

Church Systems Task Force Report

May 2011





The Church Systems Task Force presents its findings and recommendations.

*A joint publication of the General Board of Pension and Health Benefits and
the General Board of Higher Education and Ministry of The United Methodist Church.*

Cover photo:

Thomas Coke was ordained by John Wesley on September 12, 1784 to become superintendent for the Methodists in America, who were largely deprived of ordained clergy able to offer a sacramental ministry. This stained glass window, showing Wesley laying hands on Coke before sending him to America, was made in England and installed in 1910 in the Wesley Memorial Church in downtown Atlanta, the site of the first North Georgia Methodist Center. In 1967, it was moved to the United Methodist Center chapel on Ralph McGill Boulevard. The window is now in its third and current location at the United Methodist Center at Simpsonwood Conference and Retreat Center, Norcross, GA.

May 2011

The 2008 General Conference of The United Methodist Church directed the General Board of Pension and Health Benefits and the General Board of Higher Education and Ministry to jointly convene a task force to examine clergy health, and identify the impact Church employment systems and structures have on it. The task force is to present findings and recommendations to the Connectional Table, Council of Bishops and General Secretaries in 2011, and a report and recommendations for General Conference 2012.

The Church Systems Task Force (CSTF) was convened in 2009 in response. Our objectives, findings, considerations and recommendations are summarized here as the foundation for legislation to address Church systems and practices with the long-term goal of improving the health of clergy and, by extension, that of congregations and the Church itself. The importance of health in the Wesleyan tradition and the relationship among the clergy, local churches and the communities they serve guided the efforts of the CSTF.

Our work:

- examined itineracy and the appointment-making systems and recommended improvements that support clergy health;
- examined and recommended improvements to supervisory systems;
- addressed processes for entering and exiting ordained and licensed ministry; and
- provided guidelines for sustaining a healthy work/life balance during ministry.

We employed a rigorous approach to research as the foundation for examining the employment systems and culture of the Church that affect clergy health; factors were identified that differentiate clergy who are healthy from those who are unhealthy. This research was conducted in several phases and provided insights and findings for consideration as we drafted recommendations. Our considerations were also informed by voices of wisdom who shared personal perspectives with us during well-represented listening sessions held across the Church.

This report presents our recommendations and the rationale for them in preparation for General Conference 2012 with the expectation that our work can help address and rectify aspects of the employment systems and culture of the Church that adversely affect clergy health.

The Wesleyan way inextricably links the health of the Church with the health of its clergy. The leadership of healthy clergy is essential for vital local churches and vibrant mission in the world. We believe it is time we address the intersection of Church systems with clergy health and make the needed changes to sustain Christ's mission through The United Methodist Church. Improving clergy health strengthens our ministry. A denominational appreciation for the value of healthy ministry, and resolution to change what negatively impacts us, will undergird our ability to make disciples of Jesus Christ for the transformation of the world.

Respectfully submitted,

The Church Systems Task Force

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www.gbophb.org/health_welfare/cstf.asp

*The photos on the following pages were provided courtesy of the United Methodist News Service:
iv, 8, 10, 23 (left), 25, 30, 32, 36, 46 and 56 (center, with cross).*

All other photos were provided by the General Board of Pension and Health Benefits of The United Methodist Church.



"No one can take responsibility for you but you."



Section I

Valuing Health and Clergy Health

Valuing Health

*“I came
that they may have life
and have it abundantly...”*

John 10:10b

In the Gospel of John, Jesus tells us that he came to bring us abundant life. Health in all its dimensions is at the very center of living abundantly. An abundant life requires a healthy spirit, mind and body, and the financial resources to sustain it.

Health commands our attention because it impacts the vitality of the mission of The United Methodist Church. We are growing in our understanding of the effect health has on our clergy, our congregations, our communities and our connectional ministry. We increasingly value health, work together to support it and witness the effects of long-term positive change.

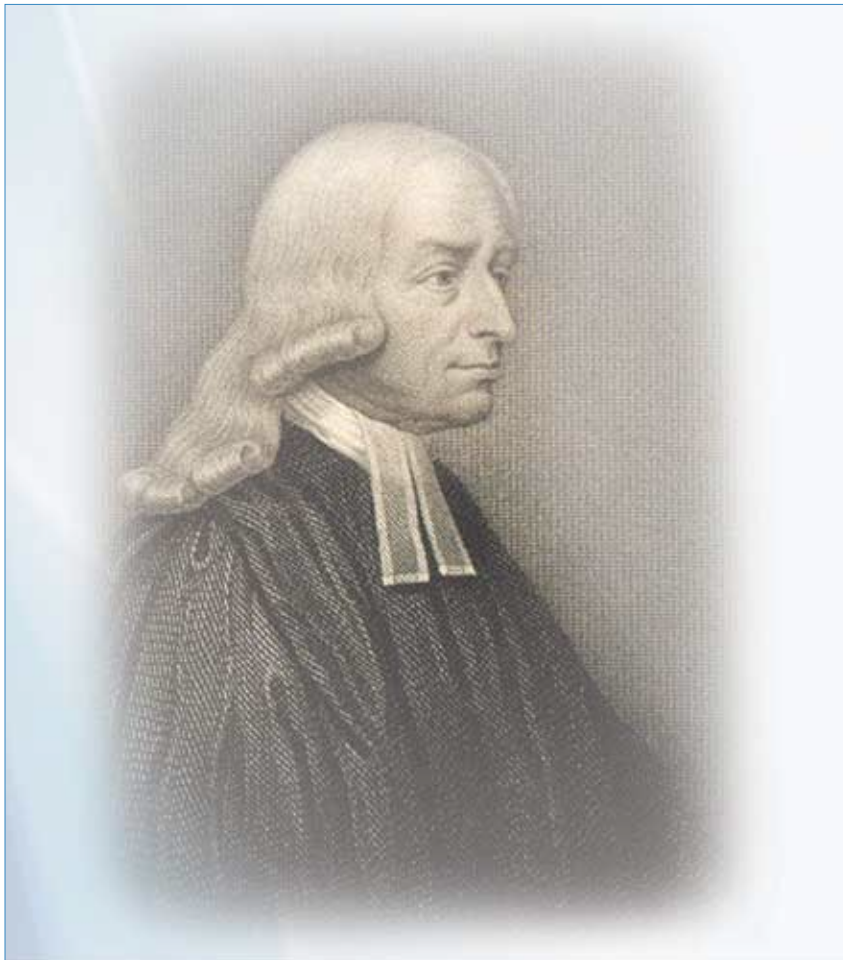
Denominational health focuses on United Methodist clergy as a group and, through our life in connection, it affects us all.

Health and Vitality

The roots of health consciousness are deep within our Wesleyan tradition. John Wesley was well ahead of his time by theologically recognizing and linking health and healing in his teachings.

For the work of the CSTF, health is defined as “what is necessary for the individual to be in mission”, engaged with our whole selves in carrying out a life of purpose in relationship with God in community and service to others. Vibrant ministry in the Wesleyan tradition springs from vibrant clergy health and cannot exist without it. For this reason, it is time to rethink and revise our United Methodist systems and structure to support clergy health.

Health lasts a lifetime. It is essential that we consider the continuum of clergy health, from the early stages of calling and discernment, through maturity in retirement.



Health affects the whole connection: family, congregation, community and the wider Church itself.

Valuing Clergy Health

*“Love the Lord your God with all your heart, and with all your soul,
and with all your mind, and with all your strength...
Love your neighbor as yourself.”*

Mark 12:30-31(NIV)

Our life in faith integrates all aspects of life in a healthy, balanced way. Jesus asks us to love God with heart and soul, and mind and strength. Stewardship of our lives requires integration and balance. We sustain our bodies through attention to nourishment, rest and exercise. We sustain our spirits through prayer, meditation, spiritual reading and reflection. We sustain our relationships in interaction with others and in mission to the world.

Leading and sustaining a vital church ministry is an increasing challenge. It requires the combined strength of mind, body and spirit to meet the changing demands of mission and ministry in a changing world. We also include the dimension of financial health in this equation, since health impacts personal and church finances and, conversely, finances impact health.

John Wesley, in eighteenth-century England, focused his renewal efforts on reclaiming boldly and broadly the holistic salvation. This included stewardship of body as well as soul, maintaining and strengthening individual health. We renew the gift of life as we honor this wonderful, God-given creation that we are, and protect our body, mind and spirit.

Health affects the whole connection: family, congregation, community and the wider Church itself. Improving the health of clergy and lay workers is essential to maintaining the strength, vitality and reach of the Church’s mission and ministry.

Valuing health in all its dimensions—particularly clergy health—has been the basis for the CSTF examination of the Church systems and structures. Although research focused on U.S. conferences where health and organizational data is more accessible, the findings may be true for clergy around the world. Our understanding of clergy health, and our embrace of the priority of clergy health, will be the wellspring of new directions needed to assure the future of our global mission and ministry.





Clergy health impacts us all and can strengthen our ministry.



Section II

Overview

General Conference 2008 Petition

The focus on denominational health began more than 10 years ago with a multi-agency consideration of health as wholeness in mission and the recognition that a healthy ministry required healthy clergy. In 2008, a multi-year examination of denominational health concluded that among United Methodist clergy, the prevalence of chronic health conditions increased and exceeded other groups when adjusted for age. While the purpose of the examination was to determine if a mandatory health insurance plan would be a solution, the study found instead that the actual health and health impacts of UMC clergy were more important and should be more closely examined.

UMC participants had a higher incidence of illness compared with benchmarks even after adjusting for demographic differences. This 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 to look at the Church systems that may negatively impact clergy health.

Petition

2008 General Conference of The United Methodist Church directs the General Board of Pension and Health Benefits and the General Board of Higher Education and Ministry to convene a task force with jurisdictional representation from the Council of Bishops to:

- examine itineracy and the appointment-making systems and recommend improvements that support clergy health;
- examine and recommend improvements to supervisory systems;
- address processes for entering and exiting ordained and licensed ministry; and
- provide guidelines for sustaining a healthy work/life balance during ministry.

This task force shall present its findings and recommendations to the Connectional Table, Council of Bishops and General Secretaries no later than 2011. This task force will develop recommendations for submission to the 2012 General Conference.

