INTRODUCTION

The Duke Clergy Health Initiative has conducted a survey of the health and wellbeing of North Carolina’s United Methodist clergy nearly every two years since 2008. In 2021, the seventh wave of data collection was conducted with 1,228 clergy (September – October 2021). Between the sixth and the seventh waves of data collection, there was an outbreak of COVID-19 across the world. The aim of this brief report is to describe and summarize various ways in which clergy and their congregations were impacted by COVID-19. The report focuses on the 1,228 United Methodist clergy respondents with current appointments, not including those on medical, disability, incapacity or sabbatical leave.
# PASTORING DURING THE COVID PANDEMIC

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DEATH TOUCHE D MANY CONGREGANTS DUE TO COVID

By October 31st, 2021, there had been nearly 1.5 million positive COVID-19 cases in North Carolina and about 18,500 deaths related to COVID-19 in the state (CDC COVID Data Tracker). Clergy—in both urban and rural areas of North Carolina—estimated that over one-third of their congregants were directly affected by someone who died from COVID-19 related causes.

Clergy—in both urban and rural areas of North Carolina, and serving both predominantly White and Black congregations—estimated that around one-third of their congregants were directly affected by someone who died from COVID-19 related causes.

Source: 2021 Clergy Health Statewide Survey (Sept/Oct, 2021)

CLERGY VACCINATION RATES FAR SURPASSED STATE AVERAGE

In North Carolina, about 64% of the population had at least one dose of COVID-19 vaccine by October 31st, 2021 (CDC COVID Data Tracker). Vaccination rates for clergy (having at least one dose) at around 96% in the fall of 2021 were much higher than the North Carolina average across both urban and rural areas. Clergy were very willing to be vaccinated, which likely was helpful for several reasons, including increased safety when conducting pastoral visits.

COVID-19 vaccinations for clergy were very high across both urban and rural areas – much higher than the NC average.
As of October 2021, 13% of clergy reported having had COVID-19, while an additional 7% reported not being sure if they had ever had COVID-19. This is largely on par with the national estimate. The Centers for Disease Control and Prevention estimated that nearly 46 million Americans, about 14%, had had COVID-19 by October 31st, 2021 (CDC COVID Data Tracker).

Source: 2021 Clergy Health Statewide Survey (Sept/Oct, 2021)
Question: Have you ever had COVID-19?

Impressively, a little more than half of the churches engaged in outreach activities to encourage congregants and local community members to get vaccinated against COVID-19. A greater percentage of urban and suburban churches (57%) engaged in vaccination outreach compared to rural churches (45%), and a greater percentage of predominantly Black congregations (83%) engaged in vaccination outreach compared to predominantly White congregations (47%). The size of the church was also associated with vaccination outreach; larger churches were more likely to conduct vaccination campaigns compared to their smaller counterparts. Looking just among smaller churches with fewer than 100 congregants, a greater percentage of small urban churches (52%) engaged in vaccination outreach compared to small rural churches (41%) (not shown in the figure). Across the US, rural vaccination rates have lagged. It is possible that church outreach makes a difference in vaccination uptake.
COVID-19 brought severe disruptions to the normal pace of operations in various aspects of society. The financial viability of churches was no exception. In an effort to mitigate the burden of COVID-induced financial difficulty, a variety of grant assistance programs were put in place.

For example, the federal government launched the Paycheck Protection Program to help small businesses and nonprofit organizations retain their employees by subsidizing their payroll and benefits. Locally, The Duke Endowment also allocated funds for community-based COVID-19 relief. The United Methodist conferences in North Carolina made various grant programs available to its members as well.

Given this funding environment, about 58% of the churches reported receiving some form of COVID-19 grant assistance. Clergy of all ethnicities were equally likely to have received assistance. Larger churches and urban churches had significantly greater percentages of those receiving COVID-19 grants assistance compared to smaller and more rural churches. This may in part be due to required financial and material needs being different by church size. However, it is also plausible that rural churches and smaller churches did not have the necessary capacity or the awareness to seek various grant assistance programs for which they were eligible.

Compared to larger and urban churches, smaller and rural churches received significantly lower COVID-19 grant assistance.
Nearly half of the clergy reported that their church received assistance from the federal Paycheck Protection Program, a form of pension grants, insurance grants, clergy compensation grants and/or mission/outreach grants. Some clergy reported receiving grants from The Duke Endowment Fund as well.

![Chart showing distribution of assistance by source.]

