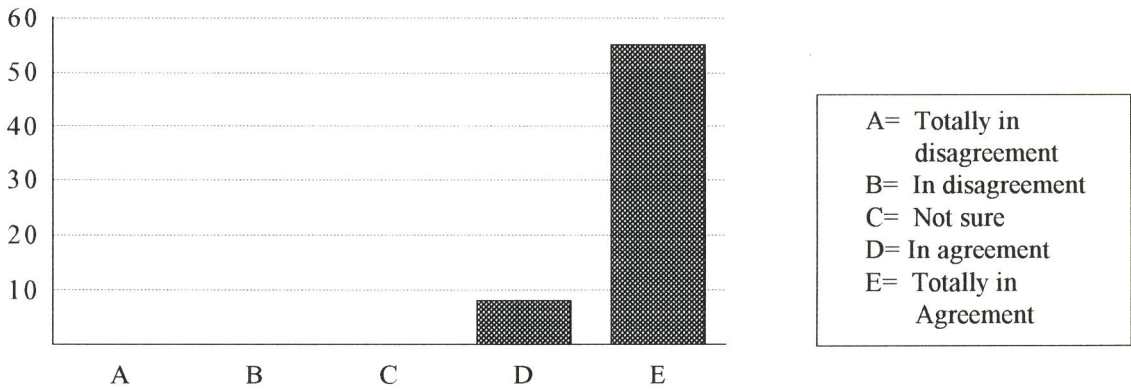
**Question 48.7**

My mental attitude and outlook on life is a major factor in how healthy I am or what health problems may develop.

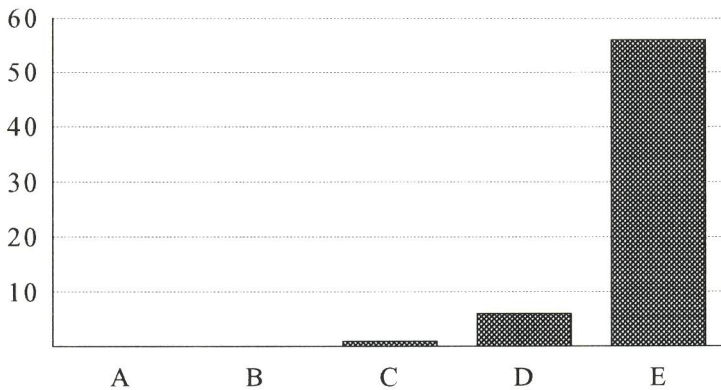


Question 48.8

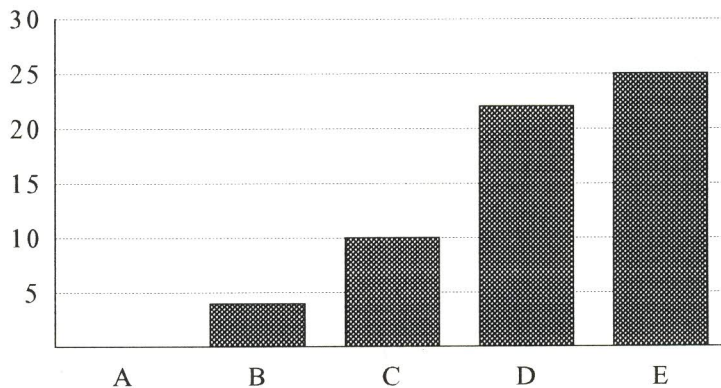
I can expect to feel better and be more productive as a person by following good health practices

**Question 48.9**

Ministers should be a living representation of the SDA health message

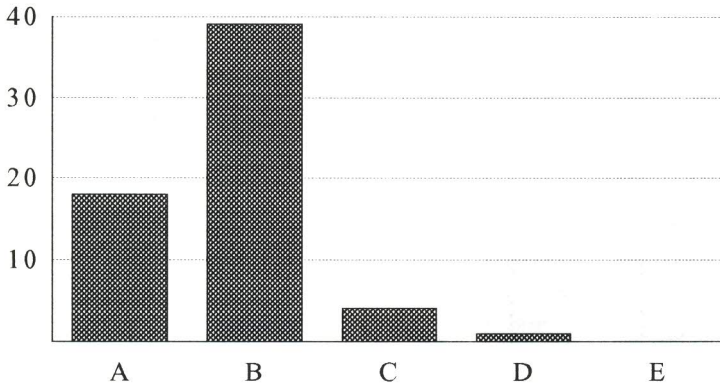
**Question 48.10**

Exercise is something I enjoy and look forward to



Question 48.11

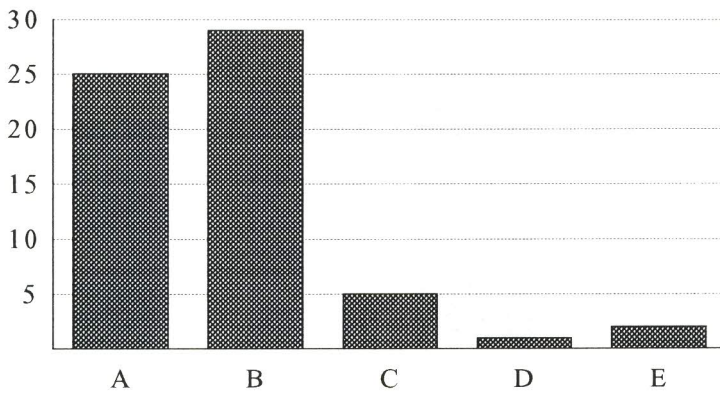
The degree of health the average person enjoys is largely determined by heredity and has little to do with lifestyle



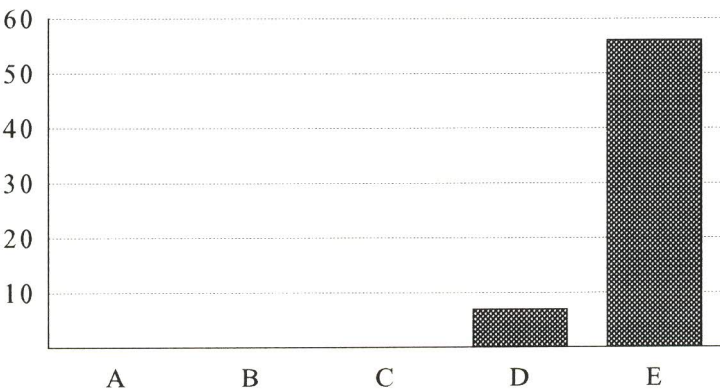
A= Totally in disagreement
 B= In disagreement
 C= Not sure
 D= In agreement
 E= Totally in Agreement

Question 48.12

It is OK for SDA pastors to eat meat, fish or fowl

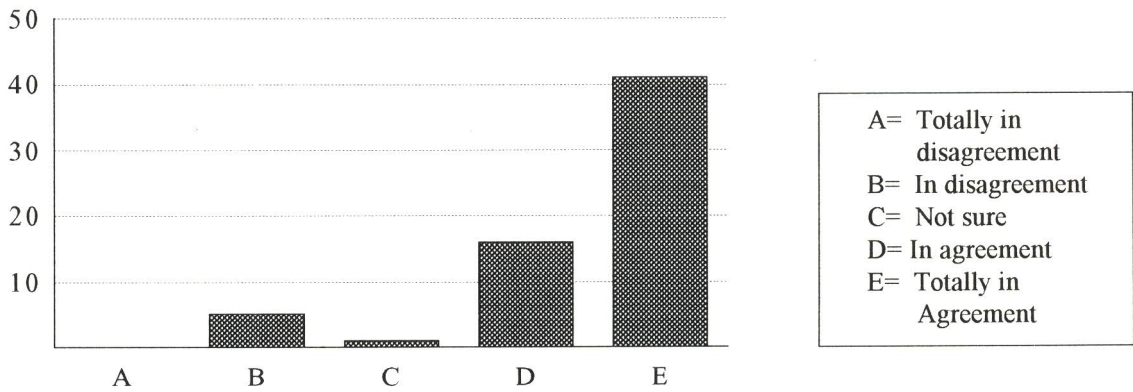
**Question 48.13**

The benefits of following a healthful lifestyle are generally worth the effort

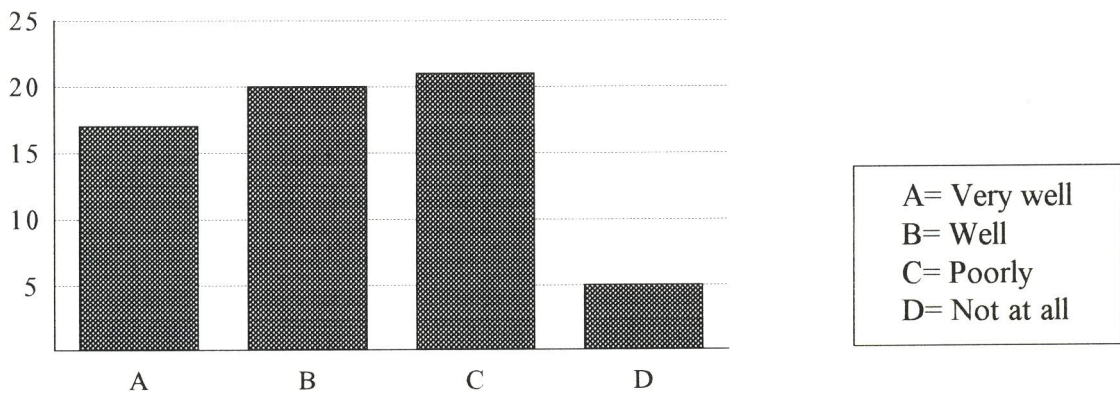


Question 48.14

The personal testimonial of an individual is more important than scientific evidence as proof of the value of a health practice

**Question 61**

How well did your ministerial training equip you to be a minister of the "gospel of health"?



TESTING OF HYPOTHESES

Testing the hypotheses required the formation of various ordinal (numerical) indexes, which were created by the addition of the recoded ordinal answers of grouped question types. The indexes have validity only within the context of this study, and only for the purpose of statistical analysis.

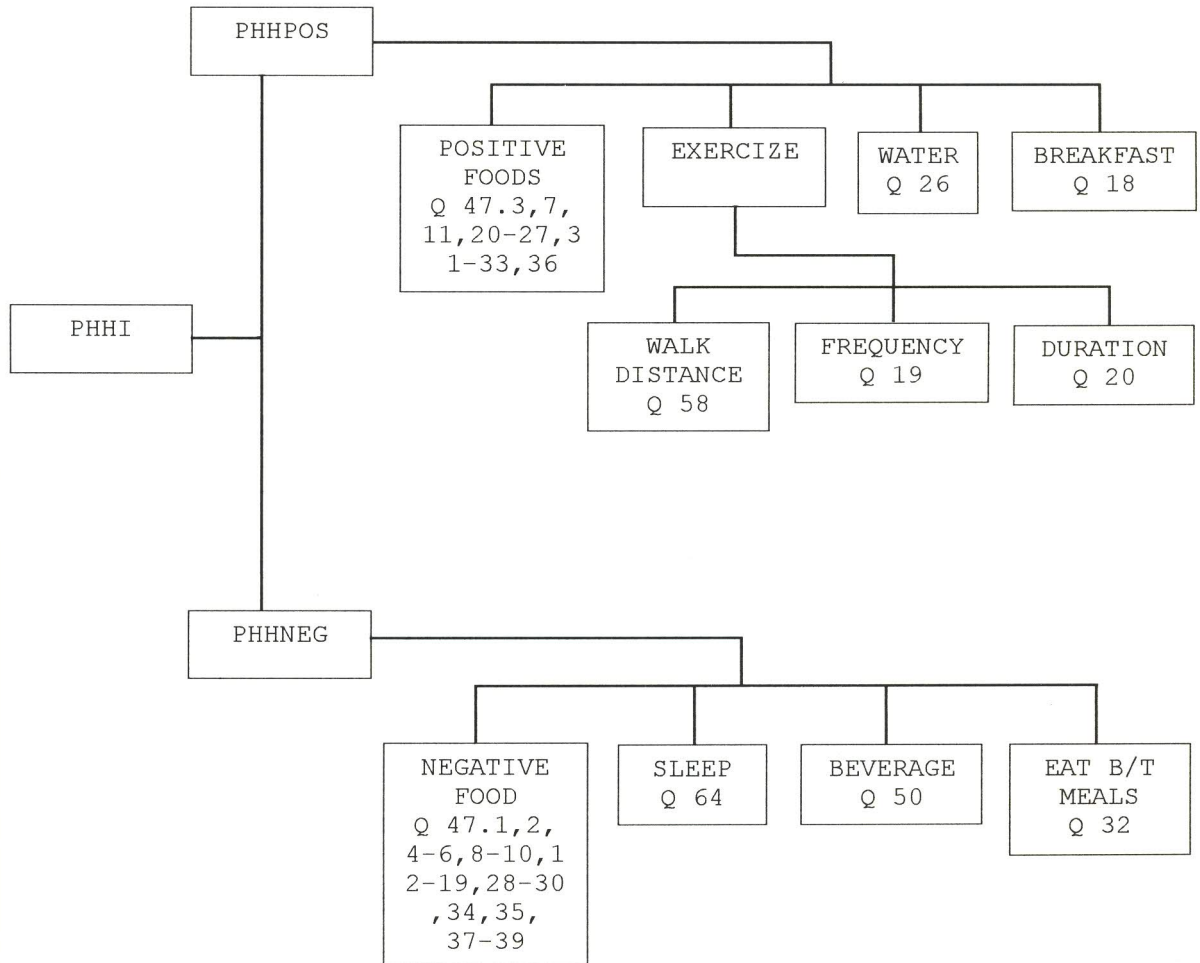
The Physical Health Habit Index (PHHI) as used in hypotheses 1-3 was formed from many variables dealing with:

- a) **positive habits** such as healthful foods, exercise (frequency and quantity, walking), water consumption, and regular breakfasts.
- b) **negative habits** such as health-compromising foods, too much/little sleep, consumption of liquids other than water between meals, and eating between meals.

The coded responses within the computer program (SPSS) were recoded so as to reflect the positive or negative habits under consideration. For example, with PHHI, an increasing number for the negative habits would indicate an increasing number of unhealthful habits, while an increasing number for the positive habits would indicate an increasing number of healthful habits. It would be hoped that the positive would outweigh the negative, so PHHI was finally computed by subtracting the negative habits from the positive. See Chapter III for the grouped question types.

Specifically, PHHI was formed from the following variable

types:



Every variable within PHHI, and the other indexes, was not given any weighting. The assumption is made that each has as much impact upon health as each other. This assumption is most likely not valid, but was made in the absence of any known studies whose findings could be used to weight the various lifestyle factors. The other indexes were formed in a similar way as demonstrated above. Again, see Chapter III for the grouped question types.

| <u>Variable</u> | <u>Variable Meaning</u> |
|-----------------|---|
| PHHI | ▶ Physical Health Habits Index |
| MHSI | ▶ Mental Health Status Index |
| PHSI | ▶ Physical Health Status Index |
| HPI | ▶ Health Promotion Index |
| PCTTOTAL | ▶ Mean percent read of given E.G.White books |
| PCTMIN | ▶ % Health classes wanted in ministerial training |
| AYUDA | ▶ Minister feels equipped to be a health educator as a result of his training (ordinal categorical) |
| CATBMI | ▶ Categorized Body Mass Index (measure of body fat) (ordinal categorical) |

See APPENDIX G for Histograms of the above variables.

In the following tests, the level of $\alpha=0.05$.

Number 1:

A pastor who practices positive lifestyle habits enjoys a higher status of physical and mental health than a pastor who does not.

No significant relationship was seen between:

a) A minister's lifestyle habits and his physical health.

Variables tested: PHHI-PHSI. See Table 1.

b) A minister's lifestyle habits and his mental health.

Variables tested: PHHI-MHSI. See Table 1.

Number 2:

A pastor who practices positive lifestyle habits is more likely to promote healthy concepts in his church(s).

A significant trend was detected between a minister's lifestyle habits and his likelihood of promoting health in his church(s). Variables tested: PHHI-HPI. See Table 1 for correlation coefficient and APPENDIX G for scattergram distribution.

Number 3:

A pastor who reads more of Ellen White's counsel upon health practices more positive health habits than the pastor who does not read as much.

No significant relationship was detected in the minister's health habits and his reading of Ellen White's materials upon health. Variables tested: PHHI-PCTTOTAL. See Table 1.

Number 4:

There is a relationship which exists between the level of a ministers' mental health status and physical health status.

A significant relationship was detected, even at the 1% level, between a minister's physical health status and his mental health status. Variables tested: PHSI-MHSI. See Table 1 for correlation coefficient and APPENDIX G for scattergram distribution.

Table 1**Spearman Correlation Coefficients (One-Tailed)**

| <u>Hypothesis</u> | <u>Variable</u> | <u>Coefficient</u> | <u>p</u> | <u>N</u> |
|-------------------|-----------------|--------------------|----------|----------|
| 1 | PHHI-PHSI | -0.1580 | 0.106 | 64 |
| 1 | PHHI-MHSI | -0.0704 | 0.290 | 64 |
| 2 | PHHI-HPI | 0.2217 | 0.039 | 64 |
| 3 | PHHI-PCTTOTAL | -0.0457 | 0.360 | 64 |
| 4 | PHSI-MHSI | 0.3230 | 0.005 | 64 |

Number 5:

A relationship exists between a minister's degree of satisfaction with being equipped to be a minister of the "gospel of health" during ministerial training, and of wishing to see a higher percentage of health-oriented classes included for future ministerial students.

According to the Kruskal-Wallis 1-Way ANOVA, the satisfaction or dissatisfaction that a minister may have experienced regarding the amount of health-oriented classes in his theological training is not reflected in his response to Question 29 in the survey (that is, the percentage of a minister's training which should be devoted to health). Variables tested: PCTMIN-AYUDA. See Table 2.

Number 6:

An overweight pastor is less likely to promote health in his church(s) than one whose weight is within the ideal range.

Analysis by the Kruskal-Wallis 1-Way ANOVA showed no conclusive evidence of the relationship between a minister's body fatness and his promotion of health in his church(s). Variables tested: HPI-CATBMI. See Table 2.

Table 2**Kruskal-Wallis 1-Way ANOVA**

| <u>Hypothesis</u> | <u>Variable</u> | <u>Chi-Square</u> | <u>D.F.</u> | <u>p</u> |
|-------------------|-----------------|-------------------|-------------|----------|
| 5 | PCTMIN-AYUDA | 1.4336 | 3 | 0.6977 |
| 6 | HPI-CATBMI | 0.0228 | 2 | 0.9887 |

CHAPTER V

Conclusions

This research project has dealt with very sensitive issues. Many pastors have exposed themselves to investigation, although their identity has been anonymous. Their willingness to participate is commended, and it is expected that this project will work in their favor. The very action of filling in the survey has stimulated thought in the minds of some pastors. How much more I expect the results to inspire change! The investigation and results have not been written with the least intention of condemning the habits and attitudes of the ministry. Rather, it has been out of an earnest desire to see the ministry both living up to and working in harmony with the high ideals that God has given his remnant church.

