Lifestyle Medicine
– a faith-based perspective

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Abstract

Lifestyle medicine is the use of lifestyle interventions in the prevention, treatment and management of disease. A faith-based community, which is the subject of much health lifestyle research, is the focus of this study. The Seventh-day Adventist church has promoted a healthy lifestyle, including a plant-based diet, since its foundation in 1863. Research shows that Adventists are much healthier and live significantly longer than the general population. Adventist vegetarians are even more healthy, and live about five years longer than non-vegetarians. The present study was designed to investigate how church leaders relate to the Adventist health lifestyle, and to what extent information about the benefits of adopting this lifestyle is communicated to church members in Sweden. Survey interviews with specific health-related lifestyle questions were used to collect the data. 60% of the respondents reported being vegetarian or vegan. Many agreed that pastors should be health educators as much as gospel preachers, but a majority did not have any academic or other education on health. Only a minority stated that they often preach or share the Adventist health message, but most respondents agreed that every church should be a school of health. The educational program for pastors and other church leaders should include adequate training and experience in health and lifestyle medicine from a faith-based perspective. Seventh-day Adventists should be the first to take full advantage of an evidence-based healthy lifestyle and live as examples to others.

Key words: Adventist, health lifestyles, lifestyle medicine, public health, plant-based diet, vegetarian, vegan.
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Introduction

Lifestyle medicine (LM) is the use of lifestyle interventions in the prevention, treatment and management of disease. LM interventions include diet (nutrition), exercise, stress management, smoking cessation and a variety of other non-drug modalities (ACLM, 2012). LM is supported by research on health lifestyles, especially the significant health differences that can be found between various social groups (Cockerham, 2011; Siegrist, 2011). A faith-based community, which has been the subject of much health lifestyle research, is the focus of this study.

Seventh-day Adventists are known for living long, healthy lives and for promoting a natural vegetarian diet rich in fruits, vegetables, nuts and grains (Buettner, 2005). A number of scientific studies conducted since the late 1950's show that Adventists enjoy better health and live six to ten years longer than the general population. Vegetarian Adventists are even more healthy, and live about five years longer than non-vegetarian Adventists (Fraser, 2009).

The Seventh-day Adventist church has 17 million members, 17 000 active ordained ministers, and 70 000 local churches in more than 200 countries. 7 800 Adventist schools, colleges and universities educate 1.7 million students. 700 Adventist hospitals, clinics and other health institutions have more than 16 million outpatient visits a year (Adventist.org, 2012). The Adventist church has advocated a healthy lifestyle since its foundation in 1863, and this special emphasis on health is reflected in one of its Fundamental Beliefs (2005):

> Because our bodies are the temples of the Holy Spirit, we are to care for them intelligently. Along with adequate exercise and rest, we are to adopt the most healthful diet possible and abstain from the unclean foods identified in the Scriptures. Since alcoholic beverages, tobacco, and the irresponsible use of drugs and narcotics are harmful to our bodies, we are to abstain from them as well (22. Christian Behavior).

Ellen G. White (1827 – 1915) was the single most influential person in establishing the importance of a healthy vegetarian lifestyle in the Adventist church. She was a prolific writer on health and many other subjects. Her books and other publications are often referred to as the Spirit of Prophecy (Fundamental Beliefs, 2005). Health practices promoted by the church include the proper use of sunlight, fresh air, pure water, a plant-based diet, regular exercise, rest, temperance, and trust in divine power, which are called natural remedies. (White, 1942).
The Adventist church has about 40 congregations and 2,800 members in Sweden (Adventist.se, 2012). There was an early emphasis on health education and medical missionary work (Svenska Sjundedags Adventisternas historia, 1928). The church has operated two health centers, Nyhyttan (1905–1997) and Hultafors (1926–2004), and a health food company, Svenska Nutana (1968–2006). It published a number of books on health and two health magazines, Sundhetsbladet (1927–1967) and Liv i Nutid (1968–1993). The church also had a Health Ministries Director until the early 1990’s (L–G Larsson, Personal communication, 2011-07-14).

