As a group, United Methodist clergy face many health challenges—moves that may disrupt family routines, friendships and medical care; a continual round of potlucks, weddings, funerals and other social gatherings with delicious, homemade, high-calorie food; and the stress of being on call 24/7.

“When the world is in a tough place, people take their anxiety and stress out on the pastor,” said the Rev. Gail Ford Smith, director of the Center for Clergy Excellence of the Texas Annual Conference of the United Methodist Church in Houston, Texas. Ford Smith and her staff are the equivalent of a human resources department. They manage benefits for 550 clergy and lay employees, plus about 400 spouses, who work in 685 churches and other worksites throughout an area of Texas that is about the size of Indiana. The highly educated group is 75% male, with an average age of 52 and very little turnover.

In 2007, “we decided to do a wellness program because we saw these things (such as stress, obesity, chronic disease and an aging population) all hitting at once,” Ford Smith said. “Our health care costs were going up at an annual rate of almost 10% a year, which was draining resources from church programs. In addition, our whole denomination had identified that clergy health had deteriorated over the last 20 years.”

A clergy on staff at Houston Methodist Hospital put Ford Smith in touch with the hospital’s wellness program. “He’d lost over 50 pounds himself. . . . [We] started looking at various components we could do.”

Encouraged by health benefits consultant Theodore (Ted) Carlson, CEBS, the Texas Annual Conference began a disease management program as a first step. “What made it so successful is that we had the same nurse contacting participants quarterly to encourage them to remain compliant with their medical regimen,” Ford Smith said. “These were folks who had been identified as having asthma, coronary artery disease, congestive heart failure, diabetes, high blood pressure. We’ve had a 64% participation rate with this disease management program.”

With that program and as additional wellness components were added, “we’ve learned that clergy respond to money incentives,” Ford Smith said. “If you talked to the nurse, you got an incentive of $50 or $25. . . . Our costs came down. At one point, we had nobody going to the ER with asthma. It had a phenomenal effect.”
The real turning point, she believes, came in 2008 when the Annual Conference added an annual Day of Wellness at Houston Methodist Hospital. “To date, 84% of the clergy have attended the Day of Wellness and about 50% of the spouses have,” she said.

Over about six hours, clergy and spouses go through six different stations. They complete a health risk appraisal and a biometric screening that measures cholesterol, triglycerides, glucose level, blood pressure and body mass index (BMI). With screening results in hand, they have a one-on-one coaching session to discuss specific health challenges. The day includes a class on superfoods and their effect on health.

“Tha't's pretty fun because you get to taste the superfoods,” Ford Smith said. A nutritionist talks about healthful eating and portion sizes, and other classes cover stress management and easy and effective strength and flexibility exercises.

Once a member has attended a Day of Wellness, from then on his or her $700 annual health deductible drops to $500. Attendance also makes a person eligible to earn other wellness incentives.

Clergy and spouses have lost a total of more than 4,000 pounds through a weight-loss program that pays incentives for achieving specific outcomes. Incentives have doubled since they first were started, and some require physician confirmation. A participant can receive:

- $200 for losing 5% of the Day of Wellness weight
- $200 for losing 10% of the Day of Wellness weight
- $600 for losing 50% of the weight required to achieve a BMI of less than 25
- $1,000 for losing 100% of the weight required to achieve a BMI of less than 25
- $400 for being at a BMI of 25 or less on the Day of Wellness and maintaining that weight for six months.

In 2012, “our clergy really picked up on the weight-loss competition that was titled ‘No-Limits Weight-Loss Challenge,’ ” Ford Smith said. Various districts within the Annual Conference competed against each other. Clergy in the winning district—the one whose clergy lost the most weight per clergy—received a check for 8% of their personal group health benefits contribution for 2012. Additionally, the participating churches of the winning district received a one-month holiday from the churches’ group health benefits contribution.

“It was hysterical,” Ford Smith said. Besides the trash-talking, “when it was pretty clear who was in the running, the lead districts for that month would send donuts to the other districts, trying to throw them off track.”

