ABSTRACT

THE RELATIONSHIP BETWEEN CHURCH HEALTH AND CHURCH GROWTH IN THE EVANGELICAL PRESBYTERIAN CHURCH

by

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The purpose of this collaborative research project was to describe the relationship between church health and growth. The research team developed a survey to assess the presence of eight health characteristics: intentional evangelism, mobilized laity, transforming discipleship, engaging worship, passionate spirituality, empowering leadership, authentic community, and effective structures. The health was then compared to particular indices of growth.

A positive relationship between health and growth was discovered. In addition, demographic factors and spiritual habits proved to be key predictors of health.
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IN THE EVANGELICAL PRESBYTERIAN CHURCH

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by
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CHAPTER 1
UNDERSTANDING THE PROBLEM

Globally the church of Jesus Christ has never looked healthier. Worldwide the church gains 80,000-100,000 new believers daily and 3,500 new churches every week. Closer to home, the numbers are not as encouraging. In North America all Protestant denominations declined 9.5 percent in the past ten years representing a loss of 4.4 million people. This loss exists in spite of a population increase of 11.4 percent (or 24 million people) over the same period. No one county in America has a greater churched population today than it did ten years ago. With more than 195 million unchurched people, America is the third largest mission field in the world and the thirteenth largest receiver of missionaries. America desperately needs healthy churches that will grow and reproduce and multiply (Logan, “Church Planting”).

As the numbers suggest, the church in North America is in trouble. Barna states, “The vast majority of Christian churches in America are either stagnant or declining. Relatively few of the nation’s 300,000 + protestant congregations are increasing the number of people (in worship attendance) by at least 10 percent a year” (User Friendly 15). According to George Hunter as many as 80 percent of churches in America today are in plateau and/or decline (Leading 118). Of the 20 percent that are growing, 15 percent or more are growing by transfer and perhaps as little as 5 percent are growing by conversion.

While the numeric data may be discouraging, signs of hope exist. Some churches across the nation are experiencing incredible growth and health. These churches have sparked great interest. Church leaders and writers have sought to identify the reasons why
some churches grow while most are in decline. Research has attempted to pinpoint the characteristics of a healthy church and to identify what these churches believe about the nature and mission of the church.

Church growth writers (e.g., McGavran; Wagner) explored strategies to grow churches. They drew heavily from missiology and cultural anthropology to stress the need for culturally relevant and attractive ways to evangelize unbelievers. Many pastors and church leaders felt that the church growth movement helped restore the priority of the great commission and provided practical methods for making more and better disciples. Others were frustrated by the pressure for numerical growth and were skeptical of the church growth emphasis on numbers and programs. The skepticism about church growth has led to a shift in focus away from church growth and toward church health.

Church health is an offspring of the church growth movement but sees itself focusing not on the quantity of people in local churches but the quality of the churches themselves. Church health seeks to understand how well a church is carrying out its functions. Writers like Rick Warren, Christian Schwarz, Ken Hemphill, Steven Macchia, and Bob Logan maintain that numerical and spiritual growth come as a result of achieving health, not from the implementation of the newest program.

The church health movement recently gained considerable prominence through the work of German researcher Christian Schwarz. His book *Natural Church Development* studied the connection between church health and numerical growth. From his field research, he observed a positive correlation between the overall health of a church and the probability of the growth of that congregation (116). Schwarz surveyed more than one thousand churches in thirty-two countries on all five continents. Schwarz
defined health as an interlinking connection between the following eight qualities: empowering leadership, gift-oriented ministry, passionate spirituality, functional structures, inspiring worship services, holistic small groups, need-oriented evangelism, and loving relationships.

The accuracy of Schwarz’s study has been attacked by some critics (e.g., John Ellas and Flavil Yeakley) as being “pseudo-scientific” and lacking hard data. Other critics (e.g., Daniel Simpson; Gary McIntosh) believe Schwarz has merely repackaged church growth ideas under the banner of church health and, in reality, offers nothing new. A growing number of health writers have each proposed their own list of health characteristics for a healthy church. In spite of considerable overlap among these lists of characteristics, each list has unique aspects. The growing dialog regarding church health suggests the young and evolving nature of this field.

**Context of the Study**

The Evangelical Presbyterian Church (EPC) is a small denomination of 63,748 active members in 193 congregations. While historically reformed in doctrine, the EPC includes a wide variety of churches from conservative to charismatic. The churches also range in worship style from contemporary to liturgical. The EPC includes plateaued and declining churches as well as growing churches. The size of these churches ranges from an average attendance of forty to an average attendance of four-thousand.

Presbyterians come in many varieties with new branches being formed in every generation. The EPC began in the fall of 1980 and spring of 1981 when a group of pastors and elders met in St. Louis, Missouri, for planning and prayer. They came from mainline Presbyterian denominations like the United Presbyterian Church (northern
churches) and the Presbyterian Church in the United States (southern churches). These leaders had become increasingly distressed by liberalism within their denominations. They wanted to form a church that took seriously the works of Scripture, the theology of the historic confessions of the faith, and the evangelical fervor of their Presbyterian founders. They envisioned a denomination that was truly evangelical and truly Presbyterian, hence the name.

The EPC has several distinctive features that influence any study or discussion of church health within this denomination. The EPC is a young denomination drawn from an old mainline denomination. In essence, this twenty-year-old denomination has four-hundred years of history. It is reformed in theology, Presbyterian in government, and evangelical in sharing the good news of salvation through Jesus Christ.

**The Purpose Stated\(^1\)**

The purpose of this study was to describe the relationship between church health and church growth in the Evangelical Presbyterian Church. A survey measured the strength of eight quality characteristics of church health. This provided a cross sectional picture of church health in the Evangelical Presbyterian Church. The health of each church was correlated with particular indices of church growth. This research can be used to educate church leaders regarding church health and to design effective strategies toward building healthy congregations.

**Research Questions**

In order to fulfill the purposes of this study, three research questions have been identified:

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\(^1\) This study is part of a collaborative research design team consisting of four Beeson Pastors: Jim Kinder, Brian Law, Keith Taylor, and me.
1. How do EPC churches rate on each of the eight Beeson Church Health Characteristics?

2. How does the health of the surveyed churches correlate to church growth over the past five years?

3. What are the contextual factors apart from the eight Beeson Church Health Characteristics that influenced church growth?

**Definition of Terms**

In this study, the principal terms were defined.

*Beeson Church Health Characteristics* (BCHC) are the aspects of church health that, when taken together, can be used to diagnose the health of a church. The characteristics for the purpose of this study are empowering leadership, passionate spirituality, authentic community, functional structures, transforming discipleship, engaging worship, intentional evangelism, and mobilized laity.

*Church growth* is the rate of change in the average number of persons attending the principal weekend adult worship service(s). The rate of change was examined over the five-year period (1996, 1997, 1998, 1999, and 2000). Other indices for growth include the number of recorded conversions and baptisms over the same time period.

*Church health* is defined as the balance among or “harmonious interplay” between the quality characteristics of health. Lack of health is defined as a low presence or absence of the health characteristics.

*Natural Church Development (NCD)* is an approach to church growth based on the premise that God causes the growth and that all humans endeavors should be focused on releasing the “divine growth automatisms” by which God grows the church (Schwarz,
Systems are organizational patterns that congregations follow to keep in balance their purpose, structures, relationships, and spirituality.

**Methodology**

This was an evaluative study in the descriptive mode that utilizes a researcher-designed questionnaire. The tabulation of these surveys provided an indication of the health of each church. Each church’s health index was then compared to their growth statistics to test the correlation between health and growth.

**Population and Subjects**

The population for this study was a sample of churches within the Evangelical Presbyterian Church. Each of the 193 EPC congregations was invited to participate. The sample size in each church was determined according to the size of the congregation’s adult worship attendance.

**Variables**

The independent variable of this research project is church health. This is operationalized as the Beeson Church Health Characteristics as noted above.

The dependent variable of this study is church growth. This was operationalized into subsets that included the rate of growth in the weekend worship service(s), attendance over a five-year period (1996-2000), and the number of conversions and baptisms reported by the churches participating in the study.