The questions posed in Chapter I have been answered as far as the survey permitted. During the recollection of data, it was realized that the survey had its shortcomings, and could have been formed a little differently in order to better answer some of the questions. For example, there could have been more questions dealing with Health Promotion. It would have given a broader base for more significant statistical analysis.

Within northern Mexico the ministers appear to be in fine health according to their responses about health status. For the most part, their habits are obviously such that their health status does not reflect many problems, though many admitted to habits which they would like to change. The majority of ministers are within their ideal weight range, which maybe more because of their diet than anything else. Their exercise patterns show much room for improvement.

They are cognizant of the fact that their health behavior is being watched by church members, though there was a diversity of opinion on this and similar issues, as is seen in the responses to the declarations of Question 48.

Only about one quarter of the ministers are actively engaged in the promotion of health-related subjects in their churches. Their training plays a role in this issue, as they admit in Question 61. Even though many believe that their training has equipped them to be health educators, it is a little unrealistic to believe that 2 classes during their entire training are sufficient to enable them to do this. The students at Montemorelos University are currently receiving 2% of their course in Health subjects, yet the ministers in the field are suggesting that 25% is not unrealistic. Theology students evaluated in December of 1993 called for a staggering 50% of their course to be devoted to instruction in health!

Where the testing of the hypotheses showed no relationship, it does not mean that there is no relationship.

The limitations of this survey must be considered. It *could* be reasoned that the lack of significant relationships is attributable to not knowing how to correctly weight the various lifestyle factors within the indexes used for analysis. For example, is what a person eats more likely to sway the scales than the degree of exercise exertion? Scientific studies *have* defined very well the impact of one's health habits upon one's health status. Much pre-testing would have been required to understand the specific impact of certain habits upon a person's health. Even then, it could change from individual to individual. It is interesting to note, though, that in Breslow and Belloc's study, none of the various factors they measured were demonstrated to have a greater impact than each other.

But the statistical analysis which was used took into account the lack of weighting factors when the Spearman rank correlation tests were used. Even though a variable is weighted, it will still retain its own ranking. The existence of confounding factors is most probable, for there has been no controlled factors. There needs to be a consideration of the inherent bias in a self-administered survey. There is often a tendency to answer according to a "correctly" rather than "factually". See 'Analysis of data' in Chapter III (p. 48).

Also, except for height and weight, no 'hard' data was asked for in the survey. In order to make more accurate

statements regarding health status, blood pressure and a blood analysis (for total cholesterol and HDL, triglycerides, glucose etc.) are really essential, along with a diet analysis. But this was not the underlying intention of the survey.

Interestingly, there was not a detectable link between the ministers' reading of Ellen White's health books and their health habits. As the hypothesis stated, it would be reasonable to expect that the more one reads the more one would be likely to bring one's life into harmony with counsel and reap as a consequence increased health. This does not appear to be the case. Again, the limitations of the survey must be considered. Nonetheless, the responses to Questions 22, 31, 46 and 55 indicate that the writings of Ellen White do play a important role in the ministers' lives.

If Question 31 is any indication, these ministers would like to have a greater health emphasis in their training. Perhaps it is true that a minister will only do and be what he has been trained to do and be.

A significant relationship was seen between the ministers' physical health status and their mental health status. A minister could better cope with the stress and possible periods of depression of his job by doing those things which increase the health of his body.

An important relationship was observed between a minister's health habits and his likelihood of promoting

health-oriented programs. Apart from this being of interest to the ministers themselves, it should be of great interest especially for those in conference/union leadership positions. Regional Health and Temperance Secretaries (H&T Secretaries) should consider the health habits of the pastors in their charge when expecting them to run health programs.

There is little contact between the minister and his regional H&T Secretary , and vice versa. There are most likely many factors at stake, though possibly *some* of them may be:

- A regional H&T Secretary who has been given this portfolio in which he has little knowledge, experience and interest, or whose time is consumed by another portfolio.

- The ministers may have learned by experience that their regional H&T Secretary offers little support and hence do not avail themselves of his help.

- The ministers may be ignorant of the resources that their missions and conferences and union have at their disposal. See APPENDIX H for one of Pr. Soto's recent communiqués with his H&T Secretaries across the Union.

RECOMMENDATIONS

That:

- Health screenings be held for ministers in conjunction with their yearly retreats. This would allow for the collection of 'hard' data. Further, questionnaires could be completed on the spot, making way for an almost 100%

response rate. Annual testing could be done not only for the workers' own health's sake (and hence for the work of the Lord), but as a training experience for the ministers themselves, demonstrating how *they* may set up such a program in their churches. Further, such testing would allow for a confidential data base to be set up, which would help to monitor and improve the health of the pastor, and consequently, his pastoral abilities and ministry at large. Such testing would also allow for on-going scientific investigations.

- ☑ Ministers be offered incentives to take short-term intensive health courses that will allow them to be health educators (by an arrangement such as a 3-way shared expense by self, conference and union)
- ☑ The Masters in Public Health students be encouraged, with the cooperation of conferences, to carry out a practicum with a minister. This would help to equip both ministers and church members alike.
- ☑ Most importantly, a task force be established in the School of Theology at Montemorelos University that will research the writings of Ellen White on the role that ministers are to play in these times as health educators. This should be done with a view to making needed changes to the present curriculum. The curriculum should be of a very practical nature, and could involve the running of public programs (stop smoking, cooking schools etc.).

APPENDIX A

(Investigation of a select number of SDA educational institutes in regards to the health content of their ministerial course)



ANDREWS
UNIVERSITY

April 18, 1994

Robert H. Granger
University of Montemorelos
Apartado 16-240
Montemorelos
Nuevo Leon, MEXICO 67530

Dear Robert:

In response to your inquiry, 190 quarter credits are required for graduation, 96 of which are part of the theology concentration. As part of the health and physical education requirements, HLED115, Concepts of Health and Physical Activity is a 2-credit option. That is the only health class many majors take. Enclosed is the course syllabus.

I wish you success in your research.

Yours in His service,

Dr. William Richardson
Chair, Department of Religion

WR:kjb

**Concepts of Health
And Physical Fitness
HLED 115**

| | | |
|-------------|---|--|
| Instructor: | Dave Petersen | Office Phone: 471-3256 Home Phone: 471-1720 |
| Office: | 001 Johnson Gym | |
| Text: | <u>Understanding Your Health</u> <u>Counsels on Health</u> <u>Ministry of Healing</u> | Payne & Hahn (Req) White (Opt) White (Opt) |

Course Description:

Principles of personal and community health as outlined by the Spirit of Prophecy as well as acquaintance with current health knowledge and healthful living.

Class Structure:

I am continuing to experiment this quarter. I am going to divide this class into groups of three. Each group will work as a unit and will sit together in class.

The governing principle of the triad will be "one for all and all for one." That is, you and the others in your triad will work as if you were one student. You are not in competition with anyone else. This is going to be a "cooperative" effort. You will learn to work with others. You will help each other and support each other and study with each other and be responsible for each other as the need arises. You will compose class discussion questions, take quizzes together, take each test together as well as the final, handing in one copy with each of your names on the item turned in for credit.

All issues between members of the triad will be settled by the members of the triad. If, for example, a member of a triad for any reason cannot be available to participate in an assignment, the other members of the triad have the authority to decide whether to "carry" that person or not; or if a member needs help, the other members of the triad should try to assist; if a member is acting irresponsible, the members of the triad should discuss the matter and resolve the issue. If the person continues their irresponsible ways, the other members of the triad have the authority to decide whether to include or exclude that person on the written assignments. I

will not become involved in the affairs of a triad unless a member calls upon me to do so.

Class Operation:

It is my goal to make this a discussion class and not a lecture class. The discussion will be based upon the reading assignment and the discussion questions which the triad formulates. I want this to be your class. There is very little that you read that should not have some effect on the lives you are now living. Please remember I'd rather hear you than me.

Also, **THERE IS NO SUCH THING AS A "DUMB" QUESTION OR "CRAZY" IDEA.** You're here to learn and you learn by asking questions about things you don't know or understand.

Reading Reports:

Individual reading reports are due every Thursday. They must be typed, or computer generated. Late or hand written reports will not be accepted.

These reports are summaries of material you have read outside of assigned class material.

Evaluation:

For two credits

75% Tests, Reading Reports and other assignments as given
25% Final Test

For three credits

The above will make-up two-thirds of your grade, one-third coming from the physical fitness portion.

Competencies:

At the end of this course the student will be able to:

1. List the most critical issues facing college students in the 1990s.
2. Define "holistic health" and explain how its definition is different from the definition of "health" according to the World Health Organization.
3. Explain the difference between health promotion and wellness.
4. Define "traditional," "non-traditional," and "minority" college students and explain their special concerns.
5. List the four developmental tasks of the young adult period as identified by the authors.
6. Identify the five dimensions of health.

7. In your own words, summarize the "new" definition of health presented by the authors.
8. Describe what is meant by a mentally healthy person.
9. Explain what distinguishes the difference between those who are mentally healthy and those who are not.
10. List the two major factors that influence personality.
11. Explain what is meant by the term "normal range of emotions."
12. Define depression and list its common symptoms.
13. Explain the distinction between "being alone" and "feeling lonely."
14. Explain why self-esteem may be the key to overall mental health.
15. Name and describe the five needs noted in Maslow's hierarchy of needs.
16. List all of the traits that characterize creative people.
17. Identify the two stages that college students may go through as they develop their own faith.
18. List in order and briefly describe the four components of the cyclic process of emotional growth.
19. Explain the difference between stress and stressor.
20. Name and describe the stages of Selye's general adaptation syndrome model.
21. List the three categories of stressors.
22. Explain the difference between eustress and distress.
23. Summarize the effect of unresolved stress.
24. Identify the major areas from which college-centered stressors could arise.
25. Identify the major areas from which life-centered stressors usually occur.
26. Create a list of those factors that could influence how a particular person perceives stressors.
27. Briefly describe the endocrine and nervous systems' involvement in response to stress.
28. Name the tissue responses that can be expected in a normally healthy individual who is under the influence of a real or imagined stressor.
29. Identify the influences of corticoids and epinephrine on energy release.
30. Explain the condition called "seasonal affective disorder."
31. Summarize what people can do to reduce their chances of developing stress-related illness.
32. List effective techniques which can help you deal with stress.
33. Explain how effective communication skills can minimize stressful responses from others and help you deal with stress.
34. List and briefly describe the five major components of physical fitness discussed in the textbook.
35. Name several structural and functional benefits of cardiorespiratory (aerobic) fitness.
36. Explain the difference between these different types of muscular strength exercises: isometric, progressive resistance, and isokinetic.

37. Explain the difference between muscular strength and muscular endurance.
38. Outline the guidelines to avoid injury during stretching.
39. Identify and briefly explain the five important components a fitness program recommended by the American College of Sports Medicine.
40. Compute your target heart rate (THR).
41. Explain the three components of a training session.
42. Explain how to avoid injury during strength training activities.
43. Explain how a cardiopulmonary fitness program should be adjusted for an older adult.
44. Explain the difference between low impact and high impact aerobic activities.
45. Explain how an individual can be a good consumer of exercise equipment programs.
46. Summarize the role of sleep in an overall fitness program.
47. List the six categories of nutrients and their contribution to the diet.
48. State which of the nutrient categories provides Calories.
49. Distinguish between monosaccharides, disaccharides, and polysaccharides.
50. Identify the nutrient category that yields the greatest number of Calories per gram consumed.
51. Briefly describe the major categories of fats.
52. Explain the difference between water soluble and fat soluble vitamins and provide a list of each.
53. Identify the three nutrient categories that do not contribute Calories in our diet and explain the role of each.
54. Describe the difference between micronutrients and macronutrients.
55. Summarize how the nonnutritive food element fiber aids in the digestion process and helps maintain good physical health.
56. List the five food groups, the contribution of each to our diet, and the recommended minimum number of servings needed per day for an adult.
57. Describe the nutritional value of fast foods and the efforts of fast food restaurants to provide meals with less fat.
58. List the most recent dietary guidelines.
59. Differentiate between the ovo-lacto-vegetarian, the lacto-vegetarian, and the vegan vegetarian diets.
60. Summarize the potential difficulties of consuming a vegan vegetarian diet.
61. Briefly describe the difference between overweight and obesity.
62. Explain what is meant by healthy body weight.
63. Explain how to determine a healthy body weight using hip and waist measurements.
64. Compute your Body Mass Index (BMI) using the formula on page 152 of the textbook.
65. List and briefly explain the theories that describe the

origins of obesity.

66. Describe the role of inactivity in obesity.
67. Explain the difference between caloric balance and caloric imbalance and how they affect a person's weight.
68. List the three factors that determine the energy needs of the body and briefly describe each.
69. Identify the five major categories of alternative diet plans and provide a one sentence explanation of each.
70. List and briefly describe the four different physical interventions for weight management.
71. Identify the components of what the authors of the textbook see as the best approach to weight reduction.
72. Identify those weight management techniques that individuals can do themselves without the help of a health professional for a person to lose weight.
73. Identify those weight management techniques which necessitate the aid of a health professional for a person to lose weight.
74. List the characteristics of a reputable weight loss program.
75. Define "psychoactive drugs."
76. Explain the difference between physical and psychological dependency.
77. Explain the difference between drug use, misuse and abuse.
78. Describe the ways in which individual factors, immediate environmental factors, and factors from the larger society can influence drug-taking behavior.
79. Explain drug impact on the central nervous system.
80. Identify, describe, and give two examples of each of the five major classifications of drugs.
81. Differentiate among the four effects of combination drug use: additive, potentiated, antagonistic and synergistic.
82. Describe primary prevention, secondary prevention and tertiary prevention as drug prevention measures.
83. Summarize the development and growing use of drug tests.
84. Identify the four different components of a comprehensive drug treatment program and the order in which one would normally progress through them.
85. Identify what the authors believe to be the ultimate reason why most people drink alcohol.
86. Explain why per capita alcohol consumption figures are misleading.
87. List and define the six classifications of drinking.
88. Define the term word proof as it relates to alcohol.
89. identify six factors that can influence the rate of absorption of alcohol from the digestive tract into the blood stream.
90. Identify the changes in behavior that are noticeable as blood alcohol concentration increase.
91. State the only effective remedy for sobering up.
92. Describe the signs of a person is shock.
93. Describe the first aid procedures for a person with acute alcohol intoxication.
94. Identify and describe three alcohol related social problems.

95. List six of the ten guidelines for hosting a party.
96. Identify three organizations that support responsible drinking.
97. Summarize the signs of a problem drinker.
98. Explain the process of denial and enabling as they relate to problem drinkers and alcoholics.
99. Summarize the three general steps in the treatment of alcoholism.
100. List three support groups that help alcoholics, and their spouses and children.
101. Identify differences between females and male alcoholics.
102. Explain why cardiovascular disease is referred to as the number one killer.
103. List and describe the five major components of the vascular system.
104. Describe the flow of the blood through the heart.
105. Identify the six functions of the blood.
106. Name the four functions which are the primary indicators of the health status of the cardiovascular system.
107. List and briefly describe the five major forms of cardiovascular disease (CVD).
108. Briefly describe the relationship of HDLs to LDLs.
109. List, in proper order, the three coronary crisis priorities.
110. List three emergency therapies that could be used on a heart attack patient.
111. Describe the process used to determine the extent of damage to the heart muscle following a heart attack.
112. Name the two major difficulties that must be overcome to have a successful heart transplant.
113. Define congenital heart disease, peripheral artery disease, and congestive heart failure.
114. Distinguish between essential and secondary hypertension.
115. List four things a person with hypertension can do to control his/her blood pressure without the use of drugs.
116. Identify the four forms of stroke.
117. List the five warning signs of stroke.
118. Categorize the cardiovascular risk factors by whether or not they are changeable or not changeable.
 - a) Changeable risk factors include:
 - b) Unchangeable risk factors include:
119. Explain the normal role of regulatory genes.
120. Identify two mechanisms that might alter the normal behavior of regulatory genes.
121. Explain the difference between malignant and benign tumors.
122. Identify the eight different types of cancer.
123. Identify the major sites in the body where cancer is most often found.
124. List the risk factors for breast cancer.
125. List the three major health care examinations a person can have to screen for colon and rectum cancer.

126. Cite the ABCDs of skin cancer.
127. Explain the steps of self breast and self testicular examinations.
128. Using the word CAUTION, list the seven warning signals of cancer.
129. Name and describe the five factors that affect the survival rate of cancer.
130. List and briefly explain the three traditional treatment schemes for cancer.
131. List the seven things people can do to reduce their risk of cancer.
132. Briefly describe the following conditions:
 - a) premenstrual syndrome
 - b) insulin-independent diabetes mellitus
 - c) insulin-dependent diabetes mellitus (type 1)
 - d) osteoporosis
 - e) lower back pain
 - f) sickle cell trait
133. List the six major categories of pathogens.
134. Explain the chain of infection.
135. List the four common routes of indirect transmission and three common routes of direct transmission.
136. List, in order of progression, the stages of infection.
137. Distinguish between natural, artificial, and passive immunity.
138. Identify what make each of the following a concern for humankind:
 - a) hepatitis B (HBV)
 - b) AIDS
139. Explain the following biological bases of human sexuality.
 - a) genetic basis
 - b) gonadal basis
 - c) structural development
 - d) the childhood years
 - e) puberty
140. Briefly describe the changes that occur in puberty for the:
 - a) female.
 - b) male.
141. List, in chronological order, the steps in the psychosocial basis of human sexuality and briefly describe each.
 - a)
 - b)
 - c)
 - d)
142. Trace the path of the sperm cell from seminiferous tubules to the urethra.
143. List both the internal and external structures of the male and female reproductive systems.
144. Name the three phases of the menstrual cycle and briefly describe what takes place in each phase.
145. Distinguish between reproductive, genital and expressionistic sexuality.

