



Center for Health

Clergy Health Survey

Report
June 2015



General Board

Pension and Health Benefits

Caring For Those Who Serve



The Reverend John Fleming, North Texas Annual Conference, is a long-time participant in the HealthFlex and Virgin Pulse activity programs. Rev. Fleming stays fit by golfing, cycling and hiking. He hopes to use his program rewards to help pay for a “bucket list” trip to hike the Grand Canyon.

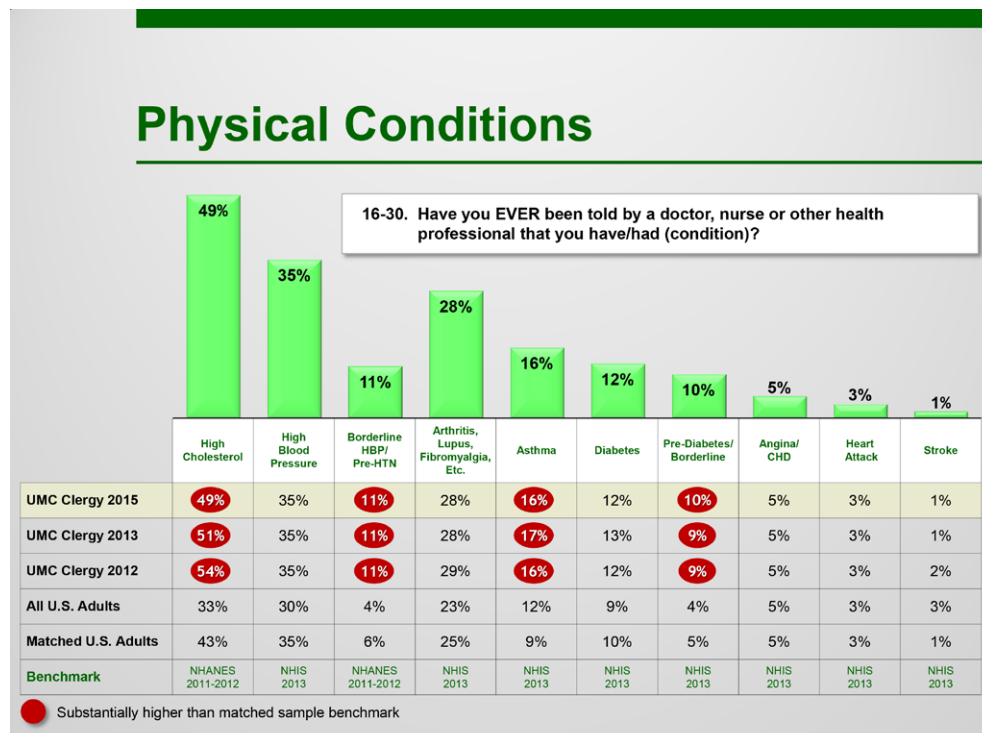
Introduction

The Center for Health of the General Board of Pension and Health Benefits conducts a survey of The United Methodist Church (UMC) active U.S. clergy in order to continue to provide comparative data for Center for Health clergy health research. This research is intended to help the denomination learn more about the health and well-being of its clergy. The information is used to monitor clergy health trends and needs as well as to develop enhanced programs and services to assist UMC clergy in leading healthier lives. The Center for Health research is shared across the UMC and with other denominations. The state of clergy health has a significant impact on congregations, on communities and on the overall mission of the Church. Healthy clergy are linked to vitality in mission and ministry.

