

ESSENTIAL ELEMENTS IN CHURCH EVANGELISM

INTRODUCTION

Health evangelism is a word which is loaded with meaning. In most minds it is synonymous with gospel medial missionary work. To some this means our medical school and the network of hospitals and health care institutions around the world. Indeed, they are a part of the total evangelistic picture. To others health evangelism is the various behavior modification programs offered to the public by the Seventh-day Adventist Church. This would include the Breath-Free Plan to Stop Smoking (formerly the Five-Day Plan), weight management programs, stress control programs, etc.

Health programs have been conducted in hospitals, public auditoriums, libraries and occasionally in the local church. Evangelists have used health programs as a drawing card to meetings where Adventist doctrines are presented. Most of our health programs have been of high quality. The information they contain is valid. The professionals who have proclaimed the health message have been well qualified and often eloquent. The motives of all who conduct health evangelism programs are sincere. Unfortunately, however, health evangelism as conducted in its various forms around the United States and around the world has generally failed to result in significant numbers of baptized members in the Seventh-day Adventist Church. Health evangelism as it has been conducted should not be labeled a failure but neither should it be labeled an unqualified success. Many church administrators have been disappointed in the limited results achieved by health evangelism and have hesitated to dedicate additional, scarce resources for the development or deployment of such programs because of the limited return they provide on the dollar.

These circumstances warrant a re-examination of health evangelism and its basic elements. Perhaps we can re-define health evangelism so as to optimize its true soul-winning potential for the Seventh-day Adventist Church. The following is a review of what I believe to be the essential elements in successful health evangelism.

- A. CHURCH BASED -- It is not inappropriate to conduct evangelism programs in schools, auditoriums or places of business. The home base for health evangelism, however, should be the local Seventh-day Adventist Church. The church is the Christian's home. Individuals joining the Seventh-day Adventist Church are baptized into the Seventh-day Adventist Church and become its members. If health programs are conducted in the local church, members of society at large will come to the Seventh-day Adventist church and will become familiar with the facility, with its members and with its location. It is often pointed out by pastors, who are reluctant to conduct health evangelism programs in the church, that the church does not enjoy a good reputation in the community. It is felt that a larger crowd could be attracted if the health evangelism program was conducted at a more neutral facility, perhaps more centrally located in the community. Such observations are perceptive and recognize the unfavorable position of the Seventh-day Adventist Church in the local community. It is precisely for these reasons, however, that health

programs should be conducted in the local church. As any program is offered repeatedly and consistently to the public in the setting of the local church, the image of the church and its members will change. Word will get out that if you need to stop smoking you go down to the Seventh-day Adventist Church. If you need to lose weight you go down to the Seventh-day Adventist Church. If a church consistently offers a wide variety of programs to the public it will come to enjoy a unique reputation in the community. People will come to realize that the solution to any of life's problems is found down at the Seventh-day Adventist Church. Health evangelism will not enjoy its greatest measure of success until its home base is firmly established in the local Seventh-day Adventist Church.

There are other compelling reasons why the local church should be used for health evangelism programs. The church facility is conducive to group meetings. In the sanctuary or other rooms, small, medium or large groups can be handled comfortably. Additionally, the church facility is free. It usually costs dearly to rent an auditorium. It cuts down on expense to use your own church. Other major advantages of using the church for your program is that it allows non-church members to become familiar with the location of your church, the way cars are parked in your parking lot and the décor of your church in a non-threatening setting. In every health program I have conducted in the church there were non-church members who wanted to look in on the sanctuary. They wanted to look at the pews, the songbooks, etc. It is advantageous to have someone practicing on the organ at such times. As a health program progresses, relationships are formed with non-Adventist and there comes a time when it is appropriate to invite someone to come to church for a worship service. If they have had a chance to look in on the sanctuary, see the songbooks and hear the organ, they are more likely to accept such an invitation because they have been there. They know how to get to church. They know the environment is familiar and friendly. But, most important, they know someone from your church who will greet them and help them feel at home.

