



**H.E. BUTT  
FOUNDATION**

The H. E. Butt Foundation/UTSA  
Health and Wellness Study  
San Antonio Texas

## INTRODUCTION

Over the past several decades, mental health has become an increasingly relevant area of study for sociologists of religion who emphasize linkages between spirituality and a host of health outcomes. This is a correlate of both the high levels of US religiosity combined with increased clinical diagnoses of individuals experiencing multiple forms of mental health impairment such as depression, anxiety, bipolar disorder, and schizophrenia, among others.

While many major cities, like San Antonio, provide access and resources to individuals experiencing mental health strain, many Americans with mental health struggles turn to church leaders as their first source of mental health support. Furthermore, these resources may often be limited and subject to budgetary constraints and policy priorities.

Since 2017, the H.E. Butt Foundation has partnered with University of Texas, San Antonio (UTSA), and local San Antonio churches, to gain a better understanding of the context in which religious congregations provide, discuss, and perceive issues related to mental health and the overall well-being of their congregants. This report will highlight key findings from the San Antonio Health and Wellness Study at 13 participating parishes that provided access to their leadership and membership as part of this study.<sup>1</sup>

## H. E. BUTT FOUNDATION STUDY

Data for this study comes from several sources<sup>2</sup>. First, from a paper-survey distributed across 13 Christian-based churches in the San Antonio area. Church sizes ranged from approximately 100 to over 1,500 people. Surveys were distributed to churchgoers during weekend services. Church members were asked to fill out the survey and then return it the following week. The H.E. Butt Foundation compensated local churches with \$1000 donation for agreeing to participate in the survey. Participation was voluntary and there was no monetary reward given to the individual respondents. Second, along with the paper version, an online version of the survey was made available to churches that chose this option. Again, participation was voluntary and there was no monetary reward given to the respondents. Third, in depth interviews were conducted with church leaders to gain insight into how congregational leaders tackle mental health issues. This report presents the results of the survey data.

## RESULTS

### *Overview and Sample Description*

Over the Fall of 2018 student researchers from UTSA collected data in person at all the major church exits at participating churches. Data collection occurred during select Saturday and Sunday morning services. A total of 3,539 paper surveys were distributed, along with online surveys distributed via church email correspondences. A total of 1,201 completed surveys were returned (73% paper; 27% online), resulting in a response rate of 34%, though the rate could be lower depending on the exact number of email solicitations received and opened<sup>3</sup>. 13 local areas churches Table 1 below provides descriptive statistics for participating churches.

The average age of respondents was approximately 67 years of age, which is in keeping with participation in church-based activities, including completion of survey questionnaires. Younger families may be less available for volunteer activities, opting to attend regularly scheduled Sunday services and other worship activities. Similarly,

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<sup>1</sup> Specific church names are kept anonymous but are on record with the HE Butt Foundation.

<sup>2</sup> This study followed strict human subjects protection protocol and has been approved by the University of Texas at San Antonio, Institutional Review Board for Protection of Human Subjects in Research (IRB), IRB Number 17-287.

<sup>3</sup> This data was difficult for most churches to provide since email lists are not regularly updated.

we see a high percentage of women (65%) who completed the survey, when compared to men (35%). Unlike the overall demographic patterns in the greater San Antonio area, the sample is made up primarily of White respondents (63%), followed by an underrepresented percentage of San Antonio, churchgoing Hispanics (29%). Next, we note the generally high percentage of married, higher income and higher educated respondents that completed the survey. Finally, the majority of respondents attend Mainline Protestant (35%) or Catholic (49%) churches.

Table 1. Description of San Antonio Congregations

<u>Age</u>	<u>Range</u>	<u>Average age</u>
	27-95	67.3
<b>Gender</b>		
<u>Gender</u>	<u>Number</u>	<u>Percentage</u>
Female	763	65%
Male	404	35%
<b>Total</b>	<b>1167</b>	<b>100%</b>
<b>Ethnicity</b>		
<u>Ethnicity</u>	<u>Number</u>	<u>Percentage</u>
White	724	63%
Black	61	5%
Hispanic/Latino	330	29%
Asian/Asian American	23	2%
Other	20	2%
<b>Total</b>	<b>1158</b>	<b>100%</b>
<b>Marital Status</b>		
<u>Marital Status</u>	<u>Number</u>	<u>Percentage</u>
Married	765	66%
Divorced	159	13%
Widowed	125	11%
Cohabiting	17	1%
Single/Never Married	98	8%
<b>Total</b>	<b>1164</b>	<b>100%</b>
<b>Income</b>		
<u>Income</u>	<u>Number</u>	<u>Percentage</u>
Less than 35k	161	15%
35k-50k	242	21%
50k-100k	253	22%
100k+	437	40%
<b>Total</b>	<b>1093</b>	<b>100%</b>
<b>Education</b>		
<u>Education</u>	<u>Number</u>	<u>Percentage</u>
Less than high school	18	2%
High school graduate (GED or diploma)	89	8%

Table 1. Description of San Antonio Congregations

Some college	244	21%
College	424	36%
Postgraduate or professional degree	390	33%
<b>Total</b>	<b>1165</b>	<b>100%</b>
<b>Denomination</b>	<b>Number</b>	<b>Percentage</b>
Mainline Protestant	416	35%
Catholic	588	49%
Baptist	135	11%
African American Baptist	62	5%
<b>Total</b>	<b>1165</b>	<b>100%</b>

We next turn to several of the main areas that we explored at local congregations and how church membership is currently faring in terms of health and overall well-being. We will also consider several other facets of religious experiences and feelings of closeness and integration to church leadership and fellow church members.

*Congregational Health*

The study includes a series of variables intended to measure the overall health of the members of the congregation. Table 2 shows the percentage of respondents and their general perception of their personal health. Overall, the data seems to reflect an overall healthy church membership base in the sample. Well over half of the respondents (82%) indicated that they are “as healthy as anybody I know” (e.g. “mostly” and “definitely true”). Additionally, a combined 84% of respondents (“mostly” and “definitely true”) indicated their health is excellent. However, a substantial portion of members (39%) expected their health to decline, while 33% reported declining health over the past few years, possibly indicating a generally aging membership.