Intervening variables that may affect the outcome of the study include various contextual factors including spiritual disciplines, personal demographics, and church demographics. The spiritual disciplines examined were personal devotions, family
devotions, ministry involvement, prayer, sharing of faith, and Bible study. The personal demographics examined were church membership, length of involvement, frequency of worship attendance, percentage of money given, participation in a small group or ministry, perception of community (i.e., growing, plateaued, or declining), age, gender, marital status, and number of children. The church demographics examined were tenure of pastor, age of facility, adequacy of facility size, community growth, adequacy of staffing, and population size of community.

**Instrumentation**

A researcher-designed questionnaire was developed to measure the eight Beeson Church Health Characteristics. The instrument has fifty-five items that was answered on a five-point Likert scale. Sixteen demographic questions were also given to each participant. An additional ten questions were given to the pastor or key leader of each church to gather statistics on church attendance, conversions, baptisms, and other specific contextual factors. The church health indicators were compared to the church growth statistics to determine if a correlation between the health and growth of the church exists.

**Data Collection**

After contacting the denominational officials within the EPC to gain their support of the project, I sent a letter to each EPC church inviting their participation. An accompanying letter from Bill Moyer, the Director of National Outreach for the EPC, encouraged participation in the project. The churches that responded were given copies of the survey, a return envelope, and detailed instructions regarding the administration of the survey. Each participating pastor or designated leader was asked to oversee the distribution and collection of the surveys.

The completed surveys were returned to me, and I then sent them to Asbury
Theological Seminary. There, the data was tabulated and processed. The results were analyzed to determine the health of each individual church, the overall health of the EPC, and the correlation between church health and church growth.

**Delimitations and Generalizability**

This study focused on a convenient sampling and the voluntary participation of church members in the Evangelical Presbyterian Church. The project is, therefore, limited, and the findings only generalized to those churches that participated. This research adds to the existing studies providing a foundation for prescriptive measures to maintain healthy missional churches. These findings have direct implications for the EPC as it seeks a better understanding of its churches and discovers how more effectively to make disciples. The research methods employed also may have application to other denominations similar to the EPC. The data from the EPC study was also compared with data from similar research in different denominations, thus strengthening and extending the generalizations of this study.

A positive relationship was found between church health and church growth. The systemic nature of the church, however, makes the correlations difficult to interpret easily. Several intervening variables were significantly related to people’s perceptions of health; thus, the findings are not as straightforward as one might wish. In addition, a host of other intervening variables were not controlled and are outside the scope of this study.

**Theological Grounding**

This study of church health was grounded in the theology of church as mission. I believe that healthy churches are missional churches. They are outward focused and have a sense of being about the work of God’s mission in the world.
Modern missiology no longer views mission as a department or activity of the church. To the contrary, mission is a broad category under which church is one subject among many. Mission is essential to the meaning of the church, not just another task undertaken by the church.

For too long, the church was thought of as a place where certain things happen. Even the Reformers said a true church existed wherever the word is rightly preached and the sacraments rightly administered. Unfortunately, this perpetuated the popular misconception of the church as a place where religious things happen. In the twentieth century, this perception gave way to a new understanding of the church as a body of people sent on a mission (Guder 81). Unlike the previous notion of the church as an entity located in a facility or in an institutional organization and its activities, the church is being reconceived as a community, a gathered people, brought together by a common calling and vocation to be a sent people. A now global Church recognizes that each church bears missional calling and responsibility for its own place as well as for distant places.

By mid-century the emphasis in missiology shifted from an ecclesiocentric (church-centered) view of mission toward a theocentric (God-centered) approach that stressed the mission of God (missio Dei) as the foundation for the mission of the church (Logan, Beyond 81). The Bible is the story of God’s loving and liberating initiative for all creation. The biblical record documents God’s work in human history as well as the divine call for human participation in God’s mission.

Mission is not something the church does as part of its total program. No, the church’s essence is missional, for the calling and sending action of God forms its identity. This sending action is inherent in our understanding of the Trinity. Jesus told his disciples
in John 20:21, “As the Father has sent me, so I send you.” Mission is founded on the mission of God in the world, rather than the church’s effort to extend itself.

Linda Adams summarizes this missional understanding of the church:

> The result is a missional ecclesiology that calls every church not only to send missionaries, but to be them. Mission is not one box on the organizational chart; it is the paper on which the chart is printed, the reason for the organism’s life. The result of this understanding for me is that the mission of the church is for its members to be God’s agent in the world, representing his kingdom, incarnating his life, so that others may join in his worship. (32)

The relationship between mission, church health, and church growth is interdependent and reciprocal. The theology of mission provides a foundation for church health and church growth. Indeed, the mind-set and practices of a missional church lead to health and growth. At the same time, a healthy church is an environment in which mission can thrive.

**Overview of Study**

Chapter 2 reviews selected literature and pertinent research. The theological foundations of mission and its relationship to church health are studied. Contemporary writings on church health and church growth are examined, and a list of quality characteristics of church health is defined. Two of the Beeson Church Health Characteristics, “Intentional Evangelism” and “Mobilized Laity,” are also explored.

Chapter 3 presents a detailed explanation of the project’s design, the research methods, and the methods of data analysis.

Chapter 4 presents the findings of the study.

Chapter 5 reports major findings of the study and practical applications that flow out of the research. It also offers suggestions for further inquiry.

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2 Unless otherwise stated, all biblical quotes are from the New International Version (NIV).
CHAPTER 2

REVIEW OF SELECTED LITERATURE

This study sought to examine the relationship between church health and church growth in the Evangelical Presbyterian Church. This literature review focused on the theological understanding of the church as mission. The theology of mission provided the theological foundation for this study. Further review focused on the church growth movement and the church health movement. This study examined two characteristics of church health: intentional evangelism and mobilized laity. Finally, the study included a brief description of each of the other six health characteristics as summarized from the research conducted by other members of the collaborative team.¹ These health characteristics are transforming discipleship, engaging worship, authentic community, effective structures, passionate spirituality, and empowering leadership.

Missional Church

Any study of church health must inevitably turn to a study of mission. A review of the literature reveals that healthy churches are outward focused. They see themselves as missionary congregations. In a recent study conducted by the Lutheran Church-Missouri Synod, researchers found that a key factor in church growth is the understanding that the church has a mission beyond its current membership (Hemphill 21). Leith Anderson says that today’s church survivors and thrivers will be the churches that exist for others (186). Dietrich Bonhoeffer says even more emphatically in Letter and Papers from Prison, “The Church is the Church only when it exists for others” (203).

An outward focus is more than a good church growth strategy; it is good

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¹ Jim Kinder examined empowering leadership and passionate spirituality. Brian Law studied engaging worship and transforming discipleship. Keith Taylor researched authentic community and functional structures.
theology. The theology of church and mission is evolving. Mission was once seen as one of the many activities of the church. Today, mission is seen as being central to the identity of the church. It is one of the distinguishing marks of a true church. Healthy churches are missional churches. As local congregations grow to reach out in mission to the world, they will become, in fact, what they already are by faith: God’s missionary people (Van Engen 17).

**Mission and “Missions”**

In this work “mission” and “missional” are not synonymous with “foreign missions.” Mission means “the Christian church and its ministers, lay and clergy, discerning and responding to God’s loving and liberating initiatives in the world” (Messer 18). Mission represents more than proclamation or witness or evangelization or service or church growth. Mission is essential to the meaning of the church, not just another task assumed by the church. Emil Brunner has been quoted as saying, “The Church exists by mission as fire exists by burning” (Messer 18). Every Christian is a missionary, and every church is a mission.

**Mission and Church**

The relationship between church and mission has been the subject of much discussion with little agreement during most of this century. The popular view tends to see church and mission as distinct and sometimes conflicting ideas. Lesslie Newbigin summarizes the popular view on these two concepts:

> In the thinking of the vast majority of Christians, the words “church” and “mission” connote two different kinds of society. The one is conceived to be a society devoted to worship and the spiritual care and nurture of its members…. The other is conceived to be a society devoted to the propagation of the gospel, passing on its converts to the safe keeping of “the church.”… It is taken for
granted that the missionary obligation is one that has to be met AFTER [original emphasis] the needs of the home have been fully met; the existing gains have to be thoroughly consolidated before we go further afield; that the world-wide church has to be built up with the same sort of prudent business enterprise. (Household 164-65)

While the common understanding is that Church and mission are related but distinct concepts, modern missiology is discovering a closer connection. Thomas Torrance affirms that “mission belongs to the nature of the church” (161). John R.W. Stott states, “The Church cannot be understood rightly except in a perspective which is at once missionary and eschatological” (One People 17).

