



Center for Health

CHURCH SYSTEMS TASK FORCE—*Update*

January 31, 2011

John Wesley gave Methodists a great gift with his remarkable attention to health. The health of clergy, the health of local churches and the vibrancy of Christ's mission in the world are all inextricably linked.

Overview

The focus on denominational health began more than 10 years ago with a multi-agency consideration of health as wholeness in mission—that a healthy ministry required healthy clergy. In 2008, a multi-year examination of denominational health concluded that among United Methodist Church clergy, the prevalence of chronic health conditions increased and exceeded other groups when adjusted for age. The solution was not a mandatory health insurance plan, but rather, focused attention on the actual health of UMC clergy and what affected it—UMC participants had a higher illness burden compared with benchmarks even after adjusting for demographic differences. That examination of denominational health resulted in General Conference 2008 charging the General Board of Pension and Health Benefits (GBPHB) and the General Board of Higher Education and Ministry (GBHEM) to jointly convene a task force with jurisdictional representation to look at the Church systems that may negatively impact clergy health.

Church Systems Task Force

The 21-member Church Systems Task Force (CSTF) is chaired by Bishop Hope Morgan Ward (Mississippi Annual Conference); its members represent:

- District superintendents (DSs)
- Ordained clergy
- GBHEM
- GBPHB
- Medical practitioners (e.g., RNs)
- UMC seminaries (Wesley, Drew, Duke)

The CSTF organized its work according to the four provisions of the General Conference 2008 directive:

1. Examine itineracy and the appointment-making systems and recommend improvements that support clergy health.
2. Examine and recommend improvements to supervisory systems.
3. Address processes for entering and exiting ordained and licensed ministry.
4. Provide guidelines for sustaining a healthy work/life balance during ministry.

The CSTF articulated a long-term vision governing the course of its work: *The health of our mission and the health of our ministers are integrally and inextricably related.* It is a CSTF objective to assure competent, cared for and thriving clergy who are able to live authentically, with accountability and with abundance. Connectional relationships and a community of trust are important underpinnings for clergy health.

Foundational Research

The CSTF placed great importance on foundational research to understand the clergy health challenges the UMC faces, to gain a broad perspective on the health situation that exists now, and to gather opinions on the possibilities for change from those who live and work in the Church systems with the greatest impact on

mission and ministry. The CSTF conducted primary and secondary research. The *primary* research was a year-long, multi-phased approach (November 2008 through November 2009), including collection and analysis of existing UMC clergy survey data, and the gathering of new data. *Secondary* research (conducted as background prior for the primary research efforts) was a literature review of existing articles and studies related to clergy health.

Secondary research

Secondary research included reports, studies and articles:

- A commissioned study, *Clergy Health: A Review of Literature*, was completed by the Lewis Center for Church Leadership, Wesley Theological Seminary
- More than 20 studies/articles reviewed and annotated
- Clergy wellness reports from the Evangelical Lutheran Church in America and the Episcopal Church
- General Commission on the Status and Role of Women's study, *Clergy Spouses and Families in The United Methodist Church*, to understand the critical connection clergy spouses and families and pastor-parish relations committee (PPRC)/staff-parish relations committee (SPRC) have on clergy health
- UMC Call to Action report, *Vital Congregations Research Project, Findings Report for Steering Team*, to understand the "pastor driver" among the four church vitality drivers identified
- Center for Health *Occupational Stressors Comparison* developed to understand similarities and differences among the "helping, healing, caring" professions (e.g., nurses, social workers, professors and doctors)

Primary Research

The multi-phased primary research approach was designed to identify *the factors of clergy health that differentiate those clergy who are healthy from those who are unhealthy*. The work included:

- Analyzing the Church Benefits Association cross-denominational survey of health, well-being, spirituality and job characteristics conducted by Duke University; 999 UMC clergy participated in the survey; results were associated with physical health, mental health; job stress; presence of any pharmacy claims and, for those with claims, the number
- Analyzing internal UMC demographic, congregational, appointment and health data based on 5,324 active clergy to identify health risk predictors
- Conducting five focus groups (four of which were exclusively active clergy) to surface factors that affect clergy health, for testing in a quantitative, online survey
- Developing and administering an online survey to 1,006 active clergy serving local churches in order to identify the strongest factors that may adversely impact clergy health. With a 28% response rate, clergy participants answered 150 questions about their personal health, background, spiritual practices, appointment history, career path, work stresses, outlook on life, living and working conditions and personal finances
- Conducting 50 follow-up, in-depth, hour-long phone interviews with survey respondents to gain deeper understanding of the factors that influence clergy health and insights on ways to improve it