Table 2. Measures of Congregational Health

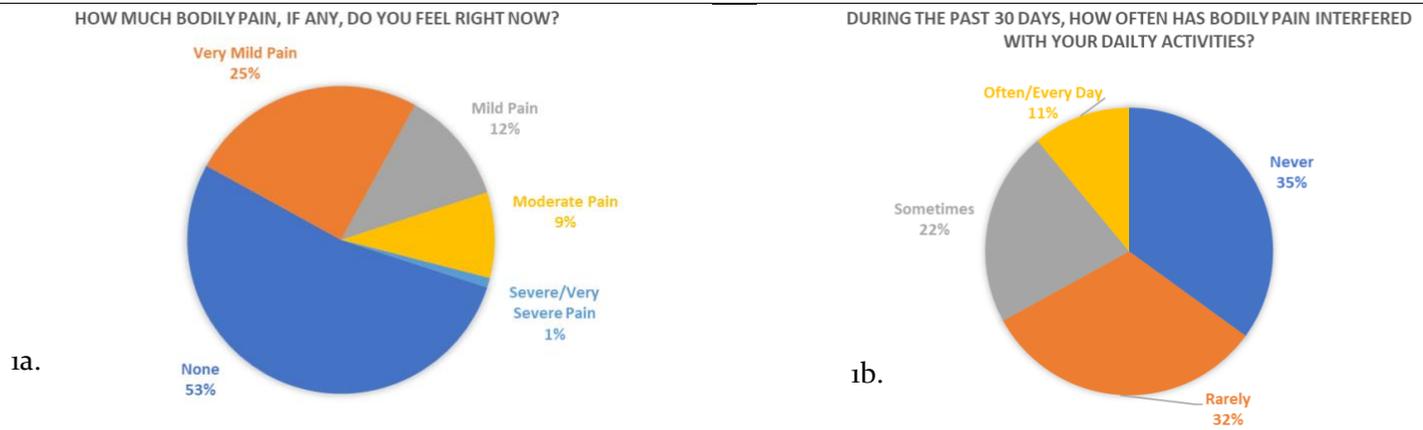
<b>Statement</b>	<b>Definitely False (%)</b>	<b>Mostly False (%)</b>	<b>Mostly True (%)</b>	<b>Definitely True (%)</b>
I seem to get sicker than other people my age.	63%	29%	5%	3%
I am as healthy as anybody I know.	8%	10%	51%	31%
I expect my health to get worse.	24%	37%	33%	6%
In general, my health is excellent.	5%	11%	47%	37%
My health has worsened over the past few years.	33%	34%	26%	7%
<b>Total=1172</b>				

We considered specific life activities that are known to influence health and well-being. Below, Figure 1 shows results for two survey questions related to physical/bodily pain. As shown Figure 1a., while most respondents (53%) indicated they felt no bodily pain, a combined 47% reported at least some level of physical discomfort.

Additionally, as Figure 1b. indicates, while a combined 67% of church members said bodily pain “rarely” or “never” interfered with their daily activities, a combined 33% felt that bodily pain causes some level of interference with their daily activities.

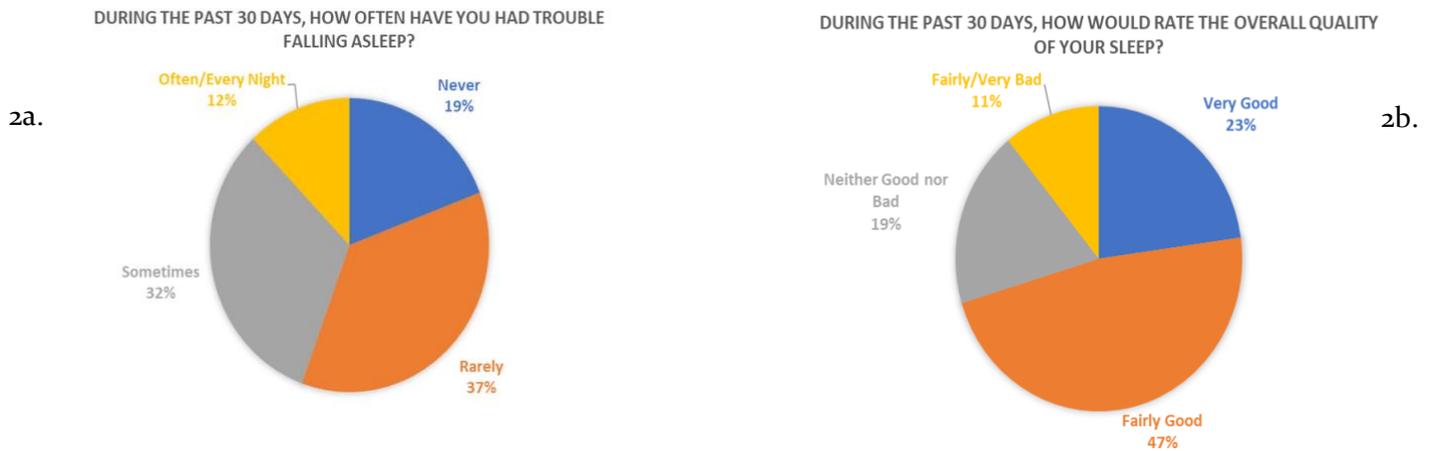
Again, this result could be a function of the study sample, which is made up of an older, aging population. As noted above, older congregants are often most active in church activities as compared to younger members, and we can expect this to be the case for the completion of an extensive survey instrument. Therefore, we suggest taking these results mindfully, understanding that the mean age for the study sample may be higher than that of the actual San Antonio, churchgoing population.

Figure 1. Self-Reported Physical Pain



Quality of sleep is an important element of overall health and well-being. We examined the overall quality of sleep among congregants. Figure 2 below shows the responses to two questions related to overall sleep quality. As Figure 2a. shows, a combined 44% of surveyed members reported some level of trouble falling asleep, while, as indicated in Figure 2b., 70% of participants indicated their sleep was “fairly” or “very” good the previous month. It is important to note, though, that 12% of the members indicated that they had trouble falling asleep almost every night and 11% of members expressed that their sleep quality was “fairly” or “very” bad.