While church and mission are distinct ideas; one cannot be understood without the other—or be a part of one without being a part of the other. The nature of these two concepts is indistinguishable. Newbigin says that church and mission define each other:

Just as we must insist that a church which has ceased to be a mission has lost the essential character of a church, so we must also say that a mission which is not at the same time truly a church is not a true expression of the divine apostolate. An unchurchly mission is as much a monstrosity as an unmissionary church. (Household 169-70)

Newbigin understands church and mission to be closely intertwined, overlapping, and interdependent.

While Newbigin has done much to elevate the importance of mission in ecclesial circles, modern missiologists have taken the relationship between church and mission even a step farther. Mission should not only be raised to equal importance with the church, they assert, but should be elevated above the church. This view represents a clear progression of thought regarding mission. The church was once seen as the general file heading under which mission was one of the many activities. Modern missiology vehemently resists viewing mission as merely a department of the church. Rather,
mission is the umbrella under which the church stands. “It is not so much that the church has a mission, but that the mission has a church” (Baucum 4). In the words of Donald Messer, “[m]inistry flows from mission” (18).

For most of Protestantism, even for Calvin, two marks identify a true church. If the Word of God is truly preached and the sacraments of communion and baptism are rightly administered, a true church exists. John Knox adds a third criterion, understandable considering the corruption of the church against which he protested. Knox says that a third mark of the church is “ecclesiastical discipline uprightly administered” (qtd. in Presbyterian Church USA 3.18). In their time, these emphases may have been profoundly missional since they asserted the authority of the Bible for the church’s life and proclamation as well as the importance of making that proclamation accessible to all people. Preaching the word incorporated not only the teaching of believers but also proclaiming the word to those outside the church. However, over time, these “marks” narrowed the church’s definition of itself to a place where certain things happen. This understanding was not so much articulated as presumed (Guder 80).

Karl Barth observes that the essential nature of the church comes into being only when the church fulfills its purposes. The church’s purpose, according to Barth, is centered in “the doctrine of reconciliation” as it leads toward “the being of the community” of reconciled persons (650-51). Barth’s definition of the church recaptures some of the missional character of the church. In Barth’s day, however, the institutional understanding of the church continued to dominate, and the church was equated with the actions of the clergy (preaching and sacraments).

Though not the Reformers’ intention, people began to think of church as a place.
Popular grammar captures it well: people “go to church” much the same way they might go to the store.

This view corresponds well to the basic notion of mission that has existed under Christendom. In many ways the Reformers and their immediate successors believed that the commission Jesus left with the apostles—to disciple the nations—was fulfilled in the first century; therefore, it was no longer required of the church. The colonial expansion of European nations raised new questions about this belief as the churches of Europe encountered peoples who had never heard the gospel. Mission was necessary, but it continued to be conceived as something that happened at a great physical or social distance (Guder 80).

In the twentieth century, this self-perception of the church as a place began to be replaced with the New Testament understanding of the church as a people. The church is being reconceived as a community of people gathered by God and sent on a mission. The missional calling of God is both local and global. God has sent the church to reach its own culture as well as other cultures.

As a result of these developments, a shift from an ecclesiocentric (church-centered) view of mission to a theocentric (God-centered) view took place. Mission as a church-centered enterprise characterized mission thinking earlier in the twentieth century (Guder 81). The goal was to extend the church.

By mid-century the emphasis in mission thought shifted toward a theocentric approach that, in contrast, stressed the mission of God (*missio Dei*) as the foundation for the mission of the church (Logan, *Beyond* 81). The Bible is the story of God’s loving and liberating initiative for all creation. The biblical record documents God’s work in human
history as well as the divine call for human participation in God’s mission.

Mission is not something the church does, a part of its total program. The church’s essence is missional; the calling and sending action of God forms its identity. Jesus told his disciples in John 20:21, “As the Father has sent me, so I send you.” Mission is founded on the mission of God in the world rather than the church’s effort to extend itself. Linda Adams summaries this missional understanding of the church:

The result is a missional ecclesiology that calls every church not only to send missionaries, but to be them. Mission is not one box on the organizational chart; it is the paper on which the chart is printed, the reason for the organism’s life. The result of this understanding for me is that the mission of the church is for its members to be God’s agent in the world, representing his kingdom, incarnating his life, so that others may join in his worship. (32)

Ray Anderson states clearly, “Mission precedes and creates the church” (158).

**Mission and the Trinity**

In recent years a renewed interest in Trinitarian theology has developed as evidenced by an outpouring of books and articles on the topic. Karl Barth sparked this revival by placing the doctrine of the Trinity at the beginning of his *Church Dogmatics*. For the 150 years preceding Barth, discussions of trinitarian theology were ignored or relegated to appendices.

This recent revival in trinitarian theology has recovered the relational dynamism of the trinity (e.g., Barth; Rahner; Newbigin; LaCugna). The Trinity reveals that the very nature of God is communal and relational. The Father begets the Son and bestows the Spirit demonstrating self-giving love. The Trinity is a model for healthy relationships and for healthy churches.

This understanding of the trinity is also deeply missiological. David Bosch
represents this emerging consciousness:

Mission was understood as being derived from the very nature of God. It was thus put in the context of the doctrine of the Trinity, not of ecclesiology or soteriology. The classic doctrine of the *missio Dei* as God the Father sending the Son, and God the Father and Son sending the Spirit was expanded to include yet another “movement”: Father, Son, and Holy Spirit sending the church into the world. (*Transforming Mission* 390)

Bosch identifies an important development in missiological thinking. God, mission, and the church, once viewed as separate categories of study, are now seen as closely intertwined. The Trinity is rightly understood as the basis of an authentic church community and the locus of missional calling. Lesslie Newbigin develops this trinitarian understanding of mission by examining mission is three ways:

1. Proclaiming the kingdom of the Father: Mission as Faith in Action;
2. Sharing the life of the Son: Mission as Love in Action; and,

Theocentric mission theology recovered the trinitarian character of mission and restored a model for healthy balance, mutuality, and interdependence. Reciprocally, the renewed interest in trinitarian theology has fueled the discussion regarding the nature of mission and the church.

**Mission and the Kingdom of God**

The mission of the church is bound up with the person and mission of Jesus. The central teaching of Jesus concerned the kingdom of God. This was the central and guiding theme of the message he was compelled to proclaim. Healings in Capernaum left the people urging Jesus to stay with them. “But he said, ‘I must preach the good news of..."
the kingdom of God to the other towns also, because this is why I was sent” (Luke 4:43). Jesus was obedient to the Father’s instructions and focused his message on the good news that the reign of God was at hand.

The kingdom of God is a present reality as well as a future promise. In Matthew 12:32, Jesus teaches that time can be conceptually divided into “this age” and “the age to come.” In Ephesians 1:21 Paul declares that Jesus is above all principalities and powers “not only in this age but also in the age to come.” Jesus’ second coming separates the two ages. When Jesus returns the kingdom of God will have arrived in its fullness.

We can, however, experience the blessing of the kingdom of God now. The kingdom invaded the present age when Jesus came the first time. John the Baptist prepared the way for Jesus by proclaiming, “Repent, for the kingdom of heaven is at hand” (Matt. 3:2). Jesus had a similar message (Matt. 4:17). Jesus told the twelve and later the seventy to preach that the kingdom of God was at hand.

Unlike in New Jerusalem, in the present age the “power of darkness,” as Paul says, and the kingdom coexist. This is where mission comes into the picture. Christian mission is what God sends Christ-followers to do. God sends his children out as ambassadors of his kingdom into a world still dominated by the evil one. Newbigin says the Church is sent “not only to proclaim the kingdom but to bear in its own life the presence of the kingdom” (Open Secret 49).