146. define androgyny.
147. Name and briefly describe the four stages of the sexual response.
148. List the seven different patterns of sexual behavior identified in the textbook.
149. Describe the factors that influence the choice of a mate.
150. Briefly summarize the model explaining the progression from dating to mate selection.
151. Explain what the authors describe as love, friendship, and intimacy.
152. Define the forms of marriage listed below:
 - a) conflict-habituated.
 - b) devitalized.
 - c) passive-congenial.
 - d) total.
 - e) vital.
153. List the different alternatives to marriage.
154. Outline the four steps in coping with breakup.
155. Explain what is meant by preferences and variations in sexual behavior and give several examples.
156. Describe the myths about rape.
157. Distinguish between rape and date rape.
158. Outline the steps one should take if raped.
159. Distinguish between birth control and contraception.
160. List three reasons why individual may choose to use birth control.
161. Explain the difference between theoretical effectiveness and use effectiveness.
162. Create a list of factors that should be considered when selecting a method of contraception.
163. Rank order, from best theoretical effectiveness to worst, the following birth control methods.
 - ___ condoms
 - ___ contraceptive sponge
 - ___ IUD
 - ___ spermicides
 - ___ withdrawal
164. Summarize the four means by which birth control can be accomplished.
165. Briefly describe how each of the following birth control methods work and one advantage and disadvantage of each.
 - a) withdrawal
 - b) periodic abstinence
 - c) vaginal spermicides
 - d) condom
 - e) diaphragm
 - f) cervical cap
 - g) contraceptive sponge
 - h) IUD
 - i) oral contraceptives
 - j) subdermal implants

k) sterilization

l) abortion

166. Indicate how a condom should be used to be most effective.
167. Identify the different types of oral contraceptives.
168. Define sterilization and name the most often used method in both the male and the female.
169. List the four options available to females/couples when they are confronted with an unplanned pregnancy.
170. List the different abortion procedures used in each trimester.
171. Summarize the demographics of the aging population in the United States.
172. Explain the predictable occurrences associated with physical decline.
173. Identify the four predictable occurrences that are part of aging physically.
174. List the two major categories of theories of aging and give an example of each.
175. Briefly summarize the sexual response of both the aging female and male.
176. List those conditions and diseases that bother people during their midlife years.
177. Identify those health problems that are likely to cause comorbidity in middle life. (45-65 years) adults.
178. Explain the changes that occur in menopause to both men and women.
179. Define generativity.
180. Summarize what people in their midlife learn about their feelings in the following areas.
 - a) youthfulness/agedness
 - b) masculinity/femininity
 - c) attachment/separation
 - d) constructiveness/destructiveness
181. Explain midlife crisis.
182. Identify and briefly describe the joys of midlife.
183. Briefly explain the social aging theories of disengagement, activity, and continuity.
184. List the areas in which we describe the quality of elderly years.
185. Cite some of the structural and physiological changes seen in elderly adults.
186. Describe the major special needs of aging adults.
187. List four things that would help to reduce accidents in the elderly.
188. Briefly describe the average caregiver.
189. List the major developmental tasks that the elderly face.
190. Summarize the steps the elderly should follow when exercising.
191. Compare the setting of death for people around 1900 and today.
192. Identify the three situations Wordon and Proctor believe will happen if death denial is present in a person.
193. Differentiate between brain death and cellular death.
194. Explain the difference between direct and indirect euthanasia.

195. Identify and briefly describe Kubler-Ross' psychological stages of the terminally ill person.
196. Describe what is meant by a near death experience and list the components of such an experience.
197. Summarize how we should interact with a dying person.
198. Indicate how we should talk about death with children.
199. List seven things parents should do when grieving the death of a child.
200. Briefly describe the strategies used in hospice care.
201. List the sensations and emotions people experience during the grief process.
202. Identify the four phases of the grieving process.
203. Summarize the major components of the full funeral service.
204. Name the four ways of disposing of the body.
205. Explain why organ donation has not been more prevalent.
206. Identify what you have to do to donate an organ.



SOUTHERN COLLEGE
OF SEVENTH-DAY ADVENTISTS

FOUNDED 1892

April 21, 1994

Robert H. Granger
University of Montemorelos
Apartade 16-240
Montemorelos
Nuevo Leon, Mexico 67530

Dear Brother Granger:

Thank you for your letter asking for information about our theology program.

The total number of hours required for our Theology degree is 124 as it is for our degree in Religious Education and Religious Studies.

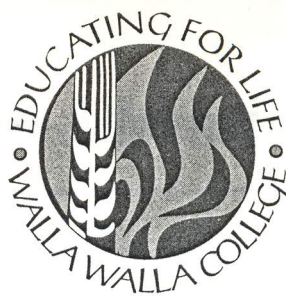
We offer a course in Health Evangelism and our Health Department offers a course in Health and Life. We encourage our students to take these courses but they are not required.

Enclosed is a copy of last year's catalog and class schedule. If you have any other questions, please write us again.

Sincerely,


Jack J. Blanco, Chair
Religion Department

bd



May 11, 1994

Robert H. Granger
University of Montemorelos
Apartado 16-240
Montemorelos
Leon, Mexico, 67530

Dear Mr. Granger,

Please find enclosed copies of the pertinent pages from our college bulletin and certain course syllabi which we hope will answer some of the questions you asked in your letter.

As you will probably see from the material, the course in Theology interfaces with health only as it goes out into the community, surveys humans needs, studies biblical perspectives on healing, or learns about pastoral counseling and mental health.

A four year degree in Health and Physical Education is, of course, offered by the college as well. However, based on your letter, I believe that you are interested only in a program that integrates both theology and health.

As far as getting the same information for when the college began some 100 years ago, the records librarian reports finding a bulletin from 1914 which lists no health classes with the theology major. A separate program in hydro-therapy was offered in connection with the Walla Walla Sanitarium.

Success to you on your project.

[Course = 192 credit hours (depending on major)

Courses in which health is *touched* upon:

- *Pastoral Care and Counseling*
- *Hospital Ministerial Training*
- *Seminar in Christian Ethics*
- *Hebrew Prophets and Contemporary Issues*

Sincerely,

(Mrs.) Linda Veverka
Secretary to Douglas R. Clark
Dean, School of Theology

(this note attached by Robert Granger)

Universidad Adventista de Centro América



TELEFONO 41-56-22 - FAX(506) 41-3465 - CABLE: COVAC - COSTA RICA, C.A. - ALAJUELA - APARTADO 138

21 de abril de 1994

Sr. Robert H. Granger
Universidad de Montemorelos
Apartado 16-240
Montemorelos, N.L., México

Estimado Señor Granger:

Deseamos que el Señor le esté dirigiendo en sus labores y tenga éxito en sus estudios.

Le enviamos la información que necesita en el orden que la solicitó; en cuanto a las materias dedicadas a la salud dentro del curso teológico, solo se dicta una cuyo código y nombre es SLEF 204 Principios de Salud.

- 1. Horas totales de créditos del curso teológico 132
- 2. Horas de crédito de la clase dedicada a la salud 2
- 3. Contenido de la materia: Ver prontuario adjunto

- Libros y materiales: Ver prontuario adjunto
- Descripción del curso: Reconocer los principios de salud y su significado para el individuo y la comunidad.
- Objetivos del curso: Ver prontuario adjunto

Esperamos que la información pueda servirle, y estamos dispuestos a cooperar con usted cuando lo necesite.

Con aprecio cristiano,

Dr. Elías G. Gómez
Director de la Escuela de Teología

Adjunto: Prontuario

op

UNIVERSIDAD ADVENTISTA DE CENTRO AMERICA
 PRONTUARIO DE SLEF 105, PRINCIPIOS DE SALUD
 II SEMESTRE, 1993
 PROFESOR: JOHN PARCHMENT, MSPH, ED.S.

DESCRIPCION DEL CURSO

En este curso se presentarán los principios de salud y su significado para el individuo y la comunidad.

LIBROS REQUERIDOS

Habrán lecturas requeridas de varios libros que están en reserva en la biblioteca.

Buchaman, Dian. La Curación por el Agua: Hidroterapia, 1979.
 Cooper, Kenneth. El Nuevo Aerobics, 1970.
 Hawley, Don. Disfrute Más de la Vida, 1979. Traducción de Come Alive.
 Icaza, S. y Behar, M. Nutrición, 1984.
 Shryock, Salud y Eficiencia.
 White, Elena. Consejos sobre el Régimen Alimenticio.
 White, Elena. Ministerio de Curación.
 Jones, Lucile. Ocho Recursos para Vivir, 1989.
 Textos seleccionados por funcionarios de la UNED. Antología Técnicas Generales de la Salud.

OBJETIVOS ESPECIFICOS

Al finalizar el curso con la ayuda de Dios, por medio de las explicaciones y exposiciones del profesor y el esfuerzo del alumno, el estudiante podrá:

1. Explicar la importancia de la educación para la salud en la prevención y protección de la salud individual y colectiva.
2. Demostrar que la información de salud que presenta la Biblia está tan válida hoy como fue hace dos mil años.
3. Explicar orígenes, características, consecuencias, medidas preventivas en relación con enfermedades transmisibles y otros problemas de salud.
4. Clasificar los alimentos más comunes según los nutrimentos que contengan y seleccionarlos para una dieta balanceada.
5. Dar una definición de salud y enfermedad.
6. Evaluar la credibilidad de cualquier información de salud.

7. Planificar un programa de ejercicios personales.
8. Enumerar los 8 remedios naturales según el Espiritu de Profecía y explicar el papel que juega cada uno.
9. Desarrollar una filosofía de Salud Personal.
10. Describir los factores que puedan llegar a ser un hábito morboso y enumerar recomendaciones para ayudar a alguien a prevenir o a dejar estos hábitos.
11. Aplicar 3 tratamientos hidroterápicos y explicar la eficacia de los mismos.
12. Desarrollar la capacidad de buscar más información acerca de la salud.

REQUISITOS

1. Fiel asistencia.
2. Participación activa.
3. Informe semanal de la lectura de la obra Ministerio de Curación (no más de dos páginas).

CONTENIDO

1. Secretos de Salud en la Biblia (el alumno recibirá 8 lecciones para desarrollar (Trabajo en grupo).
2. Ocho recursos para Vivir.
Jones, 9-73
3. Filosofía y Fundamentos de la Educación para la Salud.
UNED, p. 17-44
4. Introducción y ¿Qué es la salud y la enfermedad?
Hawley, p. 7-17 y Shryock, p. 337-343
5. Cómo evaluar las fuentes de información de la salud.
Shryock, p. 79-85
6. Predecir el futuro según el estilo de la vida.
Hawley, p. 163-176

Personería Jurídica según Resolución del Ministerio
de Educación No. 8529 del 6 de junio de 1983

Medellín, Abril 29 de 1994

Sr. Robert H. Granger
Universidad de Montemorelos
Apartado 16-240
Montemorelos N.L.
Mexico 67530

Apreciado hermano :

Recibí su carta con fecha 10 del presente en la cual me solicita información sobre nuestro programa de Teología en el área de Salud Pública y paso a darle la siguiente información :


El total de horas de crédito en el curso Teológico son 182 horas y 3.968 ULAS.

En el área de Salud tenemos un total de 35 créditos distribuidos así : 19 en Salud y Nutrición y 16 en Educación Física, materia dentro de la cual se ve como el ejercicio ayuda a mantener nuestra salud en buenas condiciones.

En cuanto al programa, el contenido de las materias y libros requeridos estoy enviándole una copia para que usted tenga una mejor base para su trabajo.

Ojalá que la información que le envío pueda ayudarle en su Maestría y le deseo mucho éxito en su Proyecto de Investigación. Si necesita cualquier otro dato estaré a sus órdenes.

Deseando que Dios le bendiga,


Pastor Luis Villamil B.
Director Departamento
Teología.

Resolución 012 del 28
 de octubre de 1992 Comité
 Curricular.

PERIODO 1993-1997 - PROGRAMA DE EDUCACION - TEOLOGIA

Resolución 089 del
 15 Enero de 1993
 Consejo Académico

DISTRIBUCION DEL PLAN DE ESTUDIO POR AREAS, SEMESTRES, CREDITOS Y ULAS

| I SEMESTRE | II SEMESTRE | III SEMESTRE | IV SEMESTRE | V SEMESTRE | VI SEMESTRE | VII SEMESTRE | VIII SEMESTRE | IX SEMESTRE | X SEMESTRE |
|---|---|--|--|---|---|--|--|--|---|
| Sicología del Desarrollo Cr: 3 A: 3 B: 3 C: 3 T: 3 3 39 3 15 37 | Pedag y Didac- tica General I Cr: 3 A: 3 B: 3 C: 3 T: 3 3 39 3 15 37 | Pedag y didac- tica General II Cr: 3 A: 3 B: 3 C: 3 T: 3 3 39 3 15 37 | Sicología del Aprendizaje Cr: 3 A: 3 B: 3 C: 3 T: 3 3 31 7 15 33 | Didáctica Especial Cr: 2 A: 1 B: 8 C: 10 T: 34 2 18 8 10 34 | Práctica / Observación Cr: 2 A: 1 B: 10 C: 10 T: 30 2 110 10 10 30 | Psicología Educativa Cr: 2 A: 1 B: 10 C: 10 T: 31 2 12 9 10 31 | Investigación Educativa Cr: 2 A: 1 B: 10 C: 10 T: 32 2 14 13 75 32 | Práctica Docente Cr: 2 A: 1 B: 10 C: 10 T: 32 2 12 14 45 32 | Prácticas de Pedagogías con T Cr: 3 A: 1 B: 3 C: 10 T: 37 3 39 3 15 37 |
| Español Cr: 3 A: 1 B: 3 C: 3 T: 7 3 33 6 15 54 | Mat / Tec Nuest Cr: 4 A: 1 B: 10 C: 7 T: 7 4 40 10 20 70 | | | | | Psicología del Educación Cr: 3 A: 1 B: 3 C: 10 T: 37 3 39 3 15 37 | Administración Educativa Cr: 3 A: 1 B: 3 C: 10 T: 33 3 31 7 15 53 | | |
| Introducción A la Filosofía Cr: 3 A: 1 B: 3 C: 3 T: 7 3 37 4 10 37 | Filosofía de la Educ. Advent Cr: 3 A: 1 B: 3 C: 3 T: 7 3 39 3 15 37 | Admon / Finan- zas de Iglesia Cr: 4 A: 3 B: 4 C: 13 T: 24 4 13 4 13 24 27 | Ciencia y Religión Cr: 3 A: 1 B: 3 C: 3 T: 7 3 31 7 15 33 | Contabilidad G. Cr: 3 A: 1 B: 3 C: 3 T: 7 3 31 7 20 59 | Epistemología Cr: 2 A: 1 B: 3 C: 3 T: 7 2 26 2 18 38 | Proyecto Investigación Cr: 3 A: 1 B: 3 C: 3 T: 7 3 31 7 100 138 | | | |
| Creencias Cristianas Cr: 4 A: 4 B: 8 C: 20 T: 72 4 44 8 20 72 | | | | | | Orientación Profe- sional y Espiritual Cr: 3 A: 1 B: 3 C: 3 T: 7 3 33 5 15 54 | Cristología Cr: 2 A: 1 B: 3 C: 3 T: 7 2 18 8 10 34 | Hechos y Epístolas Cr: 4 A: 1 B: 3 C: 3 T: 7 4 30 2 15 70 | Escritos de Apología Cr: 3 A: 1 B: 3 C: 3 T: 7 3 39 3 10 52 |
| Introducción a la Teología Cr: 3 A: 1 B: 3 C: 3 T: 7 3 39 3 15 37 | Introducción al Ant. Testamen Cr: 3 A: 1 B: 3 C: 3 T: 7 3 39 3 15 37 | Introducción al Nvo. Testamen Cr: 3 A: 1 B: 3 C: 3 T: 7 3 39 3 15 37 | Daniel Cr: 2 A: 1 B: 3 C: 3 T: 7 2 16 7 12 35 | Apocalipsis Cr: 3 A: 1 B: 3 C: 3 T: 7 3 33 5 20 60 | | | | | Escritos Universales Cr: 2 A: 1 B: 3 C: 3 T: 7 2 29 1 10 39 |
| | Griego Básico Cr: 3 A: 1 B: 3 C: 3 T: 7 3 25 10 30 65 | Griego Intermedio Cr: 3 A: 1 B: 3 C: 3 T: 7 3 25 10 30 65 | Griego Avanza- do y Exégesis Cr: 4 A: 2 B: 9 C: 24 T: 79 4 21 9 24 79 | Introducción al Hebreo Cr: 3 A: 1 B: 3 C: 3 T: 7 3 37 4 10 51 | Profetas I Cr: 3 A: 1 B: 3 C: 3 T: 7 3 33 5 15 54 | Profetas II Cr: 3 A: 1 B: 3 C: 3 T: 7 3 33 5 15 54 | | | |
| | Orígenes y Herm. Bíblica Cr: 3 A: 1 B: 3 C: 3 T: 7 3 39 3 15 33 | | | | | | | | |
| Evangelismo Personal Cr: 2 A: 1 B: 3 C: 3 T: 7 2 14 8 10 33 | Instrucción Pastoral Cr: 2 A: 1 B: 3 C: 3 T: 7 2 14 8 10 32 | Psicología Pastoral Cr: 3 A: 1 B: 3 C: 3 T: 7 3 31 7 15 53 | Evangelismo Público Cr: 2 A: 1 B: 3 C: 3 T: 7 2 14 8 10 33 | hogar y Familia Cr: 3 A: 1 B: 3 C: 3 T: 7 3 33 5 15 54 | | | | | |
| Práctica Minis- terial I Cr: 1 A: 1 B: 3 C: 3 T: 7 1 9 3 10 62 | Práctica Ministerial II Cr: 1 A: 1 B: 3 C: 3 T: 7 1 9 3 10 62 | Práctica Ministerial III Cr: 1 A: 1 B: 3 C: 3 T: 7 1 9 3 10 62 | Práctica Ministerial IV Cr: 1 A: 1 B: 3 C: 3 T: 7 1 9 3 10 62 | Práctica Ministerial V Cr: 1 A: 1 B: 3 C: 3 T: 7 1 9 3 10 62 | Práctica Ministerial VI Cr: 1 A: 1 B: 3 C: 3 T: 7 1 9 3 10 62 | Práctica Ministerial VII Cr: 1 A: 1 B: 3 C: 3 T: 7 1 9 3 10 62 | Práctica Ministerial VIII Cr: 1 A: 1 B: 3 C: 3 T: 7 1 9 3 10 62 | Práctica Ministerial IX Cr: 1 A: 1 B: 3 C: 3 T: 7 1 9 3 10 62 | Práctica Ministerial X Cr: 1 A: 1 B: 3 C: 3 T: 7 1 9 3 10 62 |
| | Homilética I Cr: 3 A: 1 B: 3 C: 3 T: 7 3 31 7 20 58 | Homilética II Cr: 3 A: 1 B: 3 C: 3 T: 7 3 31 7 20 58 | | | | | Laboratorio de Evang. Público Cr: 3 A: 1 B: 3 C: 3 T: 7 3 3 5 21 33 | Etica Profe- sional Cr: 2 A: 1 B: 3 C: 3 T: 7 2 22 4 10 59 | |
| Agricultura I Cr: 1 A: 1 B: 3 C: 3 T: 7 1 2 13 18 30 | Agricultura II Cr: 1 A: 1 B: 3 C: 3 T: 7 1 2 13 18 30 | Historia Ant y Medieval Cr: 3 A: 1 B: 3 C: 3 T: 7 3 33 5 15 54 | Historia Eclesiástica Cr: 3 A: 1 B: 3 C: 3 T: 7 3 39 3 12 54 | Ecumenismo y Rel. Contemp Cr: 3 A: 1 B: 3 C: 3 T: 7 3 39 3 15 57 | | | | | |
| Inglés I para el pastor Cr: 4 A: 1 B: 3 C: 3 T: 7 4 10 15 20 65 | Inglés II para el pastor Cr: 4 A: 1 B: 3 C: 3 T: 7 4 20 15 20 65 | Introducción alos computad. Cr: 2 A: 1 B: 3 C: 3 T: 7 2 2 14 10 29 | Música Sacra Cr: 3 A: 1 B: 3 C: 3 T: 7 3 35 5 15 55 | Educación Física Cr: 1 A: 1 B: 3 C: 3 T: 7 1 1 14 10 25 | Vocacional III Música Cr: 3 A: 1 B: 3 C: 3 T: 7 3 15 15 15 45 | Formación Pastoral Cr: 2 A: 1 B: 3 C: 3 T: 7 2 15 15 10 31 | Salud y Nutrición Cr: 3 A: 1 B: 3 C: 3 T: 7 3 21 12 15 48 | | |
| Créditos 19 Ulas 387 | Créditos 18 Ulas 363 | Créditos 18 Ulas 380 | Créditos 20 Ulas 423 | Créditos 18 Ulas 369 | Créditos 20 Ulas 403 | Créditos 16 Ulas 422 | Créditos 17 Ulas 340 | Créditos 17 Ulas 472 | Créditos 19 Ulas 409 |
| Créditos 182 | | | | | | | | | Ulas 3,968 |

MATERIA: SALUD Y NUTRICION
CODIGO: ECC 403
ULASN 48 A:21 B:12 C:15
SEMESTRE: SEPTIMO (3 horas semanales)
AREA: TEOLOGIA APLICADA

I. JUSTIFICACION DEL CURSO EN EL CURRICULO

Este curso forma al alumno con las bases del estudio teórico y práctico sobre el cuidado de la salud, creando en él, el espíritu de investigación y de servicio a la comunidad.