Petition Rationale

The denomination should increase awareness of the effects that Church systems have on the health and wholeness in mission of clergy and reduce any negative impacts of Church systems by transforming the essential employment systems and structures of the Church that affect the health and wholeness in mission of clergy.

Church Systems Task Force

The 21-member CSTF is chaired by Bishop Hope Morgan Ward (Mississippi Annual Conference) and represents:

- District superintendents (DSs)
- Ordained clergy
- GBPHB
- GBHEM
- Medical practitioners (e.g., registered nurses)
- 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.



CSTF



CSTF



CSTF

The CSTF's long-term vision: The health of our mission and the health of our ministers are integrally and inextricably related.

Denominational Context

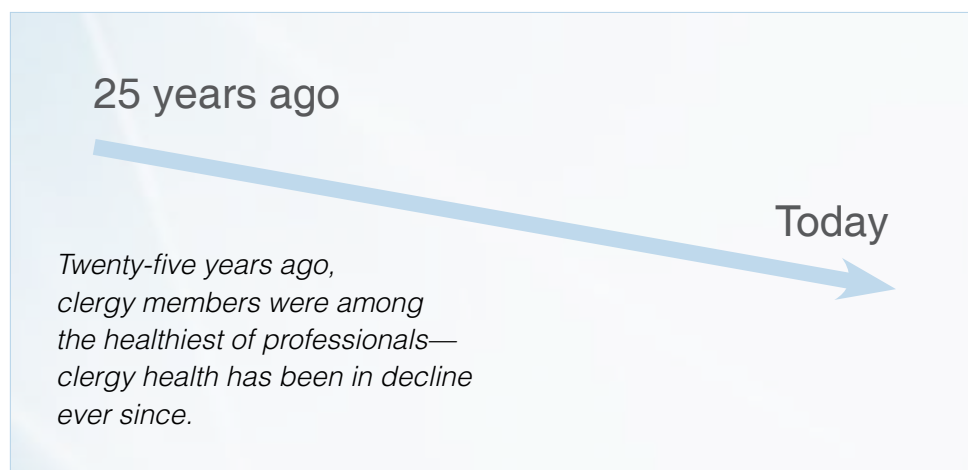
Well before the 2008 General Conference directive, GBPHB was examining clergy health and fitness. Twenty-five years ago, clergy members were among the healthiest of professionals—clergy health has been in decline ever since, with increases in both the number and cost of health and disability claims. The prevalence of chronic conditions among clergy has also increased, exceeding that in other professions—even when adjusted for differences in demographics.

Ten years ago, GBPHB began a focused, multi-dimensional dialogue within The United Methodist Church (UMC) referred to as “Health as Wholeness in Mission.” The agency convened day-long interactive summits with Church leaders, theologians, medical experts and scholars to address why clergy health was continuing to decline.

Overall, the summits revealed that U.S. culture has a somewhat diminished respect for those in ministry. Summit participants also felt that the Church’s employment systems may negatively affect clergy health. While congregational prayer and worship may provide health benefits to church members, the many-faceted and additional, unplanned demands of ministry also may serve to increase the stress on the ministers who lead them.

When we look more broadly, clergy members reflect the lack of healthy disciplines in the general U.S. population. Where “vocational stress” is identified, clergy members resemble others in the “helping, healing, caring and teaching” professions—teachers, nurses, social workers, physicians and professors. However, the prevalence of disease and obesity in UMC clergy exceeds the national averages.

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 with the results across a number of Church-wide investigations under way—the GBHEM Study of Ministry Commission, Sustainability Advisory Group, Inter-agency Sexual Ethics Task Force and the *Call to Action* Research.



Healthy Clergy—Healthy Church

There is growing evidence that when a clergyperson is healthy, the congregation also benefits. Clergy members have demanding and complex jobs—they need to make a commitment to balance the demands of work and personal life and to demonstrate healthy lifestyles.

Clergy health is grounded in authenticity and accountability. It can be supported in many ways. For example, congregations can help their clergy by embracing healthy eating, reducing serving portions and integrating exercise. Staff-Parish/Clergy-Parish Relations Committees can provide support for clergy spouses and families by respecting their boundaries and providing them with useful health information and resources. They can also ease the adjustment a clergy family must make when arriving at a new appointment. And, clergy members themselves can make the commitment to embrace work/life balance, set boundaries and demonstrate healthy practices.



There is growing evidence that when a clergyperson is healthy, the congregation also benefits.



Approach

The work of the CSTF is firmly rooted in research. By using a year-long, multi-phased research process, under the guidance of GBPHB's *Center for Health*, the CSTF identified a number of factors impacting clergy health. During a total of eight meetings and conference calls from January 2009 through December 2010, the CSTF:

- shared and discussed research findings;
- addressed follow-up research questions;
- organized task force members into four sub-groups to draft preliminary recommendations in response to the research findings: 1) entering process, clergy support and examination of DS responsibilities; 2) longer-tenure and use of interim clergy; 3) exiting process; 4) staff-parish relations committee (SPRC)/DS/clergy education (including spouses and families);
- shared updated information from other UMC study groups to assess alignment and identify intersections with the CSTF preliminary recommendations;
- vetted recommendations in 20 listening sessions (July - November 2010) with cross-denomination UMC groups; and
- refined recommendations as feedback from the listening sessions was collected, compiled, summarized and reviewed with the CSTF.

This CSTF report—including recommendations and considerations for improving the health of clergy—will be presented to the Connectional Table, Council of Bishops and General Secretaries in 2011. Recommendations or considerations for General Conference 2012 legislation will be referred to the appropriate UMC agency or entity for petition drafting and sponsorship.





A burden of ministry is being overwhelmed by the needs of others.



Section III

Research, Discussion and Feedback

A Foundation of Research

Research was the foundation upon which the CSTF tested, clarified and shaped its recommendations on clergy health. The importance of research cannot be underestimated in engaging the various United Methodist Church constituencies and understanding this broad diversity of opinion and connectional wisdom.

Foundational research brought into focus the clergy health challenges faced by the UMC, providing a Church-wide perspective on the current health situation. In listening sessions, research perspectives and draft recommendations were presented for evaluation and opinion from those who live and work in the Church systems.

Beginning in 2008, two levels of research were conducted. The first level was a year-long, multi-phased approach which included collection and analysis of existing UMC clergy survey data, as well as the gathering of new data. The second-level research concentrated on a review of existing literature (articles and studies) related to clergy health, providing a broader context for the specific UMC data.

First-Level Research (existing data, focus groups, survey, interviews)

The first level of research was multi-phased, designed to identify clergy health factors that differentiate clergy who are healthy from those who are unhealthy. The approach:

- Analyzed the Church Benefits Association cross-denominational survey of health, well-being, spirituality and job characteristics conducted by Duke University (*November 2008 – January 2009*)
 - 999 UMC clergy participated
 - results were associated with physical health; mental health; job stress; presence of pharmacy claims and the number of claims
- Analyzed internal UMC demographic, congregational, appointment and health data based on 5,324 active clergy to identify health risk predictors (*November 2008 – January 2009*)
- Conducted five focus groups—one in-person with members of the CSTF; four by phone with active clergy (*January – March 2009*)
 - 42 total participants
 - discussions averaged two hours
 - 10 topics covered ideas and hypotheses about Church systems and factors that may adversely affect clergy health
 - results were tested in a quantitative survey

- Developed and administered an online survey to 1,006 active clergy serving local churches (*March – June 2009*)
 - 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
 - 28% response rate
 - identified the primary factors that may adversely impact clergy health
- Conducted 50 follow-up, in-depth, hour-long phone interviews with selected survey respondents (*June – September 2009*)
 - expanded understanding of the factors that influence clergy health
 - provided insights on ways to improve clergy health

Representation

The first-level research (focus groups by phone, online survey, phone interviews) approximated the current UMC representation of active clergy by gender and racial/ethnic diversity.

The first-level research included five focus groups comprised of:

- 12 members of the CSTF;
- healthy men and women—five male and five female clergy randomly selected from the top 10% based on health risk scores*;
- unhealthy men—seven male clergy randomly selected from the bottom third of health risk scores;
- unhealthy women—10 female clergy randomly selected from the bottom third of health risk scores; and
- covenant group participants—two female clergy and one male clergy currently participating in covenant groups.

**Health risk scores calculated using medical and pharmacy claims data for the 24-month period from January 2006 to December 2007.*

Gender and Racial/Ethnic Diversity by Percentage in the Survey and Phone Interviews

Survey (1,006 respondents)			
Gender	Male	68%	Female 32%
Racial/ethnic diversity	White	92%	Non-white 8%
Interviews (50 participants)			
Gender	Male	62%	Female 38%
Racial/ethnic diversity	White	94%	Non-white 6%

Clergy Survey Indicates Thirteen Health Factors

The first-level research culminated with a survey of 1,006 clergy, which identified 13 key factors highly correlated with health, differentiating those who are healthy from those who are unhealthy.

- ***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 and social life***—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 clergy person with a different leadership style; avoiding relationships with congregation members so as 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

13
Health Factors

General Conference 2008 Petition Provisions Aligned with Health Factors

The CSTF survey evaluated the differences between healthy and unhealthy clergy, based on a composite measure of health, regardless of racial/ethnic and/or gender associations. The research was not designed to determine if clergy were healthy before they became part of the UMC system or if working within the UMC system affected their health.

The research represented the health status of clergy at the time of the survey, including both healthy and unhealthy respondents. In analysis of the survey, 13 health factors were identified that provide a range for health status evaluation in alignment with the four provisions of the General Conference 2008 petition directing the work of the CSTF. The CSTF prepared a chart to illustrate the alignment in preparation to begin exploring the associations that may have Church systems impact.

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

			Thirteen Factors That Influence Clergy Health												
		UMC System/ Career Aspect	Job Satisfaction	Relationship with Congregation	Work/Life Balance	Living Authentically	Personal Centeredness	Marital/Family Satisfaction	Stressors of the Appointment Process	Eating Habits	Personal Finances	Existential Burdens of Ministry	Appointment Changes/ Relocation	Education/Preparation for Ministry	Outside Interests and Social Life
Petition Provision	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 Process													
		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.

Clergy Phone Interviews

Fifty clergy phone interviews were conducted to gain interviewees' perspectives on the systemic causes of poor clergy health and to explore actions the Church could take to improve clergy health.