Figure 2. Quality of Sleep Among Church Members



We asked about the types of life stressors (financial, marital, emotional) that people may experience in their everyday lives. Table 3 below ranks these stressors from highest to lowest prevalence. In keeping with the older average age of survey respondents, death of a loved one is the most prevalent stressor followed by a serious illness and serious accident or injury. Also, as shown, few respondents have experienced the additional life stressors in the last year.

Table 3. Stressful Situations Experienced by Congregant

<b>People face a number of stressful circumstances at different points in their lives. Please tell us whether any of the following situations have happened to you in the past year.</b>	<b>Responded Yes</b>
An unexpected death of a loved one.	28%
A serious illness.	12%
A serious accident or injury.	11%
A major financial crisis.	8%
An unwanted loss of a job.	6%
A marital separation or divorce.	3%
A robbery or break-in.	4%
Trouble with drug/alcohol addiction.	3%
Trouble with the law.	2%
Physical assault or mugging.	1%

**Sample size= 1150**

Moving to economic issues, research has shown that experiencing financial difficulties can negatively impact health and many other aspects of personal well-being. We asked several questions related to specific financial stressors that individuals might experience. Overall, church members surveyed reported low levels of financial strain. As shown in Table 4 below, the highest level of financial difficulty is related to non-essential expenses (13%), followed by medical expenses (12%), results which again reinforce the older age of the study sample.

Table 4. Percentage of Congregants that Struggle with the Following Financial Expenses

<b>When you think of your financial situation overall, how difficult is it for you to meet the following needs?</b>	<b>Responded somewhat difficult/very difficult</b>
Non-essential expenses	13%
Medical expenses	12%
Housing	7%
Other necessities	9%
Transportation	6%
Food	4%

**Sample size= 1147**

The final area of well-being evaluates individual outlooks on life as a whole. Table 5, displayed below, shows that, overall, members of San Antonio churches who participated in our study, reported generally positive views of life. High percentages of survey respondents “agree or strongly agree” that they have gotten most of what they have wanted in life (90%), that they are satisfied with life (88%), and that life is close to ideal (82%).

There is also evidence from Table 5 of generally optimistic and positive perceptions among church members. A high percentage of individuals reported feelings of optimism about the future (82%), that they tend to look at “the bright side of things” (79%), and that they tend to expect the best during times of uncertainty (77%). The lowest percentages were for questions about notions of regret, whereby 62% of church members felt confident in the way they have lived their lives thus far.

Table 5. Congregation’s General Outlook on Life

<b>Below is a list of statements someone might make about their outlook on life. How true are the following statements for you personally?</b>	<b>Responded agree/strongly agree</b>
So far, I have gotten the important things I want in life.	90%
I am satisfied with my life.	88%
In most ways, my life is close to ideal.	82%
The conditions of my life are excellent.	81%
I’m a believer in the idea that “every cloud has a silver lining.”	85%

Table 5. Congregation’s General Outlook on Life

<b>Below is a list of statements someone might make about their outlook on life. How true are the following statements for you personally?</b>	<b>Responded agree/strongly agree</b>
I’m always optimistic about my future.	82%
I always look on the bright side of things.	79%
In uncertain times, I usually expect the best.	77%
If I could live my life over, I would change almost nothing.	62%
<b>Sample size= 1130</b>	

## SAN ANTONIO CHURCH MEMBERS: MENTAL HEALTH OUTCOMES

### *Mental Health Profile*

An important component of the study revolves around mental health and mental health literacy. We examined three aspects of mental health among our study sample congregants: (a) mental and emotional wellbeing, (b) depression, and (c) anxiety. The mental health outcomes were measured using a series of questions that were combined into a composite psychometric index to measure each outcome. Calculations shown as part of the Appendix below indicate high levels of internal consistency for the items making up each index.<sup>4</sup>

Figure 3 below shows the results of the three mental health indexes we explored. Overall, the data indicates average to above average levels of self-reported psychological health in the survey conducted. First, as Figure 3a. shows, when considering a measure of overall mental and emotional well-being, a combined 77% of respondents scored in the “good” or “excellent” range while 23% were concentrated in the “fair” or “poor” range of mental and emotional well-being.

We next consider specific measures of depression and anxiety, shown by Figures 3b. and 3c. Figure 3b. shows that 28% of respondents indicated “no symptoms” of depression and 24% reported “low” levels. A combined 48% of respondents reported “moderate” to “high” levels of depression. Finally, among respondents, anxiety levels score higher than depression, or overall mental and emotional well-being. As indicated in Figure 3c., about half (72%) of church members completing the survey scored in the “moderate” to “high” anxiety range. Only 28% of congregates reported “none” to “low” levels of anxiety.

The overall results suggest a generally positive mental health score, but also imply that there may be areas of underlying concern that could be addressed by local area church leadership. Particularly, individual indicators of depression and anxiety suggest areas where church and community leaders could open a dialogue about issues related to these prevalent mental health conditions. Even in light of the higher educational and income ranges of those making up the study sample, these percentages, while clearly not alarming, do shed light on possible stressors that members of San Antonio’s religious communities may be experiencing, particularly as they age.

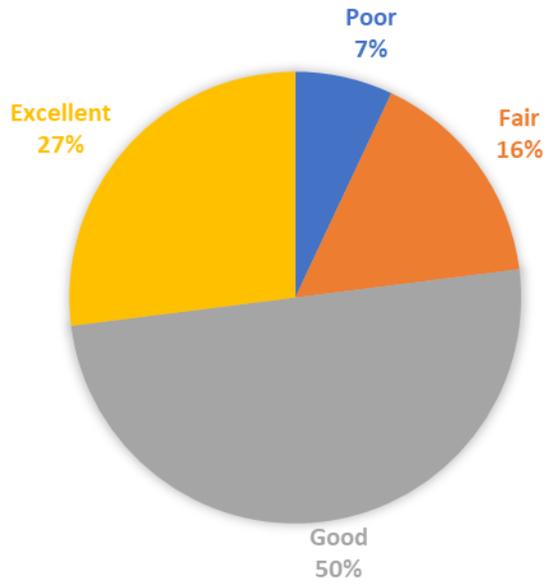
<sup>4</sup> Please see Appendix Tables 1-3 for specific items making up each index and associated measures of internal consistency. Levels of severity for each mental health outcome were calculated by taking quartiles and ensuring significant representation of respondents in each category above and below the mean.

