

## Healthy Living Programme

### Task

To develop a Healthy Living Programme for the London District to help our families and communities to improve their health and wellbeing

### Objectives

- To release the leadership of Methodist health professionals in supporting a health and wellbeing programme
- To provide advice and support for healthy eating and regular exercise (in order to help reduce blood pressure, cholesterol and reduce weight)
- To increase understanding and break down the barriers that exist around mental health and mental illness
- To contribute to reducing stress and maintaining a healthy work life balance.
- To engage with wider public health programmes and initiatives taking place in London

### Action Plan

The District will promote an annual Healthy Living Fun Day for all churches to develop their own events which may be for just one day, a weekend or a week of activities. This will normally be in October to link to St Luke's Day.

A number of nurses, doctors and other health professionals in the District will be invited to form a steering group to devise a set of suggestions for what could be included in the Healthy Living Day.

For churches which decide to undertake a more intensive project, the steering group will also develop an outline for a 6 week kick-start programme which can be tailored to the needs of the local church and population.

The Commission will purchase Health Engagement Packs to provide guidance to congregations on how to prepare for a Church Health and Wellbeing programme.

The Commission will signpost additional resources, such as the London Ecumenical Aids Trust.

An evaluation of the activities will be undertaken by the Commission with a view to developing best practice and wider participation.

### Some possible activities

A circuit chooses to undertake a healthy living programme across its churches.

The local preachers' meeting devises a preaching/teaching programme on healthy

living (a sample programme made available from the District).

The circuit contacts the local health authority to discover what information, training and support will be available for the project (e.g. community dietician or diabetes team).

The circuit contacts the local statutory and voluntary sector organisations to see what other programmes (such as walking and exercise programmes) are available.

Pastoral visitors are trained in opening up a conversation about health with their class members and checking on elderly and housebound members (ensuring appropriate benefits take up and medication regime is understood and followed).

The church invites their families, neighbours and others in the community to a healthy eating community meal or other activities.

## Theological Roots

Health and wholeness, physical and spiritual, are major themes in the New Testament. Most of Jesus' ministry involves the bestowing or restoration of health: to the blind and physically disabled, the chronically infirm, lepers, and the possessed. The poor and the outcast receive special attention, building upon the Hebrew emphasis on God's special concern for the poor:

*My heart has been crushed because my people are crushed; I mourn; I am completely dismayed;*

*Is there no medicine in Gilead?*

*Are there no doctors there?*

*Why then have my people not been healed? (Jeremiah 8:19, 21-22)*

Jesus was a restorer of health, and he expected his disciples to continue and expand holistic health ministries. In the Gospel of Luke, he sends out 70 followers, telling them: "Whenever you enter a town and its people welcome you, eat what is set before you; cure the sick who are there, and say to them, 'The kingdom of God has come near to you.'" (Luke 10:8-9)

St. Paul (in I Corinthians 12:27-31) points to "gifts of healing" as a reality within the church as the body of Christ in the world. The Letter of James points to the healing properties of the prayers and anointing of church elders within the community. (James 5:13-14) By its nature as the body of Christ, the church is at once a therapeutic community for disciples and a source of healing for the wounded in the world and the world itself.

## John Wesley

John Wesley was a strong advocate for health. His emphasis on spiritual and social *holiness* included spiritual, social, and physical *wholeness*. Wesley was extremely practical in his concerns for healthy families and physical bodies. His apothecary in the museum at Wesley Chapel is evidence of his interest.

Wesley opposed unhealthy industrial working conditions and helped men and women reach for economic stability. He even edited a manual on home remedies because he knew that the poor of his day had no access to the emerging sciences of healing. Methodist circuit riders were expected to carry Wesley's book of cures in their saddlebags along with their Bibles. Wesley wanted preachers prepared to recommend healing potions as well as to expound Scripture. He also believed that the use of the physician's craft should be combined with prayer--"the medicine of medicines." (Wesley's Works, vol. xiv, p. 258)

The centuries between New Testament times and Wesley's ministry were not devoid of Christian commitment to physical health and response to the physical needs of the poor. Indeed, response to physical needs is a central and profound component of Christian theology. Much of what Christians and the institutional church have done in health ministry across the ages reflects humanitarian motivations. Responding to the need God sets before us entails prayer for the needy and ourselves and a sense of the saving power of the kingdom that comes near in healing and proclamation.