II. OBJETIVO GENERAL.

Al terminar el curso los estudiantes tendrán una visión más amplia sobre la importancia del conocimiento del cuerpo y sus necesidades, para poder fomentar y conservar la salud.

III. DISEÑO DEL CURSO.

A. UNIDAD I: El Cuerpo y la Salud.

B. TEMAS:

1. Las células.
2. Los tejidos, los órganos y los sistemas del cuerpo.
3. Las funciones de cada una de las partes del organismo humano.
4. Causas de la enfermedad.
5. Cuidados específicos para cada sistema corporal.
6. Tratamientos sencillos que pueden ser aplicados para ayudar en la recuperación de la salud.

C. OBJETIVO: Determinar específicamente las necesidades y cuidados del cuerpo humano para fomentar y conservar la salud.

D. ULAS: A:7 B:1 C:3

E. UNIDAD II: La Nutrición.

F. TEMAS:

1. Los tipos nutricionales socio-culturales.
2. El proceso de la nutrición.
3. Las necesidades nutricionales según edad, clima, actividad física de los individuos.

4. Recursos nutricionales de nuestro medio
5. La formación de buenos hábitos de nutrición.
6. Causas de desnutrición en nuestro pueblo.
- G. OBJETIVO: Identificar las clases de alimentos disponibles que pueden suplir mejor las necesidades nutricionales del organismo.
- H. ULAS: A:5 B:1 C:3
- I. UNIDAD III: El Arte Culinario.
- J. TEMAS:
1. Los grupos de elementos nutricionales.
 2. La dieta balanceada y adecuada.
 3. Secretos de la buena mesa.
 4. Cómo preparar un menú equilibrado.
 5. La preparación de alimentos saludables.
 6. El arreglo adecuado de la mesa del comedor.
- K. OBJETIVO: Desarrollar y demostrar habilidad en combinar, preparar y presentar alimentos de buena calidad.
- L. ULAS: A:9 B:10 C:9

METODOLOGIA.

- A. Exposición de parte del profesor y de los alumnos.
- B. Lectura de libros auxiliares. Informes orales y escritos de las investigaciones.
- C. Discusión en clase de puntos que requieren análisis especial.
- D. Trabajo práctico: preparación de materiales y de alimentos.

EVALUACION

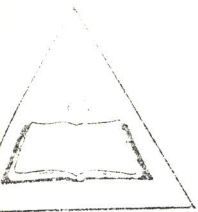
| | |
|----------------|-----|
| Examen parcial | 30% |
| Seguimiento | 40% |
| Examen final. | 30% |

MATRIZ RESUMEN

| ULAS \ Unidad. | I | II | III | TOTALES |
|----------------|----|----|-----|-----------|
| A | 7 | 5 | 9 | 21 |
| B | 1 | 1 | 10 | 12 |
| C | 3 | 3 | 9 | 15 |
| TOTALES | 11 | 9 | 28 | <u>48</u> |

VII. BIBLIOGRAFIA

- A. Libro de Texto: Principios de Salud. Walton J. Brown. Ph. D. Departamento de Educación de la División Interamericana, 1.964.
- B. Libros de Referencia:
- Aguilar, Isidro. Tratado Práctico de Medicina Moderna.
- Ames, Gerold. Alimentación y Vida. Enciclopedia Científica.
- Baer, Wilma F. de. Secretos de la Buena Mesa.
- Bayrd, Edwin, El Juego de Adelgazar.
- De Miranda, Antonio, Nutrición y Vigor.
- Dienhart, Charlotte. Anatomía y Fisiología Humanas.
- Fernández, Cruz. El Libro de la Salud.
- Fisher, B. Patty. Valor Nutritivo de los Alimentos.
- King, M. Alimentación, su Enseñanza a Nivel Familiar.
- Moore, Ryth. La Vida y su Estructura.
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- Rojas, William. Inmunología.
- Revista, Salud Mundial.
- White, Elena de. Consejos Sobre el Regimen Alimenticio. Publicaciones Interamericanas, Mountain View, California, 1968.
- _____. Ministerio de Curación. Publicaciones Interamericanas, Mountain View, California.
- _____. Temperancia. Publicaciones Interamericanas, Mountain View, California.
- Williams, S. Rodwel. Manual de Nutrición.



FACULTAD DE EDUCACION - SILABO

MATERIA: SALUD Y NUTRICION CODIGO: ECC 403
CLAS: 48 A:21 B:12 C:15 CREDITOS: TRES
PROFESOR: OLGA DE LOPEZ

OBJETIVO TERMINAL:

Los estudiantes tendrán un conocimiento más amplio sobre el cuidado del cuerpo y la salud. Una mayor motivación para fomentar el bienestar personal y comunitario.

CONTENIDO DEL CURSO:

Unidad 1: El Cuerpo y la Salud: Requisitos: Presentar los siguientes informes de investigación: a. Ministerio del Señor Jesús en relación con la salud. M. C. pág. 11-118.
b. Razones de la reforma Pro-salud: M. C. 245-249; CRA 15-46, 550-564.
c. Los principios de higiene. M. C. 171-218.
d. Las medicinas: M. C. 179-184; M. S. 2, 319-334; JT3, 102.
e. La salud mental: M.C. 185-200; P.S. 16-22.
f. La enfermedad y sus causas: Tratado Práctico de Medicina Moderna.- El Guardián de la Salud - La Enciclopedia Médica.
g. Hidroterapia. Id.

Unidad 2: La Nutrición. Requisitos: Informes escritos sobre:
a. El Régimen nutricional original. CRA 95-115; MC 227-245,
b. Los extremos en el régimen alimenticio: CRA 229-251, M.C, 245-249.
c. Clasificar los alimentos por su valor nutricional y su función orgánica. Alimentación y vida, Enciclopedia Científica; Manual Práctico de Nutrición.
e. La Desnutrición: Alimentación. su Enseñanza a Nivel Familiar; Recortes sobre desnutrición: archivo biblioteca.

Unidad 3: El Arte Culinario

Requisitos:

a. Elaborar un menú balanceado para una semana.

b. Cada grupo de trabajo será responsable de demostrar en clase la preparación de recetas que se complementan nutricionalmente, que se vean bien presentadas y que estén bien preparadas.

c. Monografía: Temas sugerentes:

1. La Salud y su Conservación.

2. La Alimentación Humana.

3. Las grandes plagas sociales (Toxicomanía - cáncer - venéreas - Cólera)

4. Descubrimientos científicos.

University of Montemorelos
School of Theology
Class Schedule

MATERIAL: Health

TEACHER:

TIME TABLE: 11:35-12:25 (Monday to Wednesday)

BOOKS AND REQUIRED MATERIALS: *Ministry of Healing, Counsels on Diet and Foods, Philosophy of Health.*

COURSE DESCRIPTION: The principles of health established by God. The importance of preventive medicine in the prevention of diseases related with lifestyle.

COURSE OBJECTIVES:

1. Analyze the effect of lifestyle in the state of health.
2. Awaken an interest by a more complete knowledge of the function of the human body.
3. Measure the consequences of the decisions that we make day by day in relation to health.

COURSE REQUIREMENTS:

1. Attendance of all classes.
2. Satisfactory achievement in exams.
3. Assigned work handed in on time.
4. Submission of evaluation sheet for healthful lifestyle every 4 weeks (3 times) by the indicated dates.

CLASS PROGRAM:

- | | |
|---------------------------------------|--------------------------------------|
| - Philosophy of health | - Sugar |
| - Rest and sleep | - Protein |
| - Fat in the diet | - Vitamins |
| - Fiber | - Sunlight |
| - Air | - Posture, clothing, footwear |
| - Nutrition | - Recreation - diversion |
| - Temperance | - Alcohol and alcoholism |
| - Tobacco | - Caffeine |
| - Stress and anxiety | - Mental health, selection, decision |
| - Water, indispensable inside and out | - Beneficial effects of exercise |
| | - Exercise, part of daily life |

113

APPENDIX B

(Partial contents of a survey of the Theological students
of Montemorelos University, December, 1993)

Samples

A total of 118 theology students from the School of Theology, Montemorelos University, were sampled out of a possible 204. The total figures include 7 Masters students, of which 4 were sampled. Due to incomplete responses and small sub-population, the Masters students were omitted from the study.

| Year | Sample Size | Class Size | % Sampled | % Class representation in survey |
|--------------|-------------|------------|-----------|----------------------------------|
| 1 | 26 | 38 | 68 | 39 |
| 2 | 27 | 34 | 79 | 46 |
| 3 | 30 | 60 | 50 | 29 |
| 4 | 31 | 65 | 48 | 27 |
| <u>Total</u> | <u>114</u> | <u>197</u> | <u>58</u> | |

Survey of Theological Students at Montemorelos University - Dec 1993

This survey has been designed to uncover your opinions as to the importance of integrating health and ministerial practice in the SDA church. Please answer **all** questions. *Circle* appropriate option, or as indicated.

Definitions: **Health** is primarily intended to mean the physical component, *not* mental, spiritual etc.

Minister, Ministry etc refers to SDA ministers & ministry etc...

1. Do you read English? Yes No

2. What is your present level of studies? a) 1st year b) 2nd year c) 3rd year d) 4th year e) Masters

3. What percentage of ministerial training should be devoted to health? ____%

4. If the following classes were offered, which would you take? Circle as many as you like.

- | | |
|---|--|
| a) General Anatomy and Physiology | f) Ethics in Health |
| b) Stress management | g) Exercise Physiology |
| c) Diet and Nutrition | h) Preventive Health Vs Lifestyle Diseases |
| d) How to conduct stop-smoking seminars | i) None |
| e) Counseling alcohol and drug addicts | j) Other(s): _____ |

5. Do you believe that ministers should be a living representation of the SDA health message?

- a) Strongly agree b) Agree c) Disagree d) Strongly disagree

6. If a minister practices the health principles that he teaches, what level of confidence would you place in his other teachings?

- a) More b) Less c) It would make no difference to me

7. In your future ministry, what percentage of your effort would you devote to health? (in sermons, seminars etc.) ____%

8. In your opinion, what percentage of ministers (in Mexico) eat meat on a regular basis? ____%

9. Do you think that ministers should not eat meat?

- a) Strongly agree b) Agree c) Disagree d) Strongly disagree

10. Do you believe that every gospel worker should feel that the giving of instruction in the principles of healthful living is a part of his appointed work?

- a) Strongly agree b) Agree c) Disagree d) Strongly disagree

11. List all the books by Ellen White that you own, which deal with health.

Place an asterisk (*) next to those which you have completely read.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

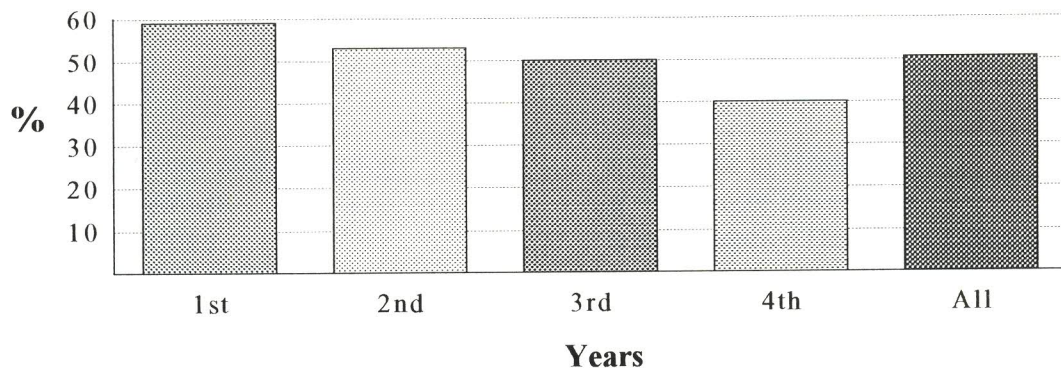
Thank you for your participation!

IV

Presentation of Results

Question 3:

What percentage of ministerial training should be devoted to health?

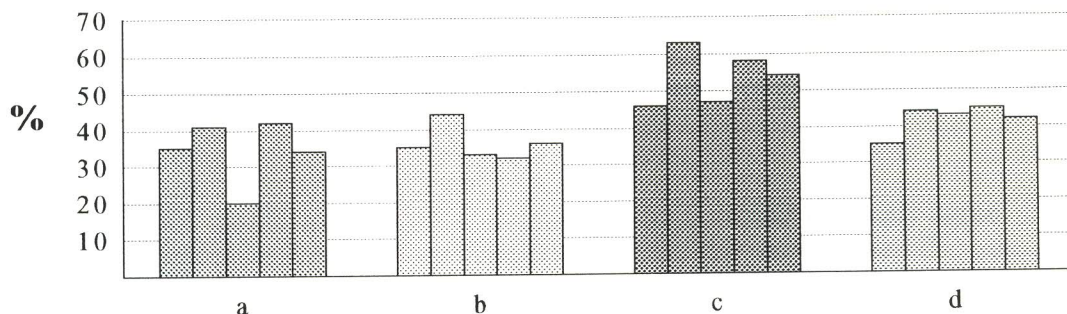


This must be compared with the current emphasis given by the School of Theology. The only objective way of measuring this emphasis is by the credit hour system:

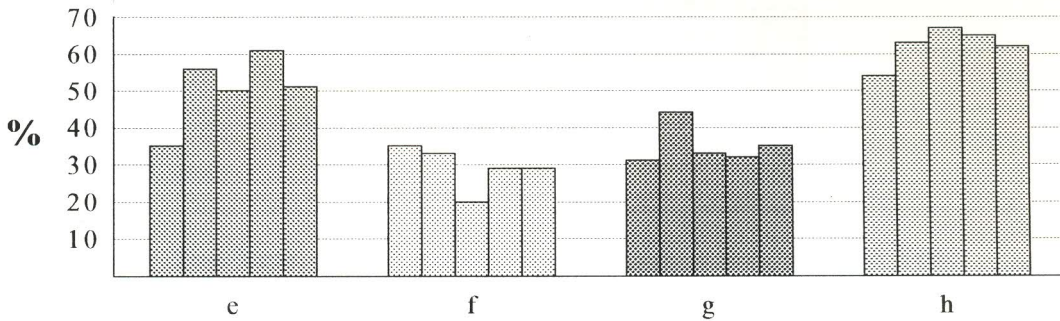
Number of classes directly related to health: 1
 Credit hours: 6
 Total credit hours..... 314 => 2% of course devoted to health instruction.

Question 4:

If the following classes were offered, which would you take?



Note: Each set of 5 bars is in order of years: 1st, 2nd, 3rd, 4th, All



- a = General Anatomy and Physiology
- b = Stress management
- c = Diet and Nutrition
- d = How to conduct stop-smoking seminars
- e = Counseling alcohol and drug addicts
- f = Ethics in Health
- g = Exercise Physiology
- h = Preventive Health Vs Lifestyle Diseases

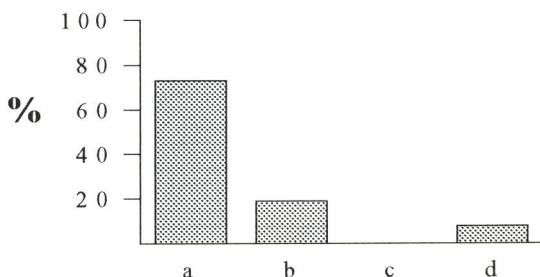
100% of candidates surveyed indicated 1 or more options. Under open-ended option 'j', suggestions included:

- Natural Medicine
- Smoking and its effects
- Venereal Diseases
- Family Health
- First responder and Rescue
- Home Hygiene
- Biochemistry
- Causes of Physical Aging

The course offered by the School of Theology is a general overview of health, entitled *Health*.

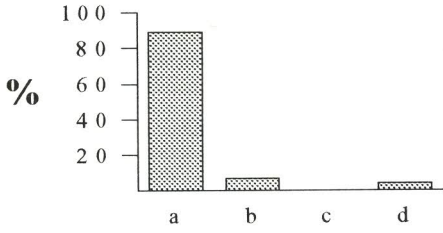
Question 5:

Do you believe that ministers should be a living representation of the SDA Health Message?