Figure 3. Mental Health Outcomes

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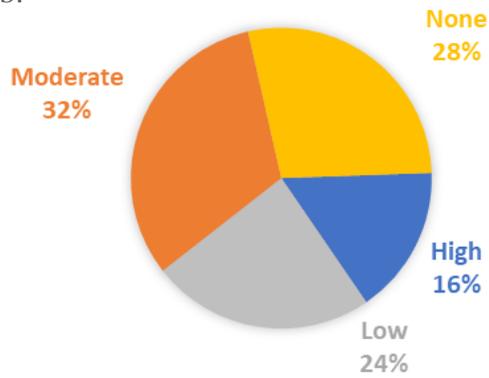
3a.

**MENTAL AND EMOTIONAL WELLBEING**



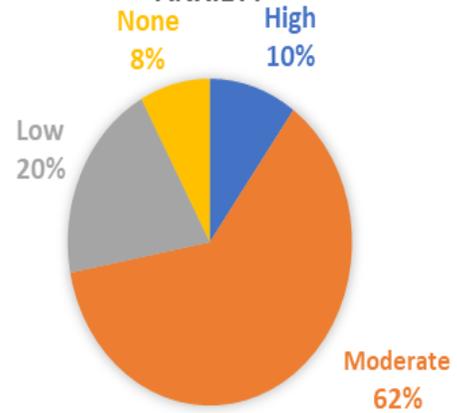
3b.

**DEPRESSION**



3c.

**ANXIETY**



*Mental Health Literacy*

One additional concern for our study was to assess the general “climate” or level of knowledge of mental health issues in local area churches. Respondents were shown the hypothetical case of a person named “Victor” and were presented with a brief vignette of commonly experienced symptoms for mental health disorders such as schizophrenia.<sup>5</sup> They were then asked a series of questions related to the possible causes of Victor’s mental health disorder.

As Table 6 shows, the churchgoers making up our study sample are, overall, well-informed and non-judgmental when it comes to issues of mental health. Very few felt that Victor’s poor mental health can be attributed to factors like “demonic possession” or “the will of God,” while higher percentages attributed his condition to “chemical imbalances in the brain” and “stressful circumstances in his life.” This suggests that respondents placed little emphasis on supernatural or individual shortcomings for psychological distress, while higher percentages pointed to medical, biological, and social factors.

Table 6. Possible causes of Victor’s mental health disorder

<b>In your opinion, how likely is it that Victor’s situation could have been caused by the following?</b>	<b>Not at all/ not very likely</b>	<b>Somewhat likely</b>	<b>Very Likely</b>
His own bad character	74%	21%	5%
Chemical imbalances in his brain	16%	48%	37%
The way he was raised	63%	33%	4%
Stressful circumstances in his life	12%	54%	34%
A genetic or inherited problem	29%	52%	19%
The Will of God	94%	4%	2%
Demonic possession	92%	6%	2%

**Sample size= 1170**

We next had respondents consider possible treatment options for Victor’s condition, as shown in Table 7. In terms of treatment, respondents took a more holistic and balanced view whereby both medical and spiritual solutions were considered viable options when coping with mental health stress. “Seeking help from a mental health professional” (83%) and “praying to God for help and guidance” (60%) were the two most identified actions for helping cope with Victor’s mental health disorder. “Joining a self-help group” (53%) and “taking appropriate prescription medication” (47%) were also chosen at relatively high levels according to respondents. Conversely, “seeking help from a spiritual or natural healer” (50%) and “taking non-prescription medication” (86%) were identified as *not* being useful strategies to deal with his condition. In general, the data seem to indicate above average to high mental health literacy among congregates. Overall, the congregants are

<sup>5</sup> See Appendix 4 for a sample of the “Victor” mental distress vignette.

knowledgeable about the causes of mental health disorders and more clinically appropriate actions that could be taken in order to deal with the disorder.

Table 7. Possible solutions to Victor’s mental health disorder

<b>In your opinion, how much would the following actions help Victor deal with his situation?</b>	<b>Not at all/ not too much</b>	<b>Somewhat</b>	<b>A lot</b>
Seeking help from family and friends	15%	45%	40%
Seeking help from a religious leader	8%	48%	43%
Seeking help from a mental health professional	3%	14%	83%
Seeking Pastoral counseling	13%	45%	42%
Seeking help from a spiritual or natural healer	50%	33%	16%
Joining a self-help group	9%	38%	53%
Taking non-prescription medication	86%	12%	2%
Taking appropriate prescription medication	14%	39%	47%
Checking into a mental hospital	40%	34%	25%
Seeking Biblical counseling	39%	39%	22%
Praying to God for help and guidance	10%	30%	60%

**Sample size= 1170**

We also asked a series of questions related to personal experience or familiarity, through close relationships, with a series of mental health conditions. Table 7.1 below provides a ranked list of “yes” responses to these items. As the table shows, familiarity is highest with depression and alcoholism, followed closely by anxiety. Conversely, the lowest percentage of respondents report some level of experience or awareness (through someone close to them) of autism, eating disorders and schizophrenia

Table 7.1 Personal Familiarity with Mental Health Challenges (n=1,201)

<b>"I have, or someone close to me has, experienced this condition"</b>	
Condition	Percent Responding Yes
Depression	47.2%
Alcoholism	43.4%
Anxiety	41.6%
Attention-deficit/ hyperactivity disorder (ADHD)	34.0%
Bipolar disorder	27.8%
Obsessive compulsive disorder (OCD)	22.3%
Drug addiction (other than alcohol)	21.2%
Post-traumatic stress disorder (PTSD)	19.0%
Autism spectrum disorder	18.9%
Eating disorder (anorexia, bulimia)	16.2%
Schizophrenia	9.2%

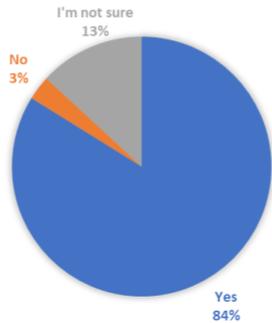
SAN ANTONIO CHURCHES: BRIEF INSTITUTIONAL PROFILE

*Church Support*

Along with personal health, our study also examined health-related resources and services provided by the church. Figure 4 below shows the degree to which congregants were aware of the types of mental health resources provided by their churches. Figure 4a. shows that 84% of surveyed members are aware that their churches do provide some type of counseling, demonstrating a high level of awareness related to those services. However, when asked whether the church provides a referral list of community-based mental health services, 57% of respondents said they did not know if such a list was made available, as shown in Figure 4b. This substantial proportion of congregants that are unaware of mental health referral lists may represent an area of resource provision that can be discussed and developed as part of an overall information-sharing process. Church leaders could consider possible avenues to communicate the availability of such services to members, while maintaining anonymity if such materials are kept at easy to find, but generally private areas of the facility.