Clergy Health Factors

The survey of 1,006 clergy identified 13 key factors highly correlated with health, differentiating those who are healthy from those who are unhealthy. The *absence* of these factors indicated a *positive* association with health:

- ***Personal centeredness***—feeling a lack of control over one's life; ruminating about the past; difficulty experiencing the presence of God
- ***Eating habits with work that often involves food***—struggling to maintain a healthy diet with food available at church meetings, social gatherings and home visits
- ***Work/life balance***—having difficulty balancing multiple roles; feeling guilty taking time to exercise; avoiding health care because of time demands; struggling to achieve overall work/life balance

- **Job satisfaction**—feeling dissatisfied with one’s appointments; feeling isolated at work; feeling disappointed with ministry; wishing for a way to exit the system
- **Personal finances**—high debt; low income; few assets; little to no personal savings
- **Outside interests, social life and friends**—a lack of hobbies, outside interests and/or participation in group activities for personal renewal; having few friends or people with whom one can share personal issues; feeling detached from one’s community
- **Relationship with congregation**—feeling judged rather than supported; feeling the congregation’s expectations are too high or do not match one’s own beliefs about the appropriate pastoral role; feeling the congregation desires a pastor with a different leadership style; avoiding relationships with congregation members to avoid improprieties; avoiding health care for fear that parishioners might find out
- **Stressors of the appointment process**—feeling stressed by the appointment process; feeling reluctant to talk to one’s DS because of the power he or she holds over appointments; feeling resentful about being paid less than laypeople in similar professions
- **Marital and family satisfaction**—low marital satisfaction among clergy with families; low appointment satisfaction among spouses and/or children
- **Existential burdens of ministry**—feeling obligated to carry the weight of others’ emotional and spiritual burdens; being overwhelmed by the needs of others and the sheer importance of the issues to be addressed in ministry; feeling expected to solve unsolvable mysteries
- **Living authentically**—feeling unable to be one’s “authentic self”; failing to live according to deeply held personal values and beliefs
- **Education and preparation for ministry**—feeling unprepared by seminary for the everyday responsibilities of ministry; feeling one lacks the skills and training necessary to excel at pastoral duties
- **Appointment changes and relocation**—more frequent appointment changes; more frequent long-distance moves

Thirteen Clergy Health Factors Aligned with the Four Provisions of the General Conference 2008 Petition

		Thirteen Factors That Influence Clergy Health															
		Job Satisfaction	Relationship with Congregation	Work / Life Balance	Living Authentically	Personal Centeredness	Marital / Family Satisfaction	Stressors of the Appointment System	Eating Habits	Personal Finances	Existential Burdens of Ministry	Appointment Changes / Relocation	Education / Preparation for Ministry	Outside Interests and Social Life			
Petition Provision	UMC System / Career Aspect																
	Itineracy / Appointment	Itineracy / Appointment System															
		Compensation / Reward System															
	Supervisory Systems	Performance Improvement Process															
		Mentoring System															
		Supervisory Practices															
	Entering and Exiting	Selection, Continuous Evaluation and Improvement															
		Education and Training System															
		Exit / Retirement System															
	Guidelines for Healthy Work / Life Balance	Staff / Parish and Pastor / Parish Relations System															
		Clergy Competencies and Responsibilities															
		Parsonage / Housing System															

Colors are associated with the four petition provisions on the left. A colored box in a column indicates strong association between the UMC system/career aspect and the clergy health factor in the top row.

Referencing the foundational research, the CSTF identified four areas with potential positive impact on clergy health:

1. Adjustments to the itineracy and the appointment systems
2. A good match between the clergyperson and the congregation—their gifts and graces need to be accepted and used
3. Spiritual support for the clergyperson must come from someone other than the DS
4. Revisions to the DS role are needed to better support clergy

The task force drafted recommendations aligned with the General Conference 2008 petition during its May 2010 meeting. During its August 2010 meeting, the recommendations were reviewed and refined based on feedback from the first of seven listening sessions held during July and August. From September through November 2010, an additional 13 sessions were held; recommendations continued to be refined based on all the listening sessions conducted with a variety of representative UMC groups.