The Church has viewed the kingdom differently at different times in history. E. Stanley Jones, in his book Christ’s Alternative to Communism, uses Luke 4 to form a model for the kingdom:

1. Good news to the poor—the economically disinherited;
2. Release to the captives—the socially and politically disinherited;
3. The opening of the eyes of the blind—the physically disinherited;
4. The setting at liberty the bruised—the morally and spiritually disinherited;
5. The Lord’s Year of Jubilee—a new beginning on a world scale; and,
6. The Spirit of the Lord upon me—dynamic behind it all (106).

Jones places a strong accent on the present reality of God’s reign as something to be embodied now, subverting and transforming the present order (107). Jones presents one model for the kingdom of God; other models exist.

Howard Snyder, in his book Models of the Kingdom, identifies six points of tension within the biblical texts that address the kingdom of God. These points are

1. Present versus future. Jesus said, “The kingdom of God is near” (Mark 1:15) but also that people should pray for God’s kingdom to come (Matt. 6:10);

2. Individual versus social. Jesus said the kingdom is like hidden treasure an individual person might find (Matt. 13:44), but he also said, “Do not be afraid, little flock, for your Father has been pleased to give you the kingdom” (Luke 12:32). He talked about being born again in order to see the kingdom (John 3:3) but also described it as a feast to be shared;

3. Spirit versus matter. Paul said, “Flesh and blood cannot inherit the kingdom of God” (1 Cor. 15:50), and Jesus said, “My kingdom is not of this world” (John 18:36). However, Jesus associated himself with the healing and liberation of the Jubilee (Luke 4:18-21), and Revelation talks of a kingdom in which God’s people will “reign on earth” (Rev. 5:10);

4. Gradual versus climactic. Jesus said the kingdom is like grain that grows
gradually in a field (Mark 4:26-28). Though, he also said its coming would be like a midnight cry of the arriving bridegroom (Matt. 25:1-6);

5. *Divine action versus human action.* The kingdom of God is like a returning king who settles accounts (Luke 19:11-17). God is the one who rules and reigns (Ps. 99:1-2). The kingdom is also something that must be sought (Matt. 6:33), and Christians can be fellow workers for the kingdom of God (Col. 4:11); and,

6. *The church’s relation to the kingdom.* The tension between seeing the church and the kingdom as essentially the same or being clearly different. Jesus said to Peter, “I will give you the keys to the kingdom of heaven” (Matt. 16:19). Then he also spoke of the kingdom as future and said that not all those who worshiped him, but only those who did God’s will would enter the kingdom (Matt. 7:21) (16-18).

The church has wrestled with these tensions throughout its history. Snyder’s work underscores the fact that the church’s understanding of the kingdom of God is ever changing. Healthy churches live in these tensions of the kingdom. The church bears responsibility to rediscover what the kingdom really means in the life of the body of believers. C. Rene Padilla says, “The mission of the church can only be understood in light of the kingdom of God” (16).

The temptation for the Church has always been to identify its own existence and institutional life with the kingdom of God. When this happens the Church tends to take priority over the kingdom of God. The kingdom of God is not the same thing as the church. Alfred Loisy, the nineteenth-century historian, correctly said that Jesus came proclaiming the kingdom of God but what appeared was the Church (qtd. in Neuhaus 33). Loisy’s tongue-in-cheek comment should not be taken to mean that the creation of the
Church was not God’s intent. The gathering of imperfect redeemed people responding to the grace of God has always been part of God’s plan. Rather, Loisly’s pointed critique serves as a reminder that the kingdom of God and the Church are not the same thing.

The Church is imperfect. The reality is that a large gap exists between what the Church is today and the biblical view of the kingdom of God. Richard Neuhaus suggests that rather than be embarrassed by the limitations of the existent church, one should underscore the truth that the Church is not to be confused with the kingdom of God. The Christian community is not the kingdom, but it does point toward the kingdom. In some important respects it anticipates the kingdom (23).

According to Snyder, the church is to be a sort of “demonstration project of what the kingdom will look like when it is fully manifest” (150). The Church does not bring in the kingdom or expand the kingdom; it lives in the kingdom and announces the good news that the kingdom has come and is coming (Dulles; Guder; Newbigin; R. Anderson). Van Engen writes, “As the missionary people of God, local congregations are branch offices of the kingdom, the principle instrument, anticipatory sign, and primary locus of the coming of the kingdom” (101). Ray Anderson agrees:

The church does not drive the kingdom into the world through its own institutional and pragmatic strategies. Rather, it is drawn into the world as it follows the mission of the Spirit. The church is constantly being recreated as it follows the mission of the Spirit. (161)

The kingdom of God precedes and empowers the Church.

Because the kingdom has been inaugurated in Jesus Christ, the mission of the Church cannot be properly understood apart from the presence of the kingdom. The mission of the Church should be an extension of the mission of Jesus—the manifestation of the kingdom of God through proclamation as well as social service and action (Padilla
18). Healthy churches testify in prayer and action to the hope of “your kingdom come, your will be done, on earth as it is in heaven” (Matt. 6:7).

Mission and Covenant

Genesis 12 records God’s creation of a new nation through Abraham. God promised Abraham, “I will make you into a great nation and I will bless you” (Gen. 12:2). This blessing is not solely for the benefit of Abraham or Abraham’s people but so that “all peoples on earth will be blessed through you” (Gen. 12:3). God’s promise to Abraham is to form a chosen people who are blessed to be a blessing.

God’s call is universal. The book of Genesis shows that God is the God of all peoples, nations, and nature. God’s election of Israel was not an election for greater benefit but for greater responsibility. When the Jewish people forgot or distorted this calling, God used prophets to condemn pretension and call them back to their purpose. In Isaiah 49:6, God declares, “I will also make you a light for the Gentiles, that you may bring my salvation to the ends of the earth.”

God’s chosen people are to be missional. They are to be a people through whom God will bless the entire world. This missional calling is rooted in the covenant yet often neglected. The covenant leads to the expectation that churches that exist to be a blessing will find themselves blessed. Focusing on the needs of others brings blessing and health.

Mission and the Apostolic Church

The Nicene Creed (AD 381) affirms the “one, holy, catholic, and apostolic Church” (Presbyterian Church USA 1). “Apostolic” asserts the church’s missional vocation. Jürgen Moltmann believes that “apostolic” describes the church well:

The historical church must be called “apostolic” in a double sense: its gospel and its doctrine are founded on the testimony of the first apostles,
the eyewitnesses of the risen Christ, and it exists in the carrying out of the apostolic proclamation, the missionary charge. The expression “apostolic” therefore denotes both the church’s foundation and its commission. (358)

Robert Scudieri agrees, “The church is apostolic not just because it represents the apostles’ teaching, but because it re-presents Christ” (qtd. in Guder 83).

George Hunter reclaims the term “apostolic” to describe dynamic churches of the twenty-first century. For Hunter, an “apostolic” church is one that targets and reaches unchurched, pre-Christian people. Hunter uses this term because of the similarities between these new churches and the churches of early apostolic Christianity. These new churches see themselves as called to reach the unchurched and, like the early apostles, adapt to the language and the culture of their target population to communicate meaningfully the Christian faith (Church for the Unchurched 28-32). An apostolic church, as Hunter describes it, is clearly both missional and healthy.

Mission and the Great Commission

A version of the Great Commission is included in each of the Gospels. The most often quoted is Jesus’ clear mandate in Matthew 28:

Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you. And surely I am with you always, to the very end of the age. (Matt. 28:19-20)

No single passage of Scripture has exercised more power or influence in the missionary thrust of the Church (Messer 40).

The passage has four verbs: “go,” “make disciples,” “baptize,” and “teach.” In the original Greek, three of the verbs are participles or helping verbs and only one is imperative—the voice of command. The one imperative is “make disciples.” This, then, is the goal. “Going,” “baptizing,” and “teaching” are the helping verbs or the means
toward the end of making disciples.

**Church Growth and Church Health**

With great fervor over the Great Commission and out of a theology of mission the church growth movement was born. Founded by a former missionary, the church growth movement applied cultural anthropology and missiology to practical strategies of the church. At its best, the church growth movement, and the church health movement that grew out of it, is rooted in a missional understanding of the church.