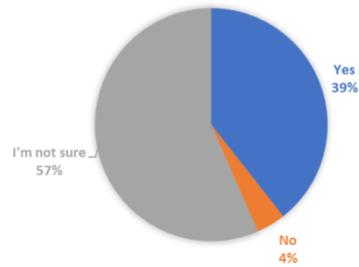
Figure 4. Congregant Knowledge of Health Services

DOES YOUR CHURCH PROVIDE COUNSELING SERVICES (E.G., SUPPORT GROUPS, PASTORAL COUSELING, ETC.)?



4a.

DOES YOUR CHURCH PROVIDE A REFERRAL LIST OF COUNSELING SERVICES OUTSIDE OF THE CHURCH, SUCH AS HOTLINE NUMBERS OR CONTACT INFORMATION OF MENTAL HEALTH PROFESSIONALS?



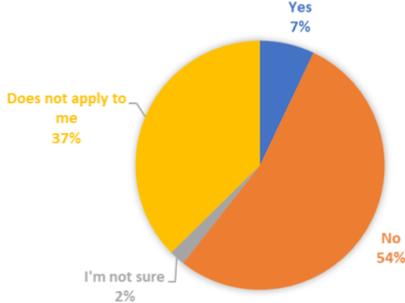
4b.

We also considered social interactions between church members and leaders related to mental health services. As Figure 5 shows, the highest percentage of respondents had not been referred to mental health services by church leaders (54%). Just as importantly, a similarly high percentage of church members (52%) did not feel they had been discouraged by church leaders from seeking mental health services. It is also important to note that the majority of respondents (57%) did not know whether their church provides a referral list.

We see this as a very encouraging sign at the churches we studied. Church leadership does not discourage clinical or other therapeutic mental health help-seeking behaviors on the part of their membership. In our view, this is an important step in removing barriers in seeking mental health support and discouraging stigma. We credit the leadership at these organizations for fostering this environment of openness and responsiveness to mental health concerns.

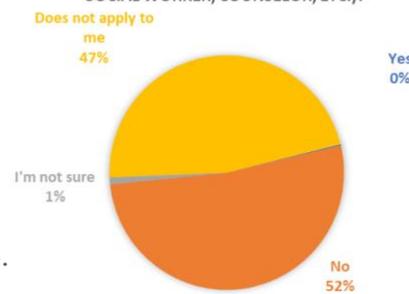
Figure 5. Leadership Referrals of Mental Health Resources

HAVE LEADERS OR STAFF MEMBERS FROM YOUR CHURCH EVER REFERRED YOU TO A MENTAL HEALTH PROFESSIONAL (E.G. PSYCHIATRIST, PSYCHOLOGIST, SOCIAL WORKER, COUNSELOR, ETC.)?



5a.

HAVE LEADERS OR STAFF MEMBERS FROM YOUR CHURCH EVER DISCOURAGED YOU FROM SEEKING HELP FROM A MENTAL HEALTH PROFESSIONAL (E.G. PSYCHIATRIST, PSYCHOLOGIST, SOCIAL WORKER, COUNSELOR, ETC.)?



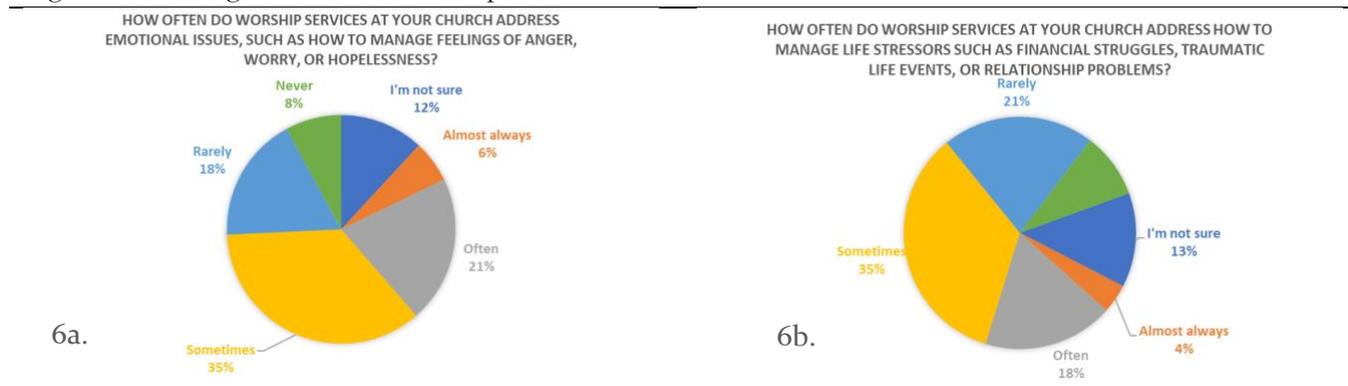
5b.

### Religious Experiences in the Church

There are multiple dimensions to religious services that draw congregants towards religious experiences. While rituals and sacraments play a vital role in fostering spiritual outlooks, sermons are the primary source of communicating for both theological and social messages to church members. Our focus on overall health led us to consider the messages emanating from the pulpit that are associated with personal well-being. Figure 6a. shows results of questions related specifically to messages from the pulpit. When asked if church services address emotional issues, 35% responded that this is “sometimes” the case, while 21% feel that these issues are addressed “often.”

We find a similar result when respondents were asked whether church services include messages about life stressors like financial struggles, relationships, etc. As Figure 6b. shows, the largest percent (35%) also responded “sometimes” while 18% feel these messages are relayed “often”. This data is useful as it allows churches to assess their own messaging and to have a better understanding of perceptions that church members have of sermons and other communications from church leaders.