**Adventist Health Studies**

Researchers at Loma Linda University in California have subjected the Adventist health lifestyle to scientific scrutiny in three major studies. About half of the Adventists in these studies were vegetarian and the other half were non-vegetarian, which made it possible to discover significant health advantages of a plant-based diet. (Fraser, 1999a, 1999b; Loma Linda University, 2012a). Current research shows that “the closer you are to being a vegetarian, the lower the health risk” (Loma Linda University, 2012b).


**Adventist Mortality Study** was a prospective study of 22,940 California Adventists that began in 1958, with an intensive 5-year follow-up and a more informal 25-year follow-up. According to Fraser (2009), this study “clearly demonstrated that Adventist Californians lived longer than other Californians, and that fewer died of heart disease and from smoking related cancers. The study provided some of the earliest evidence in the United States that smoking tobacco was hazardous to health. The Adventist Mortality Study was featured prominently in the surgeon general’s reports of the day.” Adventist men lived 6.2 years longer than other men, who participated in the concurrent American Cancer Society study, and the women’s advantage was 3.7 years. (Walton et al., 1981; Singh et al., 2011).

**Adventist Health Study 1** (AHS-1) was conducted during the years 1974 – 1988 and involved 34,000 Adventists in California, establishing firm links between lifestyle, diet, disease and mortality. Data from this study have been analyzed for more than a decade and the main findings may be summarized as follows (Fraser, 1999a, 1999b; Willett, 1999, 2003):
• On average, Adventist men live 7.3 years longer and Adventist women live 4.4 years longer than other Californians.

• Five simple health behaviors promoted by the Seventh-day Adventist Church for more than 100 years (not smoking, eating a plant-based diet, eating nuts several times per week, regular exercise and maintaining normal body weight) increase life span (about two years each) up to 10 years.

• Increasing consumption of red and white meat was associated with an increase of colon cancer (Singh & Fraser, 1998).

• Eating legumes (e.g. beans, lentils, peanuts) was protective for colon cancer (Tantamango et al., 2011).

• Eating nuts several times a week reduced the risk of heart attack by up to 50% (Fraser et al., 1992).

• Eating whole-grain bread instead of white bread reduced non-fatal heart attack risk by 50% (Fraser et al., 1992).

• High daily intakes of water (5 or more glasses) may reduce coronary heart disease by 50% (Chan et al., 2002).

• Men who had a high consumption of tomatoes reduced their risk of prostate cancer by 40% (Mills et al., 1989). Tomatoes have also been found to significantly reduce the risk of ovarian cancer. (Kiani et al., 2006).

• Drinking soy milk more than once daily may reduce prostate cancer by 70% (Jacobsen et al., 1998).

Fraser (2009) summarized the findings of the Adventist Health Studies in non-scientific language to the church members in an Adventist Review article: ”Results showed that non-vegetarian Adventists experienced much more heart disease than vegetarian Adventists, particularly among the younger and middle-aged (which is up to at least age 70 in many Adventists!). The non-vegetarians also had about 60% more colon cancer, as well as more ovarian and bladder cancer. Moreover, on average, they lost about five years of life compared to the vegetarians.” The five years was an educated guess, based on data from AHS-1 (Gary Fraser, Personal communication 2011-12-06).

Adventist Health Study 2 (AHS-2), which focuses on cancer, began in 2002 and now has an enrollment of more than 96 000 Adventists, ages 30 – 112, from the United States and Canada. 64% were church members by the age of 15. Participants are 65% female; the mean age at enrollment was 62; 65% are non-Hispanic White, 27% Black / African American, and small numbers of other ethnic minorities. 1.1% report being current smokers and 6.6% report current alcohol use (Butler et al., 2008; Loma Linda University, 2012b).
Dietary Status of Study Participants:

- 8% are vegan (No red meat, fish, poultry, dairy or eggs)
- 28% are lacto-ovo-vegetarian (Eat milk and/or eggs but no red meat, fish or poultry)
- 10% are pesco-vegetarian (Eat fish, milk and eggs but no red meat or poultry)
- 6% are semi-vegetarian (Eat red meat, poultry and fish less than once per week)
- 48% are non-vegetarian (Eat red meat, poultry, fish, milk and eggs more than once a week)

Compared to non-vegetarians, vegans / vegetarians:

- Watched less television
- Slept more hours per night
- Consumed more fruits and vegetables
- Consumed less saturated fat
- Typically ate foods with a low glycemic index, such as beans, legumes and nuts

AHS-2 data show a progressive weight increase from a total vegetarian diet toward a non-vegetarian diet. The average Adventist participant in the AHS-2 is overweight, with a BMI (body mass index) of 27. Adventist vegetarians have an average BMI of 25 and vegans a BMI of 23 (Fraser, 2009). Data from AHS-2 also shows that a vegetarian diet is associated with a more favorable profile of metabolic risk factors (HDL, triglycerides, glucose, blood pressure, and waist circumference) and a lower risk of metabolic syndrome (Rizzo et al., 2011).