The church growth movement, which rose to prominence in the 1970s, is giving way to a growing emphasis on church health. Church health was borne out of church growth and, while the familial resemblance between the two movements is strong, distinct differences exist.

**The History of Church Growth**

The church growth movement began with Donald McGavran in 1955. McGavran was a missionary who challenged the prevailing view of evangelism. He saw evangelism not as merely proclaiming the gospel whether or not something happened but as making disciples of Jesus Christ. McGavran demanded more accountability in Christian stewardship. He wanted efforts evaluated by their results. McGavran observed that culture affects greatly how people hear the gospel and how they make spiritual decisions. Cultural anthropology began to be applied to evangelistic strategy.

In 1961 he started the Institute of Church Growth at Northwest Chicago College in Eugene, Oregon. In 1965 he moved the Institute to Fuller Theological Seminary and became the founding dean of the Fuller School of World Mission and Institute of Church Growth (Wagner, Arn, Towns 22-25). For the first fifteen years, church growth focused
almost exclusively on the Third World. Eventually church growth expanded to include
the Western World and had tremendous influence in the American church during the
1970s. Church growth awakened the church to the importance of evangelism as an
essential dimension of Christian mission. Church growth helped church leaders recognize
the need for strategy and planning.

**Definition of Church Growth**

The most widely accepted definition of church growth is found in the constitution
of the North American Society for Church Growth:

> Church growth is that discipline which investigates the nature, expansion,
planting, multiplication, function, and health of Christian churches as they
relate to the effective implementation of God’s commission to “make
disciples of all peoples” (Mt. 28:18-20). Students of church growth strive
to integrate the eternal theological principles of God’s word concerning
the expansion of the church with the best insights of contemporary social
and behavioral sciences, employing as the initial frame of reference the
foundational work done by Donald McGavran. (Wagner, *Strategies* 114)

**Theology of Church Growth**

C. Peter Wagner believes church growth to be theologically grounded. He shares
his list of theological nonnegotiable for church growth:

1. The glory of God is the goal of humankind;
2. Jesus is Lord;
3. Preaching the Gospel is preaching the kingdom of God;
4. Scriptures are the normative foundation for Christians;
5. Sin, salvation, and eternal death are eschatological realities;
6. God desires all to be saved; and,
7. The task of evangelism is to be handled by the people through the power of
Wagner is not the only writer who defends church growth on theological grounds. In I Believe in Church Growth, Eddie Gibbs provides substantial theological background for church growth. Arthur Glasser and Donald McGavran’s contemporary Theologies of Mission relates particularly to the missiological dimensions of church growth theology.

Peter Wagner believes that while church growth is theologically sound, it differs from traditional theology in its basic approach and emphasis. Classical theologians lean heavily on philosophy and philosophical method. Church growth, strongly influenced by missiology, leans heavily on the social sciences and the social scientific method (Strategies 38).

Wagner encourages “consecrated pragmatism” (Strategies 29). That is an approach that is genuinely concerned with the practical implementation of the Great Commission but does not compromise doctrinal and ethical principles in the Word of God.

**Critics of Church Growth**

The church growth movement has met with some criticism over the years for its emphasis on numbers and methods. Critics caution against measuring effectiveness solely on numbers, and while methods may be important, the role of the Holy Spirit must not be forgotten. The focus on church growth, particularly the numerical dimension of church growth, has created inordinate pressure on some pastors to “produce results or hit the road” (Hemphill 8). In some instances the pastor is held solely accountable for the lack of tangible growth. Small wonder that the average tenure of a senior pastor is about four years.

Methods, models, and marketing strategies treat the symptoms of the illness and
not the source. Ken Hemphill writes, “As long as we continue to talk only about symptoms, we will persist in thinking we can heal the sickness with another new program, method, or model” (10). He adds, “The church growth movement may have inadvertently produced a subtle sense of carnality in the church causing some to conclude a method or program could produce church growth” (10). The critical issue, says Hemphill, is God’s supernatural empowering of the church. God is the one who brings growth. To attempt to produce church growth results through a method is “an attempt to do supernatural work through natural power” (11). The primary problem in churches is a spiritual one, not a methodological one.

Christian Schwarz, in his landmark work *Natural Church Development*, seems to want to distance himself from the church growth movement. He opens his book with the question, “Why is it that many Christians are so skeptical towards the church growth movement?” He believes that many people find church growth to be a technocratic answer to a spiritual question:

To many Christian people the church growth movement seems to present simplistic rules and principles “that don’t work in the real world anyway.” From their point of view, mere people are trying in their own strength to do what only God can do. Whether or not this impression is right, it is the image the church growth movement has in the eyes of many believers—a technocratic endeavor through and through, even in those cases where the spiritual aspect is emphasized. (6)

He then offers an alternative to church growth, which he calls “biotic” or “natural” church development:

Natural church development means bidding farewell to superficial pragmatism, to simplistic cause-and-effect logic, to a fixation with quantity, to manipulative marketing methods, and to questionable “can-do” attitudes. It means leaving behind human made prescriptions for success and moving on to growth principles which are given by God.
Himself to all of His creation. (14)

Gary McIntosh, editor of the Journal of American Church Growth, feels that Schwarz’s ideas were positioned as anti-church-growth for the purpose of marketing and sales and in the end are not that different. In many ways church health is church growth with new terms. McIntosh adds an additional warning:

I am not so sure we should focus on health. Where in the Bible are we commissioned to focus on health? It appears to me that the term “church growth” is still a better term since it is an “outward focused” paradigm which matches our Lord’s command to “make disciples.” The term “church health” is an inward focused paradigm which does not match well with our Lord’s command.

In a book review of Natural Church Development printed in The Journal of the American Society of Church Growth, John Ellas and Flavil Yeakley question the accuracy of Schwarz’s survey results. They believe that Schwarz’s study is “pseudo-scientific” and lacks “hard data” (83). Schwarz’s study also ignores possible institutional factors that influence growth trends such as demographics, staffing, facilities, and finance (90). Ellas and Yeakley, questioning the accuracy of Schwarz’s bold claim to have discovered universally applicable principles, state that no researcher has “ever claimed such a grandiose accomplishment” (91). The criticisms directed toward Schwarz are legitimate concerns and suggest the need for further study of the relationship between health and growth. The development of another instrument to check the correlation between church health and growth would add to existing research. The Beeson study would focus specifically on North America while the Schwarz study was international. The Beeson study included a denominational element; the Schwarz study did not. In addition, using Schwarz’s Natural Church Development (NCD) questionnaire in a large number of churches is cost prohibitive.
Church Health: An Organic Approach

To talk about healthy churches is to talk about a church from an organic perspective. Only organisms are said to be healthy or diseased. Only that which is alive can grow.

The New Testament speaks of the church as “the body of Christ.” This metaphor is used thirty-seven times and emphasizes the organic and living nature of the Church. The apostle Paul wanted to communicate that the Church is made of many parts and these parts work together and depend on one another, much as do the parts of the human body.

Paul uses an organic metaphor for the Church in 1 Corinthians 3:6: “I planted the seed, Apollos watered it, but God made it grow.” Paul acknowledges the divine role in the organic growth of the church, yet he also identifies the human agency of planting and watering. Nature provides many metaphors for the Church that communicate the living nature of the community.

Peter Steinke, in Healthy Congregations, uses a systems approach to examine the church. He draws from the disciplines of biology, medicine, and family systems theory to address questions of health in a congregation. He defines health as wholeness (vii). Health means all the parts are interacting to function as a whole and to maintain balance. Health, he contends, is not the absence of disease. In fact, some disease is needed to build the immune system. Without some disease health is not possible (viii).

The early Church experienced various forms of illness. The most common form of infection then, as now, was the secret reactive behavior of certain Christians, behavior that neglects the counsel to “speak the truth in love” (Eph. 4:15). Three prominent situations in the New Testament address this type of behavior: the Matthean sayings
McKee 30

(Matt. 5:21-24; 7:3; 18:15-22), the Council of Jerusalem (Acts 15), and the chaos at
Corinth (1 Cor. 1:12; 3:4). Each of these situations calls for “personalizing the conflict,
face-to-face meetings, and sunlight for disinfecting the disease” (Steinke 59).