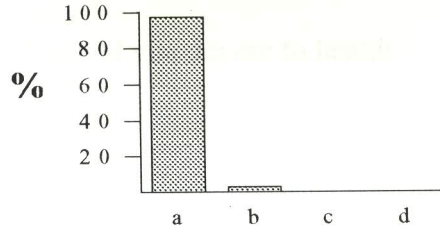


- a = Strongly agree
- b = Agree
- c = Disagree
- d = Strongly disagree

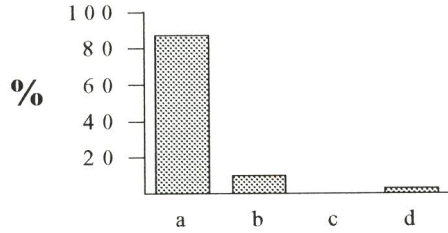
1st Year



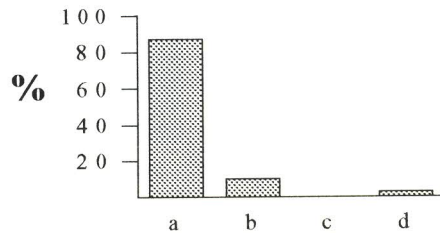
2nd Year



3rd Year



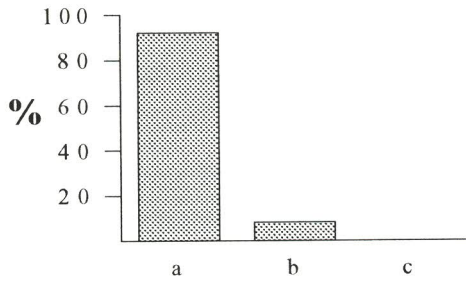
4th Year



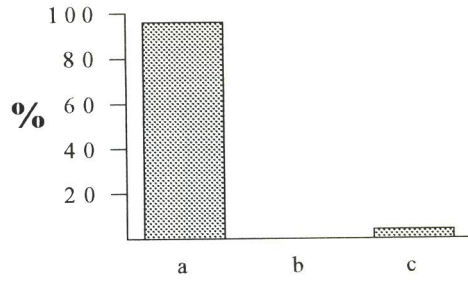
All Years

Question 6:

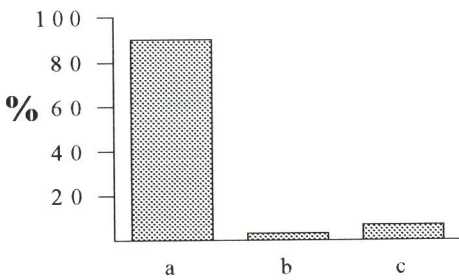
If a minister practices the health principles that he teaches, what level of confidence would you place in his other teachings?



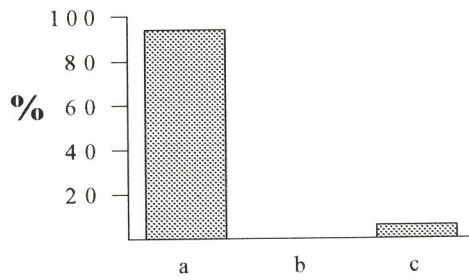
1st Year



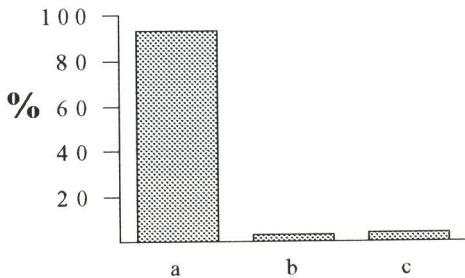
2nd Year



3rd Year



4th Year

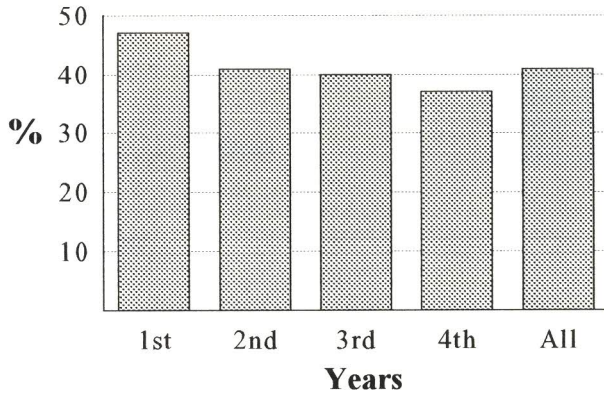


All Years

a = More
b = Less
c = Makes no difference to me

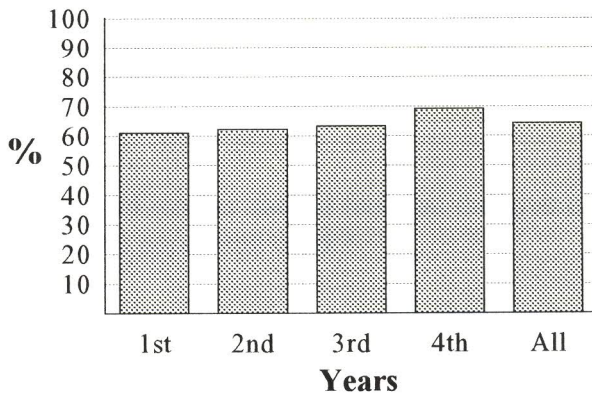
Question 7:

In your future ministry, what percentage of your effort would you devote to health?



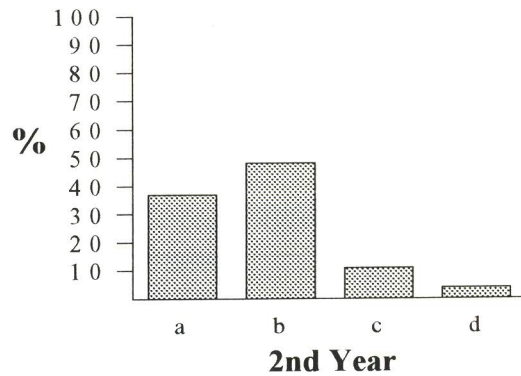
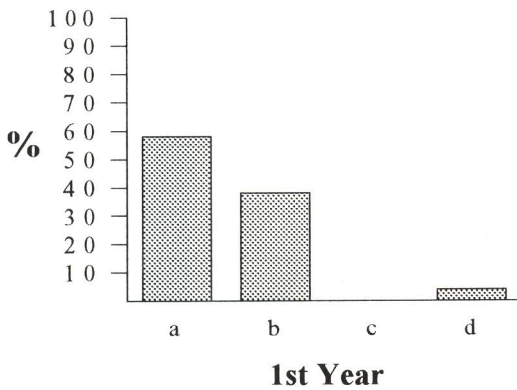
Question 8:

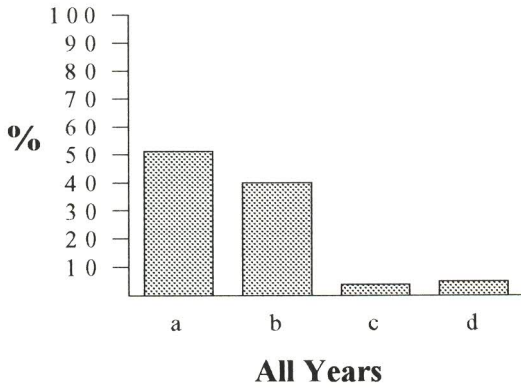
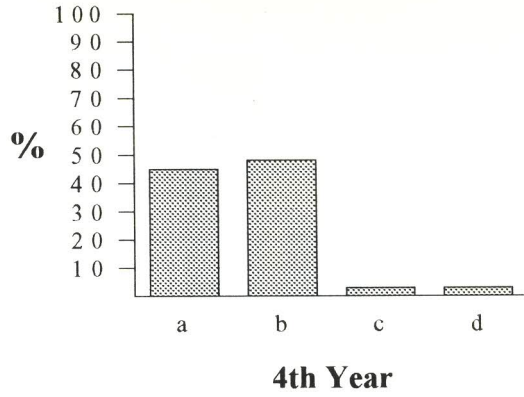
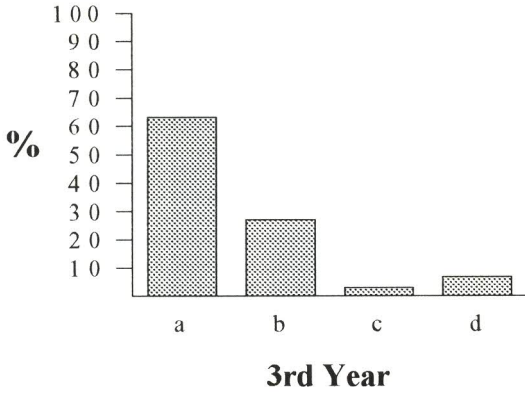
In your opinion, what percentage of ministers in Mexico eat meat on a regular basis?



Question 9:

Do you think that ministers should not eat meat?

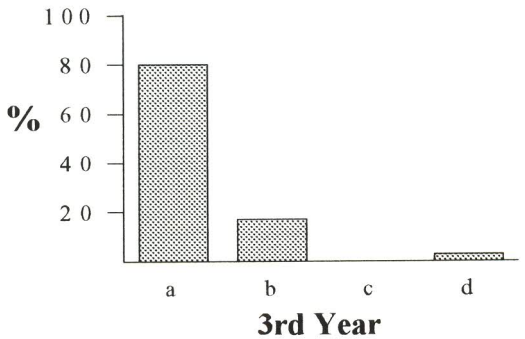
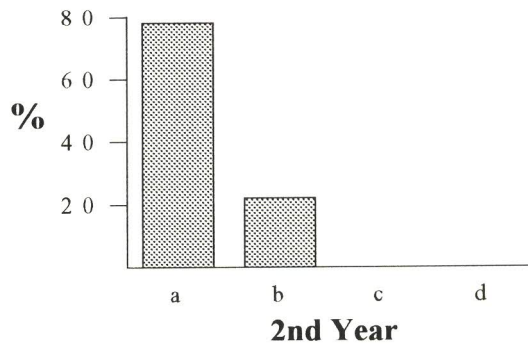
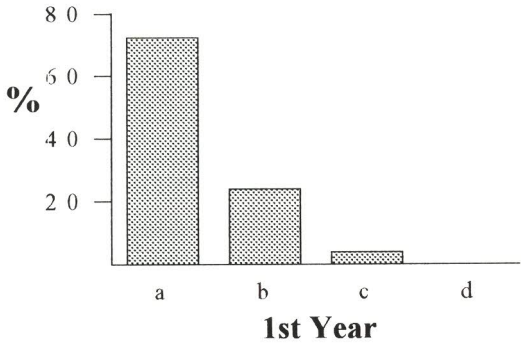




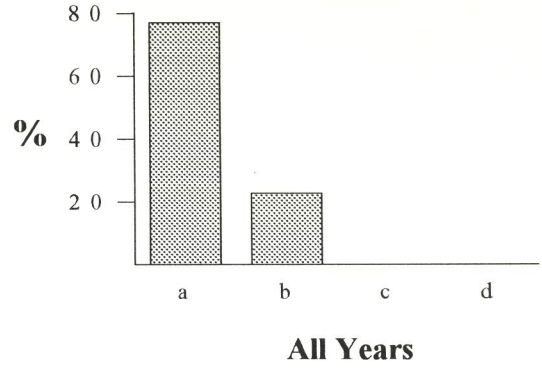
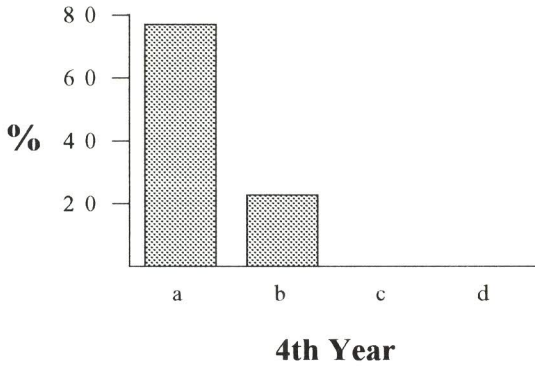
a = Strongly agree
b = Agree
c = Disagree
d = Strongly disagree

Question 10:

Do you believe that every gospel worker should feel that the giving of instruction in the principles of healthful living is a part of his appointed work?



a = Strongly agree
b = Agree
c = Disagree
d = Strongly disagree



APPENDIX C

(Survey used in this research project)

1. What is your position as a pastor?
 Union, Conference or Mission officer/departmental director
 Church pastor
 SDA institutional worker
 Other (Specify): _____

2. In which region of the Union do you live?
 Baja California
 North East
 North West
 North
 West
 Central

3. What is your current marital status?
 First time married
 Remarried
 Separated
 Divorced
 Widowed
 Never married

4. What is your date of birth?
 ____ / ____ / ____
 day month year

5. What is your height without shoes? _____ cms

6. What is your weight without shoes? _____ kgs

7. What languages can you read with ease?
 Spanish Portuguese
 English French Other(s): _____

8. Is your nationality Mexican?
 Yes
 No If No, what is it? _____

9. What was your age at baptism? _____ (years)

10. How important of an influence were the following on your joining the Adventist Church?

| Very Important | Important | Somewhat Important | Not Important | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Church pastor or evangelist |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bible worker |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Youth leader/Pathfinders Club Director etc |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Relative (specify relationship) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Growing up in SDA home |

| Very Important | Important | Somewhat Important | Not Important | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adventist school, academy, college, university |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Junior or Youth Camp |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | An Adventist acquaintance (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sabbath School |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bible correspondence lessons |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bible classes in school |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Series of public meetings |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SDA radio, TV programs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SDA books, magazines or other publications (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Small group Bible study |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Community services |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SDA health and temperance message |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other source(s): (specify) _____ |

11. For what length of time have you been working as a minister? _____ (years)

12. During the past year, how many different times have you visited a medical doctor in his or her office? (excluding dentists)

- None
 Once
 2 to 5
 6 to 9
 10 or more

13. How long has it been since you last obtained the services of a medical doctor for any reason?

- Less than one year
 1-2 years
 3-5 years
 Over 5 years

14. Which of the following courses would you be in favor of seeing in the ministerial degree? Check as many as you like.

- | | |
|--|---|
| <input type="checkbox"/> General Anatomy and Physiology | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Ethics in Health | <input type="checkbox"/> Exercise Physiology |
| <input type="checkbox"/> Diet and Nutrition | <input type="checkbox"/> Preventive Health and Lifestyle Diseases |
| <input type="checkbox"/> How to conduct seminars (stop-smoking etc.) | <input type="checkbox"/> Counseling alcohol and drug addicts |
| <input type="checkbox"/> None | <input type="checkbox"/> Suggestions: _____ |

15. Over the past year, how many times have you been contacted by your Conference, Union or Division Health and Temperance Director?

- None (**Go to Question # 17**)
 1 4-5
 2-3 6 or more

16. How is such contact usually made?

- In person
- Phone call
- Personal Letter
- Newsletter/Circular
- Other: _____

17. Over the past year, how many times have you initiated contact with your Conference, Union or Division Health and Temperance Director?

- None
- 1
- 2-3
- 4-5
- 6 or more

18. How regularly do you eat breakfast?

- Never
- Occasionally
- Frequently
- Regularly

19. How many times per week do you engage in regular vigorous activities, such as brisk walking, jogging, bicycling etc, long enough or with enough intensity to work up a sweat, get your heart thumping or get out of breath?

- Never engage in activities this vigorous (**Go to question # 20**)
- 1 time/week
- 2 times/week
- 3 times/week
- 4 times/week
- 5 times/week
- 6 times/week or more

20. Usually how many minutes do you exercise per session?

- 0-9 minutes
- 10-19 minutes
- 20-29 minutes
- 30-39 minutes
- 40-49 minutes
- 50-59 minutes
- 60 minutes or more

21. How do you see yourself with regard to your weight?

- Somewhat underweight
- About right
- Slightly overweight
- Moderately overweight
- Considerably overweight

22. Of the following books by Ellen White: **a)** which do you own **b)** what % of each book have you thoroughly read ?

| | <u>Own</u> | <u>% Read</u> |
|------------------------------------|------------|---------------|
| <i>Ministry of Healing</i> | _____ | _____ |
| <i>Counsels on Diets and Foods</i> | _____ | _____ |
| <i>Temperance</i> | _____ | _____ |
| <i>Counsels on Health</i> | _____ | _____ |

23. Over the past year: **a)** how often have you conducted the following programs **b)** who attended?
6 or more

| | | | | | Equal SDA and non-SDA | | |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | Mainly non-SDA's | | |
| | | | | | Mainly SDA's | | |
| | | | | | | | |
| 3-5 times | | | | | | | |
| 1-2 times | | | | | | | |
| None | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stop smoking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Weight management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stress management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vegetarian nutrition/cooking school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fitness training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes awareness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hygiene principles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | General health awareness series | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First Aid or CPR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24. Are you currently undertaking any further studies?

- No
- Yes Name of course: _____

25. What may be a limiting factor in your giving health presentations? Circle as many as apply.

- Insufficient knowledge
- Your personal habits would not be in harmony with the message
- You do not know where or how to start
- Health is not your area of interest
- Low level of support and/or contact from your overseers
- Other (specify) _____

26. How many glasses (250ml) of water do you drink on most days? Please circle.

- 0 1 2 3 4 5 6 7 8+

27. Do you see a need to increase your own knowledge of health?

- No (**Go to Question # 29**)
- Yes

28. What factor is limiting you from doing further studies in the area of health (either full-time, part-time or correspondence)? Circle as many as apply.

- Finances
 Little or no interest
 Age
 Time
 Family commitments
 Other (specify) _____

29. What percentage of college ministerial training should be devoted to health? _____ %

30. Has a doctor EVER told you that you had any of these conditions:

- | Yes | No | |
|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Any allergy |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart attack (myocardial infarction) |
| <input type="checkbox"/> | <input type="checkbox"/> | Stroke/apoplexy |
| <input type="checkbox"/> | <input type="checkbox"/> | High blood pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes (Adult onset) |
| <input type="checkbox"/> | <input type="checkbox"/> | Diverticulitis/diverticulosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Cancer |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidney disease/renal failure |
| <input type="checkbox"/> | <input type="checkbox"/> | Rheumatoid arthritis |
| <input type="checkbox"/> | <input type="checkbox"/> | Osteoarthritis |
| <input type="checkbox"/> | <input type="checkbox"/> | Gout |
| <input type="checkbox"/> | <input type="checkbox"/> | Osteoporosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Prostate trouble |
| <input type="checkbox"/> | <input type="checkbox"/> | Nervous breakdown |
| <input type="checkbox"/> | <input type="checkbox"/> | Ulcers |
| <input type="checkbox"/> | <input type="checkbox"/> | High blood cholesterol |
| <input type="checkbox"/> | <input type="checkbox"/> | Muscle tension headache |
| <input type="checkbox"/> | <input type="checkbox"/> | Angina |
| <input type="checkbox"/> | <input type="checkbox"/> | Congestive heart failure |
| <input type="checkbox"/> | <input type="checkbox"/> | Claudication |

31. From which sources do you obtain reliable health information. Check as many as apply.

- Friend
 Village health worker
 Village healer
 Writings of Ellen White
 Other books from Adventist publishers
 Health newsletters/magazines
 A licensed physician
 Nurse
 Minister
 Nowhere
 Other (specify): _____

32. How often do you eat between main meals (of ANY food, including beverages other than water)?

- Never
 Occasionally
 Frequently
 Regularly

33. Did you study for the Theology degree (even though you may not have finished it)?

- Yes (**Go to Question # 37**)
 No

34. Where did you receive your ministerial training? Mark all that apply.

- University of Montemorelos
 Linda Vista
 Colpac
 Other: _____
College Country

35. How many years of the Theology degree did you complete? _____ (years)

36. During your training in Theology school, did you receive classes specifically in health?

- No
 Yes If Yes, specify number: _____

37. During your training in Theology school, did you take any classes in health that were not a required part of the course?