2015 Survey Results

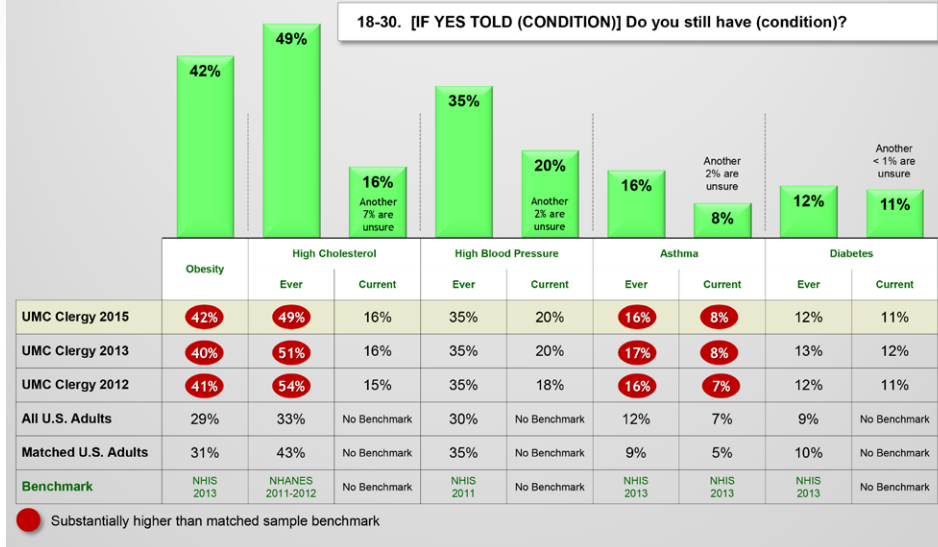
The Center for Health surveyed 4,000 UMC clergy for this third administration of the survey. The survey questionnaire identifies clergy health needs, including the effects of vocational situations within the Church environment, building on the clergy health research conducted for the **2009-2011 Church Systems Task Force (CSTF)**.

A 38% response rate was achieved with 1,501 clergy responding to the 100-question, online survey; a strong response rate, similar to the nearly 40% response rate in prior surveys (2012 and 2013). The results represent a cross-section of active UMC clergy: personal status, clergy type, appointment status/jurisdiction and race/ethnicity. [See charts, pages 5-9.] Multiple dimensions of health (physical, emotional, social and spiritual) and the vocational setting were explored.



Although more than half of clergy report overall health as being very good or excellent, the incidence of “ever having” physical conditions, including high cholesterol (49%), borderline hypertension (11%), asthma (16%) and borderline diabetes (10%) were higher than comparable benchmarks of matched U.S. adults for these clergy demographics.

Physical Conditions



Forty-two percent (42%) are currently obese—much higher than a demographically-matched sample of U.S. adults, and an additional 37% are currently overweight. In addition, one in five (20%) currently have high blood pressure; 16% have high cholesterol.

Depression and Functional Difficulty from Symptoms

11. (IF EXPERIENCED ANY DEPRESSIVE SYMPTOM) How difficult have these problems made it for you to do your work, take care of things at home or get along with other people? (PERCENTAGE BASE: ALL RESPONDENTS)

30b. Are you currently being treated for depression?

	UMC Clergy 2015	UMC Clergy 2013	UMC Clergy 2012	All U.S. Adults 2011-2012	Matched U.S. Adults '11-'12
Suffer from depression	7%	5%	6%	8%	3%
At least some difficulty working, taking care of things or getting along with others	26%	26%	28%	19%	14%

Source: 2011-2012 NHANES

Source: 2011-2012 NHANES matched to 2015 clergy profile

● Substantially higher than matched sample benchmark

Seven percent (7%) suffer from depression as measured by frequency of depressive symptoms—more than twice that of the comparable benchmark. Twenty-six percent (26%) of all clergy have at least some functional difficulty from depressive symptoms—also higher than the benchmark. Eleven percent (11%) are currently being treated for depression, and are managing their symptoms.

Clergy Health—Positive Aspects

Respondents in the past three survey cycles report lower rates of “ever-diagnosed” high cholesterol (49% in 2015) and fewer are unsure about current cholesterol (7% in 2015 vs. 10% in 2012). Also, there has been a slight improvement in levels of reported financial stress. Most respondents score high on measures of spiritual vitality and spiritual well-being, although there are no benchmarks against which to compare.

In addition, measures of social connection, congregational health and occupational stress are comparable to relevant clergy peers. UMC clergy report higher levels of moderate physical activity compared to a demographically-matched sample of U.S. adults. The availability of a walking program and various other wellness programs, through the Center for Health, *HealthFlex* and many other conference health initiatives, may be a contributing factor.

Clergy Health—Negative Aspects

Other than noted above, not much improvement in clergy health was reported over the period of this survey. In fact, some factors increased, including obesity and depression.

2015 Key Findings:

- 42% of respondents are currently obese—a much higher percentage than a demographically-matched sample of U.S. adults, and an additional 37% are currently overweight
- 49% have “ever had” high cholesterol, also much higher than the comparable benchmark; 16% currently have high cholesterol
- 35% have “ever had” high blood pressure; 20% currently have high blood pressure
- 7% suffer from depression as measured by frequency of depressive symptoms—more than twice that of the comparable benchmark; 11% are currently being treated for depression, and are managing their symptoms
- 26% of all clergy have at least some functional difficulty from depressive symptoms—higher than a demographically-matched sample of U.S. adults
- Compared to a matched sample of U.S. adults, UMC clergy continue to have higher rates of asthma (currently 8%)
- 25% of clergy experienced stress as a result of dealing with ministry personnel who are critical of them
- Hostility of the church environment was cited by 46% who experienced at least one intrusive demand (not consulted about ministry decision; devotion to ministry questioned; doubts about pastor’s faith; etc.)