Tonstad et al. (2009) reported on the prevalence of type 2 diabetes in people following different types of vegetarian diets compared to non-vegetarians among participants in AHS-2. Mean BMI was lowest in vegans (23.6 kg/m²) and gradually increased in lacto-ovo-vegetarians (25.7 kg/m²), pesco-vegetarians (26.3 kg/m²), semi-vegetarians (27.3 kg/m²) and non-vegetarians (28.8 kg/m²). Prevalence of type 2 diabetes increased from 2.9% in vegans to 7.6% in non-vegetarians. The conclusion is that a vegetarian diet can help to prevent obesity and type 2 diabetes.

A PubMed search yielded 265 scientific articles related to Adventist health published between 1967 and 2011. More results from the Adventist Health Studies continue to be published in the scientific literature. These studies contribute to the solid base of scientific evidence in support of the healthy Adventist lifestyle.

Reflecting on the Adventist Health Studies, the lead researcher, Gary Fraser (2011), commented to the ANN World News that “we believe the Adventist experience will benefit all Americans and hopefully the global community. But as our understanding of health continues to grow, we [Seventh-day Adventists] should be the first to take full advantage of the knowledge we gain and live as examples to others.”
Purpose and Limitations

The Adventist Health Studies provide strong scientific evidence that a plant-based diet can prevent lifestyle-related diseases and promote health. Adventist vegetarians are more healthy and live about five years longer than non-vegetarians. The Adventist church clearly has a moral and ethical responsibility to communicate this important information to their members, and encourage everyone to adopt a healthy lifestyle.

This study investigates how pastors and other church leaders relate to the healthy Adventist lifestyle, and to what extent information about the benefits of adopting this lifestyle is communicated to church members in Sweden. Ordinary church members are not included, and the results only reflect the situation in Sweden. This is a small pilot study, and the results should not be used to make generalizations about Adventist church conditions in other countries.

It would be very interesting to compare the results of this study with data from other countries, but no similar published studies have been found. However, this small pilot study could be repeated on a much larger scale, with the same or similar questions. The format is well suited for a web-based survey, which could generate a large number of responses and provide data for a more generalizable quantitative analysis.

Research Questions

How do pastors and other church leaders relate to the Adventist health lifestyle, and do they encourage church members in Sweden to adopt this lifestyle?
Methods

After considering various options, I decided to use the evaluation research method, with “specific assessment for the purposes of making recommendations for change” that “uses whatever data collection tool and approach is appropriate” (Hart, 2005, p. 330). Qualitative interviews are often used in pilot studies to identify questions for subsequent quantitative research. However, qualitative interview studies often take a long time to conduct and analyze, compared to survey interviews with fixed questions and limited answers (Weiss, 1995).

Survey interviews with specific health-related lifestyle questions were used to collect the data, since this method appeared to be the best tool to gather information for this empirical study. According to Kuniavsky (2003, p. 303), “the best tool to find out who your users are and what their opinions are is the survey.” A survey should have no more than 20 questions, which can be answered in less than 20 minutes (Ibid., p. 319). My survey had 12 questions and a space for further comments.

The study participants consist of 40 Adventist pastors and other church leaders on a list of mission workers, corresponding to the number of Adventist churches in Sweden. This is a small number of participants, considering the fact that the Adventist church has some 17,000 active ordained ministers worldwide. With this in mind, the present study can best be characterized as a small pilot study, which could be repeated on a much larger international scale. The results of the study only reflect the local situation in Sweden, and should not be used as a basis for any generalizations about conditions in other countries.

