

HealthWorks

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International WEB SITE

FOR
SEVENTH-DAY
ADVENTIST 



Editor's Note:

There's a chat room for members and a blog to be coming soon. Click on "Lifestyle" on the home page and you can download PowerPoint slides of different health models: Celebrations, Newstart, and Creation. One slide compares all three of them. Many other features are available to members only. I liked the web site and I congratulate the founders for putting together a page for Adventist nurses around the world.

Adventist Nursing Connection (ANC) is the name of the new web site designed specifically to link the world-wide community of Seventh-day Adventist nurses. The possibility of communicating technologically with other Christian nurses on a global scale is a vision of Linda Royer in association with a group of professional nurses representing education and practice who formed a non-profit corporation and a professional Board of Directors. With a grant from the former ASDAN (Association of Seventh-day Adventist Nurses) and donations from a leading Adventist health care corporation and individuals, the site www.adventistnursingconnection.org is serving visitors.

Visitors will find information on nursing practice, patient and staff education, links to Christian job opportunities, career tips, Adventist nursing schools and nursing history, stories, humor and essays with a Christian focus, Adventist mission opportunities and much more. There is also a discussion forum on which to share experiences, thoughts, and concerns as well as ask questions pertaining to nursing practice or governance, including ethical or moral dilemmas, making wise nursing management decisions, and promoting health. The focus is on attracting men and women to the nursing profession and supporting and encouraging those who are in practice. This virtual community should prove especially welcome to those nurses who practice in isolated areas of the world.

ANC's first major project was a seminar for health professionals while at the General Conference sessions in St. Louis, Missouri on July 7, 2005 in which the theme, "Disaster Response: Providing Spiritual Support to Victims and the Community" was presented. Plans are now being laid to provide a slate of unique continuing education experiences both online and face-to-face. ANC needs your assistance in reaching all Seventh-day Adventist Nurses with the news of this new virtual community so that it grows into a beneficial service world-wide.

Supper Club Fosters Friendships

By Joe Hyde

What can we do to keep people from the community coming to the church after a successful seminar? This question was pondered by Leona Bakewell, Metropolitan (Michigan) Church health and temperance leader, during a very successful Lifestyle Matters *Simple Solutions* seminar. As many as 80 people attended *Simple Solutions*; Leona wanted a program to sustain the interest shown in the Adventist health message. She also desired for them to become familiar with biblical truths taught by her church.

Leona asked attendees, "Would any of you be interested in having a Supper Club once a month in which we could try different recipes that we like, and make them healthy and veggie?" Leona says, "The answer was an overwhelming 'Yes!' by 75 people."

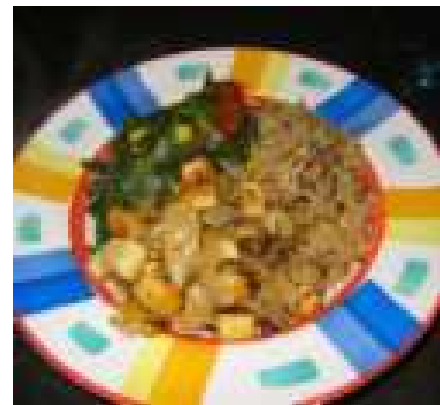


Leona sends monthly announcements to former *Simple Solutions* seminar attendees, inviting them to come to the Supper Club. Attendees are invited to bring a vegetarian dish in a specific category designated for the month. Categories have included beans/legumes, foods of color, pasta, salad dishes, sauces, toppings, soups, breakfasts, picnic food, casseroles, and desserts.

Every Supper Club includes supper, followed by a short lecture or video related to the category of the month. For the first four months, *Food for Thought*, the second phase of the Lifestyle Matters program, was presented. There was a demonstration given on making gluten and baking bread a couple of nights.

The Supper Club has been one of the most successful, monthly-recurring community outreach programs ever conducted at the church. An average of fifteen guests attend every month, but attendance has been as high as 30. The guests have become very comfortable and familiar with the members of the church and everyone is on a first name basis. Guests pitch in and help when the Supper Club get-together is finished.

Leona says, "I have had the opportunity to share our wonderful health ideas with my newfound friends, and they have been able to share their ideas with me. As a team, we have built a trust and now have the opportunity to share our faith in an open forum that is not threatening." Leona experienced the depth of their friendship when they supported and prayed for her after a very serious accident hospitalized her for 12 days.



Sandi Steward, Metropolitan Church Bible worker, says usually twice as many guests as church members attend the Supper Club. The guests come regularly and invite their friends, too. Sandi adds, "It is a wonderful place to bring my Bible study people. I even have one student that had quit studying that attends the Supper Club. We get into the spiritual as well as the physical and no one seems to mind. I will be offering an opportunity for 'free' study guides one of these nights and will pass them around for people to look at."

One regularly-attended lady, who has taken Bible studies, stated, "Everybody is so friendly. It feels like family."

Yes, it is God's family learning more about the bounties He has provided.

Joe Hyde is the communication secretary of the Metropolitan, Michigan Seventh-day Adventist Church. This article is reprinted from the November 2005 Lake Union *Herald*. Used by permission.



You may be eligible for extra help with Medicare's new prescription drug program!

Did you know that in January 2006, a new program will provide the first prescription drug coverage ever offered under Medicare? And did you also know that, if you are a Medicare beneficiary with limited income and limited resources, you may be able to get "extra help" paying for prescription drug costs?