The goal of the in-depth interviews was to:

- discuss four to eight of the 13 factors identified in the online survey as important to clergy health;
- identify problems in these areas; and
- discuss potential solutions or interventions at the personal level and at the systemic level that could improve clergy health.

The interviews clarified and confirmed the 13 factors and the challenges they present to clergy health. Interviewees also suggested personalized help, support and structural or organizational changes to improve clergy health.

Second-Level Research (literature review, other studies)

Second-level research provided a review of existing literature (reports, articles, studies) related to clergy health, establishing a broader context for consideration of the first-level research of specific UMC data.

Secondary level research included:

- Commissioned study, *Clergy Health: A Review of Literature*, conducted by the Lewis Center for Church Leadership, Wesley Theological Seminary
- Review and annotation of over 20 studies and articles
- Clergy wellness reports from the Evangelical Lutheran Church in America and the Episcopal Church
- UMC General Commission on the Status and Role of Women's (GCSRW) study, *Clergy Spouses and Families in The United Methodist Church*—discussion of 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*—discussion of the “clergy driver” among the four church vitality drivers identified
- GBPHB Center for Health *Occupational Stressors Comparison*—developed to understand similarities and differences among the “helping, healing, caring and teaching” professions (teachers, nurses, social workers, physicians and professors)
- Commissioned inquiry, *Literature Review: Characteristics of Toxic Churches*, conducted by the Duke University Center for Spirituality, Theology and Health—introducing the concept of toxic churches in the context of clergy health
- Report by the Sustainability Advisory Group (SAG) focusing on ministry, infrastructure and systems; future workforce compensation; and current compensation and impacts. SAG consisted of 15 volunteer conference officers/treasurers and staff from GBPHB and the General Council on Finance and Administration.



Research Application—General Conference 2008 Petition Provisions

The CSTF organized its members into four sub-groups to target their investigations related to the General Conference 2008 petition provisions: clergy support and examination of DS responsibilities; longer-tenure and use of interim clergy; exit process; SPRC/DS/clergy education (including spouses and families).

This was the logical next step in preparing preliminary recommendations based on the research findings. An understanding of Church systems' impact on each area of health was important in identifying the necessary actions to take to improve clergy health. The CSTF based this approach on the premise that aspects of the UMC employment systems and culture that have a negative impact on clergy health are detrimental to clergy vitality regardless of racial/ethnic and/or gender association.

Evaluative Approach

The four sub-groups drafted recommendations along a consistent, evaluative approach:

- **Context/background situation**—short research-based position statement addressing: Where did this situation arise? Why did the situation evolve? What evidence is seen in the research?
- **Recommendations**—specific, concrete action/s to be taken to address the situation in response to the research
- **Benefits**—short statements of the benefits expected from the recommendation: Why will the recommendation improve clergy health? What are the positive health implications for clergy?
- **Barriers**—short statements articulating the obstacles/issues associated with implementing/operationalizing the recommendations
- **System injection points**—short statements describing which Church systems are impacted by the recommendations
- **Audiences for the recommendation**—identify who and/or which groups will be impacted by the recommendations
- **Communication of the recommendations to the audiences**—list approaches for communicating the recommendations to the groups identified as being impacted

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. Emphasis on a good match between the clergyperson and the congregation—clergy 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

Draft Recommendations Alignment

In May 2010, the CSTF aligned draft recommendations with the General Conference 2008 petition provisions. The recommendations were further refined and organized by provision in a chronological clergy career timeline:

- Entering ministry
- Guidelines for healthy work/life balance
- Itineracy and appointment-making
- Supervisory systems
- Exiting ordained ministry

Clergy Perspectives—In Their Own Words

It was important for the CSTF to inform the foundational research and their evaluation with clergy voices and personal opinion from across the Church. The CSTF reviewed anonymous quotes gathered during the clergy phone In-Depth Interviews (IDI) to better understand clergy health in the context of the employment systems and culture of the Church from those who are living it now. The clergy quotes that follow are only a few of the reflections taken from the interviews. They are organized by petition provision to give an indication of the types of feedback the CSTF received and considered during the process of evaluating research in preparation to draft recommendations.



Recommendation Area	Entering Ministry
Screening clergy	I think for clergy to be true to who they are, part of it goes back to the issue of call. We're not all called to be the same thing. I think we're called according to the gifts we have, and if we're trying to be somebody else, then we're not using our gifts. There's a reason we have these gifts. IDI, p. 61
Realities of ministry	Seminary prepared me for ministry very poorly. Ministry is not taught as a course of study. You learn history, theology, you learn polity, but as to the nuts and bolts and to the reality of administration (we are the CEOs of the church), that is not talked about or taught. IDI, p. 65
Seminary debt	The rising cost of seminary education and clergy coming out, young and old, from the system thousands of dollars in debt; that can be a stressor and cause problems with their health. I think structurally that's an issue that relates not only to our annual conferences, but also relates to The United Methodist Church in general. Then they come out and they are not paid very much, thus creating more stress for them, because they are not able to pay off the debt. IDI, p. 32

In their own words:

"The rising cost of seminary education and clergy coming out, young and old, from the system thousands of dollars in debt; that can be a stressor and cause problems with their health."

Recommendation Area	Guidelines for Healthy Work/Life Balance
Prioritize work/life balance	Being a minister, it is hard to define what is work time and what is your own time in terms of doing things like going to the gym. You feel guilty if you go during the afternoon, but you have meetings all morning and all afternoon and into the night and the afternoon is when [you have time]. IDI, p. 23
Time off	I don't know if this is structural or personal, but working with Staff Parish Relations Committee to establish an understanding that their clergy needs to take time apart and needs to take time for family, and if they're not doing that, they need to take the steps to ensure that their clergy are taking time to be healthy. That's a high priority issue for the Staff Parish Relations Committee. IDI, p. 54
Attention to the health and wellness of the clergyperson and staff in committee duties	There might be more offered for families that are moving as far as some courses and training or events where you could take families to learn and develop tools that will help you. I think there are some programs available in some places, but they aren't widely advertised and it's sort of up to the clergy to find them. IDI, p. 72
Parsonage	If I was a DS, I would do as I have had a former DS do: I would have pictures of the parsonage, pictures of each of the rooms, and measurements of each of the rooms, so that when the appointment is made, you can give to the spouse or the family a layout of the house and the size of the rooms so they could even envision it in their mind if they can't see it with their eyes. IDI, p. 55

Recommendation Area	Itineracy and Appointment-Making
Longer-tenure	It takes six or seven years to really build up that deep trust that exists in a congregation. When you move your clergy sooner than that—and it often happens much more quickly than that—you never build it. IDI, p. 49
Interim clergy	Someone trained in helping a church get through that transition could help in paving the way for a regular clergy for a regular appointment, for five or six years or something. I think there are some issues that churches need to work with when they go through those kinds of changes. IDI, p. 45
Matching gifts and graces	I think the other thing [needed] is something beginning to identify clergy with several churches they could serve in. That would help the cabinet to get an idea and actually seriously say, "Here's three churches that are open, this is what they're like." Having to go through a process of our needing to say, "Here's where I could use my gifts and skills." IDI, p. 49

In their own words:

"...working with Staff Parish Relations Committee to establish an understanding that their clergy needs to take time apart and needs to take time for family, and if they're not doing that, they need to take the steps to ensure that their clergy are taking time to be healthy."

Recommendation Area	Supervisory Systems
Supervisory role	We've just gone from eighteen DSs that are responsible for 60-75 churches, to ten DSs that are now responsible for 120-150 churches. And my response is: No way. The job of the DS is going to have to change, and they cannot be personally involved or be the pastoral caregiver that perhaps a clergy needs from his DS. IDI, p. 15
Supervisory training	Help us feel less guilty about working the longer hours, but at the same time have the district superintendent say, "Just take the time off and quit feeling that you have to be working more than necessary." IDI, p. 54
Annual clergy evaluation with common parameters	I guess it could go back to question one, preachers just don't know what's expected of them...I think it makes room for a lot of jealousy and envy and a lot of other ugly things in our lives. I truly think that if we are going to be a connectional church, then we need to be more transparent about everything we do. The more secrecy there is, the less trust there is amongst churches and other conferences. The level of trust goes downward with clergy too. IDI, p. 47
Separate spiritual guide	The structure of our Church says that the clergy's clergy is the DS, but ... the problem is the DS makes your appointment. The DS is in charge of judging you. The DS rarely becomes your support person, trainer, or any of those things. It just doesn't work that way. The DS is the one person you can't go to when you're in trouble. IDI, p. 57
Mentors (and other clergy support)	[During my probationary period] it was mandatory to have a support group that met once a month, and it was wonderful. Sure, it was one thing more on the calendar, but it was great to be forced to do that. Now that I am ordained, I don't have that mandatory support group anymore and—guess what?—I am not meeting anymore. I would go with mandatory. IDI, p. 29

Recommendation Area	Exiting Ordained Ministry
Grace-filled exit	I think again, the Board of Ordained Ministry may be trying to defend those who think ministry is a great way to make a living, or a great pension program, and [are not] really called. IDI, p. 29
Grace-filled exit	When I was on the Board of [Ordained] Ministry, when a clergy felt that they needed to change occupations and needed to get out of that, we had a fund and we sent them up to Chicago, to an agency, to help them retool and help them find someplace they could go [where] they would not just be dumped and have no place to go or not know what they could do. IDI, p. 31

In their own words:

"[During my probationary period] it was mandatory to have a support group that met once a month, and it was wonderful."

Church-wide Listening Sessions

The foundational research shaped by the clergy phone interviews and the opinions shared during them were important in informing the CSTF evaluative process. Once recommendations were in draft form, the CSTF solicited targeted feedback by conducting 20 “listening sessions” from July - November 2010. These sessions were face-to-face discussions, approximately two hours long, conducted by a CSTF member with an annotator to capture the thoughts, ideas and opinions of the participants. Listening sessions were held across the Church and represented a variety of UMC groups.

During its August 2010 meeting, the CSTF reviewed and refined the draft recommendations based on feedback from seven listening sessions held during July and August. An additional 13 sessions were conducted from September – November 2010, and further refinements were considered in December. There were approximately 400 listening session participants, representing a cross-section of the denomination in age, gender, clergy order (elder, deacon, local clergy) and district superintendency.