The survey interviews were conducted face-to-face in several geographical locations in Sweden, and a few by telephone, from the end of April until the end of July, 2011. Research comparing telephone and face-to-face interviews found that telephone respondents finished the interviews more quickly, were more acquiescent and evasive, as well as more cautious about self-revelation (Weiss, 1995). However, I did not notice any of these problems with my telephone interviews, which were about the same length as the average face-to-face interview.
Survey Questions

1 – 3 Demographic questions
Sex, age and marital status. These were rather obvious questions that are usually included in most surveys. The other questions were directly related to health, especially from a Seventh-day Adventist perspective.

4 Health
This question was a self-health assessment. Answers were given on a 5-point scale between (1) Very poor and (5) Excellent. The question was included to give a general indication of the participants' health status.

5 Diet
Respondents were asked about their dietary habits, with five different choices. (1) Omnivore (eats all foods). (2) Kosher (only foods that are classified as “clean” in the Scriptures). (3) Vegetarian + fish. (4) Vegetarian + milk and eggs (lacto-ovo vegetarian). (5) Vegan (only plant-based foods).

6 Exercise
Respondents were asked about their exercise habits. Answers were given on a 5-point scale between (1) Never and (5) Vigorous daily exercise.

7 Did your academic education include any courses on health?
Yes / No If yes, which courses? ..........................................................

8 Would you like to learn more by attending courses on health?
Yes / No

9 Pastors should be health educators as much as gospel preachers.
Responses to this statement were given on a 5-point scale between (1) Strongly disagree and (5) Strongly agree.

10 Pastors and other church leaders should be good role models in Health.
Responses to this statement were given on a 5-point scale between (1) Strongly disagree and (5) Strongly agree.

11 How often do you preach or share the Adventist health message?
Answers were given on a 5-point scale between (1) Never and (5) Very often.

12 Every Adventist church should be a school of physical and spiritual health.
Responses to this statement were given on a 5-point scale between (1) Strongly disagree and (5) Strongly agree.

The questions were followed by a space for further comments.
Why These Questions?

Most of the questions are related to specific aspects of the Adventist health lifestyle, with the purpose of investigating to what extent Swedish pastors and other church leaders have received, accepted and implemented this health lifestyle in their own personal and professional lives. Questions are based on health principles found in the Bible, the writings of Ellen G. White, and the Adventist Health Studies.

1 – 3 Demographic questions
Sex, age and marital status. These questions are usually included in most surveys, and need no further explanation.

4 Health (Self-Health Assessment)
The Bible teaches that the body is the temple of the Holy Spirit (1 Corinthians 6:19) and emphasizes the prime importance of health: “Beloved, I wish above all things that thou mayest prosper and be in health, even as thy soul prospereth” (3 John 1:2). According to White (1946, pp. 44 – 45), “It is a duty to know how to preserve the body in the very best condition of health, and it is a sacred duty to live up to the light which God has graciously given. It is just as much sin to violate the laws of our being as to break one of the ten commandments.”

5 Diet
“Vegetables, fruits, and grains should compose our diet. Not an ounce of flesh meat should enter our stomachs. The eating of flesh is unnatural. We are to return to God’s original purpose in the creation of man” (White, 1946, p. 380). The original diet is found in the first chapter of the Bible: “And God said, Behold, I have given you every herb bearing seed, which is upon the face of all the earth, and every tree, in the which is the fruit of a tree yielding seed; to you it shall be for meat” (Genesis 1:29). White (1946) pointed out the special responsibilities of Adventist pastors and other church leaders: “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” (p. 399). The Adventist Health Studies have clearly shown the health advantages of a plant-based (vegetarian) diet. Many pastors are still eating meat, even though they clearly have a moral and ethical responsibility to promote a healthy vegetarian lifestyle.

6 Exercise
Adventist Health Study 1 found that regular exercise can increase the lifespan by about two years (Fraser, 2011). Many scientific studies have been published that confirm the health benefits of regular exercise, which has now been established as an evidence-based fact. Physicians in Sweden and other countries can order physical activity by prescription to promote health, as well as to prevent and treat lifestyle related diseases, which have become major public health problems in our modern society (Leijon, 2009). The importance of physical activity for pastors and other sedentary persons was also recognized by Ellen G. White (1951, p. 193).
7 Did your academic education include any courses on health?
“"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” (White, 1951, p. 431). The following statement makes it clear that physical and spiritual health are equally important subjects in the academic education and practical training of Adventist pastors and Bible workers:

The minister will often be called upon to act the part of a physician. He should have a training that will enable him to administer the simpler remedies for the relief of suffering. Ministers and Bible workers should prepare themselves for this line of work, for in so doing, they are following the example of Christ. They 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 (White, 1963, p. 253).