Demographic Differences

Multiple demographic differences continue for 2015, including:

- Men have higher rates of cardiovascular diseases, diabetes, and are more likely to lack spiritual well-being
- Women have higher rates of asthma, and are more likely to experience occupational stress
- Female clergy report exercising less often than their male counterparts
- Older clergy suffer from more physical ailments, but younger clergy have higher rates of asthma and depression, and also show higher levels of risk on all spiritual and occupational stress dimensions
- White/non-Hispanic clergy score lower on spiritual health measures
- African-American clergy have higher rates of hypertension and obesity, but have lower rates of depression and report lower occupational stress
- Asian clergy have lower rates for several health conditions, including weight, hypertension, heart disease, arthritis, asthma and diabetes
- Hispanic clergy have lower rates of asthma and depression

Vocational Differences

- Full-time members including elders are more at risk on spiritual health measures
- Part-time local pastors report the lowest levels of stress and hostility in their ministry and occupational settings, but they are more likely to be overweight and suffer from diabetes and hypertension
- Clergy at smaller churches have higher physical health risks; those at larger churches have higher spiritual health and occupational stress risks
- Clergy who change appointments more frequently show higher levels of risk across several physical, emotional, spiritual and stress dimensions
- Those in cross-racial or cross-cultural appointments report higher spiritual vitality and well-being, and more positive ministry settings
- Clergy couples experience more stress (including occupational and financial) and lower spiritual well-being than couples where a spouse is non-clergy

Implications

As in 2013, improvement continues to be needed in diet. Healthy eating habits in work settings were identified earlier by the CSTF research as a strong factor of clergy health. Risks to health include obesity, high cholesterol, pre-hypertension and pre-diabetes. Depression is also an area of risk. Contributing factors may include the relationship with the congregation; stress of the appointment process; the lack of work/life balance; job satisfaction; and marital and family satisfaction. These factors were also identified as important to health in the CSTF research. Treatment seems to help, with many clergy who are being treated for depression reporting normal levels of symptoms.

The 2015 survey results confirm that efforts to encourage exercise seem to be working—clergy report high levels of activity compared to a demographically-matched sample of U.S. adults—similar to 2013 findings. Exercise enhances feelings of healthfulness, which can lead to stronger self-assessments. But, overall, more needs to be done to translate these efforts into better health outcomes.

Health programs and outreach can be demographically-tailored as groups (male vs. female and African-American clergy) face unique health risks. Efforts to address occupational stress are equally important: factors such as church size, pastoral role, number of charges and number of appointment changes also impact health as measured in this survey.

Improving and sustaining clergy health requires the education and engagement of leaders at both the denominational and local church levels to promote healthy practices across multiple dimensions of health. Clergy and lay leaders can help improve overall clergy health by incorporating aspects of health when assessing clergy effectiveness and congregational vitality.

Clergy Health—Trends and Support

The Center for Health uses the results of the Clergy Health Survey to monitor health trends and needs, as well as to develop enhanced programs and services to support UMC clergy in leading healthier lives—for themselves, their families, their congregations and communities. Results are also shared across the Connection through webinars and at clergy events to continue to raise awareness of the impact individual clergy health has on the UMC mission, ministry and congregational vitality.

Summary of Trends and Benchmarks

		Changes from Previous Years	2015 Comparison to Most Relevant Benchmark
Health Outcomes	Overall self-assessed health	SLIGHT DECLINE from '13	n/a
	Body Mass Index (BMI)	—	HIGHER risk
	Diabetes (ever)	—	—
	Diabetes (current)	—	n/a
	Pre-diabetes	—	HIGHER risk
	Hypertension (ever)	—	—
	Hypertension (current)	—	n/a
	Pre-hypertension	—	HIGHER risk
	High cholesterol (ever)	IMPROVED from '12	HIGHER risk
	High cholesterol (current)	—	n/a
	Heart attack	—	—
	Heart disease	—	—
	Stroke	—	—
	Arthritis (incl. rheum.), gout, lupus, fibromyalgia	—	—
	Asthma (ever)	—	HIGHER risk
	Asthma (current)	—	HIGHER risk
	Depression	—	HIGHER risk
	Functional difficulty from depressive symptoms	—	HIGHER risk
	Social connection	—	—
Spiritual vitality—presence of God in daily life	—	n/a	
Spiritual vitality—presence of God in ministry	—	n/a	
Spiritual well-being	—	n/a	
Stressors	Health of congregation/ministry setting	—	—
	Clergy occupational stress	—	—
	Hostility of church environment	—	n/a
	Perceived stress	—	n/a
	Financial stress	IMPROVED from '12	n/a
Protective Behaviors	Moderate activity	—	Doing BETTER
	Vigorous activity	—	—
	Sleep	—	—
	Vacation days	—	n/a