Recommendations and Considerations

Entering Ministry—Recommendations

- Develop consistent and rigorous tools for evaluation throughout candidacy
- Have Board of Ordained Ministry (BOM) train and support district committees on ordained ministry to discern candidates' fit for ministry
- Have GBHEM and UMC seminaries develop an information form that may be used in common with all student applications, providing demographic information about UM students
- Train residency program teachers on the importance of self-care, healthy boundaries and realities of ministry
- Convene a GBHEM task force to address financial help and seminary indebtedness for seminary students

Entering Ministry—Considerations

It is imperative to require *stronger screening of candidates* for ministry—screening is a selection process and candidates should be carefully vetted using specific criteria, including those associated with healthy disciplines necessary to meet the demands of ministry.

Candidates need to be presented with a *realistic scope of job activities*, so they can understand the nature of the work clergypeople encounter and the demands of the job.

Screening throughout candidacy must *demonstrate sensitivity* to local and cultural nuances. Evaluations need to follow a basic framework, yet be flexible enough to accommodate diversity—individual gifts and cultural differences among candidates. The use of screening tools and the expectations for the candidate must be clear and transparent.

Communication is essential—conversations with candidates need to be open and honest; a dialog should be fostered between the candidates and those evaluating them. Expectations should be shared early in the process, and leadership qualities sought and vocational competencies desired should be defined and discussed. Training for laity should be enhanced to strengthen the screening process. Ideally, *best practices* for screening candidates and resources for the candidacy process would be shared by BOMs.

Seminaries should *incorporate health, theology and spirituality into their curricula*. Student evaluations should include health and wellness practices to reinforce their importance to ministry. Curricula should also be standardized for the residency period. Seminaries need to start earlier and do a better job of describing the demands of ministry. Opportunities for practical experience should be mandatory at every level of seminary education.

In addition, the CSTF suggests a *common information form* be used both by the UMC seminaries and by GBHEM for financial aid applications to capture applicant demographic information. This information would be used to analyze demographic data, better understand the typical makeup and needs of UM students entering seminary and assist the denomination in the recruitment of candidates for ministry. Students who do not complete the necessary forms would not be eligible for UM funding.

The CSTF research and discussions also focused on *seminary indebtedness* and concluded that the seminary debt burden negatively impacts clergy health. Development and support of Christian leaders is consistent with the UMC's focus on pastoral leadership. Various aspects of the connection play a role in providing financial assistance to UM students.

The CSTF realized that a focused, comprehensive effort is needed to proactively address seminary student debt and to reduce it by investing in certified candidates. When using scholarship programs, considerations can include:

- limiting reimbursement to 100%;
- demonstrating satisfactory academic progress in theological studies, Master of Divinity or equivalent at a seminary listed by the University Senate;
- requiring at least five years of UMC service;
- repaying the scholarship in full, if less than five years;
- requiring annual scholarship reconsideration; and
- limiting reimbursement to 100% of the program's tuition for a maximum of four years.

It was recommended by the CSTF that GBHEM *convene a task force* to address financial help and seminary indebtedness for seminary students by:

- addressing both Resolution 218 (Financial Help for Seminary Students) and 233 (Seminary Student Indebtedness) from General Conference 2004;
- developing a denominational plan to reduce or eliminate seminary debt for certified candidates intending to enter the ordained ministry;
- including persons with diverse backgrounds and expertise in the Church to develop funding sources to support denominational financial assistance, and to invest in certified candidates with a denominational scholarship program;
- preparing a report and recommendations for presentation to the Connectional Table and Council of Bishops no later than 2015; and
- submitting the report to General Conference 2016.

GBHEM Ministry Study—Intersection

The CSTF recommendations above intersect with those from the GBHEM Study of Ministry Commission and are associated with the culture of the call and effective screening. The commission has three proposals directed at improving the candidacy process:

- having a vocational discernment coordinator on the Board of Ordained Ministry in each annual conference;
- requiring a ministry "prep school" for all elder, deacon or local pastor candidates immediately after certification; and
- moving to group candidacy mentoring.