Christian Schwarz champions the organic approach to the church in his Natural
Church Development. Schwarz’s study revealed a number of interesting observations.
First, he observed a correlation between each of his health characteristics and the
church’s pattern of growth. Growing churches generally have a measurably higher quality
of health. The study did discover exceptions to this rule, however. Some churches in the
study experienced numerical growth in spite of lack of health. Schwarz speculates that
this growth could be due to effective marketing or contextual factors (39), though he does
not test or analyze these.

Second, the research suggests that no one single factor leads to church growth; it
is the interplay of all eight elements (Schwarz Natural 38). Just as a barrel holds no more
water than its shortest stave, a church’s growth is limited by its weakest characteristic
(52).

Third, the finding that Schwarz believes to be “perhaps the most spectacular
discovery” (Natural 39) of the survey is that every church that scored a quality index of
sixty-five or more on each of the eight quality characteristics is a growing church. There
was not a single exception among the one-thousand churches surveyed.

Lastly, an unexpected conclusion of Schwarz’s research is that bigger is not
always better. Larger churches generally scored lower in each of the health
characteristics. Even more significant is the relative growth rates of large and small
churches. With increased size comes a decrease in growth rate. Larger churches win a
smaller percentage of people to Christ than do smaller churches. For example, two
churches with two-hundred in worship will win twice as many new people as one with
four-hundred in attendance (Natural 47). Schwarz is, therefore, a strong advocate of
church planting. Bob Logan also believes that a sign of health and maturity is the ability
to reproduce. He says, “God has designed churches as living organisms which must be
involved in the process of creating new churches in order to be healthy and to fulfill his
plan” (Beyond 19).

Characteristics of Church Health

Much has been written recently regarding the issue of church health. Nearly every
church consultant and author has developed a checklist for determining what constitutes a
healthy church.

Peter Wagner is perhaps the first to construct a list of vital signs for a healthy
cruch: (1) a positive pastor, (2) a well-mobilized laity, (3) meeting members’ needs, (4)
the celebration, congregation, and cell structure (5) homogeneous denominator, (6)
evangelistic methods, and (7) biblical priorities (Healthy 15-19). This early list describes
the areas where health needs to exist, but it seems to mix categories between principles,
practice, and positions.

Leith Anderson suggests that the characteristics of a healthy church are (1)
glorifying God, (2) producing disciples, (3) exercising spiritual gifts, (4) reproducing
through evangelism, (5) incorporating newcomers, (6) being open to change, (7) trusting
God, and (8) looking good on the outside (70). Anderson cautions, however, that each
church must define health for itself, seeing it as a process of “comparison, consultation,
and self-evaluation” (128).
Rick Warren’s *Purpose-Driven Church* outlines five biblical purposes for the church: fellowship, discipleship, worship, service, and evangelism. Warren’s is a list of purposes, not health characteristics yet he defines a healthy church as one that balances these five purposes (qtd. in Miller 24).

Christian Schwarz in *Natural Church Development* defines health as an interlinking connection between eight qualities: empowering leadership, a gift-oriented ministry, passionate spirituality, functional structures, inspiring worship services, holistic small groups, need-oriented evangelism, and loving relationships.

Stephen Macchia conducted extensive research in New England and has developed a list of ten church health characteristics to help churches review their well-being. His list includes (1) God-empowered presence, (2) God-exalting worship, (3) spiritual disciplines, (4) learning and growing in community, (5) a commitment to loving and caring relationships, (6) servant-leadership development, (7) an outward focus, (8) wise administration and accountability, (9) networking with the body of Christ, and (10) stewardship and generosity (7).

Ken Hemphill believes that the New Testament Church at Antioch can serve as a model church for us today. The Antioch church was at the center of much of the mission activity recorded in the Book of Acts. His study revealed eight characteristics of the church at Antioch that God continues to use today. These are (1) supernatural power, (2) Christ-exalting worship, (3) God-connecting prayer, (4) servant leaders, (5) kingdom family relationships, (6) God-sized vision, (7) passion for the lost, and (8) maturation of believers.

After reviewing and contrasting these and a number of other lists of health
characteristics (see Tables 2.1 and 2.2), our collaborative research team defined eight church health characteristics to provide the foundation of our research. Note that each characteristic is identified by a noun and a modifying adjective. The adjectives help to identify the qualitative aspect of each of the areas. Our collaborative team has delimited our research to the following eight health characteristics: effective structures, authentic community, transforming discipleship, engaging worship, mobilized laity, wholehearted spirituality, empowering leadership, and intentional evangelism.

In this collaborative research project, each team member focused more extensively on the study of two health characteristics. I focused on “intentional evangelism” and “mobilized laity.” These two characteristics are essential to a healthy congregation and highlight the missional nature of the church.
Table 2.1. Characteristics of Church Health—Primary Sources

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<tr>
<th>Hemphill</th>
<th>Macchia</th>
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<th>Wagner</th>
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<tr>
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<td>Servant-leadership development</td>
<td>Gift-oriented ministry</td>
<td>A well mobilized laity</td>
<td>Lay mobilization</td>
<td>Mobilized laity</td>
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<td>Christ-exalting worship</td>
<td>God-exalting worship</td>
<td>Inspiring worship service</td>
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<td>Engaging worship</td>
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<td>Passion for the lost</td>
<td>Outward focus</td>
<td>Need-oriented evangelism</td>
<td>Effective evangelistic methods</td>
<td>Responsible evangelism</td>
<td>Intentional evangelism</td>
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<td>Kingdom family relationships</td>
<td>Loving and caring relationships</td>
<td>Loving relationships</td>
<td>Meeting member’s needs</td>
<td>Authentic community</td>
<td>Authentic community</td>
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<td>Maturation of believers</td>
<td>Learning and growing in community</td>
<td>Holistic small groups</td>
<td>A common homogeneous denominator</td>
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<td>Transforming discipleship</td>
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<td>God-connecting prayer</td>
<td>Spiritual disciplines</td>
<td>Passionate spirituality</td>
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<td>God-sized vision</td>
<td>Wise administration and accountability</td>
<td>Empowering leadership</td>
<td>A positive pastor</td>
<td>Effective leadership</td>
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<td>Supernatural power</td>
<td>God’s empowering presence</td>
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<td>Stewardship and generosity</td>
<td>Celebration, congregation and cell</td>
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<td></td>
<td>Networking with the body of Christ</td>
<td>Functional structures</td>
<td>Biblical priorities</td>
<td>Cultural connected-ness</td>
<td>Functional structures</td>
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<td>Eclov</td>
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<td>Holiness in dealing with sin</td>
<td>Atmosphere of love</td>
<td>Glorifying God</td>
<td>Strong emphasis on prayer</td>
<td>Clear cut vision</td>
<td>Mobilized laity</td>
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<td>Endurance, “over-comers”</td>
<td>Relational ministry</td>
<td>Producing disciples</td>
<td>Obvious ministry of the Holy Spirit</td>
<td>Passion for the lost</td>
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<tr>
<td>Confront evil and heresy</td>
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<td>Exercising spiritual gifts</td>
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<td>Exclusive love for God</td>
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<td>Prayer</td>
<td>Incorporating newcomers</td>
<td>High level of lay mobilization</td>
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<td>Love for one another</td>
<td>Communicate the Word</td>
<td>Open to change</td>
<td>Qualitative and quantitative growth</td>
<td>Flexible and functional structures</td>
<td>Passionate spirituality</td>
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<td></td>
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<td>Trusting God</td>
<td>Healthy body life</td>
<td>Celebrative worship</td>
<td>Empowering leadership</td>
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<td>Looking good on the outside</td>
<td>Connecting small groups</td>
<td>Functional structures</td>
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<td>Seeker-friendly evangelism</td>
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**Relationship between Church Health and Church Growth.** Church growth and church health are closely related. Bob Logan summarizes the relationship well:

“Lasting church growth flows out of church health” (*Beyond* 18). This belief is the foundation of the church health movement. Focus on health, and growth will come. Quality brings quantity. Growing churches are assumed to be healthy, especially in contrast to what are pejoratively called “maintenance” churches. Peter Steinke cautions against this assumption:

> We do a great disservice to congregations whose growth is minimal static, or even in decline when we say that they are unhealthy without regard to their stage of development or context. Most of the time whether a church expands is a matter of demographics, totally unrelated to health issues. Organically, nothing grows forever. Growth ceases sooner or later. (ix)

Steinke is not implying that health is not a worthy goal. In fact, he proposes viewing the church as an organism and draws heavily upon the fields of biology and medicine. A large part of health, he believes, is maintenance. Healthy churches are better able to fulfill their purposes. This may not always include numerical growth.