- No
 Yes If Yes, specify courses: _____

38. During the past year, how many different times have you seen a non-medical doctor such as a chiropractor, naturopath, homeopath, herbal doctor, acupuncturist etc?

- None
 Once
 2 to 5
 6 to 9
 10 or more

39. What was the last year or highest degree you completed in school? Circle answer.

Elementary: 1 2 3 4 5 6 Middle School: 1 2 3 High School: 1 2 3

College: 1 2 3 4

Masters

Doctorate

40. How frequently do you take the following drugs or medicines?

- | Once or
more/week | Occasionally | Never | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Aspirin, Tylenol, Bufferin, Mejoralito etc |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stronger pain reliever (Prodolina etc) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medicine for indigestion |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Laxatives |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tranquilizers (for nerves) |

| Once or more/week | Occasionally | Never | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sleeping pills |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pep pills |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nitroglycerine etc for chest pain |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Beta-blockers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medication for diabetes (oral or injection) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medicine to lower blood pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cholesterol lowering drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vitamin supplements (of any type) |

41. What habits would you most like to change? Check as many as apply.

- Too little exercise
- Poor diet (junk food, sodas etc.)
- Tea and/or coffee
- Eating between meals
- Eating too much or too little
- Meat eating
- Too much stress
- Too little or too much sleep
- Too little fresh water
- Too little sunshine
- None
- Other (specify) _____

42. Who usually prepares your meals?

- Self
- Wife
- Children
- Parent(s)
- Neighbor
- Other (specify relationship): _____

43. Are you currently under a physician's care for illness?

- No Yes (specify disease or condition) _____

44. How would you rate your quality of life? That is, your ability to participate in physical, mental and social activities of every day life?

- Very poor
- Poor
- Fair
- Good
- Excellent

45. How many main meals do you usually eat per day (excluding snacks)?

- 1
- 2
- 3
- 4
- 5 or more

Never or almost never

Less than once per WEEK

Several times per WEEK

Once per DAY

2-3 times per DAY

4-5 times per DAY

Over 5 times per DAY

- | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | White/Black pepper |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Raisins, dates, other dried fruits |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fresh fruit (bananas, oranges, mangos, guavas etc) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Donuts, sweetrolls, coffee cake etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chip type food (potato chips, Fritos, Doritos) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Brown rice |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | White rice |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Honey |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sugar (any type) |

48. By using the scale provided, indicate your level of agreement toward the following statements.

Strongly disagree

Disagree

Not sure

Agree

Strongly agree

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The church should deny membership to a person who uses alcohol, tobacco, or illegal drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A church member who is a regular user of alcohol, tobacco, or illegal drugs should be disfellowshipped if the member has no desire or plan to change |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | It is OK for SDA lay people to eat meat, fish or fowl |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | It is OK to serve meat dishes at church-sponsored fellowship dinners or potlucks |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ministers and church leaders should follow stricter lifestyles than church members |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Following good eating habits can prevent or decrease the occurrence of heart disease, cancer, or other serious health problems. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My mental attitude and outlook on life is a major factor in how healthy I am or what health problems may develop. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I can expect to feel better and be more productive as a person by following good health practices |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ministers should be a living representation of the SDA health message. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exercise is something I enjoy and look forward to |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The degree of health the average person enjoys is largely determined by heredity and has little to do with lifestyle |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The benefits of following a healthful lifestyle are generally worth the effort |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | It is OK for SDA pastors to eat meat, fish or fowl |

Strongly disagree

Disagree

Not sure

Agree

Strongly agree

- The personal testimonial of an individual is more important than scientific evidence as proof of the value of a health practice
- Every gospel worker should feel that the giving of instruction in the principles of healthful living is a part of his appointed work

49. Do you have a physical disability that limits you in accomplishing normal activities like exercising, driving a car, dressing etc?

No

Yes Specify disability: _____

50. How many glasses (250ml) of beverages, other than water, (soda, fruit juices etc.) do you drink on most days? Please circle.

0 1 2 3 4 5 6 7 8+

51. How would you rate your health at the present time?

Excellent

Good

Fair

Poor

Very poor

52. Are your stools generally hard, dry and difficult to expel?

No

Yes

53. How much stress are you currently experiencing?

None

Very little

A moderate amount

A great deal

54. If your superiors practice the health principles they teach, what level of confidence would you place in their other teachings?

More

Less

It would make no difference

55. What level of influence do the following associations and sources have on your current eating habits?

None

Slight

Moderate

Strong

Very Strong

Extremely Strong

| | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wife |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Friend |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Family (during growing years) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Writings of Ellen White |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other health literature |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): _____ |

56. What is the most usual color of your urine?

Transparent

Clear yellow

Yellow

Dark yellow

57. How frequently are you

Depressed

Never

Seldom

Occasionally

Often

Apprehensive

Never

Seldom

Occasionally

Often

Tense

Never

Seldom

Occasionally

Often

Suffering from
chronic anxiety

Never

Seldom

Occasionally

Often

Feeling something
terrible is going to
happen

Never

Seldom

Occasionally

Often

58. How many kilometers do you usually walk every day? _____ km(s)

59. Have you ever conducted health seminars in conjunction with a health professional?

No

Yes If Yes, specify with whom (eg/ nurse, doctor): _____

60. Are you now trying to lose weight?

Yes

No

61. How well did your ministerial training equip you to be a minister of the "gospel of health"?

Very well

Well

Poorly

Not at all

62. Circle the hours at which you normally eat your main meals (excluding snacks):

1 2 3 4 5 6 7 8 9 10 11 Midday 1 2 3 4 5 6 7 8 9 10 11 Midnight

63. Circle the time of your largest meal:

1 2 3 4 5 6 7 8 9 10 11 Midday 1 2 3 4 5 6 7 8 9 10 11 Midnight

64. How many hours of sleep do you usually get per night?

5 or less

6

7

8

9

10

11 or more

65. What do you understand by the expression, "Seventh-day Adventist health message"?

That is it! Thank you for your time and effort.

Mississippi del Norte



APPENDIX D

(Letter of recommendation which accompanied survey)



3 de mayo de 1994

A todos los pastores de los campos de la
Unión Mexicana del Norte

Estimados colegas:

Les saludo con afecto cristiano, deseando que las bendiciones de nuestro buen Dios les acompañen en todo, y que éstas sean también para sus familias.

Hemos estado elaborando un instrumento de evaluación con el joven Robert Granger, australiano estudiante de la Maestría en Salud Pública.

El trabajo que él ha realizado es serio, y deseamos de parte de ustedes toda su amable cooperación. Como él lo menciona en su hoja de instrucciones, los resultados estarán al alcance de quién así lo desee. No tiene ningún afán de crítica ni de señalar errores. Sólo deseamos tener ideas claras y poder servirles lo mejor posible.

La administración de la Unión en la persona del pastor Armando Miranda, ha revisado el material y ha dado todo su apoyo para que se aplique a todos los pastores del territorio de la Unión Mexicana del Norte.

Como se menciona, las respuestas serán totalmente anónimas. Siéntase libre de responder con claridad, imparcialidad, objetividad, sinceridad y franqueza.

Le rogaríamos que use un poco de su valioso tiempo (30 minutos), y nos envíe el cuestionario lo más pronto posible. Si el sobre provisto es pequeño, le agradeceremos que compre uno más grande para que el documento pueda venir más seguro.

Agradeciendo de antemano su cooperación,

quedo a sus amables órdenes,


Matías Soto
Director de Salud

APPENDIX E

(Non-numerical responses to certain survey questions)

NOTE:

In many questions, there was a duplication of responses. Where such duplications have occurred, they have been deleted.

Question 8

Guyanes/Americano
EUA
El Salvador

Question 10.4

Primo
Tío/Tía
Padres y hermanos
Abuelos

Question 10.8

Amigos (jóvenes y viejos)
Anfanadora en mi hogar
Un amigo Joven
Predicación Laico
El ejemplo (la vida) de un amigo
Tesorera de iglesia
Novia, ahora mi esposa
Laico
Vecino
Padre es pastor

Question 10.12

Libro "El conflicto inminente"
El Centinela
Los libros de hermana White
(El Camino a Cristo; El Deseado de Todas las Gentes; Conflicto de los Siglos y otros)
Mundo Joven
Cursos bíblicos
Curso de lectura para Jóvenes
(No existe más)
Voz de Esperanza
Lección trimestral (escuela sabática), lecturas juveniles
Libros de los colportores

Question 10.16

Convivios
Laico interesado y terco
El club 'Koinonia'
Colportaje
Estudio del Espíritu de Profecía
Visitación
Nací en la iglesia
Relación con los hermanos que me doctrinaron
Comunidad Adventista Sociales
Afecto de hermandad
Inquietud por leer la biblia, aunque no tenía 10 o 12 años y aún no sabía leer.
En un accidente sentí el deseo de conocer a Dios

Question 14

Material de Salud
Remedios caseros
Comunicación
Vida familiar
Papel de pastor como educador de salud
Escatología y salud
Sociología de la evangelización; Horticultura
Huerto Familiar

Question 16

Platicando en junta de obreros
Seminario
En la iglesia
Seminario vida sana

Question 23

Campaña salud
Familiares
Alcoholismo
Planificación familiar
Servicio médico gratuito

Question 24

Maestría en relaciones familiares
Maestría en educación Doctoral
Psicología educativa

Maestría en religión. (Si es que me dan periso, pues ya voy para 3 veranos que no...)

Question 25

No es mi trabajo como docente
Falta de tiempo
Programación de la iglesia
Capacitación pastoral. De parte de los dirigentes sólo capacitan para que uno bautice y dirija la iglesia.
Enseño Teología
Cuestion de énfasis denominacional (estamos en un engranaje)
No material suficiente
No estoy en la area
Falta de presupuesto de la iglesia para esto
Soy maestro de Teología
Falta de decisión
No es mi área
Hay más prioridad de evangelismo doctrinal para bautismo

Question 28

No existe curso por correspondencia
Falta apoyo de asociación
La misión de Occ. no tiene recursos para apoyar
Estoy en otra maestría pero quisiera capacitación en el año, algun curso de salud.
Apoyo de administración
Correspondencia? Donde!?
Asignació por empleo
Asociación central
Otros planes de estudios
Ya lo tomo en serio
Compromisos con la familia
Estudio otra materia
Falta de información. No tener apoyo superior
Mi area es Teología
Permiso (apoyo)
Compromisos eclesiásticos
La manera de obtenerlo
Actividades absorbentes en

otras áreas
Vivo distante de las instituciones
Nunca me lo he propuesto (ni había pensado en esto siquiera)

Question 31

Médico no adventista
Curso en teologia hace ya 10 años.
Mi información es muy limitada
Familia son médicos
Esposa es doctora
Periódicos de la CD
Periódicos y revistas misceláneas
Publicaciones no Adventistas

Question 34

UNAD; República Dominicana
Nazatlán; México
Caribbean Union College; Trinidad
Union College; EUA

Question 36

Salud Pública
Principios de Vida
Lab de nutrición
Primeros Auxilios

Question 37

Masaje
Hidroterapia
Ludoterapia
Psicopatología
Psiquiatría
Lab de nutrición
Cocina
Fisioterapia; hidroterapia y masaje
Primeros Auxilios
Nutrición
Clases juveniles
Menor en salud

Question 41

Manejar el estrés
Desvelo y regularidad

Question 42

Hermanas de la iglesia que me
invitan a comer
Visitación (miembros de la
iglesia)

Question 43

El año pasado fui operado de
hernia inginal
Problema de la columna
Alergia al frio
Dermatitis alérgica
Fracturas de huesos y
costillos ocasionados por un
accidente
Parálisis facial

Question 46

La mensajera del Señor para
nuestro tiempo

Question 47

Borrego
Pollo
Soya

Question 49

Mucho trabajo
No quede bien de mi operación
inginal
Fracturas de huesos y
costillos ocasionados por un
accidente

Question 55

Hermana
El consejo de un doctor
adventista que vive la
reforma salud
Mis propios hábitos
Experiencia
La biblia
Mis viajes (o comer fuera de
casa)
El testimonio de los
instructores, pastores y
dirigentes
La preocupación por estar
saludable
Experiencia que he visto en
personas enfermas

Question 59

Doctor
Doctor con salud pública
Jornada Médica
Con todo mi equipo (Plan 5
días para dejar de fumar)
Departamental
Pastor
Pastor con maestría en salud
pública
Enfermera

[29. Somos más Teólogos que
pastores. Sabemos Griego. No
otra cosa. Práctica error
curricular.]

APPENDIX F

(Long-answer responses to final question of survey)

- Conocimientos transmitidos sobre consejos de alimentación etc.
- La información que se nos dio por medio de Ellen White acerca de la salud de la iglesia.
- Un estilo de vida saludable de primer orden y que debemos practicar y enseñar.
- Lo que Dios quiere que sepamos, practiquemos y enseñemos concerniente a nuestro bienestar físico, mental y espiritual.
- Nuestra posición en cuanto a la Reforma Prosalud, basada en la Santa Biblia y en el Espíritu de Profecía.
- Un mensaje que Dios ha dado a su iglesia por medio de EGW y que como miembros de esta iglesia tenemos el privilegio de aprovecharlo y también compartirlo como parte del mensaje de salvación.
- Las enseñanzas y principios bíblicos que se impulsan partiendo de la enseñanza bíblica y de los tiempos de 1844, como un esfuerzo divino para la restauración del ser humano, en especial de su pueblo.
- Mensaje característico y primordial de A.S.D. desprendido de la Biblia para nuestro tiempo.
- Es un principio que conlleva a la salvación, y a un estilo de vida confortable y feliz.
- El mensaje que como pueblo deberíamos dar al mundo con nuestro estilo de vida.
- El plan de Dios para su pueblo, que debe vivirlo y comunicarlo, como una parte vital de su cristianismo y preparación para el cielo.
- La luz que tenemos de parte de nuestro Dios para vivir el mejor estilo de vida.
- Un pueblo saludable porque contiene la inspiración adecuada para brillar junto a los otros dos aspectos de la misión, predicar, enseñar y sanar.
- Es la alternativa que Dios tiene para la restauración total de la humanidad caída y sufriente, la cual es proclamada por su pueblo remanente por precepto y ejemplo.

- Un mensaje peculiar, con características distintivas, que nadie enseña, pues tenemos el privilegio de prepararnos para un encuentro.
- Sugerencias para mejorar el estilo de vida - conocimiento de los valores nutricionales.
- Vivir a la altura de los principios de salud bíblicos y del Espíritu de Profecía.
- Una reforma en hábitos.
- La forma, régimen o estilo de todos los aspectos de la salud y/o vida del pueblo adventista.
- La mejor opción para la felicidad.
- Restauración, vida saludable.
- El retorno al estilo de vida dado por Dios antes del pecado, necesario hoy mucho más por causa del pecado. No salva, pero ayuda a tener mejor percepción espiritual y nos hace mayordomos fieles de nuestra vida, cuerpo, existencia. Esto en la práctica se logra practicando los 8 remedios naturales para un mundo enfermo.
- Que se proclama el bienestar físico y prevención del individuo a sus malos hábitos de vida.
- Enseñar los principios de salud que posee la iglesia adventista.
- La luz divina que la Biblia y el Espíritu de Profecía nos ofrecen para glorificar a Dios con un estilo de vida vigoroso y feliz.
- El estilo de vida adventista.
- La primera impresión es de carácter escatológico pues con tal mensaje se prepara al pueblo para el encuentro con Cristo.
- Es un deber cristiano cuidar nuestro cuerpo para estar saludables y rendir un mejor servicio a Dios.
- Entiendo que debe haber una reforma en la dieta acostumbrada y la temperancia debe ser sagrada en todo.
- Información vital divinamente legada a los ASD que nos capacita para demostrar al pecador y a los muchos no caídos cómo obra la gracia salvadora de Jesús.

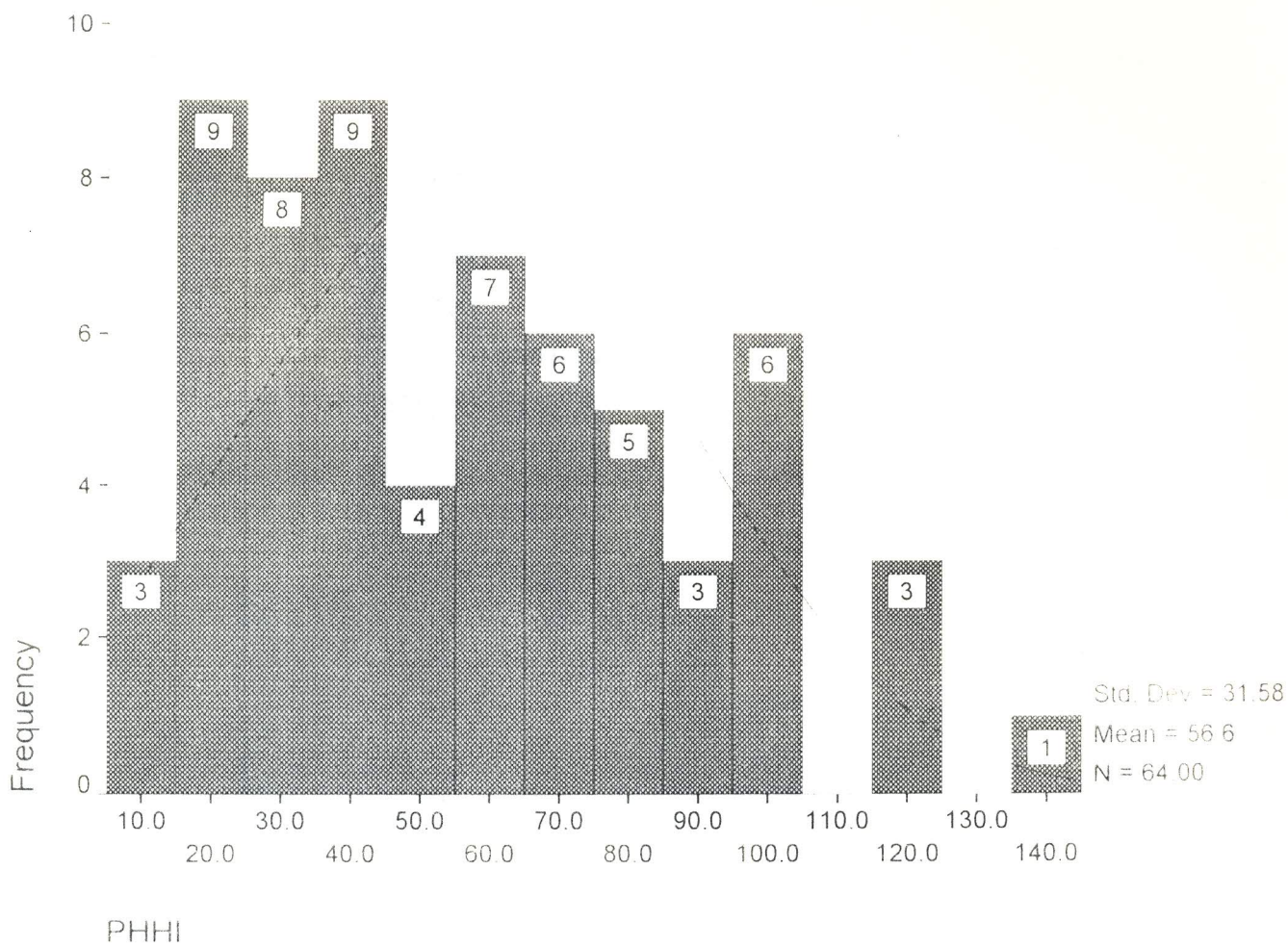
- Es un estilo de vida saludable, en todo sentido, dado por Dios al pueblo adventista a través de EGW.
- Un aspecto del evangelio abundante y equilibrado que enseñamos.
- Estilo de vida adventista.
- Llevar elementos de restauración física, mental y espiritual en contexto de la segunda venida de Jesús.
- El estilo de vida que incluye todos los hábitos relacionados con el bienestar físico, mental y espiritual desde el punto de vista de la iglesia.
- Es un mensaje que tiene en el corazón alguien que desea ver a Jesús y vivir con El.
- Nuestro cuerpo es templo donde mora el Espíritu Santo. También, reforma pro-salud.
- Énfasis en la medicina preventiva para mantener el cuerpo alerta a las indicaciones de Dios y en funciones adecuadas para su servicio.
- El mensaje de vida sana que Dios tiene para su pueblo, de acuerdo con el mensaje y darle la gloria a Dios con lo que hagamos, especialmente con nuestro cuerpo que es Templo del Espíritu Santo.
- El mensaje promovido por EGW y que debe ser seguido por todo ASD.
- Es uno de los mensajes importantes de Dios para el mundo actual donde nos muestra cómo mesurar nuestros hábitos de salud para tener un templo del Espíritu Santo limpio y puro, un llamado urgente para el mundo.
- Conjunto de consejos que tiene nuestra iglesia, provenientes del Espíritu de Profecía.
- La mano derecha de la evangelización pública. Muy importante para la salvación (3 Jn 2).
- El estilo de vida saludable para el bienestar físico y espiritual.
- La cuña de entrada al Evangelio.

