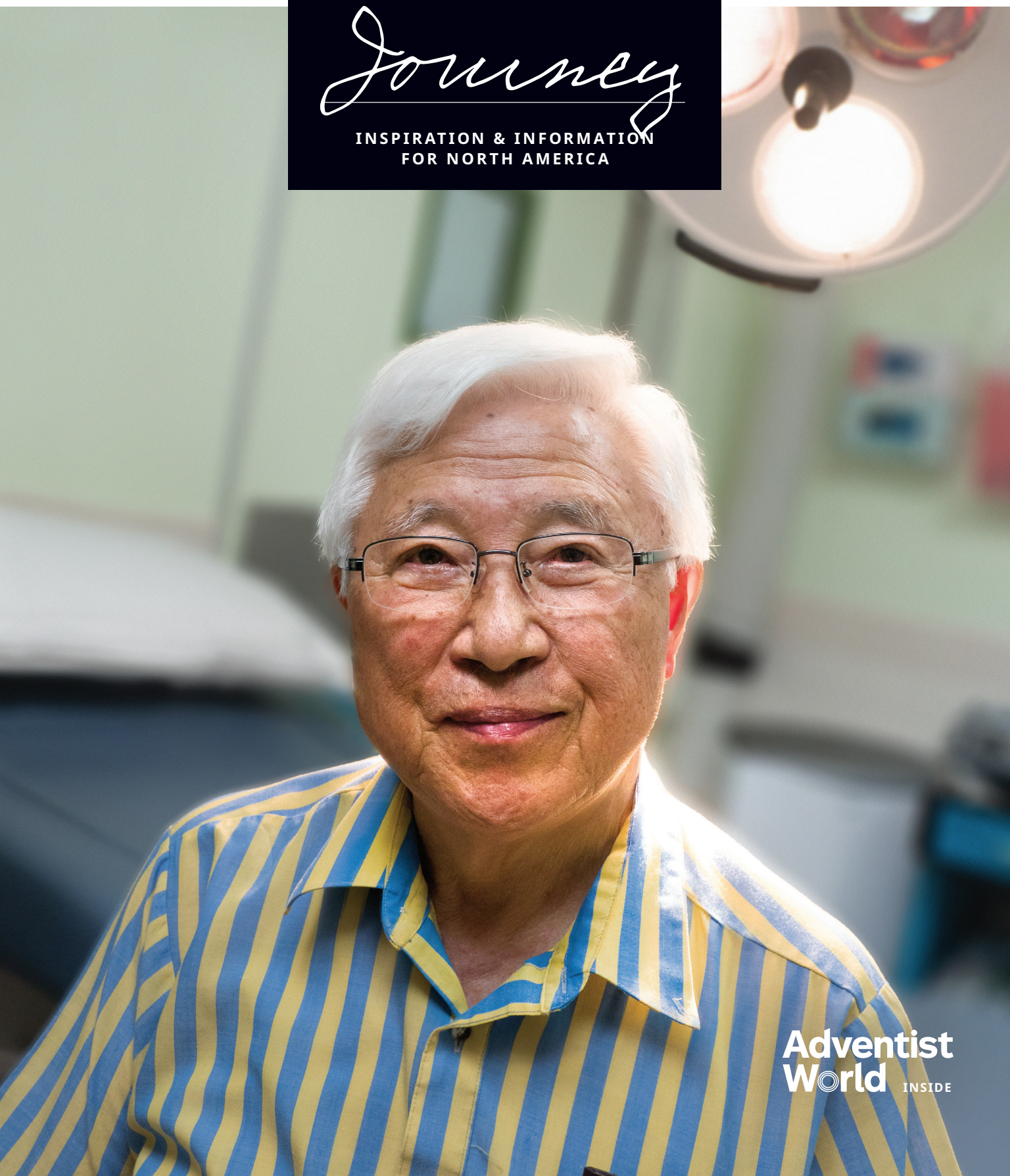
Adventist Journey

INSPIRATION & INFORMATION FOR NORTH AMERICA



Adventist World INSIDE

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My Journey

I'm from Korea, and I always wanted to be a doctor. After 37 years in Michigan, my wife and I "retired" to Guam, where I work at the Adventist clinic. The patients know I'm a Christian, and before performing any surgery I pray with them. Many tell me, "Your prayer was so good; it helped me a lot." At the clinic, we take care of physical *and* spiritual illness. Visit **vimeo.com/249599551** for more of Sunggeun's journey.