The basic educational requirement for an Adventist pastor in Sweden is a BA degree, and the recommended educational level is an MA degree in theology or religion from Newbold College in England (Adventist.se, 2012). However, these academic programs do not include any courses on health according to the Newbold College Handbook (Newbold, 2010). Permanent employment as a Bible worker requires a minimum of one year of studies in theology or religion at Newbold College (Adventist.se, 2012). Again, these studies do not include any courses on health.

8 Would you like to learn more by attending courses on health?
This question was included to find out how many of the respondents realized their need to learn more about physical and spiritual health, and how to adopt a healthy Adventist lifestyle. “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” (White, 1963, p. 240).

9 Pastors should be health educators as much as gospel preachers.
“Every gospel worker should feel that the giving of instruction in the principles of healthful living is a part of his appointed work. Of this work there is great need, and the world is open for it” (White, 1942, p. 147). This and the following quote make it clear that Adventist pastors should be health educators as much as gospel preachers.

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. 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 (White, 1951, p. 431).
10 Pastors and other church leaders should be good role models in Health.
"Our laborers could do more by their example to advance health reform than by preaching it" (White, 1946, p. 141). "Will any who are ministers of the gospel, proclaiming the most solemn truth ever given to mortals, set an example in returning to the fleshpots of Egypt?" (Ibid., p. 404).

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. 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 (Ibid., pp. 453 – 454).

11 How often do you preach or share the Adventist health message?
"The gospel minister should preach the health principles, for these have been given of God as among the means needed to prepare a people perfect in character. Therefore, health principles have been given to us that as a people we might be prepared in both mind and body to receive the fullness of God's blessing. The medical missionary work has a place and a part in this closing gospel work" (White, 1954, p. 43).

In every sense of the word Christ was a medical missionary. He came to this world to preach the gospel and to heal the sick. He came as a healer of the bodies as well as the souls of human beings. His message was that obedience to the laws of the kingdom of God would bring men and women health and prosperity (White, 1951, p. 317).

12 Every Adventist church should be a school of physical and spiritual health.
"Every church should be a training school for Christian workers. Its members should be taught how to give Bible readings, how to conduct and teach Sabbath-school classes, how best to help the poor and to care for the sick, how to work for the unconverted. There should be schools of health, cooking schools, and classes in various lines of Christian help work. There should not only be teaching, but actual work under experienced instructors" (White, 1942, p. 149).

We have come to a time when every member of the church should take hold of medical missionary work. The world is a lazar house [hospital] filled with victims of both physical and spiritual disease. Everywhere people are perishing for lack of a knowledge of the truths that have been committed to us. The members of the church are in need of an awakening, that they may realize their responsibility to impart these truths. Those who have been enlightened by the truth are to be light bearers to the world. To hide our light at this time is to make a terrible mistake. The message to God's people today is, "Arise, shine, for thy light is come, and the glory of the Lord is risen upon thee." Isaiah 60:1 (White, 1951, p. 425).
Results

The survey had twelve questions, plus an open-ended space for further comments. It was directed to Adventist pastors and other church leaders in Sweden. Most interviews were conducted face-to-face in a number of different geographical locations, and a few were conducted by telephone, from the end of April until the end of July, 2011. A total of forty survey interviews were completed, all questions were answered, and some respondents made further comments.

**Figure 1.** There were 32 male and 8 female respondents.

**Figure 2.** There were 36 married and 4 single respondents.
Only 2 (5%) of the respondents were less than 25 years of age, and 4 (10%) were 75 +, with the majority (30 = 75%) in the age range of 35 – 74. Many were still working beyond the legal retirement age of 65.