Figure 6. The Degree to Which Worship Services Address Personal Life Issues



Next, we build on substantial research that has shown the importance of relationships and social networks that individuals acquire as part of their religious experiences in congregational settings. Our survey included questions intended to assess the quality of relationships that congregants share with others at their local churches. We specifically asked about the interpersonal relationships that members have with church leadership and with their fellow church members.

As shown by Table 8, the majority of surveyed church members at reported very close, positive relationships with church leadership. It should be noted that a lower percent (71%) felt they are “very close” to their church leader, but this is most likely related to the large size of some of the congregations in our study, which makes regular personal interactions difficult. Clear majorities responded that they feel accepted and listened to by church leaders while very few report negative feelings.

Table 8. Congregational Attitudes Towards Church Leadership

Please rate how much you agree or disagree with the following statements about your church leader (e.g. priest, pastor, minister, etc.).	Agree/Strongly Agree	No opinion
My church leader would take the time to talk over my problems if I needed to.	88%	6%
My church leader makes me feel like I am a worthwhile person.	83%	9%
When I am around my church leader, I can completely relax and be myself.	84%	9%
My church leader really cares about me.	79%	12%
I feel very close to my church leader.	71%	9%

Table 8. Congregational Attitudes Towards Church Leadership

<b>Please rate how much you agree or disagree with the following statements about your church leader (e.g. priest, pastor, minister, etc.).</b>	<b>Agree/Strongly Agree</b>	<b>No opinion</b>
My church leader expects too much from me.	4%	15%
My church leader treats me like I am an inferior person.	4%	8%
My church leader often criticizes the choices that I make.	3%	17%

**Sample size= 1115**

It may also be important to consider relationships with fellow church members as well. We asked additional questions related to church member relationships with fellow congregants. Table 9 shows responses to several questions that were associated with the quality of personal relationships with fellow church members. As with leadership relationships, surveyed members expressed very positive interpersonal relationships with their peers. Clear majorities feel they are appreciated (85%), and that they can discuss problems and personal issues with fellow church members (89%). Furthermore, a high percentage felt that the church fosters a caring environment for its members (82%). On the other hand, very few churchgoers in our study reported negative social experiences with others in the church.

Table 9. Congregational Attitudes Towards Fellow Church Members

<b>Please rate how much you agree or disagree with the following statements about fellow church members.</b>	<b>Agree/Strongly Agree</b>	<b>No opinion</b>
There are members of my church who would take the time to talk over my problems if I needed to.	89%	7%
When I am around other members of my church, I can completely relax and be myself.	87%	6%
Fellow church members make me feel like I am a worthwhile person.	85%	8%
Members of my church really care about each other.	82%	9%
I feel very close to the other members of my church.	77%	7%
Other members of my church expect too much from me.	5%	13%
Fellow church members often criticize the choices that I make.	3%	14%
Members of my church treat me like I am an inferior person.	4%	7%

**Sample size= 1115**

Having established the very positive experiences reported by San Antonio parishioners, we thought it would be useful to explore possible mechanisms that might be shaping these favorable outlooks. We asked respondents a series of questions related to the frequency of regular interactions with fellow church members.

Referring to Table 10 below, we can see several related outcomes that resonate with the generally positive experiences that parishioners report above. The data indicate that most of the surveyed members “often” or “fairly often” receive positive messages of caring, concern, and love from others at their churches. However, it is just as important to note the 32% who responded that they “never” talk to fellow congregants about personal issues.

Table 10. Frequency of Religious and Social Interactions With Church members

<b>How often do people in your congregation do the following?</b>	<b>Never</b>	<b>Once in a while</b>	<b>Fairly/Very Often</b>
Someone in your congregation lets you know they love and care for you.	9%	23%	68%
Someone in your congregation expresses interest and concern in your well-being.	10%	24%	66%
Someone in your congregation helps you to lead a better religious life.	16%	31%	53%
Someone in your congregation shares their own religious experience with you.	15%	51%	34%
Someone in your congregation talks with you about your private problems and concerns.	32%	38%	30%
Someone in your congregation helps you find solutions to your problems in the Bible.	33%	40%	27%

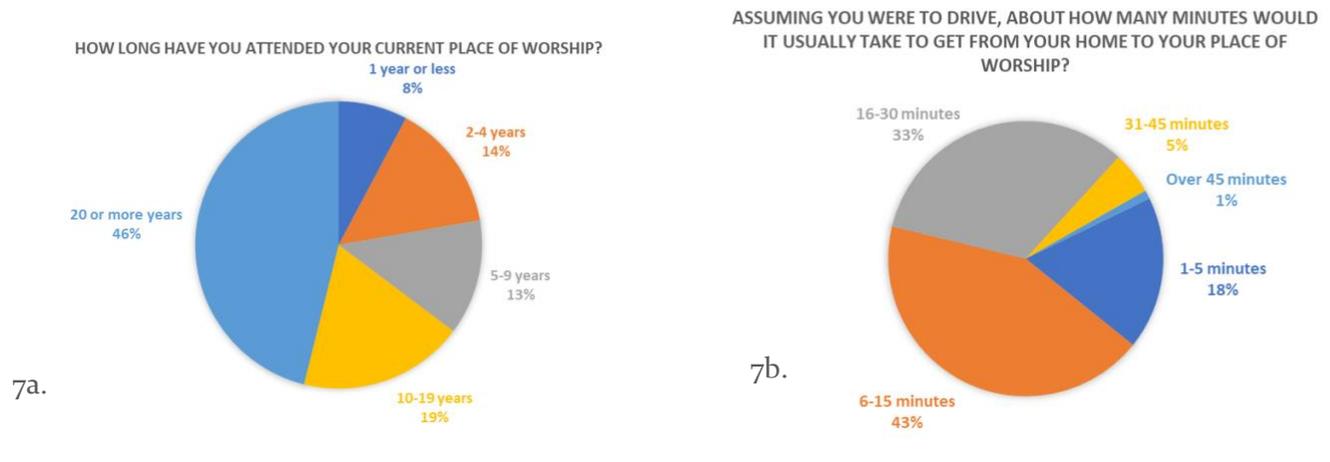
**Sample size= 1143**

### *Membership Profile*

We close this report by presenting general information on important church-related characteristics. Such analysis of organizational features may be helpful when considering future objectives and strategies for growth.

