



A publication of the Health & Healing Council

E. PA Conference of UMC

Winter 2017



The Health and Healing Council continues to ask for your church's participation in the "10,000 Church Challenge", Our focus in our newsletters will continue to be on four focus areas set by Global Ministries. They are:

- Physical Activity
- Healthy Diet & Nutrition
- Tobacco and Drug free living
- Mental Health Education and Promotion

Remember there is NO requirement to follow a set program. We invite each church to creatively and prayerfully consider what health focused programs will benefit them in answering God's desire for us to live abundant lives.

"The Abundant Health program seeks to engage at least 10,000 churches in the United States to develop support systems for treatment, education, and prevention in their surrounding communities. Global Ministries will encourage churches to engage their neighboring communities by promoting physical activities, encouraging healthy diet and nutrition, providing education for tobacco- and drug-free living, and promoting mental health education.

"There are many simple things a church can do to make a difference.... At their potluck dinners, churches can provide more fruits and vegetables. They can also provide opportunities for children to exercise or a space in the basement for a gym. And, churches can host summer food camps or invite someone to come in and talk about substance abuse."

Excerpt from: Global Ministries Media Kit http://www.umcabundanthealth.org/wp-content/uploads/2016/09/ AbundantHealthInitiativeMediaKit.pdf

SIGN-UP YOUR CHURCH TODAY:

Go to:

http://www.umcabundanthealth.org/abundant-health-sign-up/

Follow prompt to go to form. Follow instructions on form.

All areas marked with * must have response even if "unknown".

Contact Nancy Kraft (nkraft@comcast.net) with any questions.

Thank you for joining the 10,000 Church Challenge!!

10,000 Church Challenge: Diet & Nutrition



Barbara's Super-Dooper Biscuits

by Ruth Thornton

This is the world's simplest recipe for biscuits:

2 cups flour (white or whole wheat)

Pinch of salt

Tsp baking soda

1/3 cup oil (any type)

2/3 cup milk

Mix and spoon batter into greased pan.

Bake at 350 degrees for 15-20 minutes.

The neat thing is that you can add any flavor you like. Suggestions include: cinnamon and sugar, dill or basil, fruit (berry), etc. We've even tried grating cheddar or parmesan cheese into the dough. These are not super-light biscuits; to make them lighter, you can add a little more baking soda. You can experiment with gluten-free flours such as almond flour or garbanzo bean flour. You can also add seeds, like flax, poppy, sesame, etc., or sprinkle the seeds on top before baking. Eat the biscuits with butter and/or jam.





¹⁹ Or do you not know that your body is a temple of the Holy Spirit within you, whom you have from God? You are not your own, ²⁰ for you were bought with a price. So glorify God in your body.

1 Corinthians 6:19-20; English Standard Version (ESV)

10,000 Church Challenge: Diet & Nutrition



Brussel Sprouts

By: Barbara Mitchell & Ruth Thornton



Earlier this month we had an unexpected and delicious cocktail hour appetizer of brussels sprouts. Ugh, you say! It was a perfect before-dinner snack that was not filling. The sprouts are also something you can add to your dinnertime vegetables, and kids can eat them as tasty finger-food snacks.

Here's how to make brussels sprouts so palatable. This easy recipe comes from December's issue of Nutrition Action*.

Cut the clean sprouts in half, toss them with olive oil, and roast them at 450 degrees F for 25-30 minutes. They will be brown and tender. Sprinkle them with a dash of salt and fresh ground pepper.

The roasting removes the bitterness you sometimes associate with these sprouts. Nutrition Action says when we boil them, we cook them for too long, and that accentuates the bitterness. Brussels sprouts are full of lutein, vitamins C and K, and they do not load you up with calories. At home you can experiment with other herbs (dill, basil, garlic and onion salts, curry) to get different tastes. You can even use different peppers to get a hot flavor, or use any flavors your family members like.

Several supermarkets are selling packaged brussels sprouts, whole or shaved. The neat thing is they are becoming trendy and are served on many restaurant menus.

* https://cspinet.org/nutrition-action-healthletter

"All the believers devoted themselves to the apostles' teaching, and to fellowship, and to sharing in meals (including

the Lord's Supper), and to prayer." Acts 2:42

10,000 Church Challenge: Mental Health

Seasonal Affective Disorder, SAD. Is a mental health condition that comes when the seasons change. It affects many people's moods throughout the winter months.

