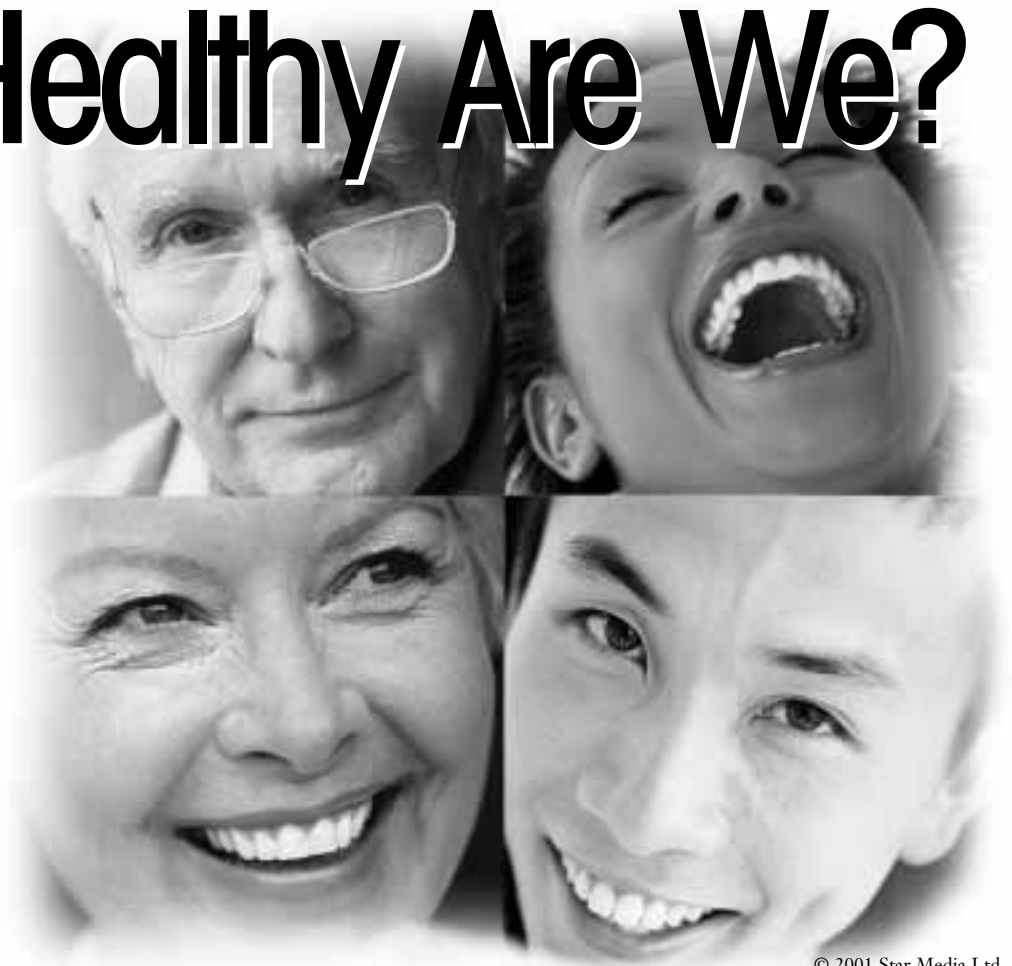


How Healthy Are We?

**How the
General
Church and
Church Leaders
Are Working
to Help You
Improve Your
Health**



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The General Board of Pension and Health Benefits began conversations with Duke University three years ago about partnering in an effort to gather data about the health of clergy and lay church workers across several denominations. Would the results of such a survey reveal differences among denominations and professions? If so, what structures and practices in the different groups might be influencing health and well being? The resulting research project is called “A National Study Exploring Health, Well Being, Spirituality, and Job Contentment.”

Over three years of discussion and dialogue among theologians, church leadership, members of the health delivery system and academicians regarding the Health and Wholeness in Mission preceded the conception of the study. The discussions generated a new language and paradigm to examine the health of workers of the church, embracing their physical, mental, spiritual, and social health. The lead researcher from Duke is Dr. Keith Meador.

All United Methodist clergy and church workers and clergy and church workers of nine other denominations were invited to participate in the study. The survey was comprised of reliable and validated questions used in other survey instruments. These included the SF-12, self-reported measure of physical and mental health, The Duke University Religion Index, which includes church attendance, private religious activity and

intrinsic religiosity subscales and Pulpit and Pew Job Characteristics was well as demographic data. The survey form (SF12) gathers information about clergy and church workers’ perceptions of their health, motivation to change, their religious practices, job characteristics, and relevant systems of the church (local and denominational). For example, clergy and other church workers were invited to assess their physical health by answering questions such as: “Are you out of breath when you climb stairs?”

Purposes of the study

- Assess the self-reported health of the workers of the church, both clergy and laity, in relationship to spiritual beliefs, faith practices, and job characteristics.
- Identify associations between health and life practices/commitments/commitments/experiences in clergy using health outcomes of both self-reported health and pharmacy claim data, building upon previous spirituality and health research.
- Explore the extent to which the self-reported health status of church workers aligns with pharmacy use and the disease prevalence that those claims represent.

- Examine the particular needs of clergy with subsequent development of possible interventions to be considered to nurture the health and well-being of in workers of the church.

Preliminary Results

- The more churches at which the clergy member serves, the poorer his/her physical health;
- Intrinsic and private religiosities are both negatively associated with physical health;
- The intrinsic relationship is most likely driven by those in poorer physical health being more likely to report feeling the presence of the divine;
- The private relationship is most likely driven by those who report physical pain and limitations being more likely to engage in private religious activities.

One interesting preliminary result related to religious practices is that regular public worship has a positive impact on church workers who are not clergy but it is regular personal religious practices which have a greater positive impact on the health and well being of clergy. This result is not surprising, since effective leadership of public worship services is usually a significant and stressful part of the work of clergy.

Over 7,900 United Methodist clergy and lay church workers responded. Including the clergy and church health workers from the other denominations, there was a 22 percent response. Noreen Orbach, Managing Director of Healthcare Services at the General Board of Pension and Health Benefits, said she was “surprised, touched, and enthused” by the number of calls she received from clergy who had missed the deadline by a day or two and wanted to know if they could still participate. Their commitment and conscientiousness impressed her.

Of course physical and mental health are the result of a complex set of circumstances. This project is gathering data that may identify patterns of health practices and/or church practices (local or connectional) that may negatively influence health and well-being.

These are phase 1 result of the study. In phase 2, the study will include groundbreaking steps to align self health data with pharmacy claim data. The

Preliminary Findings were presented to the Church Benefits Association, Health Committee, and the UMC Conference Benefit Officer Forum. The Final report will be delivered by June 2007 to each participating denomination.

In related research, Dr. Meador has received a grant from the Duke Endowment for a project entitled, “Clergy Health Program for Rural UMC Pastors.” □

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