

Churches pinched by health care costs: Health care may soon eat up missions dollars

News in the [February 26, 2008](#) issue

Unlike many other pastors in the Church of the Brethren, Kendal W. Elmore stuck with his denomination's medical insurance plan for 34 years, even as premiums escalated.

The 60-year-old pastor from Toledo, Ohio, says he was told that the higher costs made health care more affordable for older and less healthy Brethren pastors.

"I felt I needed to be loyal to the Brethren plan," he said.

But as other pastors fled for cheaper insurance plans, participation in the Brethren Medical Plan plunged 78 percent between 1993 and 2007, according to church leaders. "People were not hanging in to help the plan," said Randall Yoder, director of insurance services at Brethren Benefit Trust.

At the denomination's Annual Conference last summer, when reports carried the message that the active-ministers portion of the plan was in a "death spiral," delegates voted to kill it.

Local congregations are still expected to pay two-thirds of their ministers' insurance costs, but many pastors say they feel "betrayed" by the disappearance of a plan they had paid into for so many years. "There was a feeling of being unjustly treated," Elmore said.

With about 1,000 congregations and 125,000 members, the Church of the Brethren is one of the smaller U.S. denominations. Its health care problems, however, are shared by churches big and small, said Marcel A. Welty, associate director for research and planning at the National Council of Churches.

Declining church memberships, combined with the aging of clergy, rocketing health care costs and dwindling donations, are creating conflicts for church leaders who are caught between caring for their ministers and managing budgets. At the same time, national researchers have found that mainline Protestant ministers tend to be more overweight, stressed and depressed—all of which carry significant health risks—than the general population.

“For an institution like a church, the present conflict has a moral, ethical and compassionate sense to it—there’s a conflict between who they want to be and what they want to do,” Welty said.

John Kapanke, president of the Evangelical Lutheran Church in America’s board of pensions, put it more sharply in talking to bishops 19 months ago. If ELCA clergy didn’t get healthier, he said, health care costs would soon start eating up mission dollars.

“We must change our ways to keep this church viable,” Kapanke said.

To that end, the nearly 5-million-member ELCA made huge changes this year in its health care plan, which covers ministers, spouses and church employees. Costs ran to about \$125 million last year, according to the ELCA.

The only way to keep costs down, the ELCA decided, was to get healthier. The denomination is encouraging pastors to get a health risk assessment, offering up to \$300 in “wellness rewards” and paying 100 percent of in-network preventive services. Annual deductibles were doubled.

Meanwhile, Duke Divinity School has launched a seven-year, \$12-million initiative to study and improve the health of United Methodist clergy in North Carolina, where ministers have had trouble finding affordable coverage.

Collaborating with the United Methodists’ two North Carolina conferences and its 1,600 ministers, the Clergy Health Initiative aims to turn around recent trends that have changed ministers from one of society’s healthiest groups of professionals into one of its sickest.

That’s a goal that would have pleased Methodist founder John Wesley, who was himself a physician, said the initiative’s director, Robin Swift. “John Wesley was very articulate about the connection between spiritual and bodily health. There’s a theological reason to approach this for people who might not want to go there

otherwise.” –*Daniel Burke, Religion News Service*