We begin with several organizational measures and move to general indicators of overall religiousness. In terms of length of membership, Figure 7 indicates that our sample of churches boasts a high percentage of congregants who have been members for over 20 years. This could be a correlate of the relatively older age of the sample, but also reflects a level of continuity and retention that is to be commended. On the other hand, lower percentages are found among newly attending members; a finding that may present opportunities for recruitment and outreach. Similarly, the majority of members making up our study sample commute from local communities near their church. A substantial majority drive less than 30 minutes and very few over 45 minutes.

Figure 7. General Congregational Characteristics



While religious attendance is a useful measure to assess overall engagement, it might also be useful to explore participation outside of regularly scheduled religious services. The survey asked about both attendance at regularly scheduled religious services, and non-service day social functions.

There are several possibilities as to why it may be important to capture this distinction using survey data. First, participation in social activities is a useful proxy for overall commitment and support for the life of the church. Participants in activities outside of regular worship services often provide additional support in terms of volunteering and lay service to the church community. Second, these smaller settings allow for more one-on-one interaction with church leaders and staff. Finally, attendance at social functions can be a useful way to attract new members who might want to make more personal connections with others that may be more difficult in larger masses and other worship services.

Below we show results related to attendance at church activities. As displayed in Figure 8, while the majority of respondents attend weekly (58%) or 2-3 times a month (12%), very few reported either weekly (6%) or monthly (17%) participation in social functions at the church outside of Sunday services. This presents another opportunity for outreach and discussions about the type of non-service programming that may attract larger numbers of participants.

Figure 8. Congregational Attendance at Church Services and Events

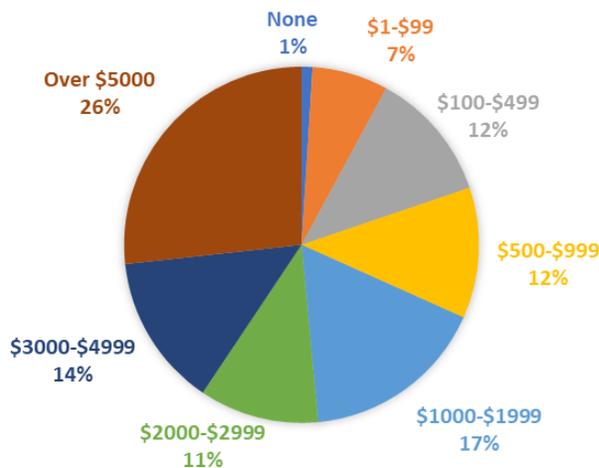


Finally, Figure 9 below shows the distribution of volunteer donations made to the church. This data indicates a generous giving spirit among respondents to this survey. More than half of the respondents were concentrated in the three highest giving categories.

Of course, these results should be interpreted tentatively, since it is likely that there is a self-selection effect impacting these results. In other words, it is likely that more highly engaged respondents are *both* participants in the survey *and*, more likely to contribute larger amounts and in larger percentages to the church. It is also worth noting that these giving patterns are in keeping with national surveys showing similar patterns. As an example, the annual *Consumer Expenditure Survey* indicates that roughly 4% of Americans contribute 4% percent of their annual income to religious organizations.

Figure 9. Monetary Donations to Church

DURING THE LAST YEAR, ABOUT HOW MUCH MONEY (IF ANY) DID YOU AND OTHER FAMILY MEMBERS IN YOUR HOUSEHOLD CONTRIBUTE TO YOUR CURRENT PLACE OF WORSHIP?

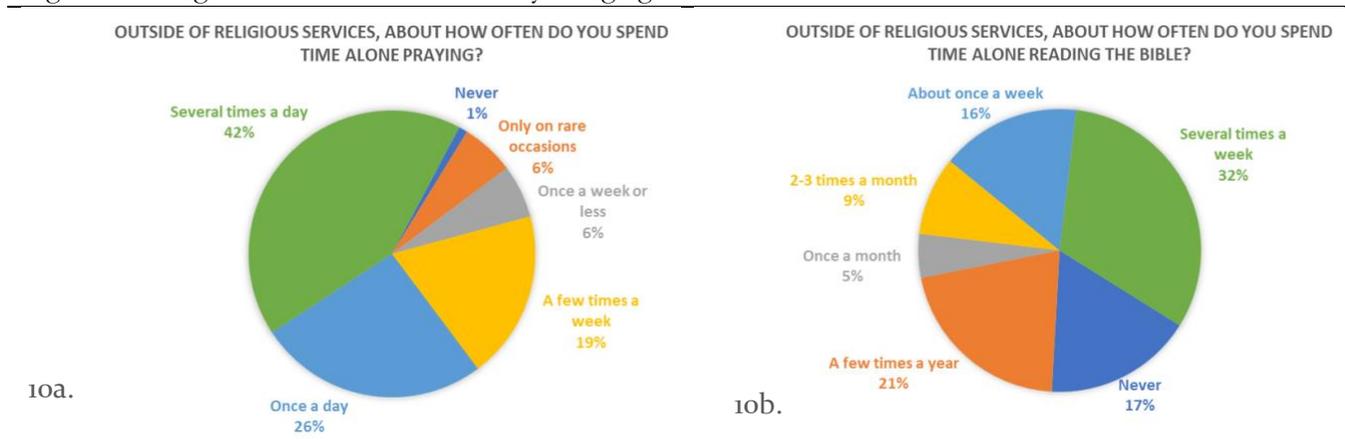


### Congregational Religiosity

We next consider general measures of religiousness among church members. Figure 10 displays distributions for frequency of prayer and Bible reading. Figure 10a. shows that the majority of our respondents pray daily (26%) or several times a day (42%), while very few rarely or never pray. With prayer being an individual expression of religiousness, it is a positive sign that congregants are highly engaged in this aspect of their personal religious life.

This high level of personal piety is related to reading Biblical scripture; as shown in Figure 10b. Here we can see that 16% of those responding read the Bible weekly, and an even higher 32% read biblical scripture several times a week. However, 17% respond that they “never” read the Bible. Of course, as we noted above, we might expect this sample of congregants to be composed of higher engaged and regularly active members. It is then plausible that this highly engaged study sample exhibits higher rates of Bible reading than the entire churchgoing population of San Antonio. With that caveat in mind, this high level of personal religious practice reflects an active spiritual life among churchgoers at the churches that participated in our study.