9 (22.5%) of the respondents reported that they were in fair health, 16 (40%) reported good health, and 15 (37.5%) reported excellent health. None reported that they were in poor health, in spite of the fact that one third (32.5%) of the respondents were beyond retirement age.
60% of the respondents reported being vegetarian or vegan. One (2.5%) reported being omnivore, which means eating all foods, including animals that are classified as unclean, and 7 (17.5%) reported eating only kosher foods, which include animals that are classified as clean in the Bible. 8 (20%) reported eating fish in addition to a vegetarian diet. 14 (35%) reported being lacto-ovo-vegetarian, which means a vegetarian diet plus milk and eggs. 10 (25%) reported being vegan, which means eating a strictly plant-based diet.

Two (5%) reported low physical activity. 16 (40%) reported moderate physical activity. 12 (30%) reported high physical activity. 10 (25%) reported vigorous daily exercise.
22 (55%) of the respondents reported that their academic education did not include any courses on health. 18 (45%) of the respondents had participated in a variety of academic or non-academic studies, courses or programs in the area of health, ranging from a master's degree to personal studies of health books and other publications. Examples of courses / programs were anatomy, physiology, exercise, nutrition, cooking classes, health principles, massage therapy, physiotherapy, nursing, health education, public health, tobacco counseling, and the NewStart lifestyle program.

30 (75%) of the respondents wanted to learn more by attending courses on health.
30 (75%) agreed or strongly agreed that pastors should be health educators as much as gospel preachers. 6 (15%) were neutral. 3 (7.5%) disagreed. One person (2.5%) strongly disagreed. It was the Ministerial Association and Evangelism Director at the Swedish Union of Seventh-day Adventists, who stated that “Pastors should preach the gospel, but not the health message” (Personal communication 2011-06-15).

28 (70%) strongly agreed, and 11 (27.5%) agreed that pastors and other church leaders should be good role models in health. Only one person (2.5%) took a neutral position.
16 (40%) stated that they often or very often preach or share the Adventist health message, 14 (35%) that they do it sometimes, 8 (20%) that they do it seldom, and 2 (5%) stated that they never share the Adventist health message.

26 (65%) strongly agreed, and 8 (20%) agreed that every Adventist church should be a school of physical and spiritual health. 4 (10%) took a neutral position, and 2 (5%) disagreed.
Further Comments

• We [Adventists] need to do more health work in Sweden.

• There should be an Adventist health magazine in Swedish.

• Small churches do not have the resources to teach and train their members on health.

• Some of the resources that the Swedish Union [of SDA] got from selling the health institutions a few years ago should be used to finance more health work.

• We should not have any large health institutions, but every Adventist church should be a health center.

• Adventist health professionals are not doing enough in the local churches.

• The church should do more to help people with various addictions.

• Would appreciate training / advice on how to use the health message as an evangelistic tool.

• Adventist pastors do not have an adequate education on health.

• The Swedish Union [of SDA] should produce study materials on health that the churches could use, including PowerPoint presentations on the 8 natural remedies according to the NewStart program.

• A Health Ministries Director should be employed by the Swedish Union of Seventh-day Adventists to promote and coordinate the health work, just like we had twenty years ago.
Discussion

This study in lifestyle medicine from a faith-based perspective examines the Seventh-day Adventist church, which has advocated a healthy lifestyle since its foundation in 1863. Scientific studies show that Adventists are much healthier than the general population, and vegetarian Adventists are healthier and live an average of five years longer than non-vegetarian Adventists (Fraser, 2009). However, many Adventists have not adopted the healthy vegetarian lifestyle promoted by the church for 150 years, and consequently do not enjoy the rich benefits of this health lifestyle.

The results of this study give clear indications of how pastors and other church leaders relate to the Adventist health lifestyle, and how actively they encourage church members in Sweden to adopt this lifestyle.

- 60% of the respondents reported being vegetarian or vegan.
- A majority did not have any academic or other education on health.
- Many agreed that pastors should be health educators as much as gospel preachers.
- Virtually all agreed that pastors and other leaders should be good role models in health.
- A minority stated that they often preach or share the Adventist health message.
- Most respondents agreed that every Adventist church should be a school of health.

It is interesting to note that 60% of the respondents reported being vegetarian (35%) or vegan (25%), which is significantly higher than reported in Adventist Health Study 2. However, since virtually all agreed that pastors and other church leaders should be good role models in health, it is clear that 40% of the respondents, who are non-vegetarian, do not serve as good role models in this important part of a healthy lifestyle.