Symptoms usually appear in late fall until spring when the days are longer. Signs and symptoms can include low energy levels, lack of interest in usual activities, difficulty concentrating, fatigue, difficulty sleeping, sadness, anxiety, changes in appetite, hopeless or worthless feelings, and mood changes. There also may be thoughts of death and suicide.

More women than men experience seasonal affective disorder. It is also seen in younger adults more than older adults. There may be a family histoSeasonal Affective Disorder

By: Nancy Kraft, RN, BS, FCN

ry of SAD or other type of depression. It is interesting to note that those who live far north or south of the equator are affected more. This is possibly due to the decrease in number of hours of sunlight each day in these areas.

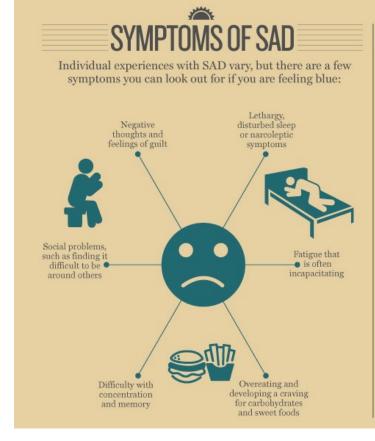
How can you counteract SAD?

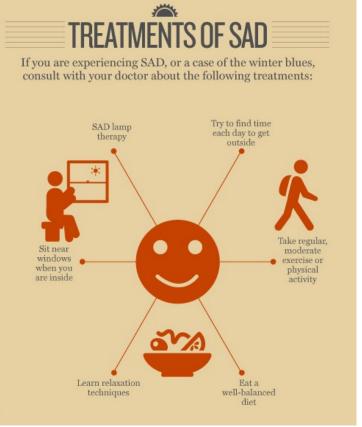
 Eat a healthy diet full of nutrientrich fruits, vegetables, and omega3 rich fish.

- Exercise as frequently as you can. Best would be outdoors.
- Bright light therapy, comprised of light that simulates the sun's rays, especially in the morning. This can stimulate your internal clock to respond.



 See your physician if most days you are feeling depressed. He/ she can prescribe antidepressants to help you feel better.





Promoting Drug-Free Living In the Midst of An Opioid Epidemic

By: Barbara Drake, RN MSN, FCN Union UNC, Havertown, PA

The Abundant Health Program of the United Methodist Church's General Board of Global Ministries is encouraging churches to work on promoting drug-free living. The growing number of news reports about opioid overdoses, often leading to deaths, highlight the urgency of taking action. But many churches are wondering what they can do. The first step is education of the congregation so folks will understand that this is a health issue and a justice issue rather than a moral lapse on the part of those who become addicted to drugs.

The National Institute on Drug Abuse (NIDA) has a website that provides useful information for congregational education, including the statistic that over 90 Americans die after a drug overdose every day. The following statement is on the website. "Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, morphine, and many others. These drugs are chemically related and interact with opioid receptors on nerve cells in the body and brain. Opioid pain relievers are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused (taken in a different way or in a larger quantity than prescribed, or taken without a doctor's prescription). Regular use--even as prescribed by a doctor--can lead to dependence and, when misused, opioid pain relievers can lead to overdose incidents and death. An opioid overdose can be reversed with the drug naloxone when given right away."

Many are wondering why we are seeing an opioid epidemic now, when these drugs are not new. NIDA provides the following reasons. Doctors have increased their prescribing of opioid pain relievers as people have become more vocal in demanding relief of their pain. Some doctors have misused their prescription-writing authority for their own financial gain. There has been a growth in the availability of cheap, high-quality heroin and powerful synthetics like fentanyl. In addition to these issues of drug supply, there are also problems like hopelessness because of lost jobs and homes that have increased the demand for drugs which can provide at least moments when people can feel better.

Drug addiction is a chronic disorder of the brain. Some people are more susceptible to becoming addicted to drugs because of genetic factors, stress, complicated social issues, and the environment in which they are living. The Centers for Disease Control and Prevention identifies people with low income to be at high risk for prescription drug overdose. Some research suggests that feelings of social isolation or exclusion are linked to increased drug craving.

