



Center for Health

# Annual Clergy Health Survey

Report  
May 15, 2013



*The Reverend Ann Leprade, UMNS Photo*



General Board

**Pension and Health Benefits**

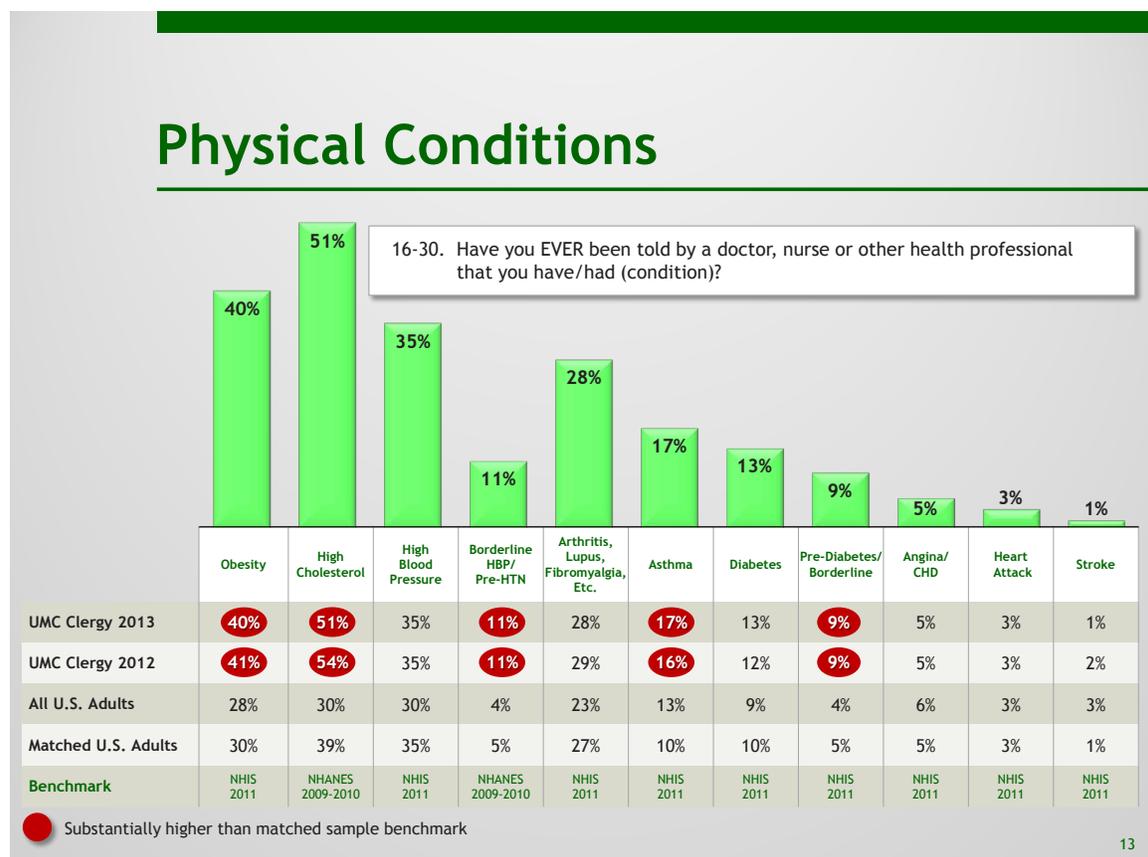
*Caring For Those Who Serve*

The Center for Health of the General Board of Pension and Health Benefits conducts an annual survey of The United Methodist Church (UMC) active U.S. clergy in order to continue building a data base to identify clergy health trends. The trends are the first step in recognizing what the denomination faces today and the possible evolutionary impacts we will face in the future. The Center for Health data is shared across the UMC and with other denominations—it is relevant to developing healthy lifestyle programs, personal health initiatives, and recognition of the importance of individual health. The state of clergy health has a significant impact on congregations, on communities and on the overall mission of the UMC. Healthy clergy are essential to maintaining vitality in mission and ministry.

## 2013 Survey Results

For the second annual survey, the Center for Health surveyed 4,000 UMC clergy. The survey questionnaire continues to build on the clergy health research conducted for the **2009-11 Church Systems Task Force (CSTF)**.

A 40% response rate was achieved with 1,602 clergy responding to the 100-question, online survey. The results are represented by a cross-section of active UMC clergy: personal status, clergy type, appointment status/jurisdiction and race/ethnicity. [See charts, pages 4 through 6.] Multiple dimensions of health (physical, emotional, social and spiritual) and the vocational setting were explored.



There was a slight improvement in overall self-assessed health, but the incidence of physical conditions, including high cholesterol (51%), borderline hypertension (11%), asthma (17%) and borderline diabetes (9%) were higher than comparable benchmarks for these clergy demographics.

Respondents reporting as suffering from depression (5%) have an incidence nearly twice that of comparable benchmarks.

## Depression and Functional Difficulty from Symptoms

- Based on PHQ-9 scores, 5% of clergy suffer from depression
- While not necessarily experiencing depression, 26% of clergy have at least some functional difficulty from depressive symptoms
- This year clergy were also asked about medication for depression

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. Do you currently take prescription medication for depression?

	UMC Clergy 2013	UMC Clergy 2012	All U.S. Adults 2009-2010	Matched U.S. Adults '09-'10
Suffer from depression	5%	6%	8%	3%
At least some difficulty working, taking care of things or getting along with others	26%	28%	19%	12%

 Substantially higher than matched sample benchmark

Source: 2009-2010 NHANES

Source: 2009-2010 NHANES matched to 2013 clergy profile

15

## Clergy Health—Positive Aspects

Over the past two years of survey data, there has been a slight improvement in overall self-assessed health. 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 cross-denominational clergy peers. UMC clergy respond that they are “doing well” when it comes to healthy behaviors such as increased levels of [moderate] physical activity when compared to a demographically-matched sample of U.S. adults. The institution of walking programs through *HealthFlex* and many conference health initiatives may be a factor in increased clergy activity levels. Clergy also have a comparable number of hours of sleep—just over seven hours per night.

## Clergy Health—Negative Aspects

With the exception of self-assessed health in the 2013 report, we did not see improvement in any aspects of clergy health over the two year-period of this survey.

### **2013 Key Findings:**

- 40% of respondents are obese and 39% are overweight—much higher percentages than a demographically-matched sample of U.S. adults
- Nearly 51% have high cholesterol, also much higher than comparable benchmarks
- 5% suffer from depression
- 26% of all clergy have at least some functional difficulty from depressive symptoms
- UMC clergy have high rates of borderline hypertension, borderline diabetes and asthma
- Hostility of the church environment was cited by 47% who experienced at least one intrusive demand (not consulted about ministry decision; devotion to ministry questioned; doubts about pastor's faith).

## Demographic Differences

We are finding over the two-year survey period that within UMC clergy, there are multiple demographic differences, including:

- Men are at higher risk for cardiovascular diseases, diabetes, and lack of spiritual vitality
- Women are at higher risk for joint and muscle diseases, and more likely to experience occupational stress
- Female clergy report exercising less often than their male counterparts
- Full members including elders are more at risk on spiritual health measures and occupational stress
- Part-time local pastors report the lowest levels of stress, hostility and dysfunction in their ministry and occupational settings
- Clergy at smaller churches have higher physical health risks; while 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
- White/non-Hispanic clergy, especially white males, score lower on spiritual health measures
- African-American clergy have a higher risk for hypertension and for obesity (especially among females); they also have lower rates of depression and report lower occupational stress
- Asian clergy have lower risk on several health measures, including weight, hypertension, heart disease, arthritis and asthma
- Hispanic clergy have lower levels of asthma and depression

## Implications

As in 2012, improvement continues to be needed in diet—nutrition was cited as key. 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 a risk area. 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.

The Center for Health 2013 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 2012 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 health outreach can be demographically-tailored to the groups (male vs. female, and African-American clergy) that face unique health challenges. Efforts to address occupational stress are equally important—contributing 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 a health viewpoint when assessing clergy effectiveness and congregational vitality.

## Clergy Health—Trends and Support

The Center for Health uses the results of the annual Clergy Health Survey in monitoring health trends and needs, as well as in developing 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 2012 to 2013	2013 Comparison to Most Relevant Benchmark
<b>Health Outcomes</b>	Overall self-assessed health	Slight IMPROVEMENT	n/a
	Body Mass Index (BMI)		HIGHER risk
	Diabetes		
	Pre-diabetes		HIGHER risk
	Hypertension		
	Pre-hypertension		HIGHER risk
	High cholesterol		HIGHER risk
	Heart attack		
	Heart disease		
	Stroke		
	Arthritis (incl. rheum.), gout, lupus, fibromyalgia		
	Asthma		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	
<b>Stressors</b>	Health of congregation/ministry setting		
	Clergy occupational stress		
	Hostility of church environment		n/a
	Perceived stress		n/a
	Financial stress		n/a
<b>Protective Behaviors</b>	Moderate activity		Doing BETTER
	Vigorous activity		Doing BETTER
	Sleep		
	Vacation days		n/a

n/a = no benchmarks available

31

### Demographic Differences—Personal Status (consistent over two survey years)

Key Measures	Gender		Age*		Married		Children in Home		Income*		Geography*	
	M	F	Younger	Older	Yes	No	Yes	No	Lower	Higher	More Rural	More Urban
<b>HEALTH OUTCOMES ✓ higher risk</b>												
Overall self-assessed health										✓		✓
Body Mass Index (BMI)				✓						✓		✓
Diabetes	✓			✓				✓	✓			✓
Hypertension	✓			✓				✓				✓
High cholesterol	✓			✓	✓			✓		✓		
Heart attack	✓			✓				✓	✓			✓
Heart disease	✓			✓	✓			✓				✓
Stroke				✓				✓	✓			✓
Arthritis (incl. rheum.), gout, lupus, fibromyalgia		✓		✓	✓			✓	✓			✓
Asthma		✓	✓		✓							
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	✓		✓									✓
<b>STRESSORS ✓ higher risk</b>												
Health of congregation/ministry setting				✓		✓				✓		✓
Clergy occupational stress		✓	✓		✓		✓					✓
Hostility of church environment			✓		✓							✓
Perceived stress		✓	✓					✓		✓		✓
Financial stress			✓			✓		✓		✓		
<b>PROTECTIVE BEHAVIORS ★ doing better</b>												
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/larger, etc.

### Demographic Differences—Clergy Type (consistent over two survey years)

Key Measures	Membership					Ministry		# Charges		Church Size*		Pastoral Role			Other Roles				
	Full	Elder Full	PT Local Pastor	PT Local Pastor	Other	Pastoral	Ext.	Single	Mult.	Smaller	Bigger	Sole	Lead	Assoc.	Bishop	DS	Planter	Dev/pr	Chaplain
<b>HEALTH OUTCOMES ✓ higher risk ○ lower risk</b>																			
Overall self-assessed health	○					✓		✓	✓	✓									
Body Mass Index (BMI)			✓	✓		✓		✓	✓	✓		○					○		
Diabetes			✓	✓		✓		✓	✓	✓		○							
Hypertension			✓	✓	○	✓		✓	✓	✓		○							
High cholesterol	✓		✓							✓		○							
Heart attack				✓						✓									
Heart disease		○										○							
Stroke				✓	○					✓									
Arthritis (incl. rheum.), gout, lupus, fibromyalgia			✓	✓				✓	✓			✓						○	
Asthma		✓										✓							
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	✓	✓								✓									
<b>STRESSORS ✓ higher risk ○ lower risk</b>																			
Health of congregation/ministry setting				○		✓		✓	✓			✓						○	
Clergy occupational stress	✓	✓		○						✓							✓	✓	✓
Hostility of church environment		✓		○						✓		✓							
Perceived stress			○	○						✓		✓						✓	
Financial stress		✓	✓			✓								○	○				
<b>PROTECTIVE BEHAVIORS ★ doing better ☒ doing worse</b>																			
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/larger, etc.

### Demographic Differences—Appointment Status/Jurisdiction (consistent over two survey years)

Key Measures	Years in Ministry*		% Appointment		Appointment Changes*		Jurisdiction					
	Short	Long	PT	FT	Fewer	More	NC	NE	SC	SE	W	
<b>HEALTH OUTCOMES</b> ✓higher risk ○ lower risk												
Overall self-assessed health	✓		✓			✓						
Body Mass Index (BMI)			✓			✓						○
Diabetes												○
Hypertension		✓							✓		✓	○
High cholesterol		✓							✓			
Heart attack		✓	✓				○					○
Heart disease		✓						✓			✓	
Stroke												
Arthritis (incl. rheum.), gout, lupus, fibromyalgia		✓	✓									
Asthma	✓											○
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				✓		✓						
<b>STRESSORS</b> ✓higher risk ○ lower risk												
Health of congregation/ministry setting	✓			✓		✓						
Clergy occupational stress				✓		✓						
Hostility of church environment				✓		✓			✓			
Perceived stress				✓		✓						
Financial stress	✓					✓						
<b>PROTECTIVE BEHAVIORS</b> ★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.

34

### Demographic Differences—Race/Ethnicity (consistent over two survey years)

Key Measures	White					African-American		Asian		Hispanic		Other	
	M	F	M	F	M	F	M	F	M	F	M	F	
<b>HEALTH OUTCOMES</b> ✓higher risk ○ lower risk													
Overall self-assessed health							✓					✓	
Body Mass Index (BMI)		✓	○	✓			✓		○			✓	
Diabetes						○			○	✓			
Hypertension		✓	○			○							
High cholesterol						○			○		○		
Heart attack						○							
Heart disease			○			○							
Stroke													
Arthritis (incl. rheum.), gout, lupus, fibromyalgia			○			✓				✓			
Asthma			○	○	✓	✓	✓						
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	✓				✓								
<b>STRESSORS</b> ✓higher risk ○ lower risk													
Health of congregation/ministry setting			○				✓				✓		
Clergy occupational stress		○				✓			✓		✓		
Hostility of church environment				✓								✓	
Perceived stress		○				✓							
Financial stress		○											
<b>PROTECTIVE BEHAVIORS</b> ★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.

35

For further information on the  
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