Testimonies, Vol. 6, pg. 289: "The medical missionary work would be a part of the work of every church in our land. Disconnected from the "local" church it would soon become a strange medley of disorganized atoms." (Emphasis on "local" church added.)

Ministry of Healing, pg. 148, 149: "Every church should be a training school for Christian workers... 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."

Loma Linda Messages, pg. 214: "The medical missionary work should be a part of the work of every church in our land."

- B. CHURCH MEMBER INVOLVEMENT -- The process of professionalization has to some extent limited the work of the church, in general, and especially health evangelism. Health programs are often conducted by doctors, preachers, nurses, therapists, dentists and nutritionists. The health field is loaded with a

variety of health professionals all with special expertise. It brings prestige to a program to involve health professionals, but unfortunately it often results in the exclusion of "ordinary" church members. Church members excuse themselves from meaningful involvement because of their limited knowledge and experience. The involvement of church members in health evangelism is essential not because of any special knowledge they possess about health, but because of their unique ability to offer love, sympathy and support to the individual who is struggling with behavior change. It is impossible for the professionals conducting the program to devote the time necessary to get close to those who come for help. One of the few but unique ways in which Seventh-day Adventist health programs can be different from health programs conducted by voluntary organizations, hospital or for-profit corporations is that we can provide a staff of dedicated, loving church members who can assist individuals in their struggle with behavior change. Of necessity, this staff must be a non-paid volunteer staff, yet it is the volunteering that demonstrates the love and concern that we have for those who come to us for help. When a member of the community joins the Seventh-day Adventist Church because of our health program, it is not because of the quality of the talk given by the health professional but rather because of the loving, supportive friendship they found in getting to know the church members who took a special interest in them. Accurate facts and a quality presentation may attract a person TO a health program, but it will be a loving church member who WINS him to the church. In order for this kind of meaningful interaction to develop, it is necessary to keep the ratio of church members to community members quite small. A church member cannot get close to more than 2 or 3 community member in any given program. It would probably be wise to limit the enrollment of the public to a proportion of those church members who can assist in the program. In short, if there are 5 church members who are willing to help in a stop smoking program, it would be wise to limit the enrollment of that clinic to 15. Something negative is said about the Seventh-day Adventist Church if someone comes there for help and fails to find a living and supportive church member in whom he can confide and receive the help he seeks. Time should be provided in the program for meaningful interaction between church members and the public. Perhaps as much as one-third of the program time should be allowed for small groups where personalized attention can be given. No matter what kind of health program you are conducting, change it in such a way as to provide the opportunity for interaction between church members and the public.

Testimonies, Vol. 7, pg. 62: "We have come to a time when every member of the church should take hold of medical missionary work."

Ministry of Healing, pg. 148, 149: "Every church should be a training school for Christian workers. Its members should be taught how to give Bible reading, how to conduct and teach Sabbath School classes, how best to help the poor and 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."

Welfare Ministry, pg. 127: "God's people are to be genuine medical missionaries. They are to learn to minister to the needs of soul and body. They should know how to give the simple treatments that do so much to relieve pain and remove disease. They should be familiar with the principles of health reform, that they may show how, by right habits of eating, drinking and dressing, disease may be prevented and health regained. A demonstration of the value of the principles of health reform will do much in removing prejudice against our evangelical work."

Testimonies, Vol. 4, pg. 469: "When men of business, farmers, mechanics, merchants, lawyers, etc., become members of the church, they become servants of Christ and although their talents may be entirely different, their responsibility to advance the cause of God by personal effort and with their means, is no less than the minister if he preach not the gospel, will just as surely fall upon the business man, if he with his different talents, will not be a co-worker with Christ in accomplishing the same results."