### **Mercy and Justice**

Mercy is a major component in Christian health outreach, and the historical record is impressive. Our predecessors built significant health-related institutions: hospitals, clinics, homes for children and the elderly. Many of those facilities still exist, although many depend more heavily today on government funding. The modern hospice movement is a contemporary example of how Christians have worked together with others in the community in meeting a need for terminal care which is still not recognised as a statutory duty. We help with maintenance and staffing when we can, and sometimes church interventions are of critical importance. In fact, 50 percent of all health facilities in Africa are directly related to churches.<sup>1</sup>

### **Examples of community engagement**

Communities of Health Newham, in east London, grafts health programmes onto existing social networks in facilities such as community centres, churches and mosques. Activities include exercise classes and healthy eating sessions. This approach gives an enhanced role to community groups in the management of long term conditions. Quality improvements from the programme include patients using GP services more appropriately, improved medicines compliance and a fall in missed appointments.

An interesting side effect of undertaking these programmes has been that the congregations and community centres involved have experienced a growth in membership.

One black-led church in Newham for example engaged 24 of their members in getting their weight, blood pressure and cholesterol tested by their GPs. After a

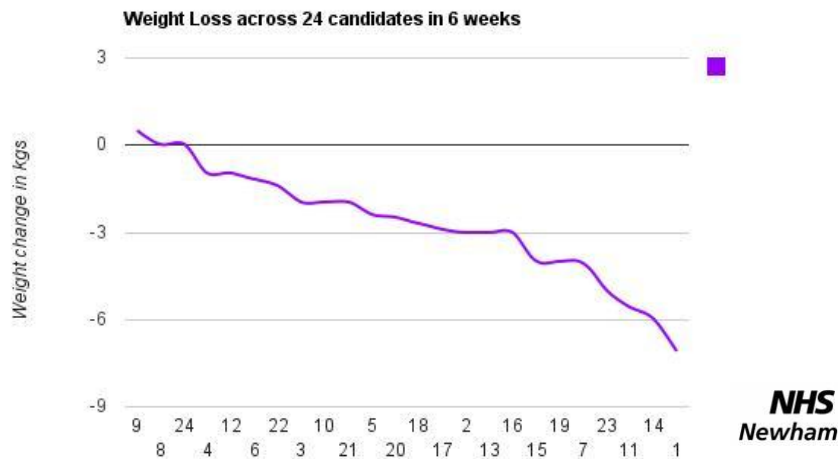
---

<sup>1</sup> *Health, Wholeness, and the Church* by Thomas Kemper, general secretary of the General Board of Global Ministries United Methodist Church. December 2010

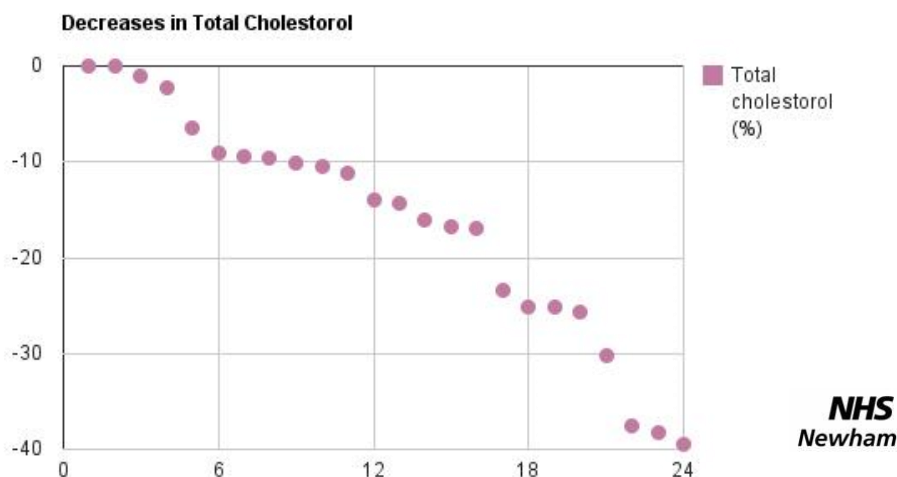
health engagement programme lasting six weeks, they went back to their GPs to be tested again. This data has now been analysed by Public Health experts who have confirmed that the changes are indeed statistically significant.<sup>2</sup>