Assuming that half of the 2 800 church members in Sweden are non-vegetarian, and each non-vegetarian member will lose five years of life, a total of 7 000 years of life will be lost, which could be gained by adopting a plant-based diet. This loss of life due to a non-vegetarian diet should provide strong moral and ethical motivation for pastors and other church leaders to promote a healthy vegetarian lifestyle, both in Sweden and worldwide, where there is preventable loss of life and health on a much larger scale.

A majority of the respondents did not have any academic or other education on health, and the church-recommended bachelor’s and master’s degree programs in theology or religion do not include any courses on health. This means that Adventist pastors and other church leaders do not receive an education that prepares them to carry out the work that they are called to do:
The minister will often be called upon to act the part of a physician. He should have a training that will enable him to administer the simpler remedies for the relief of suffering. Ministers and Bible workers should prepare themselves for this line of work, for in so doing, they are following the example of Christ. They 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. (White, 1963, p. 253)

The need for health lifestyle education is confirmed by the fact that many respondents agreed that pastors should be health educators as much as gospel preachers. Many respondents also wanted to learn more about health, which means that there is a great need of education on a healthy lifestyle for all who lack this knowledge. There should be a comprehensive program of continuing education and training in health education and lifestyle medicine.

Only a minority stated that they often preach or share the Adventist health message. This may be due to a lack of health lifestyle education, and a failure to appreciate the importance of a healthy lifestyle. Most of the respondents agreed that every church should be a school of health, but there is not a single Adventist church in Sweden which has implemented this plan. The evidence-based benefits of the Adventist health lifestyle, which have been highlighted in this study, appear to be largely ignored by church leaders in Sweden.

**Conclusion and Recommendations**

Seventh-day Adventists should be the first to take full advantage of a healthy lifestyle and live as examples to others. Every Adventist church should be a school of health, where members can be trained to do medical missionary work. IT-supported distance education should be used to turn even the smallest churches into schools of health, while larger churches may be able to offer training by local health educators.

Pastors and Bible workers should also promote the Adventist health lifestyle and do medical missionary work. This means that their education should include adequate training and experience in health and lifestyle medicine, in addition to theology or religion. Present training deficiencies can be corrected by providing continuing health education. Current degree programs should be replaced by new programs that include health and lifestyle medicine from a faith-based perspective.

Similar national or multinational studies should be conducted among Adventist church leaders in other countries, and further studies could investigate the health lifestyles of ordinary church members in order to clarify potential benefits of church-based health education and promotion programs.
References


Adventist.org (2012). Official website of the Seventh-day Adventist World Church.


Fundamental Beliefs (2005). Seventh-day Adventist Church – Fundamental Beliefs. Silver Spring, Maryland: General Conference of Seventh-day Adventists.


### Appendix

Lifestyle Medicine – Survey Questions  
*(Adventist pastors and other church leaders)*

1. **Sex:** Male  Female  
2. **Marital status:** Single  Married  
3. **Age:** <25  25 – 34  35 – 44  45 – 54  55 – 64  65 – 74  75+  
4. **Health:** Very poor  1  2  3  4  5  Excellent  
5. **Diet:** Omnivore  Kosher  Veg + fish  Veg + milk & eggs  Vegan  
6. **Exercise:** Never  1  2  3  4  5  Vigorous daily exercise  
7. **Did your academic education include any courses on health?** Yes  No  
   **If yes, which courses?** ........................................................................................................ 
   ........................................................................................................................................  
8. **Would you like to learn more by attending courses on health?** Yes  No  
9. **Pastors should be health educators as much as gospel preachers.**  
   **Strongly disagree**  1  2  3  4  5  **Strongly agree**  
10. **Pastors and other church leaders should be good role models in health.**  
    **Strongly disagree**  1  2  3  4  5  **Strongly agree**  
11. **How often do you preach or share the Adventist health message?**  
    **Never**  1  2  3  4  5  **Very often**  
12. **Every Adventist church should be a school of physical and spiritual health.**  
    **Strongly disagree**  1  2  3  4  5  **Strongly agree**  

Further comments: