

2012 Annual Clergy Health Survey

Report of Findings May 2012



GENERAL BOARD OF PENSION AND HEALTH BENEFITS OF THE UNITED METHODIST CHURCH

Overview of the Study

- Goal: To measure and track clergy health over time
- Survey instrument was designed by the Center for Health in collaboration with:
 - Virginia Conference Wellness Ministries, Ltd.
 - The Duke Clergy Health Initiative
 - The Duke Center for Spirituality, Theology and Health
- The survey includes measures of:
 - Physical health
 - Emotional health
 - Spiritual health
 - Clergy occupational stress
 - Healthy behaviors (exercise, sleep, vacation)
 - Demographics, including ministry type and setting
- All sampling, fieldwork, analysis and reporting was conducted by Versta Research Inc.

Benchmarks

For some measures in the survey, there are national benchmarks available for comparison including:

- The 2010 National Health Interview Survey (NHIS)
 An annual, nationally representative survey of health sponsored by the Centers for Disease Control and Prevention
- The 2009-2010 National Health and Nutrition Examination Survey (NHANES)
 A biannual, nationally representative set of studies on health and nutrition sponsored by the Centers for Disease Control and Prevention
- The 2007 Church Benefits Association Survey (CBA)
 A non-representative study of clergy and lay workers from denominations that belong to the Church Benefits Association
- The 2008 and 2010 Faith Communities Today Surveys
 National surveys of all U.S. congregations and denominations
- The 2001 Pulpit and Pew Survey
 A nationally representative survey of all pastors in the U.S.

Benchmarks

- We also show matched sample benchmarks for NHIS and NHANES data.
 The data were aggregated and weighted to match The United Methodist Church (UMC) clergy population in terms of:
 - Gender
 - Age
 - Marital status
 - Race and ethnicity
 - Region (not available in NHANES)
 - Employment
- This provides a more direct comparison to the clergy's "demographic peers" rather than to the entire U.S. adult population

Positive Aspects of Clergy Health

- Most score high on measures of spiritual vitality and spiritual well-being, though there are no benchmarks against which to compare
- Measures of social connection, congregational health and occupational stress are comparable to relevant (clergy) peers
- UMC clergy do well when it comes to healthy behaviors:
 - Higher levels of physical activity—both moderate and vigorous compared to a matched sample of U.S. peers:
 - Four hours per week of moderate activity
 - > Two hours per week of vigorous activity
 - Walking programs may be increasing clergy activity levels
 - Comparable hours of sleep (just over seven per night)

Negative Aspects of Clergy Health

- Four in ten (41%) are obese and another 37% are overweight
 - Much higher than a matched sample of U.S. peers
- More than half (54%) have high cholesterol
 - Much higher than a matched sample of U.S. peers
- 6% suffer from depression and 28% have at least some functional difficulty from depressive symptoms
 - Much higher than a matched sample of U.S. peers
- Compared to a matched sample of U.S. peers, UMC clergy also have higher rates of:
 - Borderline hypertension
 - Borderline diabetes
 - Asthma

Demographic Differences

Within the ranks of UMC clergy, there are multiple demographic differences, as well, including:

- Men are more at risk when it comes to cardio-vascular diseases, diabetes and spiritual vitality
- Women are more at risk when it comes to joint and muscle diseases and more likely to experience occupational stress
- In addition, women clergy exercise less and take fewer vacation days than their male counterparts
- Full-time members 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

Demographic Differences

- Clergy at smaller churches have higher physical health risks, but those at larger churches have higher spiritual health risks and occupational stress risks
- Clergy who change appointments more often show higher levels of risk across several physical, emotional, spiritual and stress dimensions
- White clergy, especially white men, score lower on spiritual health measures
- African-American clergy have a higher risk for hypertension and for being overweight (especially women), but they also have lower rates of depression and report less stress
- Asian clergy have a lower risk on several health measures, including weight, arthritis and asthma

Demographic differences are summarized on pages 33-35

Some Implications

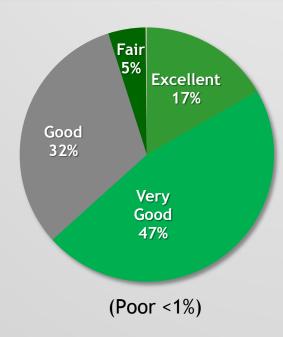
- Improving clergy members' diet and nutrition is key
 - Areas of particular health risk include obesity, high cholesterol, pre-hypertension and pre-diabetes
 - Healthy eating habits within work settings was identified by the Church Systems Task Force (CSTF) research as a strong predictor of clergy health
- Depression is also an area of risk
 - Contributing factors may include relationship with congregation, stressors of the appointment process, work/life balance, job satisfaction and marital and family satisfaction—all identified as important to health in the CSTF research
- Efforts to encourage exercise seem to be working, with clergy reporting high levels of activity compared to non-clergy peers

Some Implications

- Health programs and outreach could be demographically tailored, as different groups (men vs. women, and especially African-American clergy) face unique health risks
- Efforts to address occupational stress are important as well: factors like church size and number of appointment changes relate to health as measured in this survey
- Improving and sustaining clergy health will require education of leaders at the denomination and local church level to promote and expect healthy practices across multiple dimensions of health

Overall Health (Self-Report)

- More than half of clergy report overall health as being very good or excellent
- This measure is a single item on the SF-36; a commonly used survey to measure physical and emotional health
 - 1. In general, would you say your current health is:



Weight

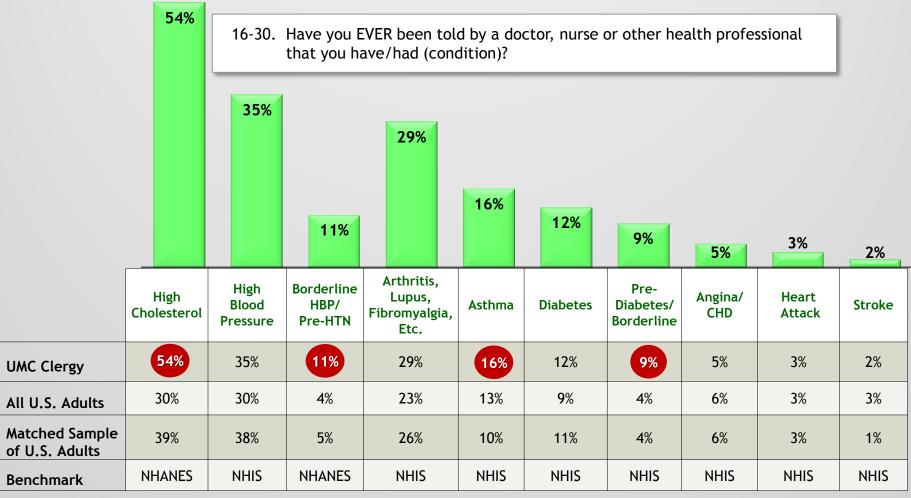
- Height and weight are used to calculate BMI (Body Mass Index)
- BMI is used to classify people as being underweight, normal, overweight or obese
- 31. About how tall are you without shoes?
- 32. About how much do you weigh without shoes? (If pregnant, enter your non-pregnant weight)

Benchmark: NHIS	UMC Clergy	All U.S. Adults	Matched Sample of U.S. Adults
Obese	41%	28%	32%
Overweight	37%	35%	41%
Normal Weight	22%	35%	27%
Underweight	< 1%	2%	1%



Substantially higher than matched sample benchmark

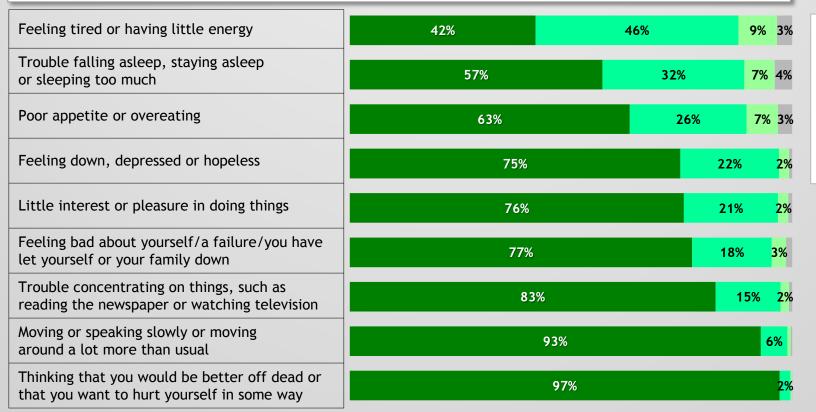
Physical Ailments



Depressive Symptoms

• This is the Patient Health Questionnaire (PHQ-9) that measures frequency of depressive symptoms during the past two weeks

10. Over the last two weeks, how often have you been bothered by any of the following problems?



- Not at All
- Several Days
- More than Half the Days
- Nearly Everyday

Depression and Functional Difficulty from Symptoms

- Based on PHQ-9 scores, 6% of clergy suffer from depression
- A follow-up question is asked to assess the functional status of those suffering from any symptom of depression (71% of all clergy)
- UMC clergy are twice as likely to suffer from depression and/or experience functional difficulties from symptoms, compared to their demographic peers
- 11. (SKIP IF ALL OF 10a through 10i = NOT AT ALL) 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? (BASE FOR PERCENTAGE: ALL RESPONDENT)

Benchmark: NHANES	UMC Clergy	All U.S. Adults	Matched Sample of U.S. Adults
Suffer from depression	6%	8%	3%
Somewhat, very or extremely difficult to work, take care of things or get along with others	28%	20%	12%



Social Connection

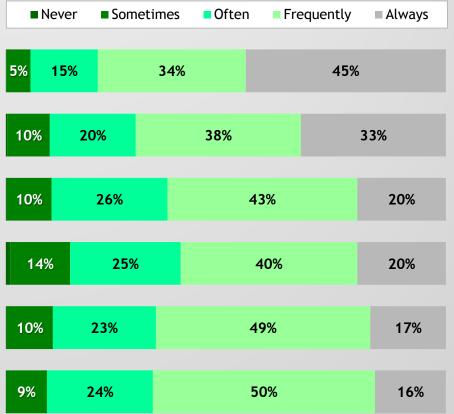
7. Does it seem that your family and friends (i.e., the people who are most important to you) understand you:

Family and Fiends Understand You:	UMC Clergy	UMC Clergy CBA	Non-UMC Clergy CBA	Laity CBA
Hardly ever	2%	2%	2%	2%
Some of the time	17%	21%	22%	21%
Most of the time	81%	77%	76%	77%

Spiritual Vitality— Presence of God in Daily Life

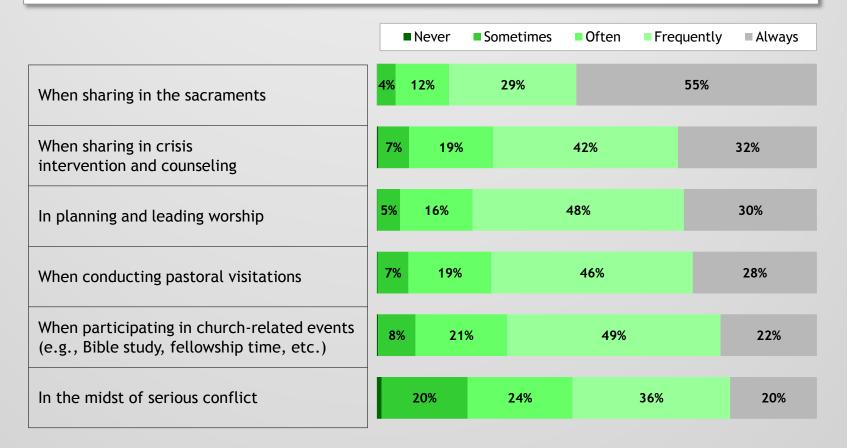
2. During the past six months, how often have you...





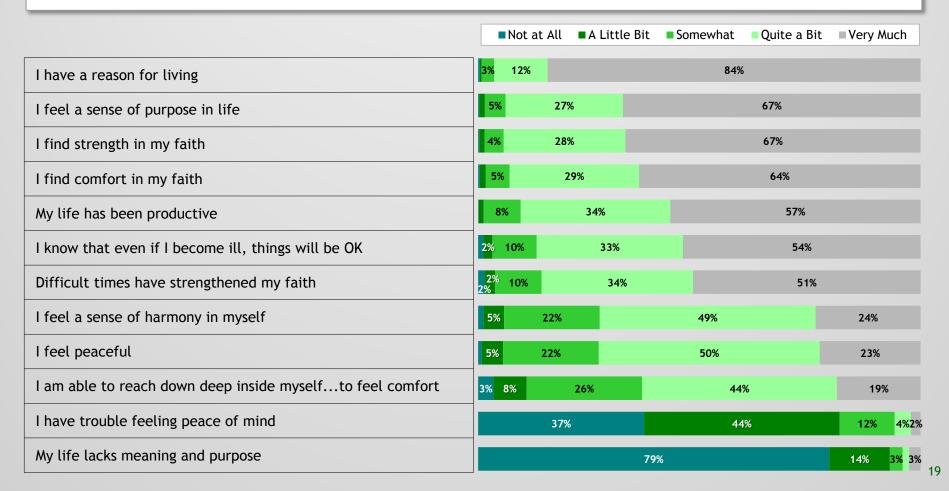
Spiritual Vitality — Presence of God in Ministry

3. During the past six months, how often have you felt the presence and power of God...



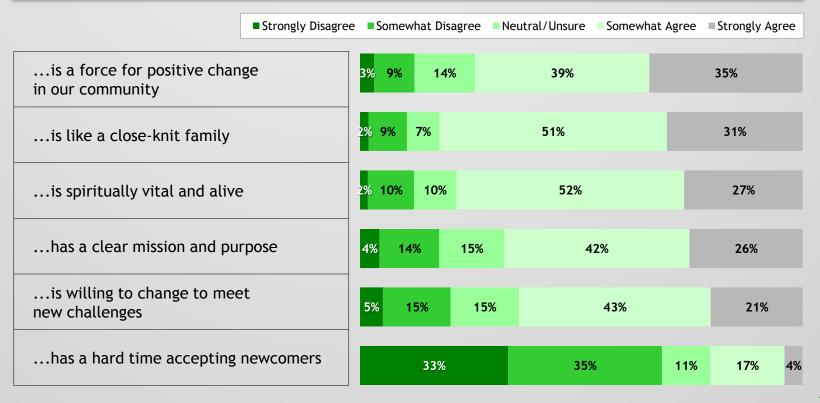
Spiritual Well-Being

4. How true has each of the following statements been for you during the past seven days?



Health of Congregation or Ministry Setting

- These measures are from the Faith Communities Today 2008 and 2010 National Survey
- 5. How much do you agree or disagree with the following statements? Our congregation...



Health of Congregation or Ministry Setting

 Health of congregational settings is similar to other congregations nationwide, especially old-line Protestant congregations (mission and purpose question is lower for UMC and other old-line Protestants)

% Agree	UMC Clergy	2010 FACT All Congregations	2010 FACT Old-Line Protestant Congregations	2008 FACT All Congregations
is a force for positive change in our community	74%	N/A*	N/A*	71%
is like a close-knit family	82%	85%	82%	85%
is spiritually vital and alive	79%	82%	78%	84%
has a clear mission and purpose	68%	79%	67%	79%
is willing to change to meet new challenges	64%	68%	61%	69%
has a hard time accepting newcomers	21%	N/A*	N/A*	8%

^{*} N/A-Not applicable

Clergy Occupational Stress

- This is the clergy occupational distress scale
- 6. Now, please help us understand some aspects of your work demands in the past year.

 If you are not serving a congregation, please answer these questions about your ministry setting.



Source: Frenk, S., S. Mustillo, E. Hooten and K. Meador (2011). "The Clergy Occupational Distress Index (CODI): Background and Findings from Two Samples of Clergy." *Journal of Religion and Health* DOI: 10.1007/s10943-011-9486-40nline First™

Clergy Occupational Stress

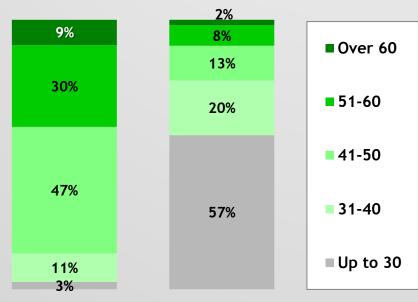
- More than half (58%) often experience at least one type of occupational distress
- Levels of distress are similar for UMC clergy as for other clergy
- Churches with more members are more stressful (summarized on page 34) and this is true regardless of gender
 - 6. Now, please help us understand some aspects of your work demands in the past year. If you are not serving a congregation, please answer these questions about your ministry setting.

	UMC Clergy	СВА	Pulpit and Pew
Mean Index Score (Sum of all five items with never =1 to very often=4)	11	12	11

Workload

40. Approximately how many hours in a typical week do you spend in work related to your employment in your congregation(s) or other ministry setting?

Hours Worked Per Week



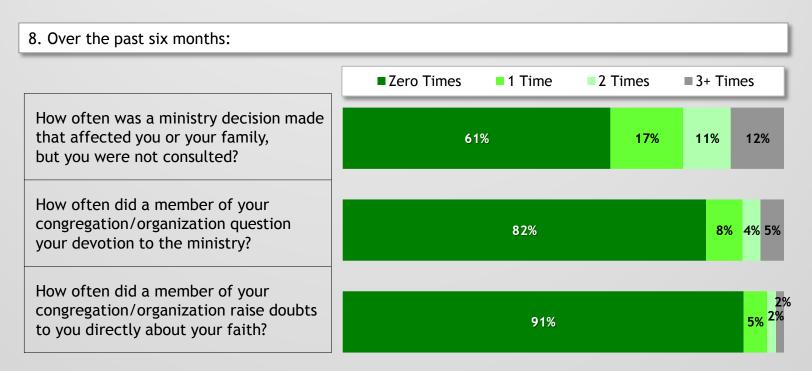
Full-Time Appt.

Mean: 51 hours Median: 50 hours Part-Time Appt.

Mean: 32 hours Median: 30 hours

Hostility of Church Environment

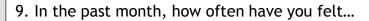
- These three items are from the Ministry Demands Inventory
- Nearly half (47%) experienced at least one intrusive demand over the past six months

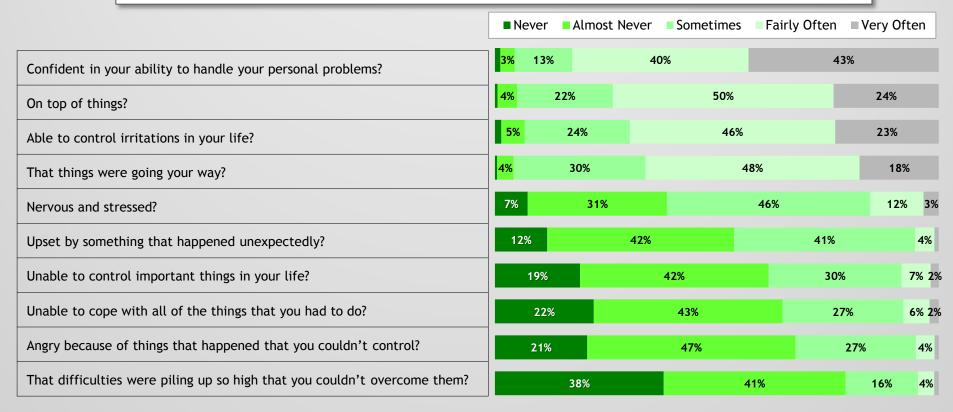


Source: Lee, C. (1999). "Intrusive demands and their outcomes in congregational ministry: A report on the ministry demands inventory." Journal for the Scientific Study of Religion 38: 477-489, and Lee, C. and J. Iverson-Gilbert (2003). "Support and perception in family-related stress among protestant clergy." Family Relations 52: 249-257

Perceived Stress

• One-third (34%) often felt stress in the past month on at least one stress measure



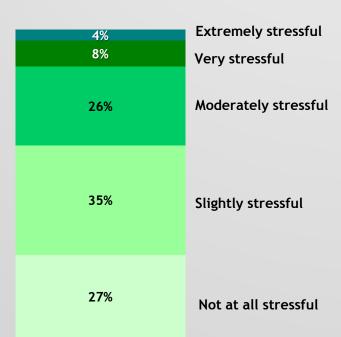


Financial Stress

• Over one-third (38%) find their financial situation at least moderately stressful

59. How stressful is your current financial situation for you?

Current Financial Situations Is ...



Levels of Physical Activity

- 50% of clergy report 150 minutes or less per week of moderate activity while nearly
 30% report 151 to 300 minutes per week
- Nearly 40% report no vigorous activity per week, while 30% report up to 120 minutes per week
- 12. How many days per week do you do moderate activities, such as brisk walking, bicycling, vacuuming or anything else that causes some increase in breathing or heart rate, for at least 10 minutes at a time?
- 13. [SKIP IF ZERO DAYS PER WEEK] On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
- 14. How many days per week do you do vigorous activities such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate, for at least 10 minutes at a time?
- 15. [SKIP IF ZERO DAYS PER WEEK] On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

Benchmark: NHIS	UMC Clergy	All U.S. Adults	Matched Sample of U.S. Adults
Moderate activity:	238	119	123
mean minutes per week	minutes	minutes	minutes
Vigorous activity:	117 minutes	99	97
mean minutes per week		minutes	minutes



Sleep

33. Sleep can be part of wellness; not everyone needs the same amount of sleep. How many hours do you usually sleep each night?

Hours of Sleep Per Night

6%	More than 8 hours
21%	8 hours
44%	7 to <8 hours
23%	6 to <7 hours
6%	Fewer than 6 hours

Benchmark: NHIS	UMC Clergy	All U.S. Adults	Matched Sample of U.S. Adults
Mean hours of sleep	7.1	7.2	7.0

Vacations

43. How many vacation days, not counting holidays, have you taken in the last 12 months? Your best estimate is fine.

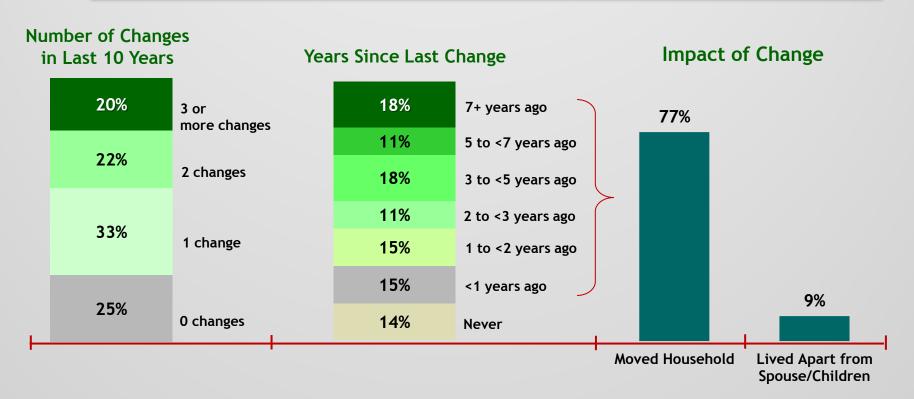
Vacation Days Per Year



Mean days: 16.1

Appointment Changes

- 44. How many times have you changed appointments during the past 10 years?
- 45. How much time has elapsed since your last appointment change?
- 46. [IF EVER CHANGED] Did your most recent appointment change require you to physically move your household?
- 47. [IF EVER CHANGED] Did your most recent appointment change require you to live apart from your spouse and/or children?



Summary: UMC Clergy vs. Benchmarks

	UMC Clergy, Compared to Most Relevant Peer Group
HEALTH OUTCOMES ✓ higher risk	
Body Mass Index (BMI)	✓
Diabetes	
Pre-Diabetes	✓
Hypertension	
Pre-Hypertension	✓
High cholesterol	✓
Heart attack	
Heart disease	
Stroke	
Arthritis (incl. rheum.), gout, lupus, fibromyalgia	
Asthma	✓
Depression	✓
Functional difficulty from depressive symptoms	✓
Social connection	
STRESSORS ✓ higher risk	
Health of congregation/ministry setting	
Clergy occupational stress	
PROTECTIVE BEHAVIORS ★ doing better	
Moderate activity	*
Vigorous activity	*
Sleep	

Demographic Differences on Key Measures

	Ger	nder	Age	*	Ma	rried	Inco	ome*	Geog	raphy*	Years in	Ministry*	% A _l	ppt.
	M	F	Younger	Older	Yes	No	Lower	Higher	More Rural	More Urban	Short	Long	PT	FT
HEALTH OUTCOMES ✓ higher 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	✓		✓							✓				✓
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 on Key Measures

	Membership				Ministry Church Size* Appt. Changes*					Jurisdiction						
	Full	Elder Full	FT Local	PT Local Pastor	Other	Pastoral	Ext.	Smaller	Bigger	Fewer	More	NC	NE	SC	SE	w
HEALTH OUTCOMES ✓ higher risk O lower risk	ruit	Lider Full	Pastor	Pastor	Other	Pastoral	EXI,	Silialiei	ыддег	rewei	More	NC	NE	J SC) SE	, w
Overall self-assessed health	0					✓		✓			✓					0
Body Mass Index (BMI)			✓	✓		✓		1			✓					0
Diabetes								✓			✓					0
Hypertension					0			√			✓					0
High cholesterol	✓															
Heart attack								✓								0
Heart disease											✓					
Stroke				✓	0			✓				0				
Arthritis (incl. rheum.), gout, lupus, fibromyalgia			✓	✓				✓								0
Asthma		✓													0	
Depression				0							✓					
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 O lower risk								_								
Health of congregation/ministry setting				0							✓					
Clergy occupational stress	✓	✓		0					✓		✓					
Hostility of church environment				0					✓		✓			✓		
Perceived stress				0					✓		✓					
Financial stress		✓	✓			✓					✓					
PROTECTIVE BEHAVIORS ★doing better ☑ doing w	orse															
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 on Key Measures

		African-				White		African-American		A:	sian	Hispanic		Other	
	White	American	Asian	Hispanic	Other	М	F	м	F	м	F	M	F	М	F
HEALTH OUTCOMES ✓higher risk O lower risk															
Overall self-assessed health									✓		0				✓
Body Mass Index (BMI)		✓	0						✓		0				✓
Diabetes							0					✓			
Hypertension		✓					0								
High cholesterol							0				0		0		
Heart attack							0								
Heart disease							0								
Stroke															
Arthritis (incl. rheum.), gout, lupus, fibromyalgia			0				✓						✓		
Asthma			0		✓		✓		✓						
Depression		0													✓
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 O lower risk															
Health of congregation/ministry setting													✓		
Clergy occupational stress		0					✓						✓		
Hostility of church environment										✓					✓
Perceived stress		0													
Financial stress															
PROTECTIVE BEHAVIORS ★doing better 図 doing w	orse .														
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.

Appendix

Methods

- All sampling, fieldwork, analysis and reporting was conducted by Versta Research Inc.
- A random stratified list of 5,000 clergy was selected from the population of active UMC clergy
 - Clergy were excluded if they were not based in the U.S. or if they had no e-mail address on file
 - Four groups were oversampled to ensure adequate representation:
 - > Under age 40
 - Minorities
 - > Full-time local pastors
 - Western Jurisdiction

Methods

- Recruiting and fieldwork:
 - Initial letter of introduction sent by U.S. mail from the General Secretary of the General Board of Pension and Health Benefits
 - E-mail with invitation and survey link sent by Versta Research
 - Two e-mail reminders with survey link sent by Versta Research
 - One phone call reminder from Versta Research
- All surveys were conducted online
- Data were collected from January 30 through March 9, 2012
- 1,853 clergy responded (37% response rate)

Methods

To ensure that data and findings are representative of the full UMC active clergy population:

- Final data were weighted to correct for oversampling and non-response biases on:
 - Gender
 - Age
 - Minority status
 - Membership group
 - Jurisdiction
 - HealthFlex participation
- Un-weighted and weighted demographics of the sample are shown on the next three pages

Sample Profile

Gender	Un-weighted (%)	Weighted (%)
Male	67%	69%
Female	33%	31%
Ethnicity		
Hispanic/Latino	2%	2%
Not Hispanic/Latino	98%	98%
Racial Category (Select all that apply)		
White	84%	89%
African-American	8%	7%
Asian-American/Pacific Islander	7%	4%
American Indian or Alaskan Native	2%	1%
Other	<1%	<1%

	I	
Age	Un-weighted (%)	Weighted (%)
Under 40	11%	11%
40 to 49	17%	18%
50 to 59	43%	41%
60 to 64	21%	21%
65 or over	8%	9%
Mean age	53.3	53.3
Marital Status		
Married	84%	85%
Not Married	15%	14%
Divorcing or Separated	1%	1%

Sample Profile

Years in Ministry	Un-weighted (%)	Weighted (%)
Up to 10 years	31%	34%
11 to 20 years	28%	28%
21 to 30 years	23%	21%
More than 30 years	18%	17%
Mean years	18.4	17.8
Appointment Percentage		
¼ time	3%	5%
½ time	7%	10%
¾ time	4%	5%
Full time	85%	80%
Jurisdiction		
North Central	20%	20%
Northeastern	18%	18%
South Central	16%	19%
Southeastern	32%	36%
Western	14%	7%

Work Any Other Job	Un-weighted (%)	Weighted (%)
Yes	10%	12%
No	90%	88%
Household Income		
Less than \$25,000	2%	3%
\$25,000-\$34,999	8%	8%
\$35,000-\$44,999	17%	16%
\$45,000-\$59,999	19%	19%
\$60,000-\$74,999	17%	17%
\$75,000-\$99,999	20%	20%
\$100,000-\$149,999	12%	13%
\$150,000 or higher	4%	4%

Sample Profile

Member Type	Un-weighted (%)	Weighted (%)
Local pastor	22%	27%
Associate member	3%	3%
Elder	71%	66%
Deacon	4%	4%
Other	1%	1%
Appointment		
Pastoral charge	90%	90%
Extension/other	10%	10%
Appointment Setting		
Rural	17%	21%
Town or village (<10,000)	26%	27%
City (10,000-49,999)	21%	20%
City (50,000-249,999)	17%	16%
City (250,000+)	19%	17%

Congregation Size	Un-weighted (%)	Weighted (%)
0 to 50	7%	9%
51 to 100	16%	16%
101 to 250	33%	32%
251 to 500	23%	22%
501 to 750	7%	7%
751 to 1,000	4%	4%
1,001 to 1,250	3%	3%
Over 1,250	7%	7%
Average Weekly Attendance		
0 to 50	20%	23%
51 to 100	33%	32%
101 to 350	34%	32%
351 to 1,000	10%	10%
Over 1,000	2%	3%



E-mail: umc-centerforhealth@gbophb.org

Website: www.gbophb.org/cfh