- C. EVANGELISM IN HEALTH PROGRAMS -- The relationship of health programs to the evangelistic outreach of the Seventh-day Adventist Church has been understood in different ways. There are evangelists who have labeled health programs "pre-evangelism". There is an analogy there between a hook and the bait. When health programs are used this way, a program of one type or another is used as drawing card for evangelism. A Stop Smoking Clinic or weight management program may precede a traditional evangelistic meeting. The health program is the bait and the evangelistic meeting is the hook. It is hoped that individuals who come to stop smoking or lose weight will develop an interest in the evangelistic program. This approach to health evangelism has had only very limited success. In most circumstances, the health program will attract a respectable crowd, but when the transition to the evangelistic program occurs there is a drastic reduction in the audience size. This result should be expected. When a person fails to learn anything meaningful about God in a health program why should they continue in an evangelistic program. When they experience only limited success or outright failure with their smoking or weight loss in a non-spiritual health program why should they hope for more in an evangelistic series. Conduction programs in this way discredits the motives for the health program in the eyes of the public. They see that our real motive is not to help them with behavior change but to baptize them into the Seventh-day Adventist church. This reduces the likelihood of success in any future health programs conducted in that community. Health and evangelistic programs conducted in this way not only meet with limited success but, in fact, have been detrimental to the success of both health programs and evangelism. Some have recognized the deficiency in the above approach and have sought to make the transition between a health program and the evangelistic program somewhat more gradual and somewhat more prolonged. The health program is followed by one or more transitional programs which are called "bridging programs". Once the confidence of the public has been obtained in the health program they are gradually introduced to

spiritual principles during the transitional program and thereby softened up or rendered more receptive to the fuller, doctrinal message to be proclaimed in the evangelistic program. The attempts to bridge between health and evangelistic programs with some intermediate program will result in only very limited success. One reason for this is because the path from the first contact with the church and eventual baptism is prolonged and it is also excessively prescribed. By this, I mean that there is no opportunity for an individual to progress at his own speed or to address other health concerns. The longer the process, the fewer people will remain in the process. It may seem more rational to some. It may be more gradual, but a bridging ministry is longer and more complicated and few people will find that such a program speaks precisely to their needs.

Today, the CRITICAL need of the health programs of the Seventh-day Adventist church is that evangelism should be injected into the health program. This must be done in a very careful and qualified way. A health program may be made evangelistic by introducing an individual to God as the agent of change for his behavior. This type of evangelism is relatively narrow and focused on the problem which brought the individual to the class. Everyone who comes to a Seventh-day Adventist stop smoking program should learn that God helps smokers quit. Everyone who comes to a Seventh-day Adventist weight management program should learn that God helps fat people lose weight. Everyone who comes to a Seventh-day Adventist stress management seminar should learn that God helps us cope with stress and, in fact, provides the answer to all of life's perplexing problems. This type of focused health evangelism will not review the wide spectrum of distinctive doctrines held by the Seventh-day Adventist Church and it should be conducted as free as possible from the particular jargon which we use in traditional church circles.

Those conducting health evangelism programs should realize that it is God who produces the feeling of discontent with one's life style and prompts an individual to come to a Seventh-day Adventist health program. An individual is sitting in your audience because God brought him to your church so his behavior could be changed. In your health evangelism program you should develop rather completely the theology of behavior change. A step-by-step approach should be outlined on how God helps a person overcome his habits and harmful behavior. One should review the prerequisites for coming to God which include only a willingness to acknowledge one's inability to change and a willingness to give God the credit for any behavior which is achieved. One should be shown how to ask God for help and then the struggling individual should receive an outline of steps to follow to bring about that behavior change in cooperation with God's help. The struggling individual should be taught to be thankful as soon as any success is achieved. That individual should also be prepared to deal with cravings and temptations to relapse. In a health program conducted this way, an individual may for the first time discover that Christ brings about change in the lives of those who trust in Him. Once a person experiences deliverance from one problem, then the individual will be anxious to tackle other programs and eventually ask concerning the spectrum of beliefs of the Seventh-day Adventist Church.