Healthy Work/Life Balance—Recommendations

- Enable clergy to prioritize a healthy work/life balance: committing themselves to taking time for restoration and renewal, vacation and regular time off, physical exercise and spiritual disciplines, and the enjoyment and nurturing of relationships
- Modify ¶304.2 and ¶311.2d to clearly state "pastor shall take regular vacation/time off"

- Modify ¶258.2 to explicitly include “attention to the health and wellness of the pastor and staff in committee duties”
- Modify ¶258.2g(16) to require “swift resolution of parsonage issues affecting the family’s well-being”

Healthy Work/Life Balance—Considerations

The CSTF recognizes that the *bishops, cabinets, DSs, BOM and SPRC/PPRC* play a key role in ensuring clergy work/life balance. The cabinet and SPRC/PPRC must be aware of and educated about the support clergy families need in order to be prepared for the demands of clergy work and family life. These UMC support systems are critical to helping clergy and their families balance the demands of ministry and family life, and the aspects of both that have an effect on clergy health.

The *SPRC/PPRC guidelines* should be updated to include training in boundary setting, conflict resolution and work/life balance. But this is a two-way interaction—the SPRC/PPRC must also hold the pastor accountable for maintaining a healthy work/life balance. Adopting a healthy balance in daily life between work and rest needs to be recognized and held up as critical for clergy health.

Clergy are ultimately responsible for their own health, but local church leadership can and should *encourage, model and motivate the right behaviors* which are essential to church vitality. SPRCs/PPRCs must be trained so that they have realistic expectations of clergy, in order to promote a culture of clergy health. Conferences also need to assure that pastors have the time and are available for their families, and that they promote and offer counseling and mental health resources. Clergy health is holistic, extending to the health of the spouse and the family.

To help *enable clergy restoration and renewal*, GBHEM should explore ways to support clergy renewal leave, continuing education and other related programs. Clergy and laity should work together creatively to commit to renewal leave and to provide support for it. *Funding should be identified and made available* for small churches to enable pastors to take renewal leave and participate in continuing education.

The *SPRC/PPRC guidelines* should be updated to *recommend parsonage inspections* at the conference level *before* a new pastor arrives. Conflicts can result when the local church or district inspects the dwelling once a new pastor moves in and funds are not available for needed repairs. All utilities and appliances must be inspected and functioning properly, and the residence must be environmentally safe (e.g., free from mold, peeling paint, etc.).

Itineracy and Appointment-Making—Recommendations

- Move to longer-tenure appointments that can match pastors’ gifts and graces with congregational needs
- Remove the word “annual” from ¶334.2 to indicate a shift from the expectation that appointments are only for one year
- Expand the use of credentialed interim ministers
- Create denominationwide approach for portability of retiree health benefits

Itineracy and Appointment-Making—Considerations

The CSTF concluded that *longer-tenure promotes emotional stability* for clergy, their families and the congregation, providing flexibility for missional and pastoral needs. Longer-tenure appointments can prove to be “healthier” overall, when clergy and their families have fewer disruptions in their home lives. The well-being of both the pastor and the church also need to be considered when determining the length of appointments. Longer-tenure appointments provide continuity of the ministerial mission and strengthen the relationship between the clergy and congregation, as well as between the local church and wider community.

The term “annual” would be deleted only the first time it is used in ¶1334.2, before the word “appointment”. The CSTF realizes that for new pastors just beginning their ministry, shorter-tenure appointments may be best for the individual clergyperson, his/her family and the congregation. The length of the appointment must consider the fit between a pastor and the local church—if there is a poor fit, the pastor would not be “locked in” to a longer-tenure appointment. Appointments should be made in an intentional and consultative manner. Separating annual evaluations from the appointment process is another way to promote better clergy health regardless of the length of the individual appointment.

The CSTF seeks flexibility for longer-tenure appointments in accordance with ¶1434. The research found that health declines when the number of appointments for a clergyperson increases over a 10-year evaluation period. From the research sample, clergy, on average, change appointments every three to four years in any 10-year period. From the GBPHB active clergy database of more than 26,000 clergy, the average length of appointment to a local church is barely over three years (3.10). The *Call to Action* research report found similar indications that one of the drivers of congregational vitality is the pastor’s length of appointment. The pastor’s contribution to congregational vitality becomes evident after the three-year period.