SUNGGEUN IM, M.D.,
General Surgery, Guam Seventh-day Adventist Clinic

Cover Photo by Dan Weber

Dear Reader: The publication in your hands represents the collaborative efforts of the North American Division and *Adventist World* magazine, which is inserted halfway through *Adventist Journey* (after page 8). Please enjoy both magazines!

Adventist Journey (ISSN 1557-5519) is the journal of the North American Division of the General Conference of Seventh-day Adventists. The Northern-Asia Pacific Division of the General Conference of Seventh-day Adventists is the publisher. It is printed monthly by the Pacific Press® Publishing Association. Send address changes to your local conference membership clerk. Contact information should be available through your local church.

PRINTED IN THE U.S.A. Vol. 1, No. 4. April 2018. ***Adventist Journey*** **Publication Board** Daniel R. Jackson (chair), G. Alexander Bryant (vice chair), Kimberly Luste Maran (secretary), G. Thomas Evans, Tony Anobile, Larry Blackmer, Paul Brantley, Debra Brill, Alvin M. Kibble, Gordon Pifher, Kenneth Denslow, Daniel Weber, Julio Muñoz, Karnik Doukmetzian, legal advisor **Scripture References** Unless otherwise noted, all Bible references are taken from the *The Holy Bible, New International Version*. Copyright © 1973, 1978, 1984, 2011 by Biblica, Inc. Used by permission. All rights reserved worldwide.

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ADVENTIST JOURNEY

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"No One Should Ever Be Discharged From Our Care"

Reimagining an Adventist essential

As North Americans wrestle with the social and political implications of providing affordable healthcare to more than 360 million people, the Seventh-day Adventist Church's healthcare system on the continent is also reshaping itself to meet the needs of the changing market. Adventist World *editor Bill Knott, on behalf of* Adventist Journey *magazine, recently interviewed Terry Shaw, since December 2016 president and CEO of Adventist Health System, the largest of the five Adventist healthcare systems in North America. This interview is part of an occasional series in* Adventist Journey *about this important piece of Adventist identity*—Editors.

BK: You recently told a group of healthcare and church leaders that following the example of Jesus at Adventist Health System should be "disruptive, inclusive, innovative, and outwardly focused." Some of those terms are familiar. But the last time I heard an Adventist leader state that a chief goal of the organization he led was to be "disruptive" was—well, never. Most large organizations, including Adventist ones, are searching for stability. What does that word "disruptive" mean to you?

TS: When I study Jesus' life, He was disruptive. He brought a different thought process to caring for others. He brought a different thought process to what worship really means. He brought a different thought process to whom it was OK to associate with. He expanded the kingdom to being more than just for His own people, the Jews. In today's world, "inclusiveness" is also part of being "disruptive." With that as our guide, I want Adventist Health System to *disrupt itself* and move away from a model that says, "You come to me when I'm set up to deliver care for you, and open my door, let you in, and shut the door when I'm ready to leave." I want us to move toward a process that runs 24/7 and is adapted to your needs as a person seeking care.

So it's "disruptive" in the context of your own history as a healthcare organization?

It's "disruptive" in terms of our focus. Instead of being a passive participant in a healthcare environment, I want us to move into an active participation. We want a single mom who has a 2-year-old with an earache to know where she can actually go to get the right care for the lowest cost—and get that quality every time. We want the lacrosse player who gets hurt at 7:30 at night—we want his dad to understand treatment options that may not require a visit to the ER. We want health and information to get to people in a way that we've typically not been the best at. We need to transform our organization into a consumer-mind-set organization to help the consumer get the wholeness they need and the care they need in the environment they need it in—as opposed to setting up a building and expecting everybody to come to us in our timeframe.

You're describing a new kind of community engagement.

The wholeness perspective we preach and try to practice is disruptive in terms of how many people today view healthcare. When people come to one of our 46 hospitals, it's our highest goal that they experience that mind/body/spirit perspective that's at the heart of Adventism. But there's so much of life that goes on outside the four walls of a hospital, and we own the responsibility to bring good news to people who may not even need our hospital care.