In a conversation with a woman who has been addicted to opioids and has recently gone through detox and a drug rehab program, I gained an appreciation for why she took drugs. She said the opioids provided her with so much energy that she could accomplish much more each day. The drugs helped her cope with periodic homelessness, but then the drugs took control of her life. She is now meeting weekly with a counselor and attending group meetings, which she finds helpful. She states she is determined to stay off drugs in order to provide a decent life for her daughter. She wants people to know that it is possible to get off drugs with help, and she wants folks to recognize the signs of drug abuse, which she described as having financial problems and always needing more money.

Other signs of drug abuse include dilated pupils, or with some people constricted pupils; missing school or work frequently along with sudden lack of interest in school or work activities or drop in grades or work performance; sudden moodiness; neglected appearance; being secretive about activities; requests for money without a reasonable explanation; discovery of money or valuable household items being missing.

At Union UMC in Havertown, we recently had a speaker at our Family Breakfast share his understanding of the opioid epidemic. Sean Doris was a Philadelphia Police Officer for 34 years, spending the last 16 years before retirement on the Narcotics Strike Force. He said that drug addiction begins when someone says "try this, it will make you feel good." Young people begin by taking medications from the family's bathroom medicine cabinet. Locking up medications to keep them away from kids is step # 1 in preventing drug abuse. Sean said that a prescription that says "take as needed for pain" is the worst kind of prescription and often leads to drug abuse. He has personally arrested seven doctors known as "pill doctors" who sell prescriptions. He warns doctors to avoid leaving prescription pads where anyone could get them. Drug dealers are constantly on the lookout for new customers, so they often offer free drugs for folks to try, in the hopes they will become "hooked" immediately. Opioids are easy to get and inexpensive initially, selling for \$5-10 per pill, but prices go up to \$100 per dose or more when the dealers know the person is addicted. Sean identified marijuana as the "gateway" drug that gets folks started, and when they don't get the same desired results, they move on to stronger and stronger drugs.

(See "Drug-Free Living" page 6)

10,000 Church Challenge: Mental Health

Depression and Personal Technology

By: Nancy Kraft, RN, BS, FCN

Recently I read an article from the Wall Street Journal that I found very interesting, but it also was quite disturbing. The article was titled. "Why Personal Tech is Depressing". It was written by Dr. Stephen Ilardi, a clinical researcher at the University of Kansas. He was talking about how, over the years, things have changed with the availability of personal technology. Shopping has been made easier by the availability of shopping apps on our phones and personal computers. You can order just about anything very easily, including books, clothing, groceries, and anything else your heart desires...right from your comfortable couch. This may seem very convenient, but it comes at a price. According to Dr. Ilardi: "Our indoor, sedentary,



and socially isolated lives leave us vulnerable to depression. The U.S., the most technologically advanced nation on the planet, is also the most depressed: Three in 10 Americans will battle depressive illness at some point in their lives, an estimated tenfold increase since World War II".

The depression rate in America has risen 400% since 1990 and is the leading disability in the world. Automatic robot-like vacuum cleaners are a perk, but their use decreases our opportunity to get some exercise. Physical activity can affect our well-being by stimulating the release of neurotransmitters that will encourage motivation. It also helps

eliminate stress. "Remove physical exertion, and our brain's pleasure centers can go dormant".

Our devices can save us time but they also tend to make us inactive. Our brains can be overstimulated by increased screen time. This overstimulation of the nervous system causes our bodies to produce the stress hormone known as cortisol. Ilardi says, "...when chronically activated, it triggers the brain's toxic runaway stress response, which researchers have identified as an ultimate driver of depressive illness".

30 years ago, only 15% of Americans reported feeling lonely. Today 40 % report lonliness. The issue is that we communicate more through technology-texts, emails, and video messaging. This reduces face to face contacts. We all need personal contact with other persons in order to feel valued.

Did you know in present time we spend more than 90% of our time indoors? Direct sunlight stimulates the brain to release serotonin which can protect us from Seasonal Affective Disorder, a type of depression. Also, artificial light and the type of light emitted from personal devices can stall the body's release of melatonin, causing sleep deprivation. This deprivation can trigger increase depressive tendencies.