APPENDIX G

(Histograms and Scattergrams)

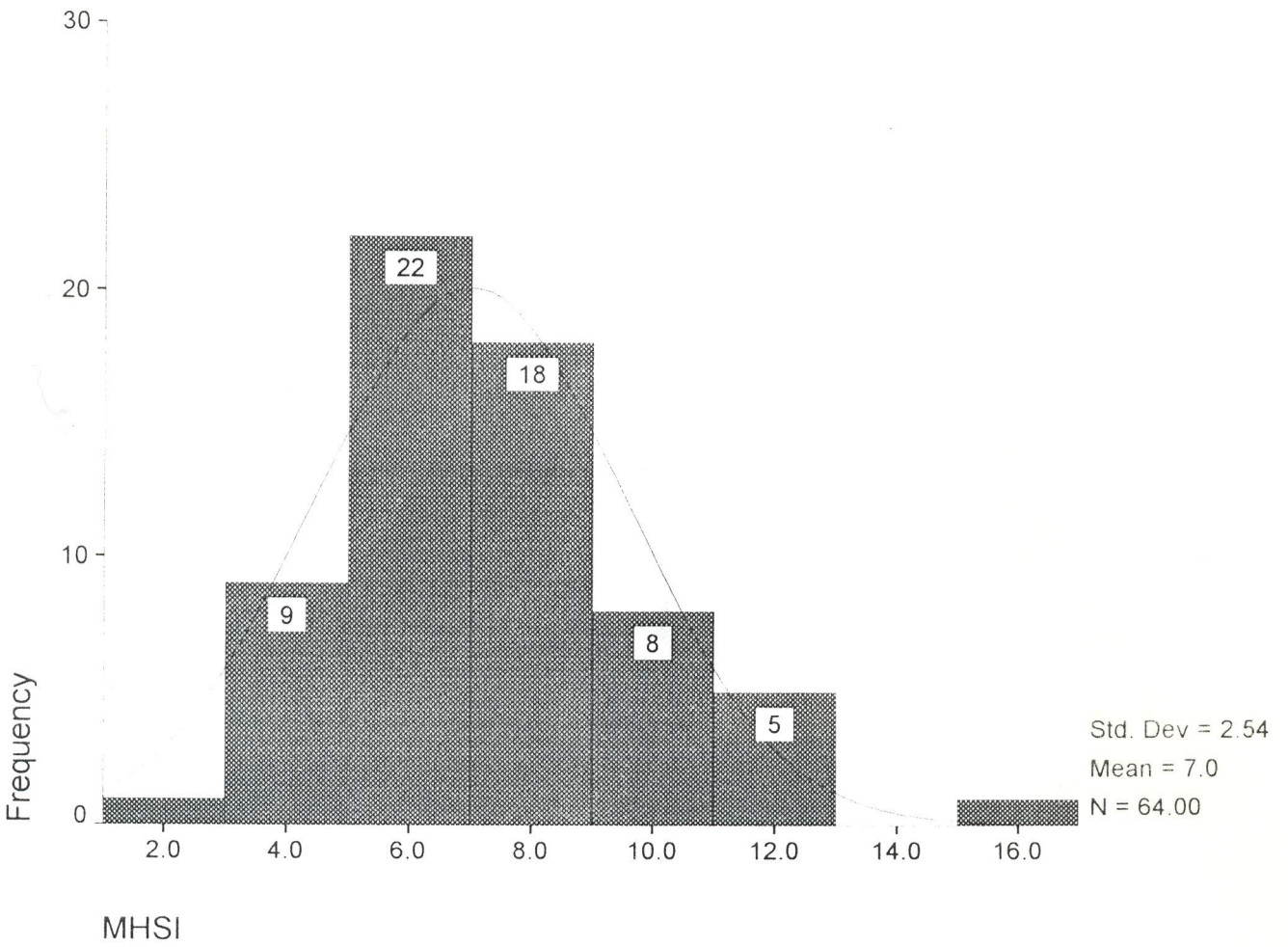
Histogram

Physical Health Habits Index



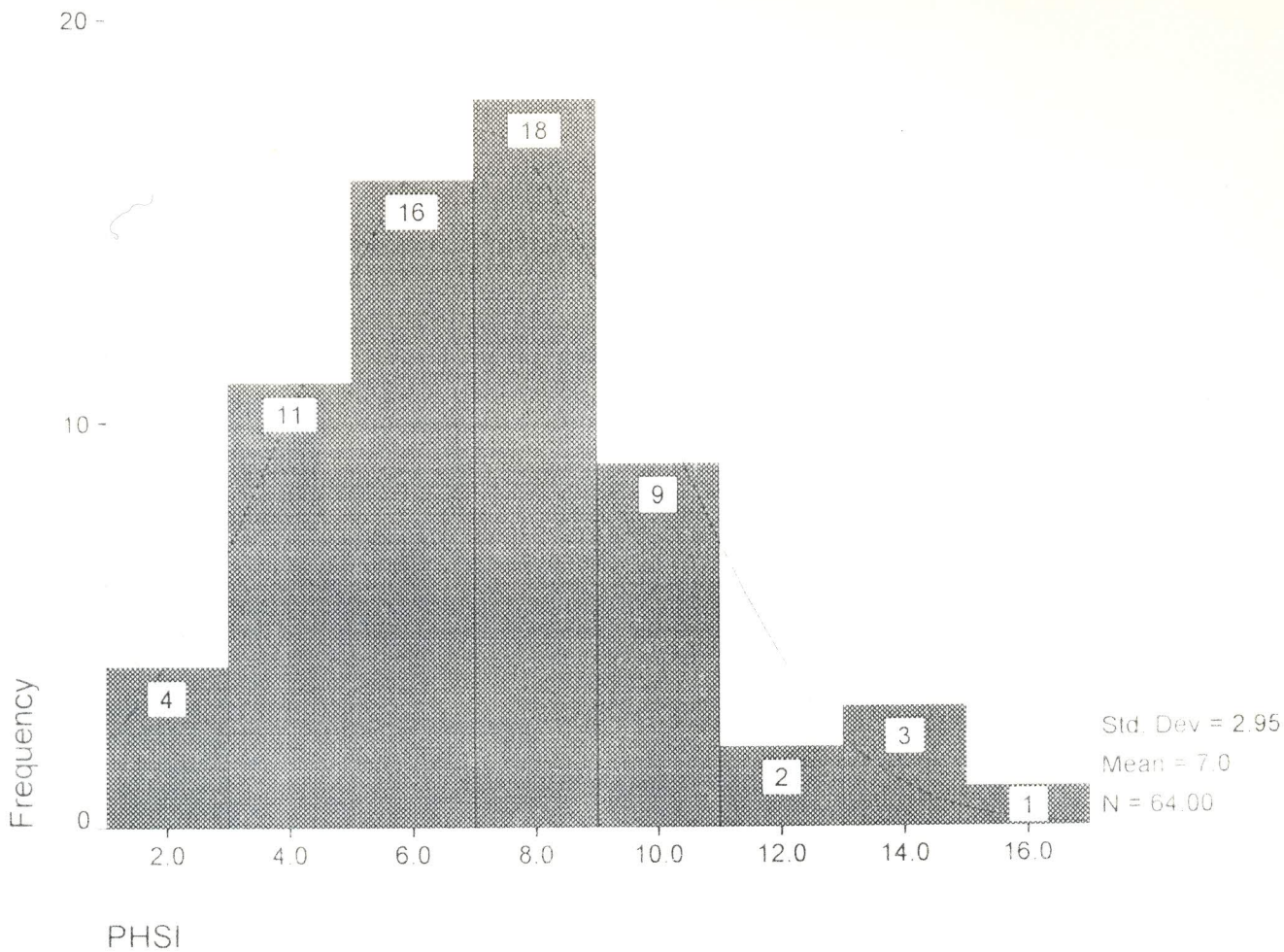
Histogram

Mental Health Status Index



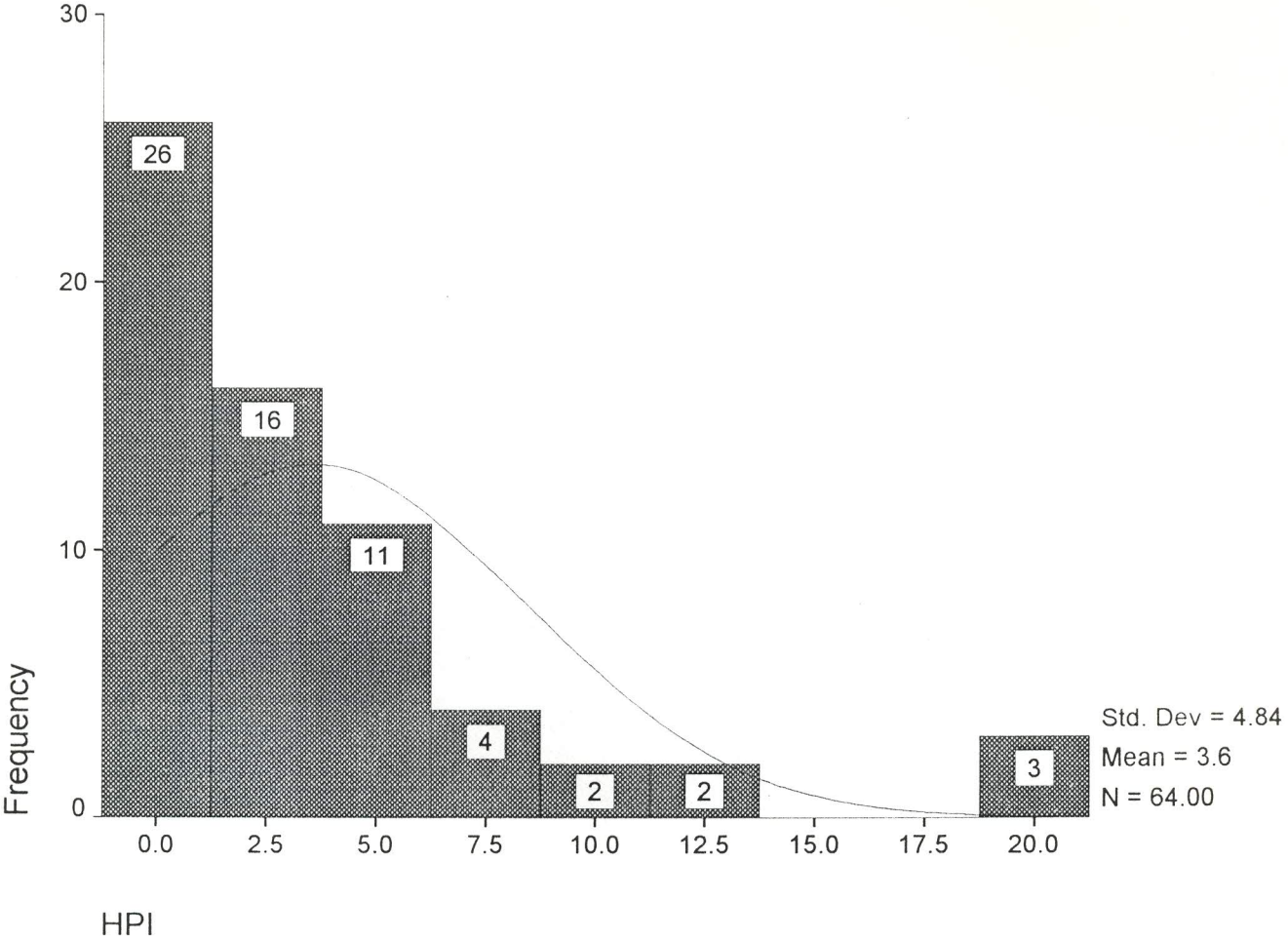
Histogram

Physical Health Status Index



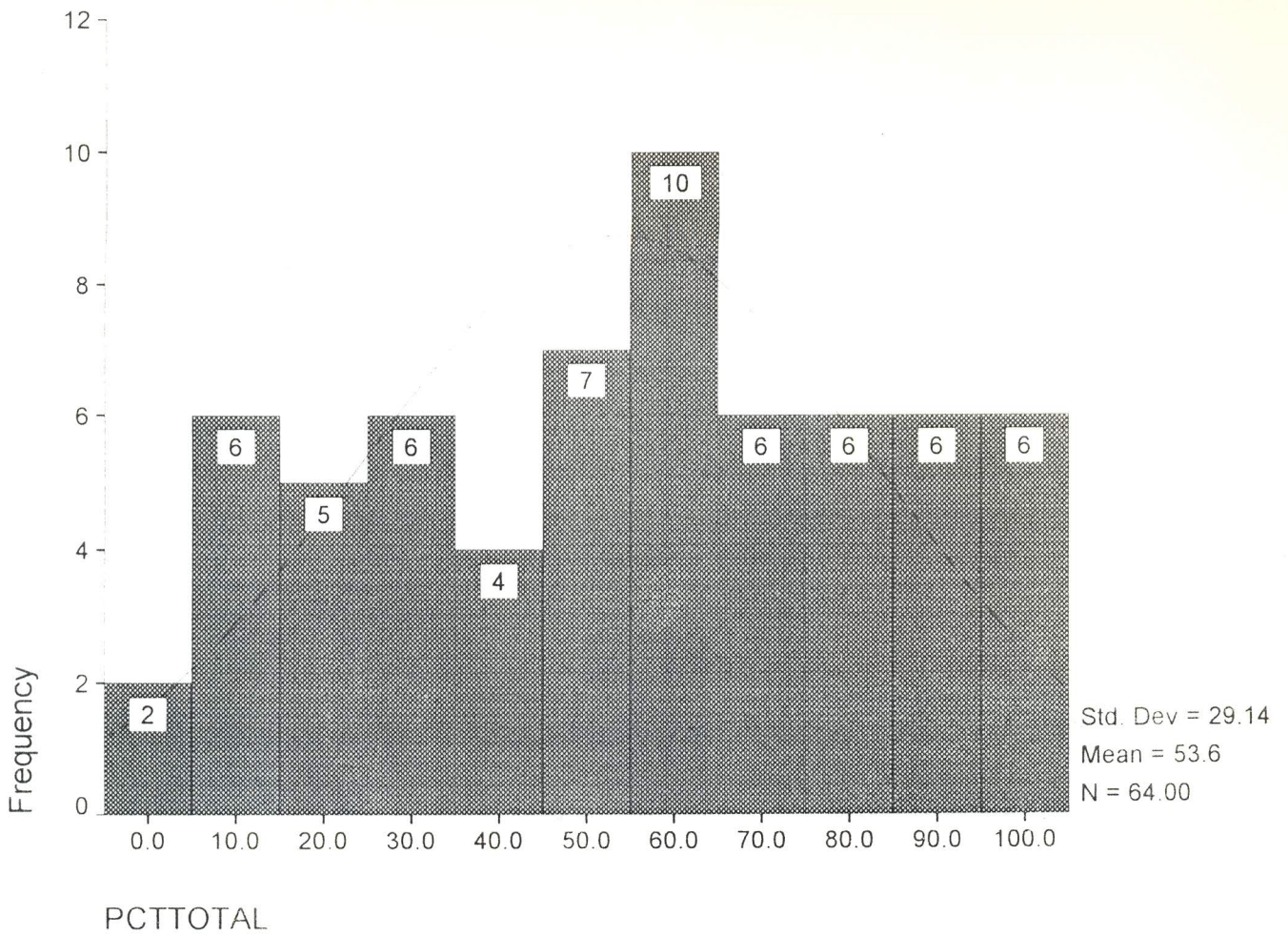
Histogram

Health Promotion Index



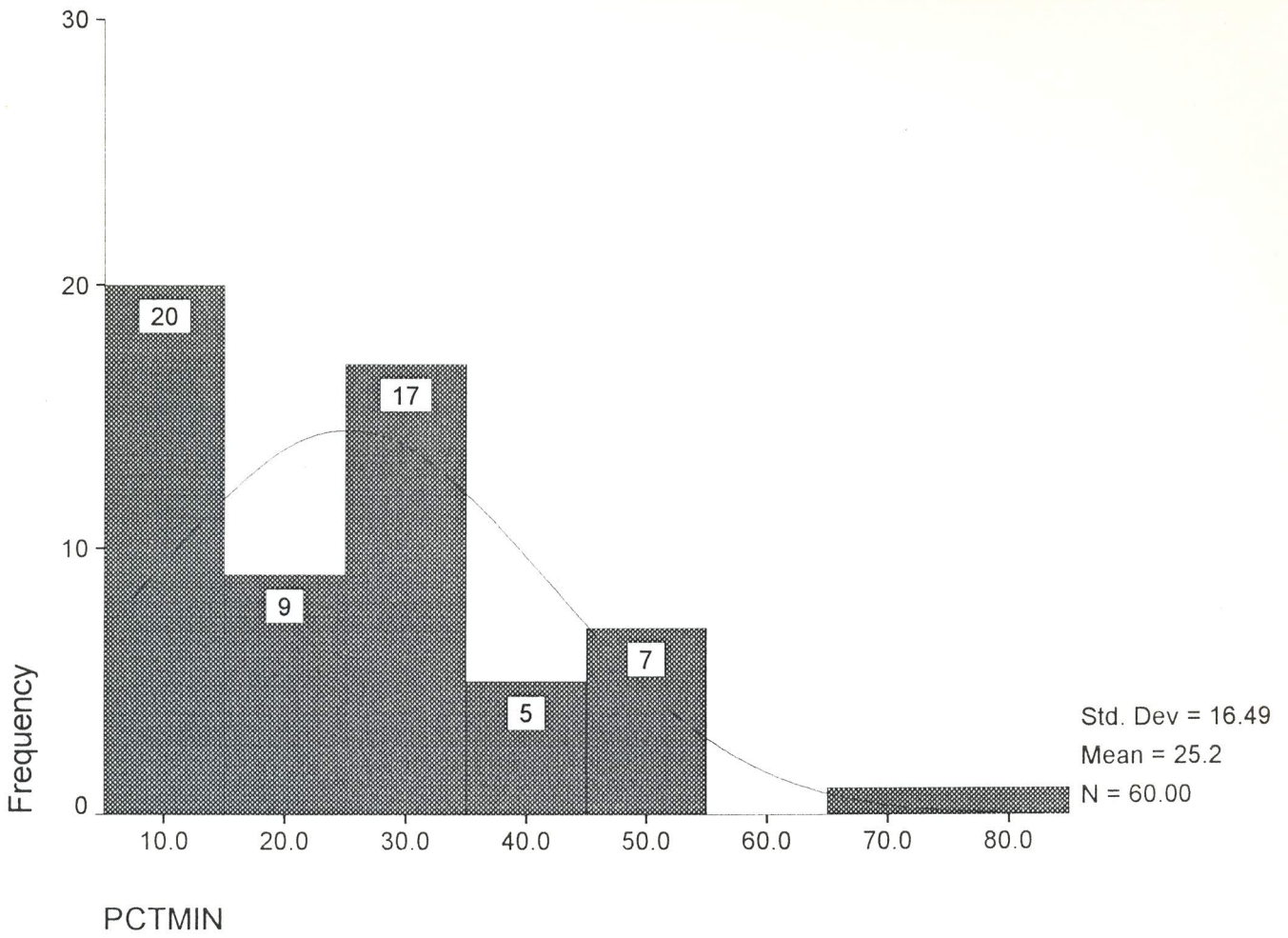
Histogram

Mean % Read of Ellen White's Health Books



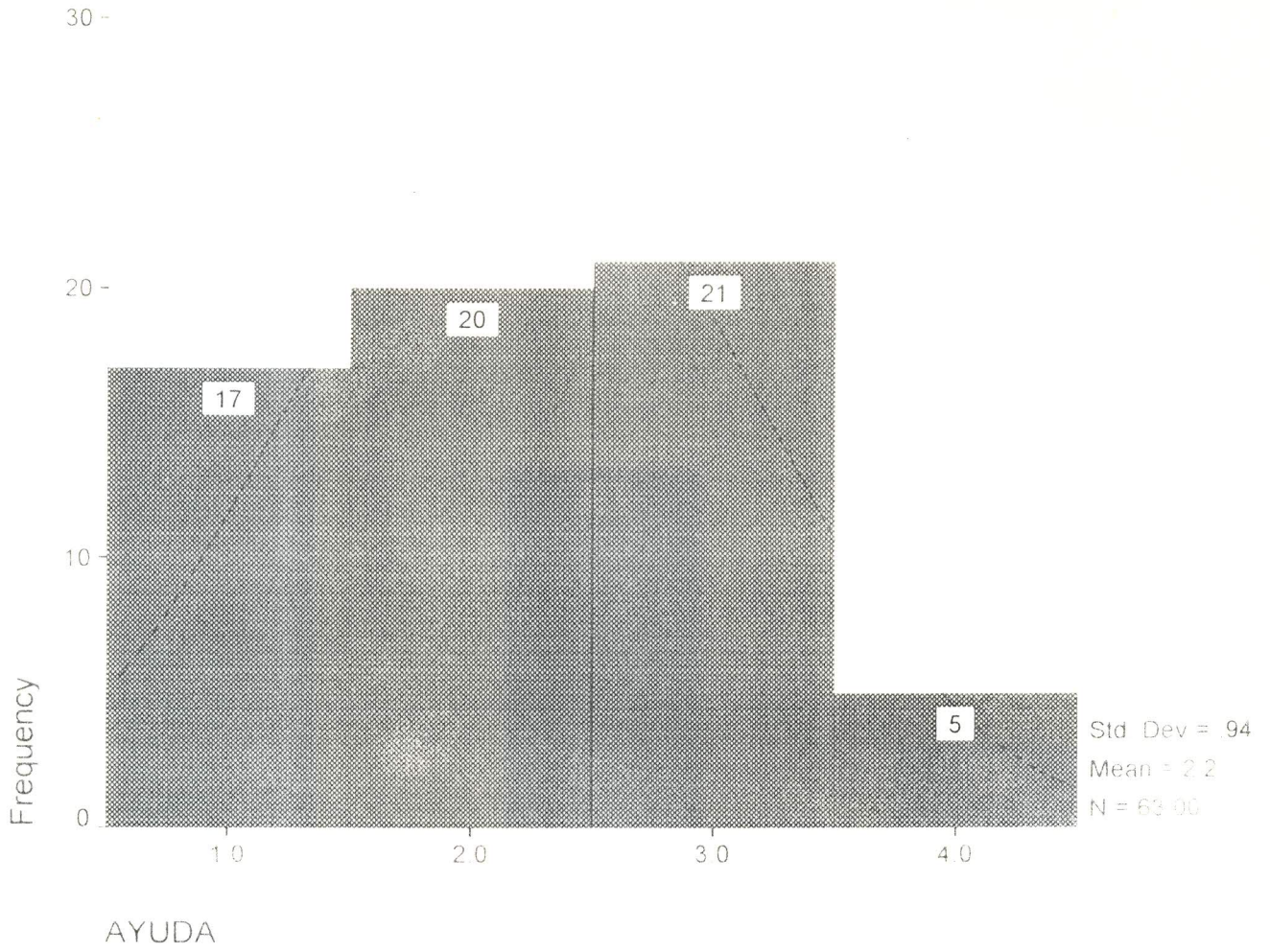
Histogram

% of Desired Health Content in Ministerial Training



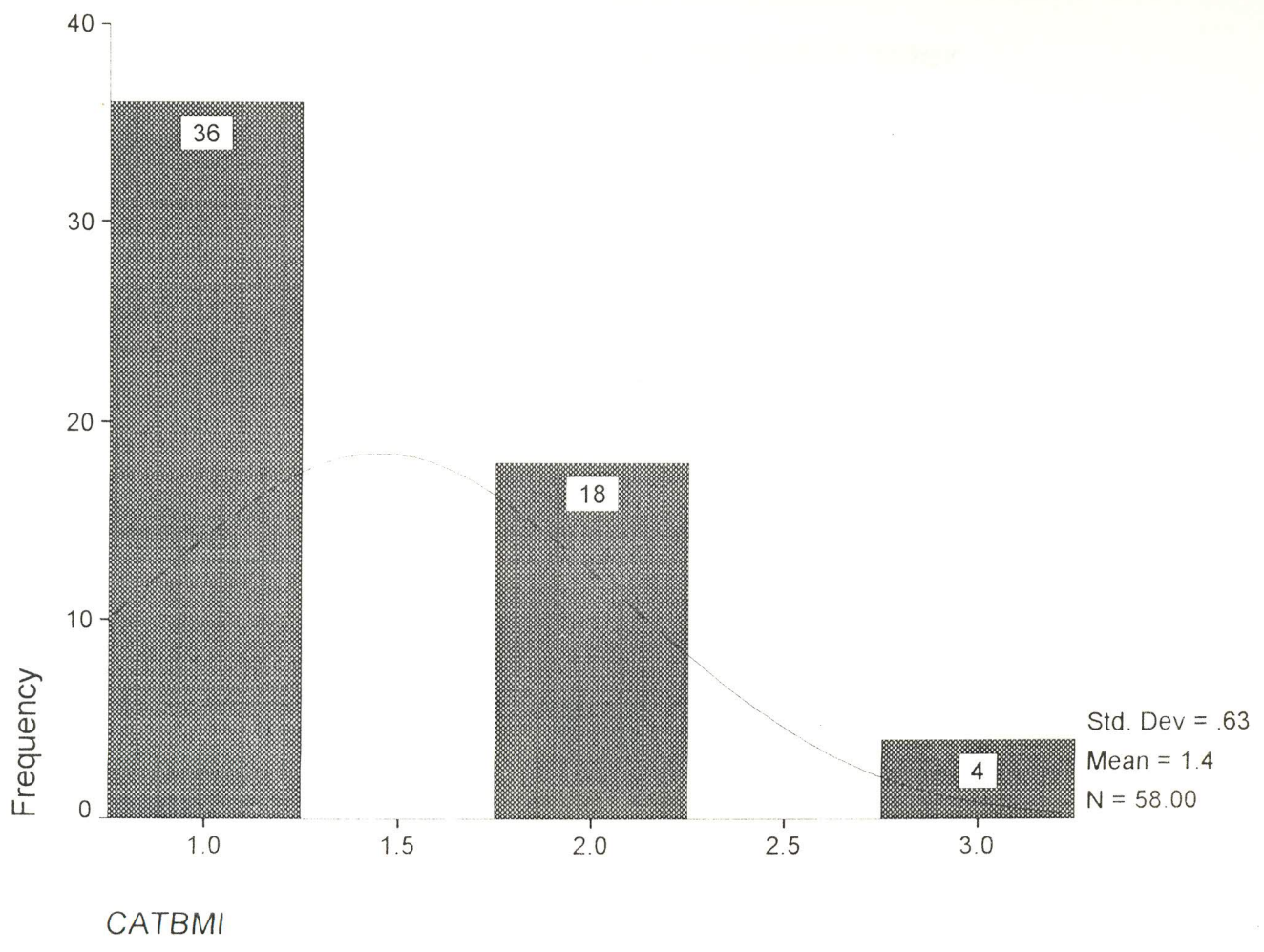
Histogram

Helpfulness of Health Classes in Ministerial Training



Histogram

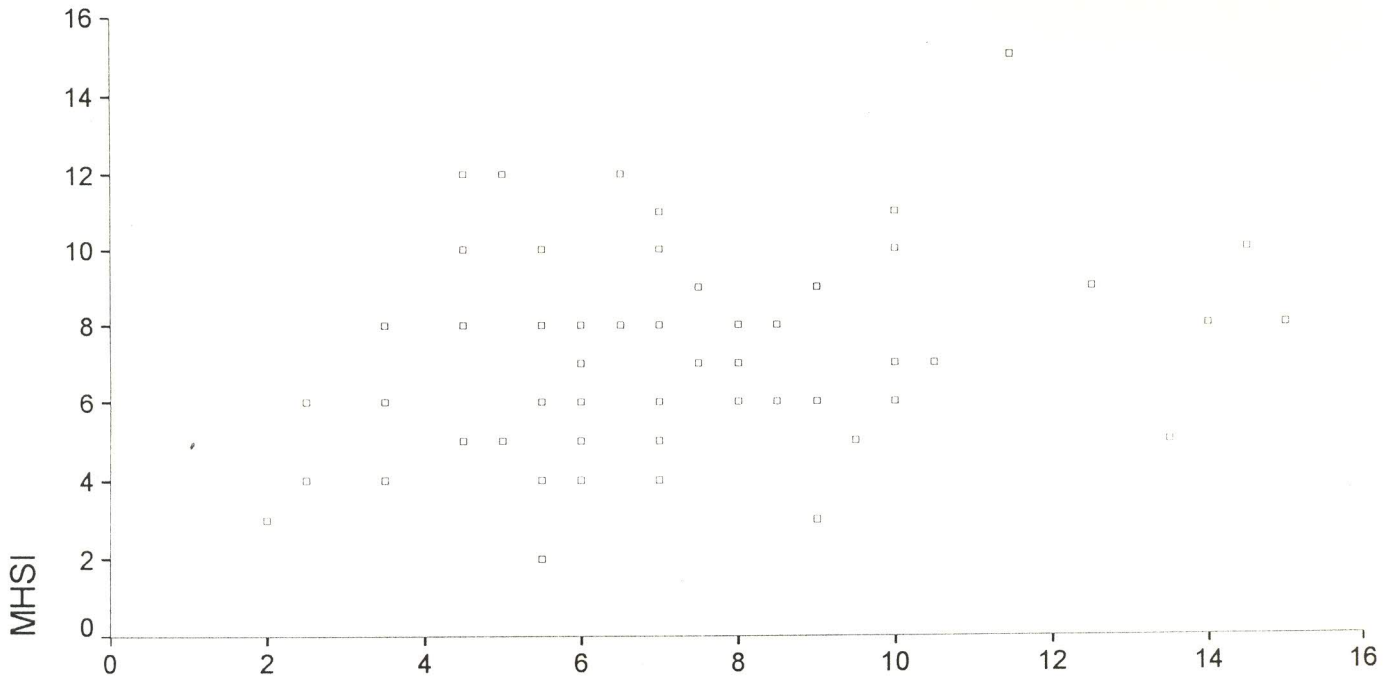
Categorized Body Mass Index



Scattergram

Mental Health Status Index

Physical Health Status Index



PHSI

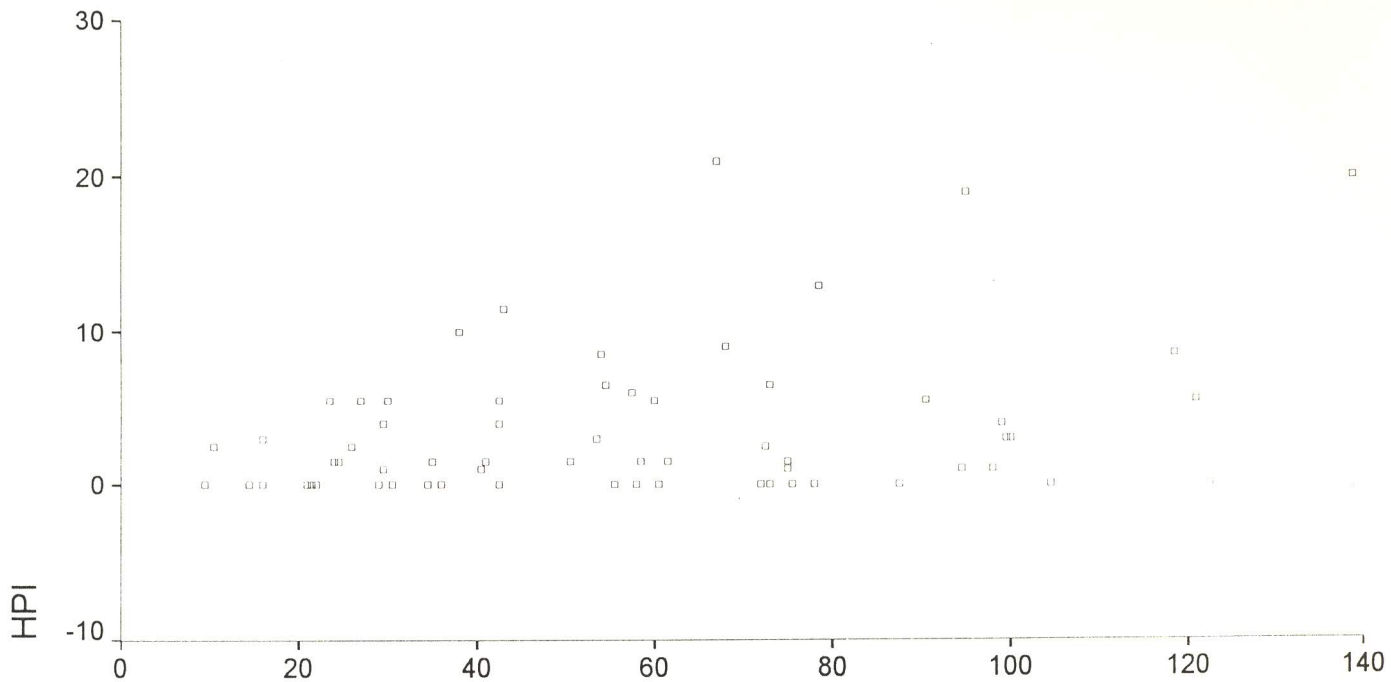
$r = 0.3230$

$p = 0.005$

Scattergram

Health Promotion Index

Physical Health Habits Index



PHHI

$r = 0.2217$

$p = 0.039$

AL DE

APPENDIX H

(Proposal sent to ministers of Mexico's Northern Union,