I heard you say that 92 percent of all your system's patient interactions are with outpatients. I'm guessing most Adventists in North America have no idea that your outpatient engagement is that high. It's probably easier to bring the values you're describing to bear in a traditional hospital setting. But how do you make them real at urgent care centers, at physicians' offices, at assisted living centers, and the other

Photos provided by Adventist Health System

"We own the responsibility to bring good news to people who may not even need our hospital care."

← Terry Shaw, president and CEO of Adventist Health System, delivering the keynote address at the 2017 AHS Conference on Mission.

venues in which you work? How do you get these values out of the clouds and onto the ground?

It takes a lot of energy to move a culture—to change a culture. And it takes 10 people, and then a hundred people, and then a thousand people—all buying into a vision of what we can become. You start with 10, then you go to the one hundred, and that's where we're at today—at the one-hundred level—and we're rapidly moving to the one-thousand level. We've put goals in front of ourselves for what we want to look like in 2020, but we keep asking the question, "What are we doing about those in 2018?" Here's a specific: How do we take spiritual care and put it in our employed doctors' offices? How do we make spiritual care resources available for people who come to each one of those 2,000 doctors? Once we are doing that well, we'll go to our Centra Cares (urgent care facilities), and then we'll tackle that, because we have almost 50 of those. As we start applying the principles we've committed to, we're learning new techniques, because the outpatient setting isn't neat and crisp like it is in a hospital.

Healthcare these days seems to be about trying to control all possible variables, but it sounds like you're acknowledging that you're going to have to innovate new delivery methods in settings you can't fully control.

In an outpatient setting, you have to deal with social issues, food issues, transportation issues, family issues. So many of those we meet have major spiritual care needs: they're praying about things that they can't control themselves, that they need help with. This is where we get to practice the grace of Jesus. He was an advocate for the little person. Everywhere He went, He took care of somebody that nobody else wanted to take care of—the leper, the disabled person. People believed that their illness was a sign that they weren't loved by God or close to Him. We have the same issues in our marketplace. How do we take this "whole person process" that we believe we do well within the four walls of the hospital box and start drawing concentric rings out into the community? You can't tackle the entire thing at once, so you've got to decide: What's my next set of concentric rings?

It's one thing to announce a sweeping goal—to "move a culture." But it's another to actually change that culture—change the way it delivers care, especially spiritual care. Tell me about your methodology.

We produced a series of 8- to 10-minute videos on the key things that we're really trying to tackle, and we have given them to each of our leadership teams. We've provided open communication and feedback from those teams to us. We've taken those responses, collated them, and adjusted our process. After spending six months in this process, we summed it up: "OK, we've communicated out; you've communicated up. Here's where we think we're headed as an organization." We're going to pivot. Don't get me wrong: we'll still have a lot of hospitals. We're adding hospitals. But if 92 percent of our culture accesses healthcare without coming to a hospital, we probably ought to think more about the impact we can make in our market.

You have a goal of delivering spiritual care at one of those endpoints, like a physician's office. What does that look like? You must have a metric to determine if you're being successful. What does it look like to deliver spiritual care in a mixed-faith or even non-faith environment?

Not every physician associated with our system is going to be comfortable with this, but the majority are. Instead of you just getting a medical checkup, the physician will also conduct a spiritual checkup.

You're overtly encouraging that?

Overtly. It's a part of the medical record. You'll be asked, "Do you have a faith tradition? Do you have a faith family? Do you have somebody you can turn to when you have a need from a faith perspective? And if you don't, and you need that, what can we do to help you?"

This will be part of the formal patient inventory?

Absolutely. So, when a patient walks into a physician's office, you're not only going to get medical care. You're going to get thoughtful inquiries that seek to find out, "Are you a spiritual person?" And if you are, do you have spiritual support? And if you don't, how can we help you with that? But we're not just leaving our 2,000 doctors to figure this out on their own. We're resourcing them—across our system—with trained personnel who end up serving as spiritual ambassadors to that physician in the office. Most physicians also want spiritual support, and when it's available to them, they take advantage of it.

So, the liaison person is part coach, part chaplain, part implementer—

Each of these liaisons serves between 25 and 35 physicians. And yes, it's a significant investment we're making.

> "I want the Adventist Health System to disrupt itself."

Has Adventist Health System ever done this before?

No, not until now. And I don't know how to pay for it, and I've told my team I don't know. But I've also told 'em, if we're going to make a difference in the lives of the people in our community, we have to deal with faith first. You can bring great medicine, but *anybody* can bring medicine to the market. If we're not bringing faith with it, I think we're losing a golden opportunity for the gospel.