Use of a credentialed interim pastor can help a congregation transition and ease the appointment adjustment period for a new pastor. Bishops and cabinets should be encouraged to use interim pastors approved by the United Methodist Endorsing Agency (UMEA), with special consideration for those specifically trained as “after-pastors” following clergy misconduct. Interim pastors should be credentialed, contract-based and situation-specific.

GBHEM Ministry Study—Intersection

The CSTF did not examine security of employment for its affect on clergy health. This is commonly referred to as “guaranteed appointment” and is discussed in the GBHEM Study of Ministry Commission. The CSTF believes that its recommendations promote clergy health in the practice of itineracy; champion greater clarity, honesty and accountability for clergy and cabinets during candidacy and evaluations; and support increased openness, flexibility and transparency in appointment-making.

Additional Recommendations—Retiree Health Benefits Portability

During its deliberation of Itineracy and Appointment-Making, the CSTF received feedback for consideration under this provision regarding retiree health benefits portability. The following recommendations refer to this topic:

- Reduce barriers to access to retiree health benefits for clergy who serve in multiple conferences
 - Encourage interim ministry appointments
 - Improve conference-to-conference mobility to match clergy skills and church needs (e.g., church planters)
 - Help clergy with service in multiple conferences or in general agencies to retain access to retiree health benefits
- Provide clergy retiree health coverage in proportion to and in coordination with:
 - years served;
 - conference/general agency policies; and
 - retiree health contribution levels.
- Modify ¶1506.26 to implement retiree health benefits portability

Retiree Health Benefits Portability—Considerations

It is currently possible for a clergyperson who has served a full career—moving among multiple conferences and participating in conference health plans the entire time—to be unable to qualify for minimal or no health care benefits at retirement. The barriers to retiree health coverage for those that serve across conference lines have important consequences for clergy and for the connection as a whole.

The present situation constrains active clergy from taking interim appointments across conferences because the appointments would cause them to lose retiree health coverage earned in their home conferences. Church

planters and other clergy with specialized skills may hesitate to move to other conferences or general agencies where the Church may need their ministry.

The CSTF is calling for *greater “portability” in retiree health benefits*—removing barriers associated with denominational service outside of an individual’s annual conference—so that retiree health benefits earned during service in a conference or in a general agency transfer with a clergy person if he or she moves to another conference or general agency.

This recommendation addresses other concerns that may have a bearing on clergy health:

- The clergy pension or retirement plan is the same plan across all U.S. conferences—each conference funds the retirement benefit for the years served in that conference.
- Retiree health care benefits vary widely among conferences—they are typically provided under the rules of the conference from which the clergy person retires.
- Conferences where the clergy person previously served typically make no contribution toward the former clergy member’s retiree health coverage—even when retiree health benefits would have been provided had that person remained in the conference.

The CSTF recommendation seeks to remedy this situation by providing that clergy receive retiree health support from the conferences or the general agencies where they served, in proportion to the years served and in accordance with that conference’s or agency’s policies and retiree health contribution levels.

Supervisory Systems—Recommendations

- Redefine the DS role by modifying ¶¶419-424, *Specific Responsibilities of District Superintendents*, to support the necessary changes
- Revise DS leadership training and emphasize superintending responsibilities
- Create an annual clergy evaluation that has common parameters
- Modify ¶349.4 to:
 - make available and encourage the use of spiritual guides for clergy, separate from the DS
 - provide vocational mentors and promote their use as standard practice throughout a clergy person’s career—not just the early years

Supervisory Systems—Considerations

The CSTF recommends redefining the DS role to:

- avail and promote supportive conference resources for clergy and families;
- share feedback regularly, proactively coaching and nurturing; and
- endorse and intentionally monitor clergy health and wellness disciplines.

DSs should *address clergy concerns regardless of appointments*. They must highlight the availability of, and give permission for clergy to use, conference resources to support clergy health, such as vocational mentors, pastoral counselors, parish nurses, spiritual guides and UMC life coaches. DS supervisory and pastoral roles should be separated and clergy pastoral care must be kept confidential.

The CSTF recognizes the need to revise DS leadership training to include church administration, organizational skills, interpersonal dynamics and time management skills. DSs need to attend cultural and ethnic sensitivity training available through GCRR and GCSRW. In the provisional process, DSs need to lead administrative training for clergy under their supervision, highlighting the DS’s supervisory role. Supervision and appointment-making must be a part of the DS’s role; it is necessary that the DS communicate this role and expectations to the clergy. DSs need to be flexible in delegating routine administrative, programmatic and routine personnel responsibilities to others.