Note: Some clergy indicated receiving assistance from more than one source, and so are represented in more than one bar. There were no significant differences by clergy race.
DUKE CLERGY HEALTH INITIATIVE

A LITTLE ENCOURAGEMENT CAN GO A LONG WAY

We asked clergy to write in what the most supportive thing their bishop or district superintendent did for them in 2020, and 867 clergy responded. Clergy reported receiving many words of encouragement and finding guidance on COVID-19 safety protocols from higher church leadership to be helpful. In particular, clergy responded that having regular communication and check-ins, phone calls, Zoom meetings, cards, emails and visits were especially helpful. Flexibility with appointments and time off was also noted. In addition to these answers, 75 clergy indicated that they did not receive any support (9%).

RELATIONSHIPS WERE TESTED AND SOME WERE PROVEN RESILIENT

COVID-19 brought with it major lifestyle changes, especially early on in the pandemic. We were interested to learn how clergy perceived the impact of COVID-19 on their relationships with family members and congregants in the first year of the pandemic and then afterwards. Compared to pre-pandemic levels (Jan – Feb 2020), relationships with spouses, children, relatives and congregants all temporarily worsened during the early-mid pandemic (Mar 2020 – Mar 2021). With time, though, relationships with family and congregants improved back to near pre-pandemic levels, and relationships with children even improved to slightly surpass pre-pandemic levels.

Clergy’s relationship with family stayed relatively unchanged over the course of the pandemic

Survey wording: For each of 3 time periods, please rate your relationship with: your child or children, if they live in your home; your spouse, partner, or significant other; and family members who are not living with you.
There is little doubt that COVID-19 has been a highly politicized event and has contributed to further divisions between those who have opposing political views and opinions. For clergy who had drastically different political views from the ones held by their congregants, there was a sharper deterioration of relationship during the early-mid pandemic compared to those who shared similar political views with their congregants. Even at a later period (Apr – Oct 2021), losses in relationships with congregants did not fully recover to pre-pandemic levels. Considering that nearly 20% of the clergy report having very different political views than their congregants, creative and nonintrusive strategies to work with such differences are needed.

Clergy’s relationship with congregants worsened during the early pandemic but recovered to near pre-pandemic levels. Clergy whose political views were different than their congregants’ had a sharper decline.

Survey wording: For each of 3 time periods, please rate your relationship with the majority of your congregants.
Physical activity levels of clergy remained relatively unchanged over the course of the pandemic. This was an encouraging sign of resilience, that even in the early pandemic period, clergy kept engaging in physical activities, which is good for both physical and mental health.

Survey wording: For each of 3 time periods, please rate the amount of physical activity you got.

According to an anxiety symptoms screener, nearly 8% of clergy had clinically significant anxiety symptoms in 2019. Clergy who did not have elevated levels of anxiety symptoms in 2019 reported spending a consistent amount of time relaxing over the course of the pandemic. In contrast, clergy with elevated anxiety symptoms in 2019 reported that the amount of time they spent relaxing decreased over the course of the pandemic. It is important to consider how to help clergy re-incorporate rest and rejuvenation into their schedules as such activities are critically important in managing stress and anxiety.

The Selah Trial of Stress Interventions for Clergy was implemented by the Duke Clergy Health Initiative precisely to help clergy manage stress and anxiety, which we know is critical to clergy flourishing. We have identified accessible, promising programs to help clergy reduce the negative impact of stress, and we will work with clergy leaders to make these approaches known. It is notable that the trial was conducted during the pandemic – a time of high stress - and lessons learned during this time may benefit clergy well beyond the pandemic.

Survey wording: For each of 3 time periods, please rate the amount of time you spent relaxing.
Although COVID-19 has done some damage in our communities, the majority of clergy have been vaccinated, and there was also good engagement in community outreach for vaccinations. Clergy showed some evidence of resilience during this period, including maintaining familial and social relationships and keeping up their physical activity levels.

Nevertheless, further strides are needed to care for clergy who have elevated symptoms of anxiety, address potential barriers to accessing needed resources for smaller churches and rural churches, and foster open and honest communication to narrow the chasm of political differences between clergy and congregants.

The Statewide Clergy Health Survey also includes a question about how often, if at all, clergy thought about leaving pastoral ministry for secular work. There was a slight increase from 10% to 13% between 2019 and 2021. This increase could have been much higher during this time of upheaval and uncertainty, and again points to resilience among clergy. At the same time, it suggests a need for continuous and coordinated efforts to understand and address the needs of clergy. Some of these tasks may seem challenging but let us remember, "we can do all things through Christ who strengthens us (Philippians 4:13)."