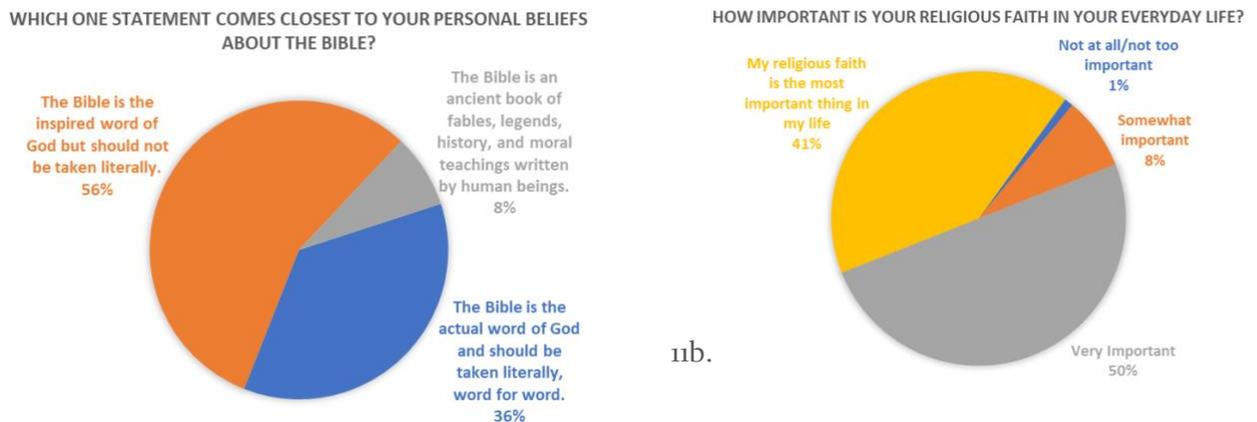
Figure 10. Religious Activities Performed by Congregants



Continuing with the previous themes, Figure 11 shows results to questions related to specific perspectives of the Bible and the place of religious faith in one’s life. Figure 11a. shows that most parishioners take a “balanced” view of scripture, with 56% responding that, while the Bible is, in fact, divinely inspired, not every pronouncement contained in the Bible is to be taken literally. This resonates with much of Catholic and Mainline Protestant teaching, which has been successful at drawing distinctions between scripturally unconditional verses and more metaphorical writings. Even so, a sizable 36% take a much more literal view of biblical writings and view these passages as wholly divinely inspired and subject to only a literal interpretation.

In terms of the place of faith in one’s life, Figure 11b. shows the very high levels of religious piety among our study sample. While 50% of respondents report that their faith is “very important” in everyday life, 41% say it is “the most important thing” in their lives.

Figure 11. Congregants' Beliefs About the Bible and Overall Faith



## CONCLUSION

This report has provided an overview of overall health, well-being, and a series of organizational characteristics in local area churches in San Antonio. Many of the findings shown here, in our view, provide opportunities for further discussion and reflection of church leadership. However, in all, it is clear that the life of the congregations we studied is strong, characterized by high engagement, high levels of personal faith among church members and, as importantly, feelings of connectedness with church leadership and fellow church members.

In terms of personal well-being, survey data reflects a membership characterized by high levels of physical and mental health. Keeping in mind the above average age of survey respondents that made up our sample, most respondents self-report a positive sense of well-being and general health. Also evident is the supportive atmosphere for issues of mental health and the sense that these issues are not stigmatized by church leadership. While a few respondents report problematic mental health concerns, they do not feel discouraged from seeking help, and report a welcoming atmosphere whereby they feel comfortable seeking help from church leaders for their problems. Two areas of attention to note are the high percentage of respondents who do not know whether their churches have referral lists, and the substantial minority who never share their personal struggles with church members.

On behalf of the H.E. Butt Foundation, UTSA faculty and student researchers, we thank the leadership and staff at these local area churches for their support and cooperation during this process. Their combined commitment to this work reflects a genuine concern for matters of faith as well as a concern for matters of health and well-being in the San Antonio community.

In time, we look forward to continued engagement with our participating congregations. In our view, this work represents a first step in continuing community discussions over issues of health and well-being in our community. We could not be more grateful for your assistance, support and cooperation.

APPENDICES

Appendix 1. Mental and Emotional Well-being Index Questions

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Although most people would prefer to feel happy all of the time, there are times when we can't help but feel nervous, sad, or angry. How often *in the past 30 days* have you felt any of the following ways?

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Bothered by things that usually do not bother you

Lack of appetite

That you could not "shake off the blues"

That everything you did was an effort

Hopeless about the future

Unable to keep your mind on what you were doing

So sad that nothing could cheer you up

Like you could not "get going"

Shortness of breath or trouble breathing

Numbness or tingling in parts of your body

Sweaty but not due to heat or exercise

That life is ultimately meaningless

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Cronbach's  $\alpha = .91$

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Appendix 2. Depression Index Questions

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Although most people would prefer to feel happy all of the time, there are times when we can't help but feel nervous, sad, or angry. How often *in the past 30 days* have you felt any of the following ways?

---

So sad that nothing could cheer you up

That you could not "shake off the blues"

That life is ultimately meaningless

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Cronbach's  $\alpha = .82$

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### Appendix 3. Anxiety Index Questions

Although most people would prefer to feel happy all of the time, there are times when we can't help but feel nervous, sad, or angry. How often <i>in the past 30 days</i> have you felt any of the following ways?
Trembling and shaky
Worried over possible misfortunes
Your muscles were tense
Could not control your thoughts
Like the worst was going to happen
Butterflies in your stomach
Dizzy or lightheaded
Like you were missing out on things in life
That you had to keep busy to avoid unpleasant thoughts
Cronbach's $\alpha = .85$

### Appendix 4. Sample "Victor" Mental Distress Vignette

Up until a year ago, life was pretty okay for Victor. But then things started to change. He thought that people around him were making disapproving comments and talking behind his back. Victor was convinced that people were spying on him and that they could hear what he was thinking. Victor lost his drive to participate in his usual work and family activities and retreated to his home, eventually spending most of his day in his room. Victor was hearing voices even though no one else was around. These voices told him what to do and what to think. He has been living this way for six months.