## Clinical Performance Delivered



## Clinical Performance Delivered



Mosques across the UK have been doubling as makeshift medical centres, with queues of worshippers lining up to have saliva swabs taken, in what could prove to be a model for identifying future health problems. In a unique collaboration, a team

<sup>2</sup> Ian McDowell Assistant Director Patient & Public Involvement NHS East London and City

from the Royal London hospital in east London – led by Graham Foster, a professor of hepatology and a leading authority on viral liver disease – embarked five years ago on a mass viral hepatitis screening programme of apparently healthy people of south Asian origin in mosques and community centres.

Shahid Mursaleen, spokesman for Minhaj-ul-Quran, a mosque and Muslim community association in Newham, praised Foster's team for the way they have reached out to local people. "In his Friday sermons, our imam has included information about hepatitis and has encouraged people to get tested," Mursaleen says. "If people are in good physical health they will reap the spiritual benefits. Some of the people who tested positive have been treated and are well now. It is our duty to work with the NHS on this."<sup>3</sup>

## Current context

With wide ranging changes to the way the NHS delivers services and how these are commissioned, there is scope for churches to engage at local level with new initiatives. *Engaging the Public in delivering Health Improvement*<sup>4</sup> sets out the research case. The Marmot Review put forward a strategy for how health inequalities could be addressed, including the systematic engagement of the voluntary sector (and quotes the Bromley By Bow Healthy Living Centre as an example of how the church can be involved).<sup>5</sup> The Government in its July 2011 White Paper states how each Local Authority will need to set up a Health and Wellbeing Board to oversee local provision:

"Health and wellbeing boards will provide the vehicle for local government to work in partnership with commissioning groups to develop comprehensive Joint Strategic Needs Assessments and robust joint health and wellbeing strategies, which will in turn set the local framework for commissioning of health care, social care and public health service"<sup>6</sup>

Recent studies by charity Together have found that six out of ten people in Great Britain have had at least one time in their life when they have found it difficult to cope mentally. In any one year 8-12% of British adults experience at least one diagnosable mental health problem. This means possibly one in every extended family, a few of your friends and maybe even several people in your own church community.

As the stigma of mental problems starts to wear off we are realising what the professionals have known for years: depression and anxiety are not a weakness or a perspective, they are an illness. Mental illness affects people of all backgrounds, socio-economic groups, nationalities and faiths. The World Health Organisation reports that depression alone is one of the leading global causes of disabilities, affecting around 121 million people worldwide.<sup>7</sup>

---

<sup>3</sup> Diane Taylor The Guardian, Wednesday 10 February 2010

<sup>4</sup> <http://www.idea.gov.uk/idk/aio/25065263> - research paper by Leeds Metropolitan 2010.

<sup>5</sup> Fair Society, Healthy Lives: a strategic review of health inequalities in England post 2010

<sup>6</sup> Healthy Lives, Healthy People Department of Health July 2011

<sup>7</sup> Christian Today April 23, 2010

There are other stigmas which can also be tackled. For instance the stigma around HIV/Aids is one reason why the London Ecumenical Aids Trust was established to ensure that there is good education available to churches and other groups.

Excessive working time is a major cause of stress, depression and illness. The European Union introduced the working time directive in order to protect the health of workers. This requires a period of rest of at least 11 hours in any 24 hours' work, while restricting excessive night work and, a default right to work no more than 48 hours per week.

## Resources

- **Change 4 Life** – NHS Website covering a wide range of suggestions for various age and family groups. You can also search for a range of healthy activities in your locality: <http://www.nhs.uk/Change4Life/Pages/change-for-life.aspx>
- **Walking for Health:** Natural England - <http://www.wfh.naturalengland.org.uk>  
British Hearth Foundation – <http://www.bhf.org.uk/get-involved/events/walks-and-hikes.aspx>
- **Cycling:** <http://www.ctc.org.uk/DesktopDefault.aspx?TabID=3385> and <http://lcc.org.uk>
- **Time to Change** – Let's end mental health discrimination run by Mind and Rethink: <http://www.time-to-change.org.uk>

16/9/11 PER