Church health is an offspring of the church growth movement, but it sees itself focusing not on the quantity of people in local churches but the quality of the churches themselves. Church health seeks to understand how well a church is carrying out its functions. It maintains that growth, both numerical and spiritual, comes as a result of achieving health, not from implementing the newest program.

Church health is a discipline that was born out of church growth but is quite distinct from its progenitor. Primary among these distinctions is that whereas church growth was influenced by the tenets of modernism, church health has developed in the postmodern culture. This accounts for a great deal of their divergent perspectives (Prather...
The church growth movement understands church development as a science. Church health offers a new perspective. Church work is not a science at all, but neither is it an art. More than either of these, it is a craft. Leaders who want to be successful in the next century must be craftsmen and craftswomen (Prather 5).

**Contextual Factors**

A thorough assessment of church health must include both the internal and external variables affecting the local congregation. Peter Wagner presents four basic sets of factors that influence the growth and decline of churches:

1. National contextual factors: These include those factors relating to national trends in population, attitudes, values and social conditions.
2. National institutional factors: These include denominational priorities, theological stance, church polity factors at every level, which effect local church decisions.
3. Local contextual factors: This relates to social trends in the local community, and neighborhood surrounding the local church.
4. Local institutional factors: These conditions exist within the leadership and membership of the local church.
5. Spiritual factors: The interrelationship between human effort and God’s actions. (Healthy 12)

In the studies of church health, external contextual factors are often overlooked, although they may have a direct effect upon the growth of a congregation (Macchia; Schwarz, Natural; Hemphill).

**Intentional Evangelism**

Healthy churches are intentional about evangelism. To be missional is to be concerned about and engaged with people outside the church. Missional churches recognize their own community as a fertile mission field.
**Evangelism in the New Testament**

In a few words, *euangelizomai* means to bring or to announce the *euangelion*, the good news. The verb, *evangelizo*, and the noun, *euangelion*, are used by various New Testament writers in various degrees of usage and frequency. The verb is used often by Luke yet does not appear in Mark or John and has only one occurrence in Matthew (11:5). While the verb is absent in the Gospels, the idea is present. John, for example, expresses the concept frequently by the term *martyria*, to witness (Brown 109-110).

**Evangelism in the Gospels.** The verb *euangelizo* is found initially in the angelic proclamations: “I stand in the presence of God, and I have been sent to you to speak to you and to tell [evangelizo] you this good news” (Luke 1:19). John the Baptist came “and preached [evangelizo] the good news” to the people (Luke 3:18). The primary use of the word *euangelizo* in the Gospels is found on the lips of Jesus. Jesus announces that the Spirit of the Lord is upon Him to “preach [emphasis mine; euaggelisasthai] good news to the poor,” “to proclaim [emphasis mine] freedom,” and to “proclaim [emphasis mine] the year of the Lords favor” (Luke 4:18). Jesus uses the verb again in Matthew 11:5. Jesus is approached by the disciples of John the Baptist. Jesus tells them to report to John all they have seen and heard. This report indicates that Jesus was healing the blind, lame, and lepers; that he was raising the dead and preaching (*euangelizo*) the good news to the poor. As has already been stated, this is the only occurrence of the verb in Matthew, who prefers to use the noun, stressing the substance of the gospel, though Luke uses the verb to indicate the action of delivering the gospel.

Luke records a tour by Jesus and his disciples to nearby cities and villages (Luke 8:1). The Greek text uses two words to describe what Jesus did as he journeyed. He was
*kerusson* (translated “preaching” in the KJV, RSV, and Phillips; “proclaiming” in the NIV and NEB) and *euanggelizomenos* (translated “shewing” in the KJV, “bringing” in the RSV, “telling” in the Phillips) the good news of the Kingdom. Both NIV and NEB use only one word to translate the activity of both verbs, “proclaiming.” This reflects an understanding of the proclamation of the gospel that includes both the public “proclamation” and the more personal “telling” or “showing” of the gospel.

*Euangelizo* is most often translated “preach” or “proclaim.” The object of the preaching or proclaiming is always the “gospel” or “good news.” This good news the angels brought to Zechariah and the shepherds was the coming of the child. The good news of John the Baptist was the coming of the Christ. Jesus came preaching the good news of the inauguration of God’s kingdom.

For Jesus, however, evangelism was much more than preaching and proclamation. Jesus sought to get across the realities of the kingdom of God by teaching, preaching, healing, and example (Stokes 11). David Watson asserts, “Indeed the Gospel records make it abundantly clear that you cannot separate, in the evangelistic ministry of Jesus, proclamation and demonstration, preaching and acting, saying and doing” (28).

The word *euangelizo* is used to describe the activity of the disciples (Luke 9:1-2) and of various individual believers (Philip, Paul, Timothy, Peter, and John). Many other New Testament individuals were engaged in evangelistic endeavors. The first individual evangelistic effort recorded in the New Testament is that of Philip. He travelled through Samaria and “preached [euanggelizomeno] the good news of the kingdom of God” (Acts 8:12). Many men and women believed and were baptised. The best known evangelistic effort of Philip is his encounter with the Ethiopian in Acts 8:26-39. Philip was able to
answer the eunuch’s questions as he “told [euanggelisato] him the good news about Jesus” (Acts 8:35). The context or situation often determines how the verb is translated, for instance Philip “preached” to the group, but “told” the eunuch the gospel.

**Evangelism in Acts.** The early Church’s evangelistic activity is recorded in Acts. “But you will receive power when the Holy Spirit comes on you; and you will be my witnesses in Jerusalem, and in all Judea and Samaria, and to the ends of the earth” (Acts 1:8). Jesus’ instruction was to share the good news locally (Jerusalem), nationally (Judea and Samaria), and internationally (ends of the earth). This is, in fact, the pattern that is followed throughout the book of Acts.

Persecution forced the early Christians to scatter throughout Judea and Samaria. These believers spread the gospel in these new places. Acts 8:4 records, “Those who had been scattered preached the word wherever they went.” At first, the Gospel was spread only to the Jews. Later, some of these Christians “began to speak to Greeks also, telling them the good news about the Lord Jesus” (Acts 11:20). The evangelism efforts of the early believers concentrated initially on the Jews but later included the non-Jews. We also see that evangelism included both “preaching” and “telling.” The gospel was not only proclaimed in public gatherings but was shared in personal conversations.

**Evangelism in Paul.** The most active evangelist in the New Testament, next to Jesus, was Paul. His “ambition” was to preach the gospel (Rom. 15:20). In 1 Corinthians 9:16, Paul says that he is compelled to preach (euanggelisomai). Paul wrote to the Christians in Rome of his eagerness to preach the gospel (euanggelisasthai) in Rome. The gospel that Paul preached was the simple explanation of the life, death, and resurrection of Jesus Christ, sometimes referred to as the “gospel of Christ” or “gospel of
God” (e.g., Rom. 1:1; 15:16; 1 Cor. 9:12).

The early Church proclaimed the gospel to groups and shared the gospel with individuals expecting a response. The reality is that some evangelistic efforts in the New Testament did not yield any converts. The work of evangelism will not always result in more believers. Evangelism or proclamation is the work of the church. Conversion is the work of God. Barrett interprets the activity of the early church by saying, “To evangelize therefore does not imply that all one’s hearers must or will become disciples” (13). This is the view popularized by John Stott: “If we want to be biblically accurate we must insist that the essence of evangelism lies in the faithful proclamation of the gospel,… but it is still evangelism whether in fact men are persuaded to embrace it or not” (One People 40).