Many will object to the placing of spiritual materials so early in a health program. There is the distinct possibility that some will be offended by our spiritual approach and will leave the program to seek assistance elsewhere. It has been my experience that very few, if any, will leave a program where the spiritual emphasis is directed toward the problem with which they are struggling. They have come for help and they are desperate to learn any secrets you might have which would deliver them the problem they are trying to overcome. You should recognize that the Seventh-day Adventist Church does not offer to the public any unique program which is not already offered by many other organizations. There are many stop smoking programs, but in none of them will a smoker be told that God offers deliverance from cigarettes. There are many weight management programs from which the fat individual may select, but in none of them is God pointed to as the answer to the weight loss problem. It is likely that most of the people in the audience for a health program have already tried to change their behavior in one or more other programs and have repeatedly failed because they were never pointed to God as the one who brings about change in the life. These individuals will find success in your health evangelism program where they have only experienced failure in the health programs others were conducting. For that one who leaves your program not desiring to hear spiritual things there will be ten who are glad to hear what you have to say about God's help because they have tried everything else and have failed. In desperation they are willing to hear anything that is new that may help them change their behavior.

The voluntary organizations who conduct self-help programs are prohibited from using a spiritual approach. Governmental programs sponsored by the local health department or the state department of health are prohibited by law from including spiritual help in their programs. The commercially operate self-help programs would be embarrassed to include a spiritual approach in their health programs. One of the few and perhaps the only way in which a Seventh-day Adventist health program can be unique is in the inclusion of a spiritual dimension in a program of behavior change. We should not shrink from placing this early in the program and emphasizing it as our strong point. The technical, scientific aspects of any program are common knowledge and are not unique to Seventh-day Adventists. The only unique quality which our programs can possess is that God can be introduced to the one struggling to overcome defects that Jesus changes people's lives. When we include this in our programs we will truly understand what a health evangelism program is. (God's formula for behavior change is outlined in a separate chapter.)

Testimonies, Vol. 6, pg. 290: "There may be and there is danger of losing sight of the great principles of truth when doing the work for the poor that is right to do, but we are ever to bear in mind that in caring forward this work, spiritual necessities of the soul are to be kept prominent."

Testimonies, Vol. 6, pg. 288: "The minds of men must be called to the scripture as the most effective agency in the salvation of souls, and the ministry of the word is the great educational force to produce this result."

Those who disparage the ministry and try to conduct the medical missionary work independently, are trying to separate the arm from the body. What would be the result if they should succeed? We should be hands and arms flying about dispensing means without the direction of the head. The work would become disproportionate and unbalanced. That which God designs should be the hand the arm would take the place of the whole body, and the ministry would be belittled or altogether ignored. This would unsettle minds and bring in confusion and many portions of the Lord's vineyard would be left unworked."

Testimonies, Vol. 6, pg. 300: "The gospel ministry is an organization for the proclamation of the truth to the sick and to the well. It combines the medical missionary work and the ministry of the word. By these combined agencies opportunities are given to communicate light and to present the gospel to all classes and all grades of society. God wants the ministers and the church members to take a decided, active interest in the medical missionary work."

"To take people right where they are, what ever their position or condition, and help them in every way possible--this is gospel ministry."

- D. FOLLOW-UP AND EVALUATION -- The fourth and fifth element successful health evangelism should be considered together since they complement each other. Evaluation is an important element. The success of a program should not be measured by the size of the audience, the number of health professionals participating in the program, or the enthusiasm in which the program was conducted. The only relevant question is, "Did your program change people's lives?" The only way to know is to find out. The only way to find out is to evaluate. This is a simple, yet scientific process. On the first night of any health program one should have an "Intake Questionnaire". On this questionnaire you will ask for the individual's name, address, occupation, education level, sex, marital status, religious preference, and any other information you desire. In addition, it should find out what a person's behavior was like before the program started. In the case of tobacco, it would include how many cigarettes were smoked per day, how many years an individual smoked cigarettes, whether the individual ever tried to quit smoking before, etc. On the last night of the program, an individual should have the first "Follow-up Questionnaire". This should be directed at finding out how the individual's behavior has changed as a result of the program. This identical questionnaire should be re-administered to each individual who registered for the program at intervals of one month, two months, six months, and one year. It is appropriate to ask whether God's help was used in achieving behavior change because this will identify those who are developing an experimental relationship with the Lord.