Participation

The following chart lists listening session participants by type and location or meeting.

Listening Session Type	Number of Sessions	Location/Meeting
Annual Conference Clergy and Lay	4	Desert Southwest/Arizona Mississippi North Georgia Wisconsin
Conference Leaders and Annual Conference Cabinet Members	2	East Ohio Virginia
Ethnic/Racial Clergy	3	Black Clergy Women Conference Black Methodists for Church Renewal National Federation of Asian-American United Methodists (NFAAUM)
Board of Ordained Ministry (BOM) Groups	3	Mid-Quad Gathering – Baltimore, MD Mid-Quad Gathering – Denver, CO Staff Network
General Agency Boards of Directors	3	General Commission on Religion and Race (GCRR) GBHEM GBPHB
Other United Methodist Groups	5	Annual Conference Treasurers Association of United Methodist Theological Schools (AUMTS) Association of United Methodist Conference Pensions and Benefits Officers (AUMCPBO) Ministry Study Commission Wesley Table, Dubuque Theological Seminary



The listening sessions provided deep connectional value for the CSTF members, informing their final considerations for the draft recommendations.

Top Line Learnings

The CSTF gathered considerable, detailed feedback which was annotated and compiled by session. The listening session discussions surfaced wide-ranging opinion, thoughtful reflection and suggestions for consideration from the various points-of-view of session participants. The discussions provided deep connectional value for the CSTF members, informing their final considerations for the draft recommendations. Top line learnings for the draft recommendations were compiled and organized according to General Conference 2008 petition provisions; the summaries follow.

Entering Ministry

In evaluating the processes for entering ministry, listening session attendees questioned specific terminology which would impact the application for the recommendations. They questioned the meaning of “uniform”, “in-depth”, and “stringent” regarding development of an evaluation tool for use throughout candidacy. Suggestions were made to use “consistent” instead of “uniform”; “rigorous” instead of “stringent.” Other comments included the need for “clarity on attributes sought” when evaluating candidates; “expectations should be shared early in the process”; evaluation forms “should be created by individuals who are skilled and experienced in analytics”; and evaluations “should use a basic framework, yet be flexible enough to accommodate clergy gifts and their diversity.”

Attendees expressed the opinion that candidacy should be used for both “weeding out” and “developing candidates.” Moreover, “practical experience should be mandatory” at every level of seminary education—requiring seminaries to offer opportunities for practical experience.

In terms of funding, conversations ensued about how a “plan to fund denominational financial assistance” would happen; and “how will we develop funding sources and develop a denomination-wide program?” Suggestions surfaced for requiring five-year commitment to the Church and full scholarship repayment if that commitment is not met.

Guidelines for Healthy Work/Life Balance

Listening session participants agreed with the need to “update SPRC/PPRC guidelines to ensure SPRC/PPRC is educated with regard to work/life balance issues.” Similarly, there was support for training on “boundary management—necessary for healthy congregational leaders, SPRC/PPRC and clergy” to put some limits on the extent of their commitments. While attendees concurred that clergy are ultimately responsible for their own health, church leadership (SPRC/PPRC, DS, bishop, BOM, etc.) “can and should encourage, model and motivate healthy practices.” Both the clergyperson and the SPRC/PPRC must make regular time-off a priority; SPRC/PPRC needs to provide “permission” for clergy to take time off and not feel associated guilt.

A common theme was that SPRCs/PPRCs should be “trained so they have realistic expectations of clergy”; this in turn, helps promote a culture of clergy health and ensures the training is effective, frequent and is offered by someone other than the clergyperson. SPRCs/PPRCs also need to provide personal support to clergy who need help identifying and making healthy practices a way of life.

Itineracy and Appointment-Making

Listening session participants shared that it is “crucial to match clergy gifts and graces with congregation needs.” Both the well-being of the clergyperson and that of the church “must be considered when determining length of appointment.” Session participants expressed the advantages of longer-tenure appointments: “They alleviate uncertainty for both the elders and the congregation; offer cost savings; enable continuity of vision/mission; and increase the link between clergy and community, and church and community.” Also, it is healthier for clergy and clergy families to know they will have a less-frequently disrupted “home” life. Families are often made up of two-career individuals; when a clergyperson is moved, his or her spouse may have the stress of scrambling to find a new position.

However, participants shared that longer-tenure appointments also could have drawbacks, (e.g., they could stymie upward advancement; prevent clergy from moving quickly from a poor fit situation; hurt clergy in minimum-salary congregations and those just beginning their careers). They suggested shorter-tenure appointments may be best for newly-ordained clergy, and some commented that the length of tenure may be driven by clergy themselves. This might warrant further research. What is most important is that there be a good fit between the clergyperson and the congregation. Participants also expressed that training would be critical in order to expand the use of interim clergy.

Session participants suggested eliminating the recommendation to: “Remove ‘annual’ throughout the *Discipline*—evaluations are still annual and removal of the ‘annual’ language does not change that.”

Many also viewed the “portability of retiree health benefits” as more equitable—“it provides more mobility and consistency among conferences and agencies—and increases flexibility for appointments,” they said. Many also indicated the need to “consider general agency administration of retiree health benefit ‘portability’; eligibility, billing, etc. must be tracked.” “Clarity” was desired with regard to “financial impacts on annual conferences and agencies.” Attendees generally expressed that “retiree health benefit funds should be retained by the home conference”; other conferences make payments based on appointments.

Supervisory Systems

Listening session attendees agreed that the DS supervisory and pastoral roles should be separate; they indicated that clergy pastoral care must be confidential. Attendees suggested that “clear delineation of responsibilities must be shared with the DS, although the DS job description needs to allow for flexibility,” so that unique conference needs and issues may be addressed.

Some attendees suggested that DSs should be required to attend at least a year of training for this essential supervisory role, including particular focus on administrative responsibilities, conflict resolution, crisis response, the administrative complaint process and the development of interpersonal skills. In addition, some attendees thought mandatory DS cultural and ethnic sensitivity training from GCRR and GCSRW should be offered.

Attendees also indicated that the DS role and expectations should be communicated to elders and deacons. With regard to clergy evaluations, participant feedback suggested evaluations should be outcome-based in order to assist clergy with goal setting and milestone achievement. Goal setting should be matched with continuing education opportunities and goals should reflect congregational needs, in the context of the local church history.



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Exiting Ordained Ministry

Listening session participants agreed that it is “important to address the health of clergy who may no longer hear the “call”, feel “burnt-out” or no longer feel they are in the right vocation.” Suggestions were made to change the name from “severance policy” to “Voluntary Transition Program” to better reflect the intention of the process. Attendees expressed a need to clarify the “distinction between ‘honorable location’ and ‘exiting via the transition process’, along with a need to ensure that the transition package is not misused, (i.e., to ‘push out’ ineffective clergy).”

In addition, attendees stated the need to “carefully consider the cost impact of the program.” They noted that national severance funding pool claims may not be proportional—conferences that have more stringent entry requirements may have less of a need for severance dollars. It was also suggested that it be a requirement for clergy to wait at least five years before reentering the candidacy process after receiving severance from the program.

Clergy Perspectives—In Their Own Words

At the conclusion of the listening sessions, attendees were asked to complete a feedback form to gather qualitative comments following the presentation and discussion of the draft CSTF recommendations. Selected comments below are noted as examples of thoughts and suggestions offered, and to give the reader an indication of the Church-wide feedback the CSTF received and considered.

The following sample of attendee comments is taken from the CSTF annotated feedback, organized by recommendation area and General Conference 2008 provision.

Recommendation Area	Entering Ministry
Screening clergy	The problem with stringent evaluations early in a candidacy program is that you cannot know how life and educational experiences may positively or negatively impact a person, nor can you predict the quality of their future ministry.
Realities of ministry	At every level of seminary education, practical opportunities should be mandatory. Too many enter from college and move to pastoral appointments without any form of secular experience on which to ground theological reflections/education.
Seminary debt	If the congregation was expected to help with providing the cost for seminary, the congregation might be more discerning in who they recommend.

Recommendation Area	Guidelines for Healthy Work/Life Balance
Prioritize work/life balance	No one can take responsibility for you but you. The SPRC is there to help support the clergy; to be a buffer for the clergy. The DS is a supervisor and can make (a) huge difference in a clergy's outlook.
Prioritize work/life balance	The SPRC should understand the importance of the relationship between healthy clergy and thriving congregations – establishing boundaries that create an expectation of health by congregations and members. The SPRC should be responsible for helping clergy see the impact on a congregation's life and effectiveness.
Time off	Clergy need to be trained that they are not indispensable; all leaders in the church should participate in the discussion about the need for the clergy to have time off on a regular basis, to turn off their phone, to spend quality time with their families, etc.
Time off	SPRC has a lot of responsibility relating to clergy health regarding time off, vacations and spiritual health.
Attention to the health and wellness of the clergyperson and staff in committee duties	The whole congregation has a responsibility for clergy work/life balance. We have a need for key people to monitor clergy for warning signs and stop unhealthy habits before they get out of control. Congregation has some responsibility when they place unrealistic expectations on the clergy and/or family. The congregation needs to realize that ministry is never "done" or "finished."
Attention to the health and wellness of the clergyperson and staff in committee duties	Instead of telling us we are unhealthy, tell us what the healthy clergy are doing that we aren't.
Parsonage	The parsonage should be a healthy home environment. If we move away from parsonages, housing allowances must be equitable.
Parsonage	DSs would not support "conference" inspections of parsonages—they want to be in charge. We do require annual inspection and special inspections at the time of clergy moves; however, issues still remain.