by Pr M. Soto, Health and Temperance Secretary)

SUGERENCIAS PARA EL DEPARTAMENTAL DE SALUD

1. PROMOVER DOS SEMANAS DE SALUD DURANTE 1994. UNA EN FEBRERO Y LA OTRA EN OCTUBRE, O EN CUALQUIER FECHA.
2. ANIMAR A LOS PASTORES A PRACTICAR LOS PRINCIPIOS DEL SANO VIVIR.
3. TENER POR LO MENOS UN "PLAN DE 5 DÍAS PARA DEJAR DE FUMAR" EN CADA DISTRITO.
4. TENER UN CONGRESO A NIVEL DE ASOCIACIÓN; O VARIOS REGIONALES.
5. LLEVAR A CABO SEMINARIOS DE NUTRICIÓN Y COCINA VEGETARIANA; TANTO PARA LA HERMANDAD COMO PARA LA COMUNIDAD.
6. INFORMAR A LA UNIÓN TRIMESTRALMENTE DE LAS ACTIVIDADES REALIZADAS EN SU CAMPO.
7. HACER UNA LISTA DE PROFESIONALES DE LA SALUD Y ENVIARLA A LA MAYOR BREVEDAD POSIBLE A LA UNIÓN.
8. SI TIENE MÉDICOS EN SU DISTRITO, TENER UN DISPENSARIO MÉDICO QUE FUNCIONE EN LA ESCUELA, O EN LA IGLESIA, LOS DOMINGOS, O CUALQUIER OTRO DÍA DE LA SEMANA. REALIZAR JORNADAS MÉDICAS EN SU TERRITORIO.
9. CONSTATAR QUE EN CADA IGLESIA SE HAYA NOMBRADO UN BUEN DIRECTOR DE SALUD.
10. PROMOVER LA LECTURA DE LOS LIBROS DEL ESPÍRITU DE PROFECÍA EN LAS IGLESIAS, ESPECIALMENTE LOS DE SALUD.