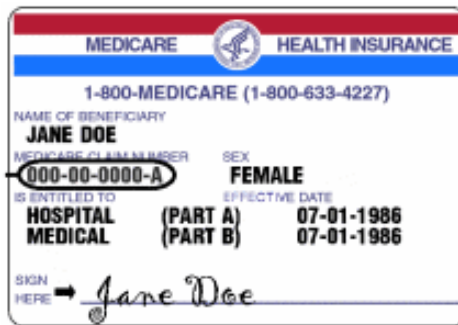
Here's a quick primer of basic information about the new Medicare prescription drug program and the extra help that could be available to you.

What will the new Medicare prescription drug program provide?

The new Medicare prescription drug plans will help beneficiaries pay for their prescription medicines. The savings will vary, depending upon which plan a beneficiary chooses. In general, for 2006, beneficiaries will pay a monthly premium of about \$37 and a yearly deductible of \$250. The Medicare plan will help pay for prescription drug purchases (up to a limit of \$2,250). But if a beneficiary's total out-of-pocket expenses for drugs reaches \$3,600, then Medicare pays 95 percent of the costs for the rest of the year.

What will the extra help pay for?

For those who qualify, the extra help will reduce or eliminate the monthly premiums, annual deductibles and prescription co-payments under the new prescription drug program. The extra help can save qualified beneficiaries an average of \$2,100 per year.



NOTE: Some beneficiaries will *automatically* qualify for the extra financial help. Anyone who has both Medicare and Medicaid, or Medicare and Supplemental Security Income, or anyone whose state pays his or her Medicare premiums, will not have to complete an eligibility application.

How can I apply for the extra help?

Just complete an application and return it to Social Security. If you did not receive an application for the extra help in the mail, but think you may be eligible, you can complete an application for the extra help online at www.socialsecurity.gov. Or you can contact Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

When should I apply for the extra help?

You should apply for the extra help as soon as possible, so that you know if you qualify before you sign up for a Medicare prescription drug plan.

Who is eligible for the extra help?

People should apply for the extra help if they meet both of the following income and resource limits:

- Have an annual income of \$14,355 or less for an individual; or have \$19,245 or less as a married couple living together. Annual income can be higher if they support other family members who live with them; have earnings from work; or live in Alaska or Hawaii; and
- Have resources worth \$10,000 or less for an individual, or \$20,000 or less for a married couple living together. These resource limits can be slightly higher (an additional \$1,500 per person) if some of the money will be used for burial expenses. Resources include bank accounts, stocks, bonds, and other things that they own. The value of an applicant's primary residence and any automobiles are not included.

Where can I get more information?

For more information about the extra help available under the Medicare prescription drug program, visit www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778); for more information about the overall Medicare prescription drug program, visit www.medicare.gov or call 1-800-MEDICARE (TTY 1-877-486-2048).

Virtual Colonoscopy Falls Short

Many people remain leery of colonoscopy – the use of a flexible, lighted tube to directly examine the colon for telltale signs of cancer – and are drawn instead to “virtual” colonoscopy. That less-invasive technique uses a CT scanner to produce detailed images of the colon. But a review of virtual colonoscopy published in the *Medical Letter for Drugs and Therapeutics*, a nonprofit periodical for physicians, suggests it’s not yet ready for prime time. Here’s why:

Missed polyps and cancers. A widely touted 2003 study reported that virtual colonoscopy detected nearly all the cancers and polyps, or precancerous growths, found by the traditional version. But that study used a sophisticated form of three-dimensional CT scanning that is still available only in research settings. Two subsequent, but less-publicized, studies found that the more widely used two-dimensional CT scanning misses roughly a quarter of the cancers and half of the polyps found by standard colonoscopy.

Only diagnosis, not treatment. During standard colonoscopy the physician can biopsy suspicious areas and remove precancerous polyps. Virtual colonoscopy can merely spot those growths, so up to a third require a follow-up with the real deal to confirm the diagnosis and remove polyps.

Virtual doesn’t mean non-invasive. Virtual colonoscopy patients need to take the same powerful laxative before the procedure that other colonoscopy patients do. Moreover, they also have to have air pumped into their bowel, a process that many patients find uncomfortable.

For those reasons, *Consumer Reports’* medical advisers continue to recommend that starting at age 50, everyone undergo standard colonoscopy and repeat the test once a decade thereafter.

September 2005, *Consumer Reports on Health*

Healthy Christians

Pastor Morris suggests that

being a healthy Christian is more than just the food we eat. It encompasses every area of the Christian life. He has prepared a series that reveals new areas for growth so that the Christian can be “totally” healthy. Derek and wife Bodil write scripture songs, some of which are shared as a bonus in his series. You’ll be inspired by their unique ministry.

Derek Morris is the senior pastor of the Forest Lake Seventh-day Adventist Church in Florida. The sermon titles for this series: 1. Healthy Lifestyles; 2. Healthy Families; 3. Healthy Finances; 4. Healthy Relationships; 5. Healthy Bodies; 6. Healthy Minds; Interview –Derek Morris: The Man and His Mission.

Dr. Derek Morris loves preaching and most agree that he’s mastered the art. Morris doesn’t stop there. He enjoys teaching the fine skill of sermon content and presentation. He’s done so since 1987, when he was professor of preaching and pastoral theology at Southern Adventist University. Since his return to pastoral ministry in 2001, he has continued as an adjunct professor.

Dr. Morris has earned two doctoral degrees — one in preaching from Gordon-Conwell Theological Seminary, and a second in practical theology from Andrews University. He’s received several awards for excellence in preaching.

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