Recommendation Area	Itinerary and Appointment-Making
Longer-tenure	Longer-tenure could be a double-edged sword. It can stymie upward advancement or prevent clergy from moving quickly from a sick system.
Longer-tenure	Longer-tenure helps congregations become stable. Frequent appointment changes often result in frequent changes in leadership and sometimes vision for the church. It also gives clergy an opportunity to institute long-lasting programs and visions vs. short-term, sometimes ill-conceived programs.
Interim clergy	Trained and effective interim ministers can provide safe healing space, as well as a different focus from appointed elder. Interims can be used when there is toxicity in a congregation that needs healing, enabling congregations to stay more focused on the church's mission by being transparent and intentional about critical congregational health and transition issues.
Interim clergy	Knowing clergy are there for a specified time and purpose can help heal congregations. It's better to use interims than to sacrifice clergy and churches. However, if a church is in conflict, they may not accept someone labeled "interim" as a leader, and division may grow.
Matching gifts and graces	For longer-tenure appointments to be successful, it is critical that the gifts and graces of the clergy be matched with the needs/expectations of the congregation.
Matching gifts and graces	Helps align gifts and graces with call; helps ensure high quality pastoral leadership.
Retiree health benefits "portability"	Benefits portability provides more mobility and consistency among conferences and agencies and seems more equitable. We need to move aside from some of the barriers we've created that limit our flexibility. It is extremely important to support retirees.
Retiree health benefits "portability"	The retiree health proposal is a justice issue. The loss of retiree health benefits with transfers seems very unfair and negatively affects clergy morale.
Retiree health benefits "portability"	We all must play by the same rules: The money needs to go with the retiree, so the new conference does not incur a new unfunded liability!

In their own words:

"The retiree health proposal is a justice issue. The loss of retiree health benefits with transfers seems very unfair and negatively affects clergy morale."





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Recommendation Area	Supervisory Systems
Supervisory role	Most clergy do not currently know what the role of the DS actually entails.
Supervisory role	Much of the reporting function/data collection is obsolete and there is greater need for resourcing, encouragement, coaching and facilitating from DSs.
Supervisory training	DS training should be done over time instead of all in one week.
Supervisory training	DSs need more training in supervising professionals, interpersonal skills and conflict resolution. At least a year of training should be required before becoming DS.
Annual clergy evaluation with common parameters	What does the evaluation process look like? Who will develop the evaluation process for the entire denomination?
Annual clergy evaluation with common parameters	A uniform evaluation system depends on buy-in and accountability by the cabinet, bishop and SPRC.
Separate spiritual guide	Having a DS as a supervisor and mentor requires a lot of trust. If you reveal something sensitive about yourself or your family, there may be an obligation on the part of the DS to reveal. They can't un-ring the bell.
Separate spiritual guide	Are DSs the spiritual leaders of their district or are they the human resource department—filling job openings, supervision, compensation, benefits?
Mentors (and other clergy support)	Clergy have to be willing to receive mentoring, and many are not willing. You can't force mentoring, it's self-motivated.
Mentors (and other clergy support)	Include mentorships throughout a clergyperson's career.

In their own words:

“DSs need more training in supervising professionals, interpersonal skills and conflict resolution.”



CSTF



CSTF



CSTF

Recommendation Area	Exiting Ordained Ministry
Grace-filled exit	A grace-filled exit frees clergy and churches from a difficult situation in a dignified and supported way. This would provide the conference and clergyperson with equitable help so that everyone can move on.
Grace-filled exit	Don't reward ineffective clergy. Don't reward clergy for their poor choices. Follow the guidelines we have.
Grace-filled exit	There are a number of clergy who feel trapped. They know they are no longer effective but they feel they have no other option.
Grace-filled exit	Cost—additional cost to conference after training, counseling costs, etc., already provided. Why not just remove due to ineffectiveness?
Grace-filled exit	The severance policy is not realistic in today's economy. If a person has done something short of administrative leave, has no right to remain and especially not to receive benefits. As individuals and churches struggle to make ends meet, I do not see support coming from local churches for this.

In their own words:

"A grace-filled exit frees clergy and churches from a difficult situation in a dignified and supported way."

Metrics

As noted on page 26, listening session feedback forms were provided to attendees to collect comments about the draft CSTF recommendations. Certain questions allowed a quantitative summary, contained in the following table.

CSTF Recommendation Feedback Questions	% Yes	% Somewhat	% No
Entering Ministry			
Do you support the development of uniform, in-depth and stringent evaluations beginning with candidacy and continuing annually throughout one's career?	64% (144)	31% (69)	5% (11)
Guidelines for Healthy Work/Life Balance			
Do you support updating the PPRC/SPRC guidelines to include training in boundary setting, conflict resolution and work/life balance?	87% (188)	11% (23)	2% (5)
Itinerary and Appointment-Making			
Do you support longer-tenure appointments and shifting from annual appointments?	67% (160)	26% (63)	7% (16)
Do you support the expanded use of interim ministers?	78% (180)	16% (37)	6% (13)
Do you support the retiree health benefits "portability" proposal?	62% (89)	19% (28)	19% (27)*
Supervisory Systems			
Do you support redefining the role of the DS?	63% (130)	32% (67)	5% (11)
Exiting Ordained Ministry			
Do you support the development of a severance policy?	73% (158)	18% (39)	9% (19)

Notes

- 1) Numbers in parentheses represent responses
- 2) The retiree health benefits "portability" recommendation was developed and included in September – November listening sessions
- 3) Totals represent 16 listening sessions in which participants completed forms; the retiree health benefits "portability" question was included in nine sessions

**Conference benefits officers, pension officers and treasurers were less favorable than clergy and DSs.*



Focus Group

Research Informs Recommendations

The CSTF responded to the foundational research data by exploring systemic clergy health impacts. The draft recommendations were developed in alignment with the General Conference 2008 petition to improve clergy health in the areas of:

- Entering ministry
- Guidelines for healthy work/life balance
- Itineracy and appointment-making
- Supervisory systems
- Exiting ordained ministry

The draft recommendations were reviewed, discussed and refined based on insights shared by attendees during 20 well-represented listening sessions held across the denomination.

Over the course of its two-year charge, the CSTF focused on a future of competent, cared for and thriving clergy who are able to live authentically, with accountability and with abundance.

The CSTF recommendations that follow reflect connectional relationships underpinned with transparency in a community of trust. These are important aspects of nurturing and sustaining clergy health and, by extension, the health of the denomination.



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Over the course of its two-year charge, the CSTF focused on a future of competent, cared for and thriving clergy who are able to live authentically, with accountability and with abundance.





"The whole congregation has a responsibility for clergy work/life balance."



Section IV

Recommendations and Considerations

Development Process

The recommendations on improving clergy health followed a process of testing, understanding, clarifying and framing the research findings presented in Section III. During facilitated discussions focusing on each of the five areas of investigation, the CSTF drafted a series of recommendations and refined them, incorporating clergy perspectives, wisdom and insights gained from the Church-wide listening sessions summarized above.

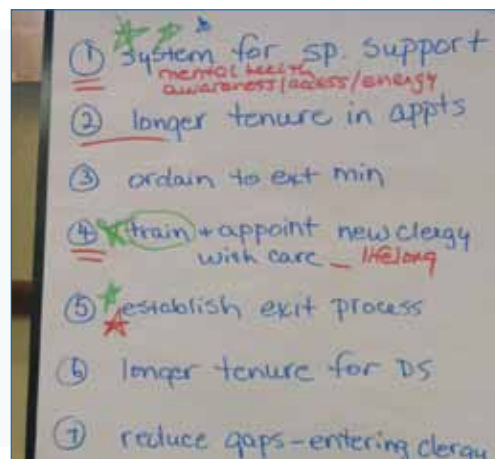
The CSTF discussed the research findings and underlying implications as the first step in developing preliminary recommendations to improve clergy health.

- **Entering ministry**—stronger screening of candidates for ministry; standardization and strengthening of the residency program during the provisional period; providing a provision for career-long mentor and/or spiritual guide for clergy, apart from the DS
- **Guidelines for healthy work/life balance**—championing and monitoring clergy health and wellness; being familiar with and promoting conference resources; providing support to clergy, spouses and families
- **Itineracy and appointment-making**—use longer-tenure appointments to mitigate the stress on clergy and, by extension, stress on the connection; encourage use of interim clergy
- **Supervisory systems**—definition of the role of district superintendent (DS)
- **Exiting ordained ministry**—voluntary transition for a grace-filled exit from ordained ministry

The diversity of CSTF members was a great asset in the drafting process, ensuring a variety of perspectives from across the Church.



CSTF



Rooted in Authenticity

The recommendations are presented with the hope for authenticity and accountability across the connection. This is essential for clergy health.

Open, trusting relationships among the cabinets, conference Boards of Ordained Ministry (BOMs) and local churches' SPRCs/PPRCs are built on interpersonal communication and honest feedback. Clear expectations regarding roles, responsibilities and standards of excellence are essential.

The recommendations are organized based on the General Conference 2008 petition, taking a clergy vocational perspective:

- Entering ministry
- Guidelines for healthy work/life balance
- Itineracy and appointment-making
- Supervisory systems
- Exiting ordained ministry



These recommendations are presented with the hope for authenticity and accountability across the connection. This is essential for clergy health.



Recommendations and Considerations

The CSTF recommendations were drafted and further refined based on listening session feedback, presented in Section III above. Recommendations also reflect the sensitivity to female and racial/ethnic clergy.

Entering Ministry—Recommendations

- Develop consistent and rigorous tools for evaluation throughout candidacy.
- Have BOM train and support district committees on ordained ministry to discern candidates' fit for ministry.
- Have GBHEM and UM 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 using specific criteria, including those associated with healthy disciplines necessary to meet the demands of ministry.

The 2008 General Conference referred to the CSTF Petition 81058, "Health Requirements," which proposes more specific self-care and health/wellness requirements for candidates for election as Associate Members. In response, the CSTF affirms that the "Entering Ministry—Considerations" herein are applicable and important for persons seeking election as Associate Members. The CSTF concurs that it is imperative for clergy to provide evidence of self-care and stewardship practices for multiple dimensions of health (e.g., physical, emotional, spiritual, relational) during candidacy and throughout a career. Use of appropriate wellness or health habit assessment tools, such as those offered by the GBPHB's *Center for Health*, supports the value of clergy health across the connection.

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

Screening throughout candidacy must *demonstrate sensitivity* to local and cultural nuances. Evaluation processes need to be flexible enough to accommodate the diverse gifts and cultures of candidates while being clear and transparent.

The Clergy Accountability, Justice and Equity Task Group, an *ad hoc* group, identified "cultural competency" is an important skill in candidates for ministry. This *ad hoc* group was initiated by GCRR and GCSRW to assess equity and justice considerations with the CSTF and the Ministry Study Commission proposals.