The proposed changes in the DS supervisory role will require modification of ¶¶419- 424 to change “will do” to “will seek to do” and change specific language to more general language, giving more latitude to the bishop to instruct DSs. These changes put particular focus on carrying out mission and ministry by extending the office of the bishop. Flexibility should be available to DSs—they should embrace permission for what is possible and tap into the creativity that is available to them across the connection.

The CSTF seeks to have the Board of Ordained Ministry (BOM) and the cabinet responsible for annual clergy evaluations that:

- are consistently applied within annual conferences;
- are clear and transparent in use and expectations;
- are fair in the building/development of the evaluation, with consideration for all those who will use the evaluation;
- reflect sensitivity to local and cultural nuances;
- are formal, structured and rigorous;
- include ongoing feedback;
- align with guidance, supports and recommendations for improvement; and
- include annual assessment of adherence to clergy health and wellness practices/disciplines.

The CSTF considers the four key leadership attributes of pastors identified in the *Call to Action* research report as valuable components of an evaluation:

1. Focusing on developing, coaching and mentoring to enable laity leadership to improve performance;
2. Influencing the actions and behaviors of others to accomplish changes in the local church;
3. Propelling the local church to set and achieve significant goals through effective leadership; and
4. Inspiring the congregation through preaching.

GBHEM Ministry Study—Intersection

Creating an annual evaluation with common parameters aligns with The Study of Ministry Commission’s call on the general Church to determine limited and standard fitness assessments. Annual conferences, Boards of Ordained Ministry (BOMs), cabinets and bishops will determine a clear definition of effectiveness and a methodology for evaluating clergy.

Exiting Ordained Ministry—Recommendations

The CSTF proposes establishing a denominational, standardized, voluntary transition program to include career counseling services for deacons and elders who choose to withdraw from ministry in a way that provides for a grace-filled exit:

- establish a voluntary transition program and conditions of eligibility;
- withdraw from the Ordained Ministerial Office according to ¶360.2; and
- amend the Comprehensive Protection Plan (CPP) to incorporate the new program.

Exiting Ordained Ministry—Considerations

This voluntary transition program would provide career counseling and severance benefits for voluntary withdrawal from ministry. It would support clergy who no longer hear the call and are no longer ministering effectively with an opportunity for a grace-filled exit. Staying in a vocation when it is not the right one can have a negative effect on clergy health. It is as important to address this clergy health situation as it is to address the health of clergy overall. It will be critical to ensure that this program for exiting ministry is not abused, i.e., used to push-out ineffective pastors.

The voluntary transition program would begin in 2013 and sunset on January 1, 2021. The program would be a shared responsibility between the annual conference and the GBPHB, with the conference paying the health continuation coverage and the final move expenses.

Clergy accepting the voluntary transition program must:

- be in full connection and in good standing;
- serve five years but not be within two years of eligibility for retirement benefits (under ¶1358.2(b) or (c));
- have agreement from conference leadership (i.e., DS, BOM, bishop) following a consultation and leadership review;
- surrender credentials;
- sever the relationship with associated annual conference; and
- sign a Voluntary Transition Program agreement.

GBHEM Ministry Study—Intersection

The Study of Ministry Commission in discussing security of employment indicates the need for coordinating resources, methods and practices for voluntary separation of employment and employment transitions with the GBPHB. This intersects with the CSTF recommendation for exiting ordained ministry.

CSTF Report—General Conference 2012 Legislation

The CSTF’s objective is to improve clergy health by developing recommendations to positively affect it. We are aware that General Conference 2012 legislation may result from the GBHEM Study of Ministry Commission focus on security of employment, commonly called “guaranteed appointment.” The CSTF has monitored the intersections of its work and results across a number of Churchwide investigations under way—the GBHEM Study of Ministry Commission, Sustainability Advisory Group, Inter-agency Sexual Ethics Task Force and the Call to Action Research.

The CSTF is preparing a report of its recommendations and identifying appropriate, supporting legislation for General Conference 2012. The CSTF will deliver a report of its work to General Conference 2012.

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