The wellness program also has a menu of a la carte incentives. Initially, participants could receive $150 back on a $300 health expenditure for things such as running shoes, gym memberships and Weight Watchers fees. Now, if a member joins the walking program, the a la carte incentive can be as much as $300 back on a $600 expenditure.

Members filing for incentive payments are asked to certify they exercise for 20 minutes three times a week, eat nutritious meals, participate in a small-group spiritual experience and had an annual physical exam.

“In 2008, we also added a mental health component to help clergy deal with stress and isolation issues,” Ford Smith said. An employee assistance program (EAP) was added, “and Ted (Carlson) helped us add an EPO (exclusive provider organization) component where we were able to negotiate lower rates for mental health visits that allowed us to expand mental health first to ten visits a year and then to 24 a year, in addition to the EAP visits. We also surrendered our grandfathered status under health care reform to increase coverage for outpatient diagnostic benefits, which
we felt was important. Previously we were limited to $200 and then had to satisfy a $700 deductible, compared to unlimited at 100% now.”

In 2012, the Annual Conference added the walking program that the United Methodist Church General Board of Pensions had begun a few years earlier. About 45% of the Texas group participates. Incentives are $50 each quarter for participants who achieve their assigned goals, with a $100 bonus for earning all four quarterly incentives. The goal usually is 7,000 steps a day, although it may be higher for a very athletic person.

Also in 2012, the group reduced copays on generic drugs associated with the disease management program to promote compliance with drug therapy regimens.

Incentives for participation in the disease management program are $50 for having a baseline assessment and $25 for each milestone reached as assigned by the disease management nurse. This past March, an additional incentive was introduced—$150 for diabetics who are totally compliant with disease management guidelines.

Ford Smith said she is particularly proud of a program that encourages women who have babies to return to their prepregnancy weight within one year. Women receive $2,000 for achieving that often-difficult goal.

All incentives are cumulative and paid by a separate check to increase awareness, and clergy pay taxes on them.

Not everything the Annual Conference has tried has worked. “One of the things that did not go right was when we offered a repeat of that very same weight-loss competition,” Ford Smith said. “The first time, the competition was just a great success. But when we offered it a second time, it just fell flat on its face. I guess it was too soon, or people said, ‘Been there, done that, bought the T-shirt.’ ”

“We struggle to keep the program fresh with new incentives and tweaks,” Ford Smith said. In 2015, her staff may plan a Lenten or Easter renewal weight-loss incentive. “People typically give up something during Lent. As long as money is involved, and then they can buy an Easter outfit or something like that, I think that’ll work.” The Day of Wellness may be revitalized to keep people engaged and excited about attending.

Clergy and their spouses have responded enthusiastically, she said. “We have folks who have made a killing. With the incentives, if you started way off the mark and you lost all this weight, you would earn $2,000. We’ve had people who took up biking and bought a competitive bike. One guy and his wife earned enough to go on a cruise together. The program has also saved at least one life when a clergy was diagnosed with an aneurysm and ended up in emergency surgery.”

Although clergy and laity serve on a wellness committee that is a subgroup of the health benefits committee, most communications originate with the staff in the Center for Clergy Excellence. About 90% of the clergy read the e-mail newsletter they receive monthly. The wellness program also is promoted through the “My TAC (Texas Annual Conference) Benefits” website.

Carlson keeps a close eye on the Annual Conference’s disease management reports, reductions in emergency room visits and hospitalizations and other health cost trends, as well as verifying weight-loss incentives. “I know there were fundamental changes within this group,” he said. From 2007 to 2011, when nothing was changed besides the addition of wellness initiatives, the clergy plan saved a total of $12,965,571 while spending $586,919 on incentives and Days of Wellness. That’s an ROI of $22.09 for every $1 spent.

“Over the past eight years we’ve not increased employee or employer contributions to the plan, and we added millions to our reserves. We also increased benefits as required by health care reform,” Ford Smith said. “We keep adding stuff—we added a hearing aid benefit, and we’re getting ready to add some more benefits. But we don’t increase costs to people.”

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