Communication is essential. Openness and honesty is essential; these qualities must be fostered in dialogue between candidates and evaluators. Clarity of expectations regarding the process, the leadership qualities sought and the vocational competencies must be clearly articulated. It will be helpful for BOMs to share best practices.

Seminaries should *incorporate health, theology and spirituality into their curricula*, standardizing it for the residency period. Student evaluations should include health and wellness practices to reinforce their importance to ministry. 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 and course of study 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, to better understand the typical makeup and needs of UM students entering seminary and to 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*. Debt negatively impacts clergy health. The CSTF urges a focused, comprehensive effort to proactively address seminary student debt, and to reduce it by investing in certified candidates in the following ways:

- limiting scholarship reimbursement to 100% of the program's tuition for a maximum of four years;
- requiring students to demonstrate 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;
- requiring students to repay the scholarship in full, if less than five years of UMC service; and
- requiring annual scholarship reconsideration.

The CSTF recommends that GBHEM *convene a task force* to address financial assistance 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 ordained ministry;
- including persons with diverse backgrounds and expertise to develop funding sources;
- 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.

	A Culture of Call	Vocational Discernment
Principle	The individual's understanding of call includes hearing that call, discernment, response, and preparation for service. The community's response includes offering, mentoring, assessment, approval, and authorization for service on behalf of The United Methodist Church.	The individual's understanding of call includes hearing that call, discernment, response, and preparation for service. The community's response includes offering, mentoring, assessment, approval, and authorization for service on behalf of The United Methodist Church.
Challenge	The percentage of elders and deacons (roughly 25%) is too low to meet current and future needs for ordained leadership. The percentage of young elders increased to 14.4% in 2010, the highest in over a decade. Group aged 35-54 now represent 45% of elders, down from 65% in 1985. In 2010, for the first time, over half of active elders are age 55-72. Discernment is increasing age trends, but still have only 9.56% under age 35. (2010 Group Age Trends Report—Lewin Center for Church Leadership)	Two of the factors impacting a person's entry into the candidacy process are inconsistency in assigning mentors and the availability of adequately trained mentors.
Vision	Renewing a culture of call in The United Methodist Church will mean that ordained ministry is filled up as a viable vocation that appeals to faithful young adults who seek to serve God in their vocations.	Those wanting to enter candidacy will be assigned a mentor as quickly as possible and will have the opportunity to work in a group setting with peers and effective mentors as they discern God's call for their lives. Group mentoring will provide preliminary sorting of a call and guide through peer group reflection, learning and feedback guided by one or more mentors.
Recommendations	In order to invite youth and young adults to consider ordained ministry, each annual conference board of ordained ministry should give strategic leadership to annual conferences, districts, synods, and regional conferences and camps (and other appropriate ministries) to renew a culture of call among youth and young adults.	There shall be a conference-wide vocational discernment coordinator who is responsible for making the candidacy process inviting and accessible, strengthening the candidacy mentoring program and giving guidance and training to mentors. The process will be a member of the annual conference board of ordained ministry, will work closely with the cabinet and the pastor's ministry team to assign mentors, and will attend training coordinated by the GBHEM. Additionally, we propose a shift from individual candidacy mentoring to mentoring in groups whenever possible. These mentors must be thoroughly trained in implementing the processes that lead to ordination, and gifted to facilitating groups.

Ministry Study Commission—Intersection

The CSTF recommendations intersect with those from the Ministry Study Commission regarding 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 BOM in each annual conference;
- requiring a common ministry preparation learning experience for all elder, deacon or local clergy candidates immediately after certification as a candidate; and
- moving to group candidacy mentoring.

Those wanting to enter candidacy will be assigned a mentor as quickly as possible. They will have the opportunity to work in a group setting with peers and effective mentors as they discern God's call for their lives. In addition, the CSTF reference to residency program aligns with the Ministry

Study Commission recommendation to continue the current residency program for a minimum of two years, at which time a deacon or elder becomes eligible for full conference membership.

Guidelines for 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 clergy shall take regular vacation/time off.
- Modify ¶258.2 to explicitly include attention to the health and wellness of the clergy and staff in committee duties.
- Modify ¶258.2g(16) to require swift resolution of parsonage issues affecting the family's well-being.

Guidelines for Healthy Work/Life Balance—Considerations

Bishops, cabinets, DSs, BOMs and SPRCs/PPRCs play a key role in ensuring clergy work/life balance. The cabinet and SPRC/PPRC must be educated about the support clergy families need.

The SPRC/PPRC guidelines should be updated to include training in boundary setting, conflict resolution and 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 need to promote and offer counseling and mental health resources, and also assure that clergy have time and are available for their families. Clergy health is holistic, extending to the health of the spouse and the family.

The Clergy Accountability, Justice and Equity Task Group stated that BOMs and District Committees on Ordained Ministry need to make resources available for health and self-care—the emphasis on self-care should extend beyond the individual clergyperson or candidate for ministry.

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 clergy to take renewal leave and participate in continuing education.

The SPRC/PPRC guidelines should be updated to recommend parsonage inspections by the conference (conference parsonage standards) before a new clergyperson arrives. Conflicts can result when the local church or district inspects the dwelling once a new clergyperson 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.).

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.

CSTF Statement—Clergy Work/Life Balance

The vocational choice to serve in ministry presents a significant risk for unhealthy work/life balance. Health consequences include chronic mental and physical illness (e.g., depression, anxiety, hypertension, diabetes, etc.) and the associated costs to family, financial resources and the general ability to serve effectively in parish ministry.

UMC clergy need to set priorities and employ the flexible scheduling that ministry affords in order to engage in activities that help them attend to personal needs and healthy practices.

Bishops and DSs are encouraged to embody and support clergy wellness in their leadership roles, educating churches (e.g., laity, SPRCs/PPRCs, etc.) about the value of a balanced approach to work and personal life.

Annual conferences should develop the necessary materials to instruct these leadership groups and encourage clergy to take the equivalent of two days off per week from active engagement in ministerial roles.

Note: The CSTF sub-group developed a series of suggested materials to support local church leadership groups in this effort. It is included in the CSTF Report Appendix.



UMC clergy need to set priorities and employ the flexible scheduling that ministry affords in order to engage in activities that help them attend to personal needs and healthy practices.



Itineracy and Appointment-Making—Recommendations

- Move to longer-tenure appointments that can match clergy gifts 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 a denomination-wide approach regarding eligibility for retiree health benefits.

Itineracy and Appointment-Making—Considerations

Longer-tenure promotes emotional stability for clergy, their families and the congregation. 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 clergyperson 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 the wider community.

The *term “annual” would be deleted* only the first time it is used in ¶334.2, before the word “appointment.” Shorter-tenure appointments may be best for the clergyperson new to ministry, his/her family and the congregation. Clergy would not be “locked in” to a longer-tenure appointment; rather, appointments should be made in an intentional and consultative manner. Separating annual evaluations from the appointment process promotes better clergy health regardless of the length of the individual appointment.

The CSTF *seeks flexibility for longer-tenure appointments* in accordance with ¶434. 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 (3.1).

The *Call to Action* research report (see graph on following page) indicates 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.

*Longer-tenure promotes emotional stability
for clergy, their families and the congregation.*



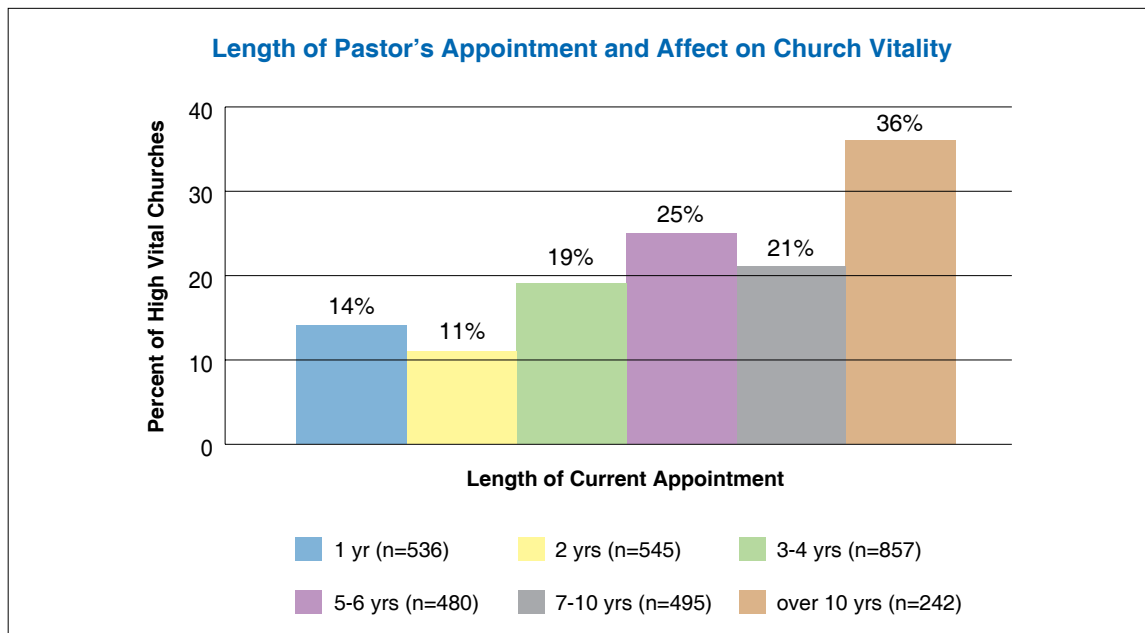
CSTF



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Note: Patterns and findings are consistent when pastors who had several short-term appointments are included or removed from analysis.

The Clergy Accountability, Justice and Equity Task Group stated the importance of evaluating and reporting length of appointments by ethnicity and gender within each conference to determine if all clergy groups are benefiting from longer appointments, or if some groups are moved more frequently than others. The task group noted that such monitoring regarding other CSTF recommendations is a way of gauging whether the impact of these processes is the same for ethnic minorities and women as for other clergy. For example, persons screened-out during candidacy or clergy exited through the Voluntary Transition Program (see *Exiting Ordained Ministry—Recommendations* on page 42).