What can you do? UNPLUG more from your devices. Decrease your screen time. With the time you save being unplugged you can go outside and take a walk. Get out in the natural light and increase your metabolism. Get your body back in sync.

As Dr. Ilardi wrote: "...the same technology that's wrecking our emotional well-being can, when smartly employed, reduce and even reverse the symptoms of depressive illness".

(Quotes taken from: "The Future of Everything" Nov/Dec 2017, Te Wall Street Journal- "Why Personal Tech is Depressing", p. 51 by Dr. Stephen Ilardi)

(Drug Free Living Cont.)

When asked what churches can do to deal with the opioid epidemic, Sean Doris said to educate children about the risks of drugs, raise awareness of the drug problem, avoid enabling drug users by looking the other way or leaving drugs where they can get them, teach people to turn in unused medications to the pharmacy or police rather than flushing them down the toilet which puts them into the drinking water supply, notify police of "pill doctors", keep the drug Narcan (naloxone) at the church for treatment of overdoses, offer drug users the opportunity to change, and get them to qualified professional help.

In addition, the National Institute on Drug Abuse identifies the need to address economic disparities, housing instability, poor education quality, and lack of access to quality health care that plague many communities, contributing to drug abuse. These are justice issues that churches can work on in partnership with community agencies already addressing these issues.

TEENS: February is Teen Dating Violence Awareness Month

https://www.cdc.gov/violenceprevention/pdf/teen-dating-violence-factsheet=a.pdf

Dating violence is a type of intimate partner violence. It occurs between two people in a close relationship. The nature of dating violence can be physical, emotional, or sexual.

- Physical—This occurs when a partner is pinched, hit, shoved, slapped, punched, or kicked.
- Psychological/Emotional—This means threatening a partner or harming his or her sense of self-worth. Examples include name
 calling, shaming, bullying, embarrassing on purpose, or keeping him/her away from friends and family.
- Sexual—This is forcing a partner to engage in a sex act when he or she does not or cannot consent. This can be physical or nonphysical, like threatening to spread rumors if a partner refuses to have sex.
- Stalking—This refers to a pattern of harassing or threatening tactics that are unwanted and cause fear in the victim. Dating violence can take place in person or electronically, such as repeated texting or posting sexual pictures of a partner online. Unhealthy relationships can start early and last a lifetime. Teens often think some behaviors, like teasing and name calling, are a "normal" part of a relationship. However, these behaviors can become abusive and develop into more serious forms of violence. Why is dating violence a public health problem?

Dating violence is a widespread issue that has serious long-term and short-term effects. Many teens do not report it because they are afraid to tell friends and family.

- Among high school students who dated, 21% of females and 10% of males experienced physical and/ or sexual dating violence
- Among adult victims of rape, physical violence, and/ or stalking by an intimate partner, 22% of women and 15% of men first experienced some form of partner violence between 11 and 17 years of age.

How does dating violence affect health?

Dating violence can have a negative effect on health throughout life. Youth who are victims are more likely to experience symptoms of depression and anxiety, engage in unhealthy behaviors, like using tobacco, drugs, and alcohol, or exhibit antisocial behaviors and think about suicide. Youth who are victims of dating violence in high school are at higher risk for victimization during college.

Who is at risk for dating violence?

Factors that increase risk for harming a dating partner include the following:

- Belief that dating violence is acceptable
- Depression, anxiety, and other trauma symptoms
- Aggression towards peers and other aggressive behavior
- Substance use
- Early sexual activity and having multiple sexual partners
- Having a friend involved in dating violence
- Conflict with partner



<u>1 Corinthians 13:4-7</u> ESV- Love is patient and kind; love does not envy or boast; it is not arrogant or rude. It does not insist on its own way; it is not irritable or resentful; it does not rejoice at wrongdoing, but rejoices with the truth. Love bears all things, believes all things, hopes all things, endures all things.







By Barbara Mitchell, PhD

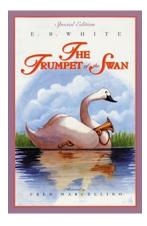
The Holidays are a wonderful time to encourage reading with book gifts to your children and grandchildren. If you like having favorite books around in your home library, think about how much a child may love this, too. It is wonderful to be able to revisit your favorite stories or poems on demand...and even memorize some of our best-loved poetry and prose.