n/a = no benchmarks available

Demographic Differences— Personal Status

Key Measures	Gender		Age*		Married		Children in Home		Income*		Geography*	
	M	F	Younger	Older	Yes	No	Yes	No	Lower	Higher	More Rural	More Urban
HEALTH OUTCOMES ✓ higher risk												
Overall self-assessed health						✓		✓	✓			✓
Body Mass Index (BMI)				✓		✓		✓	✓			✓
Diabetes (ever)	✓			✓				✓	✓			✓
Diabetes (current)	✓			✓				✓	✓			✓
Hypertension (ever)	✓			✓				✓				✓
Hypertension (current)	✓			✓				✓				✓
High cholesterol (ever)	✓			✓	✓			✓				
High cholesterol (current)				✓								
Heart attack	✓			✓				✓	✓			✓
Heart disease	✓			✓	✓			✓				✓
Stroke				✓				✓				
Arthritis (incl. rheum.), gout, lupus, fibromyalgia				✓		✓		✓				✓
Asthma (ever)		✓	✓			✓			✓			
Asthma (current)		✓	✓			✓						
Depression			✓			✓			✓			
Functional difficulty from depressive symptoms			✓			✓			✓			
Social connection			✓			✓			✓			
Spiritual vitality—presence of God in daily life	✓		✓		✓		✓			✓		
Spiritual vitality—presence of God in ministry			✓		✓		✓					
Spiritual well-being	✓		✓				✓					
STRESSORS ✓ higher risk												
Health of congregation/ministry setting			✓			✓			✓			✓
Clergy occupational stress		✓	✓			✓	✓					✓
Hostility of church environment			✓			✓			✓			
Perceived stress		✓	✓				✓		✓			
Financial stress			✓			✓	✓		✓			✓
PROTECTIVE BEHAVIORS ★ doing better												
Moderate activity	★			★			✓					★
Vigorous activity	★											
Sleep		★		★								
Vacation days				★				★		★		★

* Differences noted reflect a general trend across the spectrum, not a specific split of young/old, low/high, smaller/bigger, etc.

Demographic Differences— Clergy Type

Key Measures	Membership					Ministry		# Charges		Church Size*		Pastoral Role			Other Roles				
	Full	Elder Full	FT Local Pastor	PT Local Pastor	Other	Pastoral	Ext.	Single	Mult.	Smaller	Bigger	Sole	Lead	Assoc.	Bishop	DS	Planter	Dev/Pr	Chaplain
HEALTH OUTCOMES ✓higher risk ○ lower risk																			
Overall self-assessed health	○		✓	✓	○	✓		✓	✓	✓		✓							
Body Mass Index (BMI)			✓	✓	○	✓		✓	✓	✓		✓		○					
Diabetes (ever)				✓		✓		✓	✓	✓		✓							
Diabetes (current)				✓		✓		✓	✓	✓		✓							
Hypertension (ever)	✓			✓	○			✓	✓					○					
Hypertension (current)				✓				✓	✓			✓							
High cholesterol (ever)	✓													○					
High cholesterol (current)																			
Heart attack								✓	✓			✓							
Heart disease		○						✓											
Stroke								✓											
Arthritis (incl. rheum.), gout, lupus, fibromyalgia				✓	○			✓	✓			✓							
Asthma (ever)																			✓
Asthma (current)			✓																
Depression								✓					○						
Functional difficulty from depressive symptoms																		✓	
Social connection								✓	✓										
Spiritual vitality—presence of God in daily life	✓	✓					✓				✓								
Spiritual vitality—presence of God in ministry	✓	✓									✓				✓				
Spiritual well-being	✓	✓									✓								
STRESSORS ✓higher risk ○ lower risk																			
Health of congregation/ministry setting	○					✓		✓	✓	✓		✓				○	○		
Clergy occupational stress				○			✓			✓	○				✓	✓	✓		
Hostility of church environment		✓		○										✓					
Perceived stress								✓					✓				✓		
Financial stress		✓	✓			✓				✓		✓			○	○			
PROTECTIVE BEHAVIORS ★doing better ☒ doing worse																			
Moderate activity										★					☒				
Vigorous activity																			
Sleep										★			★						
Vacation days	★		☒	☒			★	★		★		★						☒	

* Differences noted reflect a general trend across the spectrum, not a specific split of young/old, low/high, smaller/bigger, etc.