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

Ministry Study Commission—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 Ministry Study Commission with its recommendation to eliminate security of employment for elders. 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.

The Ministry Study Commission affirms the practice of itineracy as effective and responsive to the covenantal obedience to call. The Commission furthermore echoes the need for flexibility and transparency, for example, with its recommendation to create flexibility for part-time elder appointments and its acknowledgment that clergy and congregations will require reorientation in their understanding of the appointment process.

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 eligibility (or “portability,” and recommends that the UMC:

- 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, ¶639, or both, to preserve retiree health benefits eligibility for connectional service.

Retiree Health Benefits “Portability”—Considerations

It currently is 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 even minimal health care benefits at retirement. This barrier has 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 calls for greater “*portability*” in retiree health benefits—removing barriers associated with denominational service outside of an individual’s membership annual conference—so that retiree health benefits earned during service in a conference or in a general agency remain with a clergyperson 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 clergyperson retires.
- Conferences where the clergyperson 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.

It currently is 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 even minimal health care benefits at retirement.

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 prioritize:

- resourcing for clergy and families;
- proactively coaching, nurturing and providing feedback; and
- embodying and intentionally monitoring clergy health and wellness disciplines.

DSs should *address clergy concerns independent of appointment-making*. They must give visibility and encouragement for clergy to access 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 local 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. It is necessary that DSs communicate their role and expectations to the clergy. DSs need to be flexible and creative in delegating routine administrative, programmatic and 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.” This language is more general and gives greater 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.

DS supervisory and pastoral roles should be separated, and clergy pastoral care must be kept confidential.



CSTF



CSTF

The CSTF seeks to have the 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 an annual assessment of adherence to clergy health and wellness practices/disciplines.

The CSTF considers the four key leadership attributes of clergy 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.

Ministry Study Commission—Intersection

Creating an annual evaluation with common parameters aligns with the Ministry Study Commission's call on the general Church to determine limited and standard fitness assessments. Each annual conference, BOM, cabinet and bishop will determine a clear definition of effectiveness and a method for evaluating clergy.



The CSTF proposes annual clergy evaluations that would include an assessment of adherence to clergy health and wellness practices/disciplines.



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 support clergy who no longer hear the call of God to ministry and are no longer ministering effectively by providing an opportunity for a grace-filled exit. Staying in a vocation when it is no longer life-giving is detrimental to clergy health. It will be critical to ensure that this program for exiting ministry is not misused or abused.

The Voluntary Transition Program would begin in 2013 and sunset December 31, 2020. The program would be a shared responsibility between the annual conference and the GBPHB, with the annual 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;
- have served five or more years, but not be within two years of eligibility for retirement benefits (under ¶358.2(b) or (c));
- have agreement from conference leadership (i.e., DS, BOM, bishop) following a consultation and leadership review;
- surrender credentials (thereby severing the relationship with associated annual conference); and
- sign the Voluntary Transition Program agreement.

Ministry Study Commission—Intersection

The Ministry Study Commission, in discussing security of employment, indicates the need for coordinating with GBPHB on resources, methods and practices for voluntary separation of employment and employment transitions; and the need for developing a clear process for transitioning and exiting persons from ministry, including funding for clergy to establish new career directions (e.g., health benefits and pension coverage for a short period). This intersects with the CSTF recommendation for exiting ordained ministry. The Ministry Study Commission also notes the need to develop housing policies related to transitioning clergy.

The Voluntary Transition Program would support clergy who no longer hear the call of God to ministry and are no longer ministering effectively by providing an opportunity for a grace-filled exit.

Implications

The CSTF recommendations are intended to support clergy health comprehensively, from candidacy through retirement. The CSTF has identified “injection points” that can impact clergy health. The chart below summarizes the CSTF recommendations along the clergy lifestage continuum, from candidacy through retirement or grace-filled exit.

Clergy Lifestage Continuum

Candidacy	Seminary	Provisional Period	Appointment	Retirement or Grace-filled Exit
Church Systems Task Force Recommendations				
Develop consistent and rigorous tools for evaluation throughout candidacy.	Convene a GBHEM task force to address financial help and seminary indebtedness for seminary students.	Standardize curricula for residency period.	Move to longer-tenure appointments.	Use interim clergy to help congregation transition from clergyperson to clergyperson.
			Expand use of credentialed interim ministers.	
Have BOM train and support DCOMs to discern candidates' fit for ministry.	Use common information form by the UMC seminaries and by GBHEM for financial aid applications to capture applicant demographic information.	Train residency program teachers on the importance of self-care, healthy boundaries and realities of ministry.	Provide a vocational mentor throughout a clergyperson's career.	Establish a denomination-wide, standardized, voluntary transition program.
			Make available and encourage use of spiritual guides for clergy apart from the DS.	
			Ensure and monitor that clergy shall take regular vacation/time off.	Ensure access to (or eligibility for) retiree health care benefits for clergy who serve in multiple conferences.
			Share feedback regularly, proactively coaching and nurturing clergy.	
	Endorse and monitor intentionally clergy health and wellness practices.			
	Avail and promote supportive resources in conference for clergy and families.			
	Have PPRC/SPRC monitor and champion clergy health through boundary setting, conflict resolution and work/life balance.			
	Create an annual clergy evaluation that has common parameters; align evaluations with guidance and support for improvement.			
	Provide DSs with different and more intensive initial training in leadership and ongoing opportunities to strengthen skills; emphasize superintending responsibilities.			
	Ensure parsonages comply with local safety and building codes; provide swift resolution of parsonage issues when present.			
Incorporate health, theology and spirituality into seminary curricula.				
Include health and wellness practices in student evaluation.				
Include curricula for ongoing attention to issues of self-care and the realities of ministry.				
Evaluate and screen clergy throughout the entire course of their careers—from seminary admission process to retirement.				
Conduct initial and ongoing screening to build foundation for healthy clergy.				
Assess ability to balance personal and family life with realities of ministry and establish boundaries for health and wellness practices.				

Accountability and Monitoring

The 13 clergy health factors touch a clergyperson from candidacy through retirement. Every United Methodist has a role and responsibility in the health and vitality of clergy. Particular responsibility rests with:

- seminaries for education and preparation, as well as modeling and requiring healthy boundaries, and promoting and championing diversity;
- SPRC/PPRC for healthy work/life balance; and
- bishops and cabinets to provide effective training, supports, leadership and evaluation.

Accountability and monitoring must include sensitivity to cultural, racial/ethnic, gender and local nuances. For example, research examined by the CSTF found that United Methodist clergywomen compared to male clergy continue to have higher job stress, higher levels of involvement with family and children, higher risk indicators when single, and they are more frequently appointed to rural churches and to serve multiple churches.

CSTF Clergy Health Recommendations—Accountability

The CSTF suggests that the Council of Bishops, Connectional Table and general agencies, as appropriate, take accountability for responding to the CSTF recommendations, making them actionable items for the next quadrennium. The CSTF advises UMC entities to develop a covenant agreement to enact the CSTF recommendations and deliver progress reports during the next quadrennium on the status of clergy health. The CSTF understands that continued qualitative monitoring, strengthened connectionalism and greater trust are essential in order to experience and evaluate progress after implementation of the CSTF recommendations.

CSTF Clergy Health Recommendations—Monitoring

Provisions should be made to monitor and measure clergy health improvement once CSTF recommendations are brought to General Conference 2012 and implemented. Many of the tracking elements for a monitoring effort are already available (e.g., GBPHB health benefits data, data collected by GBHEM, etc.) and can be used for accessing data and integrating findings. GBPHB and GBHEM would undertake this jointly, with bi-annual reporting and funding from the appropriate Church entity.

Accountability and monitoring must include sensitivity to cultural, racial/ethnic, gender and local nuances.



General Conference 2012
CSTF Recommendations Associated with Legislation

CSTF Recommendation	Legislation Type	Legislation Sponsor
Entering Ministry		
Have GBHEM convene a task force to: <ul style="list-style-type: none"> • address both Resolution 218 (Financial Help for Seminary Students) and 233 (Seminary Student Indebtedness) from General Conference 2004, and • develop a denominational plan to reduce or eliminate seminary debt for certified candidates intending to enter ordained ministry. 	Non-Disciplinary	CSTF
Guidelines for Healthy Work/Life Balance		
Modify ¶304.2 and ¶311.2d to clearly state clergy shall take regular vacation/time off.	Disciplinary	CSTF
Modify ¶258.2 to explicitly include attention to the health and wellness of the clergy and staff in committee duties.	Disciplinary	CSTF/GBOD
Modify ¶258.2g(16) to require swift resolution of parsonage issues affecting the family's well-being.	Disciplinary	CSTF/GBOD
Itineracy and Appointment-Making		
Remove the word "annual" from ¶334.2 to indicate shift from expectation that appointments are for only one year.	Disciplinary	CSTF
Modify ¶1506.26, ¶639, or both, to preserve retiree health benefits eligibility for connectional service.	Disciplinary	CSTF/GBPHB
Supervisory Systems		
Redefine DS role by modifying ¶¶419–424, <i>Specific Responsibilities of District Superintendents</i> .	Disciplinary	CSTF
Modify ¶349.4 to: <ul style="list-style-type: none"> • make available and encourage use of spiritual guides for clergy separate from the DS, and • provide vocational mentors and promote their use as standard practice throughout clergyperson's career—not just through early years. 	Disciplinary	CSTF
Exiting Ordained Ministry		
Voluntary Transition Program	Non-Disciplinary	CSTF/GBPHB





Benefits portability across conferences seems more equitable.



Section V Summary

John Wesley gave Methodists a great gift in 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.

The CSTF examined clergy health, identified the impact Church employment systems and structures have on it, and present our findings and recommendations in this report. Our objectives, findings, considerations and recommendations are presented here in preparation for General Conference 2012 legislation to address Church systems and practices with the long-term goal of improving the health of clergy and, by extension, that of congregations and the Church itself. The importance of health in the Wesleyan tradition and the relationship among the clergy, local churches and the communities they serve guided the efforts of the CSTF.

The CSTF recommendations support the objective to assure competent, cared-for and thriving clergy who are able to live authentically, with accountability and with abundance. The recommendations draw upon our connectional relationships and a community of trust as important underpinnings for clergy health.