Estimate how many FTEs (full-time equivalent employees) you're going to employ to support physicians with frontline spiritual care.

We're looking at close to 35 new personnel. We've agreed to spend $5 million on this each year for the next three years. And that $5 million is simply putting spiritual resources in places where people can't get to it today. My guess is, Bill, we could spend $50 million. We don't know that $5 million's the right number. But one thing I've learned over the years is that if you don't start, you don't ever do. So we're going to start, and then

Adventist Health System is the largest of five Adventist healthcare systems in North America, and operates facilities in 10 U.S. states. Other Adventist systems include:

ADVENTIST HEALTHCARE (mid-Atlantic United States)
KETTERING HEALTH NETWORK (Ohio)
LOMA LINDA UNIVERSITY HEALTH (southern California)
ADVENTIST HEALTH (western United States)

ADVENTIST HEALTH SYSTEM BY THE NUMBERS:

Hospitals	45 (26 in Florida)
Adventist University of Health Sciences	1
Skilled Nursing Facilities	15
Home Health and Hospice	25
Urgent Care Centers (Centra Care)	36
Licensed Hospital Beds	8,200
Employees at AHS Orlando Campus	4,000
Total Employees of AHS	80,000
Total Inpatient/Outpatient	5,000,000+ Visits Annually

Terry Shaw visits with spiritual, clinical and administrative leaders on a recent market site visit.

we're going to figure out where it takes us.

I know you aren't going to start something you aren't going to measure. How are you going to measure impact in something as unique as spiritual care? Are you going to survey patients to ask about their interactions with that physician network?

Number 1: We'll know in the medical record whether or not we have physicians who are actually doing the spiritual assessment, and we'll know the numbers of patients who are impacted by that. Number 2: We'll keep track on a per-person basis the number of interactions in physicians' offices and with other people at physicians' offices that have been tapped to provide spiritual resources in a manner that they haven't in the past. Number 3: We'll have referrals out of this process to a set of chaplains and other resources, and we will track those.

Several months ago, I heard you say that "no one should ever be discharged from our care." That sounds like a very Adventist "whole life" goal. That's a major promise.

Yes—it's our goal that people who come to us for inpatient care, when they leave our hospitals, they have a follow-up doctor visit, and they know where they're going. Somebody calls them within 24 hours to ensure their questions are being answered. They leave with medicine so that they don't have to go to the pharmacy and wonder what they're going to do for four days.

"We clearly want excellence in care, but we want that surrounded with uncommon compassion."

And you intend that they never be discharged from your spiritual care as well?

Absolutely. If we do this right and we look at our concentric rings of influence, we're going to wake up in five to seven years in a metropolitan area such as Orlando with 2 million people in it, and we will have touched a million people. And if we finish—if we don't discharge them from our care—if we do it with intentionality, it won't be just a wash. We'll know not only their medical care but the number of times when they had access to spiritual care. When I talk about our care, I'm not just talking about delivering good emergency department care or Centra Care services or even high-quality visits to our physicians' offices—which we definitely have to do. I'm talking about care in its totality—how we help you along your faith journey as a human being. We want the best care for you, our teams treating you and caring for you like they would the person they love the most.

We clearly want excellence in care, but we want that surrounded with uncommon compassion. And I'd love to tell you that every one of our 5 million interactions is perfect every year, and I can only tell you that it's not. I live in a neighborhood where everybody knows what I do. Every time they interact with our system and it wasn't perfect, I get to hear about it. So I get a firsthand account of every time it went wrong. I also get firsthand stories of when it went right. I want people who work in our organization because they fundamentally feel in their heart that we care enough about them and the patient they're caring for that it makes a difference. That's what I want: I want uncommon compassion. I want somebody who can solve their problem.

Those who come to Adventist Health Systems—wherever they engage us—should know that our teams strive to serve every patient, every time, with the standards of: *"Keep me safe." "Love me." "Make it simple"*—and *"Own it."* If we accomplish those four things across 80,000 people 24 hours a day, seven days a week, we'll change the way America experiences healthcare.