This information can be obtained by mailing out the questionnaire or by calling the individual on the phone, but the most evangelistic way to obtain this information is to visit with individuals in their homes. There are many ways of

conducting follow-up programs. Some have had regular alumni meetings at the church but this results in only limited success. There are two reasons for not going to a follow-up meeting. One is because you have relapsed into your old behavior and are ashamed to go and the second is that you have not relapsed into your old behavior and do not need to go. It is appropriate to offer the community a continuing variety of health programs and some have been content to let people come to these other programs for follow-up and continued contact. The most meaningful type of follow-up, however, is done on a one-to-one basis in the person's home.

During the course of conducting a health program the audience should be told that evaluation is part of the program. You are trying to improve the quality of the program and the only way to do this is to measure its effectiveness over the long haul. You can inform the audience that it is your design to make appointments and come to meet with the audience members individually to find out how they are maintaining their new behavior.

It is recommended that appointments be made by phone. Approximately 80 to 90 percent of those who attended your program will give you an appointment to come to their house. The purpose of the visit is the scientific evaluation of the effectiveness of the program and they are not alarmed at this. Although this is an important reason for visiting the home, the most important reason is to determine their true spiritual condition. These functions can be very nicely combined with a follow-up visit. Church members should go two-by-two to contact these individuals with whom you have an appointment. You will always be welcomed into the home and after appropriate preliminaries the questionnaire should be presented and completed. This questionnaire should be short and should probably contain less than 10 questions. It should be identical to the last night questionnaire used at the program. If you were unable to obtain an appointment for the visit, the questionnaire should be completed by asking the questions over the phone. In this way reliable information can be obtained. Once the questionnaire has been completed and returned to your briefcase, then it is possible to inquire in a discreet manner about the spiritual condition of the person you are visiting. It is often convenient to find out how one is doing mentally and physically with respect to the behavior they have been trying to change. Then you should ask directly how they are doing spiritually in regards to their problem. The person to whom you are speaking will not be offended by this question. It is not as threatening as a question about where they are going to spend eternity if they should die that night. Your concern is about their behavior change and whether they have found God a help in time of need. Many will confess that without God's help they never could have changed their behavior and one can then enter into a discussion about spiritual things in more detail. You may find opportunity to go to the car and bring in a set of Bible study lessons or some other inspirational material. You should be prepared for such eventualities. You will find a number, however, who are not interested in spiritual things and will shrug the question off. They will not be unhappy with you for asking the question, but they will be grateful if you will not be persistent. If treated in a casual way they will not be offended and will certainly return to

future behavior change clinics as they find they cannot really change their behavior without God's help.

Although other types of follow-up are not wrong, you will never determine the spiritual condition of your audience unless you ask them individually in the privacy of their own home how God is helping them with their individual problems. Follow-up and evaluation of health programs creates this opportunity. Your health programs will be truly evangelistic if you participate in this kind of follow-up and evaluation.

Evangelism, pg. 323: "While we should be ever ready to follow the opening providence of God, we should lay no larger plans, occupy no more ground in branching out than there is help and means to bind off the work well and keep up and increase the interest already started."

Evangelism, pg 324: "For years light has been given upon this point, showing the necessity of following up an interest that has been raised and in no case leaving it until all have decided that lean toward the truth, and have experienced the conversion necessary for baptism, and united with some church or formed one themselves."

- E. CONCLUSION -- We have been told that soon there will be no work done in ministerial lines except gospel medical missionary work. This day has not come in the Seventh-day Adventist Church because we have not learned how to work in the way outlined by the Master. When we learn to conduct health evangelistic programs in the way prescribed in the Spirit of Prophecy and God's word, we will find it is a most efficient means of winning souls to the kingdom. God will bless you as you bring these essential elements into the program you conduct. It will broaden and enrich your ministry and open new avenues of evangelism which will improve your efficiency as a worker for God.