We believe it is time that we address the intersection of Church systems with clergy health and make the needed changes to sustain our mission. Clergy health impacts us all and can strengthen our ministry. Without a denomination-wide appreciation for the value of healthy ministry and a commitment to change what negatively impacts it, we risk our ability to continue and strengthen our mission of making disciples of Jesus Christ for the transformation of the world.

“The priests’ wounds require greater help, indeed as much as those of all people together...because of heavy demands and extraordinary expectations associated with pastoral office.”

John Chrysostom (4th century)







Section VI

Task Force Participants

Name	Clergy/Lay	Affiliation
Joe Arnold ¹ , MTh	Lay	Research Manager, Lewis Center for Church Leadership, Wesley Theological Seminary
Rev. Patricia Barrett ² , MDiv	Clergy	Former Interim Associate General Secretary, General Board of Higher Education and Ministry
Barbara Boigegrain	Lay	General Secretary, General Board of Pension and Health Benefits
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Dr. Sophia Harrell, EdD, RN	Lay	Retired Nursing Professor, Fitchburg State College; Chair of Health Ministries Commission, Sudbury United Methodist Church; certificates in parish nursing and congregational health ministries
Dr. Elizabeth Hooten ¹ , ScD, MSPH, CPH	Lay	Faculty Scholar, Duke University Center for Spirituality, Theology and Health; Medical Instructor, Department of Psychiatry and Behavioral Sciences, Duke University School of Medicine
Dale Jones	Lay	Managing Director, Education and Plan Sponsor Relations, General Board of Pension and Health Benefits
Dr. Jerome King del Pino ² , PhD, MTh	Clergy	Former General Secretary, General Board of Higher Education and Ministry
Patricia Magyar, RN, MPH	Lay	Executive Secretary, United Methodist Committee on Relief—Health, General Board of Global Ministries
Rev. Mary Ann Moman ² , MDiv	Clergy	Former Associate General Secretary, General Board of Higher Education and Ministry
Dr. Mackie Norris, PhD, MN, RN	Lay	Founder, Norris & Associates Health Consulting; prior experience in nursing practice, nursing education, health care administration, research, and program planning and evaluation
Dr. Noreen Orbach ² , PhD	Lay	Former Managing Director, Health and Welfare Services, General Board of Pension and Health Benefits
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¹ Also consultant to CSTF

(continued)

² Part-time participation

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Bishop Hope Morgan Ward, MDiv	Clergy, CSTF Chair	Bishop, Mississippi Annual Conference
Rev. Dr. Lovett Weems, DMin	Clergy	Professor of Church Leadership and Director, Lewis Center for Church Leadership, Wesley Theological Seminary

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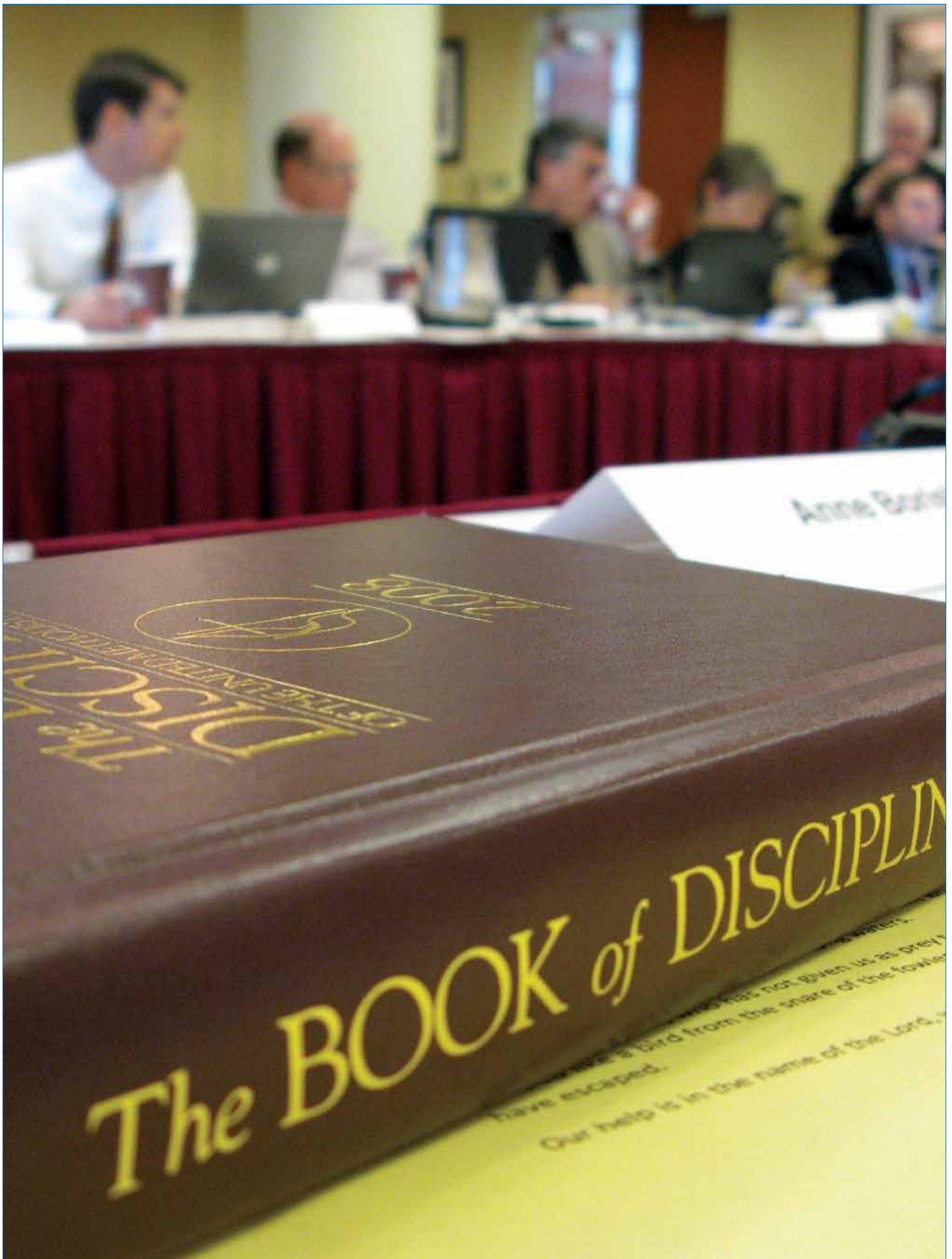




Section VII

Timeline

Item	2008		2009				2010				2011				2012	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Research																
Finalize research approach	■															
Distribute initial background materials		■														
Develop findings/insights based on literature review		■														
Conduct internal general agency data analysis; develop hypotheses		■														
Conduct three to five focus groups; develop findings			■													
Conduct online survey; develop report				■												
Conduct in-depth phone interviews (IDIs); develop findings					■											
Finalize research report						■										
Share research with GBPHB and GBHEM boards of directors						■										
Recommendations																
Draft recommendations to support clergy health (based on research)							■	■	■	■						
Share recommendations with boards of directors								■	■							
Listening Sessions																
Develop approach for listening sessions							■									
Vet recommendations with several conferences, various general agencies, Council of Bishops, College of Bishops									■	■						
Summarize findings and learnings								■	■	■						
Modify recommendations based on listening sessions									■	■						
Finalize recommendations with boards of directors										■	■					
Report																
Draft report										■	■	■				
Finalize report											■	■				
Obtain boards' approval												■	■			
Release UMC-wide												■	■			
Provide GC 2012 communications													■	■	■	■
▲ = CSTF meeting/call			▲	▲		▲	▲	▲	▲	▲						





Section VIII

Studies and Reports Commissioned; Reference Materials Used

Studies and Reports Commissioned

Church Benefits Association Survey: *Clergy Job Stress, Health and Pharmaceutical Medication Utilization*

- **Summary Report;** Elizabeth Gerken Hooten, MSPH, ScD, CPH; Sarah A. Mustillo, PhD; Whitney D. Arroyave, MPH; Steven M. Frenk, BA; Keith G. Meador, MD, ThM, MPH; Duke University Center for Spirituality, Theology and Health; January 2009.
- **Summary Report Addendum;** Elizabeth Gerken Hooten, MSPH, ScD, CPH; Sarah A. Mustillo, PhD; Whitney D. Arroyave, MPH; Steven M. Frenk, BA; Keith G. Meador, MD, ThM, MPH; Duke University Center for Spirituality, Theology and Health; April 2009.
- **UMC Findings;** Duke University Center for Spirituality, Theology and Health; January 2009.

Church Systems Task Force

- **Clergy Health, Demographic and Organizational Internal Data Analysis;** Richard Day Research; December 2008.
- **Focus Groups Report;** Richard Day Research; March 23, 2009.
- **In-Depth Interviews Report;** Richard Day Research; August 28, 2009.
- **Quantitative Survey—Predictors of Health Among UMC Clergy,** Richard Day Research; June 2009
- **Summary Research Report of Clergy Health Factors;** Richard Day Research; October 2009.

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- **Clergy Health: A Literature Review;** Lewis Center for Church Leadership, Wesley Theological Seminary; January 2009.
- **Literature Review: Characteristics of Toxic Churches;** Elizabeth Gerken Hooten, MSPH, ScD, CPH and Kari H. Lauderback, Research Assistant; Duke University Center for Spirituality, Theology and Health; September 2009.
- **Occupational Stressors Comparison;** Anne Borish, MBA; Center for Health, General Board of Pension and Health Benefits of The United Methodist Church; September 2009.

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- **2008 Congregational Leadership Survey;** Office of Analysis & Research, General Council on Finance and Administration of The United Methodist Church; January 2009.
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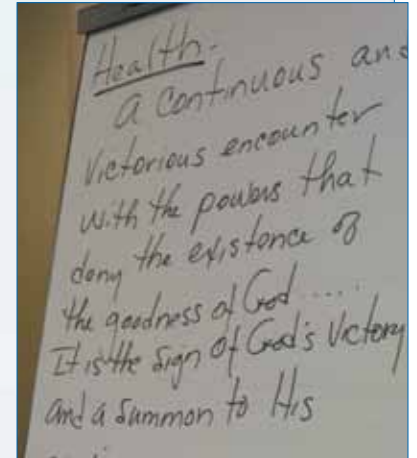
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