THIS MAGAZINE CONTINUED AFTER Adventist World

JOY FM RADIO STATIONS' BROADCASTS BLANKET GUAM-MICRONESIA MISSION

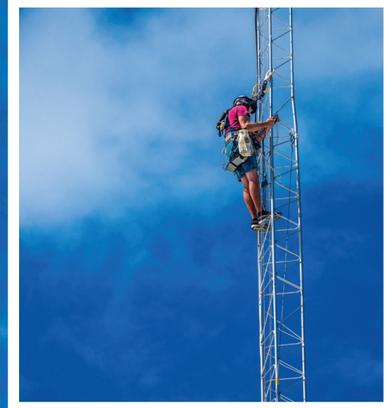
BY KIMBERLY LUSTE MARAN, *NAD Office of Communication*

Radio audiophiles in Majuro, Marshall Islands, have a new station to listen to as of January 12, 2018. That's when Joy 90.7 FM began its first broadcast. This represents the culmination of years of planning and several weeks of installation on the campus of the Majuro Seventh-day Adventist School and Church, and sister congregation and school Laura Seventh-day Adventist Church.

Between the two towering radio antennas, almost 28,000 residents of Majuro and visitors to this capital island city are able to enjoy daily Adventist programming.

"We are excited to see this dream come to fruition," said Ken Norton, Guam-Micronesia Mission (GMM) president. "Joy FM has played a major role in growing the Adventist Church here on Guam and in the Northern Mariana Islands during the past 27 years. We believe the same result is going to happen on the other islands throughout Micronesia, and we can't wait to see what God is going to do through these newly established radio stations."

Norton explained how Matthew Dodd, manager for Joy FM, the GMM radio station, and current mission communication director, joined forces with Adventist World Radio (AWR), the North American Division (NAD), and Adventist church members to fulfill this need. The GMM, AWR, and the NAD have provided funding to start and operate the station.



AWR Guam chief engineer Brook Powers finishes installation of a new 300-watt radio transmitter on the campus of the Majuro Seventh-day Adventist Church and School. *Dan Weber*

"Local church groups have also done fundraising," said Brook Powers, chief engineer and site manager for AWR Guam. "There is a strong desire to have an Adventist station for the island."

Powers, who coordinated the installation and will conduct training on tower maintenance, programming, electronics, and solar panel operation, said, "We poured the concrete base about a week ago, and now we've finished erecting the aluminum lattice that holds the antennae. Although we aren't quite done with everything, the [Majuro] broadcast is up and running."

Powers explained that a smaller tower (15 watts) with a repeater was constructed at the Laura church and school, on the opposite side of the island. The radio signal leaves Majuro and will get picked up and retransmitted on a different frequency.

The Local Team

Two Majuro Bible workers who receive training from Powers will keep the local station—with its 300-watt transmitter—running. According to Darrel Riklon, Bible worker and new station assistant manager, he and manager Elson Jinwa Maita, a Bible worker and head elder of the Majuro church, will also train others to help keep the broadcasts going 24 hours a day, seven days a week.

Joy FM has left the Majuro team with one year of programming, which includes Bible studies, music, and more. As the team managing the Majuro station gains experience, it is hoped they will be able to tailor the programming to specific needs, adding interviews, children's Bible stories, music, translated material, and more to the mix in Marshallese and other languages.

Maita and Riklon are looking forward to adding "local" programming as soon as possible. "Time will be split for various people groups: those primarily from Majuro, Fiji, and the Philippines," said Riklon. "This station is for the people of the Marshall Islands."

"All the programs we've been playing already are very interesting. . . . It's important to have a station because it is another way to reach out to people," said Riklon. "Sometimes we can reach people by going house to house, but with the radio station we can reach them when they turn on the radio inside their houses and in their cars. Every day, everywhere they go, they can listen."

"We need to spread the message to the world," Riklon added. "Jesus told us in Matthew 28:19 to preach the gospel to all the world and that's what we need to do. . . . Most of the time the listener, the resident, doesn't really understand the truth about Jesus and the Bible."

According to Riklon, the goal is to start sharing Adventist, Bible-based content in Marshallese as soon as possible, in anticipation of a special dedication service to be held at the church.

Area Stations

Majuro isn't the first radio station in the GMM: the first station was installed by AWR in Guam in 1990. AWR passed operation of this station, known as KSDA 91.9 FM, on to the GMM in the early 1990s. Saipan transmits the Guam broadcast, while the Ebeye transmitter was completed on January 16.