Demographic Differences— Appointment Status/Jurisdiction

Key Measures	Years in Ministry*		% Appointment		Appointment Changes*		Jurisdiction					Cross-Racial/Cultural Appt.	Commuter Marriage	Clergy Couple	
	Short	Long	PT	FT	Fewer	More	NC	NE	SC	SE	W				
HEALTH OUTCOMES ✓higher risk ○ lower risk															
Overall self-assessed health	✓		✓												
Body Mass Index (BMI)			✓			✓						○		✓	
Diabetes (ever)			✓									○			
Diabetes (current)			✓												
Hypertension (ever)		✓										○			
Hypertension (current)		✓													
High cholesterol (ever)		✓				✓									
High cholesterol (current)		✓				✓									
Heart attack			✓									○			
Heart disease		✓													
Stroke															
Arthritis (incl. rheum.), gout, lupus, fibromyalgia		✓	✓												
Asthma (ever)						✓						○			
Asthma (current)						✓						○			
Depression						✓									
Functional difficulty from depressive symptoms	✓											○			
Social connection						✓									
Spiritual vitality—presence of God in daily life				✓		✓							○		
Spiritual vitality—presence of God in ministry				✓									○		
Spiritual well-being				✓		✓	✓	○			○	✓	○		✓
STRESSORS ✓higher risk ○ lower risk															
Health of congregation/ministry setting	✓					✓	✓						○		
Clergy occupational stress				✓		✓	✓	○			○	✓		✓	✓
Hostility of church environment						✓									
Perceived stress	✓			✓											✓
Financial stress	✓			✓		✓									✓
PROTECTIVE BEHAVIORS ★doing better ☒ doing worse															
Moderate activity														★	
Vigorous activity														★	
Sleep															
Vacation days		★		★		★	★	★			☒	★			

* Differences noted reflect a general trend across the spectrum, not a specific split of young/old, low/high, smaller/bigger, etc.

Demographic Differences— Race/Ethnicity

Key Measures	White	African-American	Asian	Hispanic	Other	White		African-American		Asian		Hispanic		Other	
						M	F	M	F	M	F	M	F	M	F
HEALTH OUTCOMES ✓ higher risk ○ lower risk															
Overall self-assessed health					✓				✓						
Body Mass Index (BMI)		✓	○		✓				✓		○				
Diabetes (ever)	○		○				○				○				
Diabetes (current)	○		○				○								
Hypertension (ever)		✓	○				○								
Hypertension (current)		✓	○				○								
High cholesterol (ever)							○				○				
High cholesterol (current)			✓		○				✓						
Heart attack							○								
Heart disease			○				○								
Stroke															
Arthritis (incl. rheum.), gout, lupus, fibromyalgia			○						✓				✓		
Asthma (ever)			○	○	✓		✓		✓				✓		
Asthma (current)			○	○	✓		✓								✓
Depression		○		○											
Functional difficulty from depressive symptoms		○		○											
Social connection															
Spiritual vitality—presence of God in daily life	✓				✓										
Spiritual vitality—presence of God in ministry	✓														
Spiritual well-being	✓				✓	✓									
STRESSORS ✓ higher risk ○ lower risk															
Health of congregation/ministry setting	✓														
Clergy occupational stress		○					✓								
Hostility of church environment					✓										
Perceived stress		○			✓		✓								
Financial stress		○													
PROTECTIVE BEHAVIORS ★ doing better ☒ doing worse															
Moderate activity	☒		☒					☒			☒				
Vigorous activity	☒		☒					☒		☒	☒				
Sleep		☒	☒				★								
Vacation days		☒			☒										

* Differences noted reflect a general trend across the spectrum, not a specific split of young/old, low/high, smaller/bigger, etc.

For further information on the
Center for Health's 2015 Clergy Health Survey,
please contact Anne Borish or Jon Jones at
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