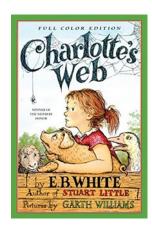
This Christmas season, think about a gift of <u>The Christmas Story</u> by Robert Sabuda. Sabuda tells the story of Jesus' birth with wonderful 3-dimensional cut-paper illustrations. These are intricate pop-up sculptures that will fascinate the entire family.

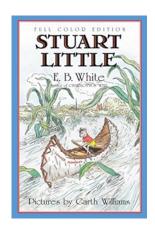




This is a good time to introduce children you know to some of the classics that you may have read in elementary school. I enjoy the E.B. White novels even now as an adult. Almost everyone knows <u>Charlotte's Web</u> with the wonderfully wise spider that keeps the entire barnyard together. E.B. White does anthropomorphize, but his good characters demonstrate wisdom from experience and age, growing-up lessons, kindness, compassion and honesty. They even deal with the experience of death. Two other charming E.B. White books are <u>Stuart Little</u> and <u>The Trumpet of the Swan</u>. These can be purchased as a trilogy and are fast-reading for grades 4-5.









Fellowship has always been a big part of the Christian tradition. What better way to fellowship with Christians and non-Christians alike than to share a meal? One way is through a Love Feast.

The Love Feast, or Agape Meal, is a Christian fellowship meal recalling the meals Jesus shared with disciples during his ministry and expressing the

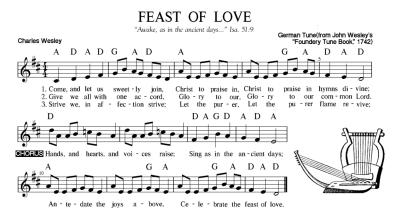
koinonia (community, sharing, fellowship) enjoyed by the family of Christ.

It quickly became a feature of the Evangelical Revival and a regular part of Methodist society meetings in Great Britain and throughout the English—speaking world. As Methodists immigrated to North America they made Love Feasts an important part of early American Methodism.

While Love Feasts became less frequent in the years that followed, they continued to be held in some places; and in recent years the Love Feast has been revived. Love Feasts have often been held at Annual Conferences and Charge Conferences, where persons may report on what God has been doing in their lives and on the hope and trust they place in God for the future. The Love Feast is also an important part of the practice of Covenant Discipleship groups. Christmas, New Year's Eve or Day, the weekdays of Holy Week, and the Day of Pentecost are also fitting occasions for a Love Feast. A Love Feast may also be held during a congregational supper.

Most Love Feasts include the sharing of food. It is customary not to use communion bread, wine, or grape juice because to do so might confuse the Love Feast with the Lord's Supper. The bread may be a loaf of ordinary bread, crackers, rolls, or a sweet bread baked especially for this service. If a loaf of bread, it may be broken in two or more pieces and then passed from hand

to hand as each person breaks off a piece. Crackers, rolls, or slices of bread may be passed in a basket. The beverage has usually been water, but other beverages such as lemonade, tea, or coffee have been used. Early Methodists commonly passed a loving cup with two handles from person to person, but later the water was served in individual glasses. The food is served quietly without interrupting the service.



The Love Feast may also be followed by a full meal, in which case persons or families may bring dishes of food for all to share. During the meal there may be informal conversation in Christian fellowship, or the leader may direct the conversation by suggesting matters of mutual concern, or there may be spontaneous witnessing and praise. If there is food left over, it may be taken as an expression of love to persons not present.

(Excerpts from UMC Discipleship Ministries at: https://www.umcdiscipleship.org/resources/the-love-feast)





Wellspring: A publication of the Health & Healing Council

OUR VISION: To be a vessel for promoting God's intention of wellness for all people.

OUR MISSION: To serve as a resource and communication link to promote physical, mental, emotional,

social, and spiritual well-being in the churches of the Eastern Pennsylvania Conference

and the communities which they serve.



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The Health & Healing Council welcomes ideas and article submissions on health topics. We reserve the right to select and edit articles for publication. For additional information please contact:

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