"JOY FM Ebeye, a 25-watt station, is on the air and covers the island of Ebeye and some small islands nearby," said Dodd. "In Kosrae we have two low-power stations." Dodd explained that the installation of one Kosrae station occurred the first week of February, with the second station to follow close behind in anticipation of being on the air by March.

Three more stations are planned for Yap, Chuuk, Pohnpei, and Palau. More than 380,000 potential listeners live on these islands.

↑ Darrel Riklon, a Bible worker, will help record programming in Marshallese for the new Joy 90.7 FM radio station in Majuro. Riklon will also serve as assistant manager of the station. *Pieter Damsteegt*

SABBATH, MAY 12, 2018

Disaster and Famine Relief Offering

For over 100 years, Adventist Community Services has led **MITIGATION**, **PREPAREDNESS**, **DIRECT RESPONSE**, and **LONG-TERM RECOVERY EFFORTS** following disasters.

ACS works with the local conferences and disaster response agencies to equip volunteers to serve and assist the community, providing disaster assessments, sheltering services, donation management, home reconstruction, and emotional and spiritual care.

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ADRA CANADA: www.ADRA.ca

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ADVENTIST COMMUNITY SERVICES

ADRA
Adventist Development and Relief Agency

Seventh-day Adventist® Church
NORTH AMERICAN DIVISION

BY ANGELINE B. DAVID

Press Together

Have you heard the statement "The church is a hospital"? Generally, it means the church is a place of healing for physical, mental, spiritual, and social brokenness. But there is more to be gleaned from the analogy. Consider how success in a hospital largely depends on the interconnectedness of each staff member.

Physicians tirelessly perform their role on the team. But the goal of helping patients cannot be accomplished without nurses doing their part. Communication must be clear and precise. Each one must trust in the expertise and experience of the other. Likewise, social workers, pharmacists, residents, dietitians, technicians, reception staff, chaplains, housekeeping, volunteers: all must do their part to give patients the best possible chance of healing.

It's an incredibly intricate system. Effective work depends on the skills, abilities, health, and faithfulness of each individual. But success is a team effort.

This reminds me of the story in 2 Kings 5:1-19. An Israelite girl is a slave in a foreign land. Her master is a victorious captain, loved by his king and country, but afflicted with leprosy. Through a series of conversations and events he finds himself at a turning point in his life.

Are we working in a consistently coordinated way with each other?

The young girl is a member of God's "church" at that time. She had heard the stories of healing done through Elisha's hand. She shared those stories without doubt or hesitation. When the captain's wife is told, hope stirs in her heart and she urges Naaman to visit this healer.

Naaman's king provides him with financial resources and an entourage for the journey to Elisha. In today's setting we could parallel the king with governmental agencies or health insurers that finance health programs. The soldiers who accompany Naaman, as friends and colleagues, do their part by encouraging him to follow through with Elisha's treatment protocol. And Elisha, the professional who combines skill and faith for the service of those in need, performs his role.

The story reminds me of the intricate workings of a hospital. Many were involved in the recovery process. All made necessary contributions toward the patient's healing.

This is a remarkable parallel to the work that could be done by our Adventist entities. Think of our churches, schools, hospitals, media ministries, community service, and lay-driven organizations, among many others. Are we working in a consistently coordinated way? Or, though doing an excellent job individually, are we fragmented? Are we utilizing resources from the community? Do we engage the family and friends of individuals who come to us, recognizing how influential is their social environment? Do we strive to compassionately minister to all their needs: spiritual, emotional, and physical?

After being healed, Naaman returns to Elisha to offer thanks. The servant of God refuses to accept credit but rather turns Naaman's devotion to God. The secret to success was unlocked, and the captain's heart is conquered by God.

Ellen White wrote: "The secret of our success in the work of God will be found in the harmonious working of our people. There must be concentrated action. Every member of the body of Christ must act his part in the cause of God, according to the ability that God has given him. We must press together against obstructions and difficulties, shoulder to shoulder, heart to heart."[1]

I have seen a number of our church entities strive to operate according to this counsel. Yet, we could do more. We have not yet seen the fullness of God's power in our work. But it is so close, just within our grasp! I believe we will see it when we "press together." And I pray that we will see it soon.

[1] Ellen G. White, Christian Service (Washington, D.C.: Review and Herald Pub. Assn., 1925), p. 75.

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