A summary of the New Testament understanding of evangelism includes the following points:

1. Evangelism includes the intent of making disciples. A response to the gospel was expected but not required to be considered evangelism. Evangelism was completed when the message of the gospel was delivered;

2. Evangelism incorporated preaching to crowds and sharing with individuals;

3. Evangelism was the work of all believers, not just certain believers (i.e., disciples or elders); and,

4. The gospel was the story of the life, death, and resurrection of Jesus.

Philosophy of Healthy Evangelism

In Evangelism That Works, George Barna notes three issues that seem to differentiate the philosophies of evangelistic churches from those of most other Christian churches in the United States:
1. Every person is an evangelistic agent;

2. Evangelism is a lifestyle not a program; and,

3. The definition of success is that people active in the church are intentionally and obediently sharing their faith with nonbelievers (91-92).

**Principles of Evangelism**

Speaking about the people who need God, Jesus said, “The harvest is plentiful” (Luke 10:2). Recent studies would confirm that the harvest is still plentiful and ripe. George Gallup and Jim Catelli found that 58 percent of Americans indicated that they would probably return to church, 63 percent believe that the Bible is the literal or inspired Word of God, and 77 percent pray to God occasionally (141).

The church is rediscovering and reclaiming the task of evangelism. Much has been written in recent years to aid the church in its evangelistic task. These resources include theological studies, training programs, church strategies, and how-to manuals. A review of these materials reveals some common evangelism principles.

**Principle of invitation.** Church historian Martin Marty says that one word defines the difference between churches that grow and those that do not: “Invite!” He reports a study that the average Presbyterian “invites someone to church once every 24 years” (qtd. in Wilson 59). In stark contrast, George Hunter, in *Church for the Unchurched*, reveals a recent survey in an apostolic church. The Community Church of Joy revealed that “81% of the members of that church invited at least one person to church in the past year.” In fact, “18% had invited 7 or more persons in the last year” (33, 34).

The principle working behind the method of seeker services is the personal
invitation. Church growth statisticians agree that between 79 percent to 86 percent of persons who attend a particular church do so because of the personal invitation of a friend or relative (Hemphill 54). Healthy churches are intentional about inviting people to church, and developing relationships with unbelievers for the cause of Jesus Christ.

**Principle of passion.** The issue of evangelistic growth does not hinge on resolving the debate over whether the lost person is more likely to enter the “front door” through seeker worship or the “side door” through need-centered cell groups. That reduces the issue to a matter of methods and models, and that is not the most critical problem the church of the twenty-first century must face. The issue is whether we care about reaching lost people. Hemphill believes that passion is the key:

> The issue is not a failure of programming, but rather a failure of passion. We have grown indifferent about the condition of the lost. We no longer have the concern that once drove the church to its knees and then into the streets. While it is not necessary to cling to the programs of the past, it is essential to restore the passion of the past that produced great evangelistic fervor. (148)

Once individuals or a church develops a passionate concern for the lost, they will develop a plan for reaching them. The passion will lead to a plan. The church will become intentional about causes for which it cares deeply.

**Principle of conviction.** A study by Johnson, Hoge, and Luidens, which looked at the decline of mainline denominations, is instructive. They studied, specifically, the decline in the Presbyterian Church (USA) and determined that the primary reason for the decline was the laity’s lack of conviction that Jesus alone was the means of salvation. The researchers found that parents in these churches preferred for their children to be Presbyterians but were not concerned if they joined another religious group as long as they became good people. The researchers concluded that this theological “lay
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liberalism” led to the precipitous decline in the Presbyterian Church USA (Johnson, Hoge, and Luidens 13-18).

Churches must believe that Christ provides the only access to the Father (John 14:6; Acts 4:12). Without this theological conviction, evangelism cannot thrive. Surveys show that 64 percent of Americans believe all religions pray to the same God. That may explain why only 28 percent of adults believe they have a responsibility to share their religious beliefs and 25 percent strongly feel they have no such responsibility (Barna, What Americans Believe 210, 220).

**Principle of priority.** Missional churches make reaching the lost their top priority. They focus their energy on events that target the unchurched (Logan Beyond 108). Ken Hemphill believes that since the Bible teaches that no lost person seeks for God (see Rom. 3:11), those who know God must become the seekers (153). While I believe lost people seek God, I agree that the Church must seek after people. Churches must take the initiative to reach people who are far from God and introduce them to the Father. The mission of Christians must be the mission of Jesus: “to seek and save what was lost” (Luke 19:10).

Nine out of ten pastors surveyed indicated that the primary concern of the church was to reach the unsaved and unchurched. In response to the same question, eight out of ten church members felt that the primary ministry of the church was to meet the needs of the members. Only two in ten saw the primary purpose as reaching unchurched people. This conflict of ideas can lead to frustration for both the pastor and the people.

Yearning for conversion growth involves an attitude about the church, its place in

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I believe that the Romans 3 passage cited by Hemphill was intended to underscore Paul’s assertion that both Jews and Gentiles are under sin. It was not intended to state absolutely that people cannot, at some level, recognize their need and seek after God.
the mission of God, and its role in the world. Paul said, “For I could wish that I myself
were cursed and cut off from Christ for the sake of my brothers, those of my own race, the people of Israel” (Rom. 9:3). Newbigin believes that this longing for others to know
God should be normal for Christ-followers:

Anyone who knows Jesus Christ as his Lord and Savior must desire ardently that others would share that knowledge and must rejoice when the number of those who do is multiplied. When this desire and this rejoicing are absent, we must ask whether something is not wrong at the very center of the church’s life. (Open Secret 178)

**Principle of receptivity.** Effective evangelism focuses on receptive people. At any given time, a non-Christian may be more or less open to the gospel. For example, people are generally more open to spiritual things during life transition (e.g., new house, new baby, new job, or new neighborhood). Evangelistic churches creatively design a way to focus on receptive people.

Related to this is the principle of relationships. Network evangelism is the most effective kind of evangelism (Logan, Beyond 100). Nearly nine out of ten people who come to church do so a direct result of relationships. The effectiveness of network evangelism is due to the fact that a large part of the evangelism dynamic is demonstration as well as exhortation—show me as well as tell me.

This network evangelism is alternately called friendship evangelism, incarnational evangelism, or oikos evangelism. Oikos is the Greek word translated “household” and is used frequently throughout the New Testament (John 4:53; Acts 11:14; 16:15; 16:29-31; Acts 18:8). Win and Charles Arn, in The Master’s Plan for Making Disciples, have based an entire approach to evangelism on this oikos principle. The Arns declare, “Webs of common kinship (the larger family), common friendship (friends and neighbors), and
common associates (special interests, work relationships, and recreation) are still the paths most people follow in becoming Christians today” (43). Win and Charles Arn provide a helpful distinction between “church growth by proclamation” and “church growth by attraction.” The most effective evangelism occurs by attraction. The life of the Christian fellowship and its practical expression of love are very important for evangelism (44).

**Principle of meeting needs.** Evangelistic churches strategically plan how to meet the needs of lost people in the community. Care is taken that the service of the church is oriented towards the felt needs of the potential congregation (e.g., help with homework, groups for singles, sexual counseling, and housing assistance) (Schwarz, *Paradigm* 211). Evangelistic churches target the unchurched person and attempt to meet real needs. Church leaders must understand that their customers are people in the community who do not yet attend church. Churches that desire to make more and better disciples and do their part to fulfill the Great Commission must target the pre-Christian. The church of the twenty-first century will be one that is acutely responsive to the needs of the potential disciple (Logan, *Beyond* 173).

**Principle of training.** Many resources exist today to help believers train for evangelism. Robert Coleman’s *The Master Plan of Evangelism* and Paul Little’s *How to Give Away Your Faith* are two classics. Joseph Aldrich’s *Gentle Persuasion* is very helpful in equipping believers without an evangelistic gift. A comprehensive training program will help people develop their networks of relationships, help people write out or otherwise present their personal testimony, and help people communicate the gospel clearly.
**Principle of assimilation.** Evangelistic churches do not wait until a person becomes a Christian to begin to incorporate the person into community life.

“Psychologists tell us that there is a truth to the idea that action precedes commitment. The heart follows the will. Assimilation precedes commitment” (Logan, *Beyond* 107).

**The principle of indigenous ministry.** George Hunter, in *Church for the Unchurched*, describes “apostolic” congregations that are so moved with compassion for pre-Christian people that they adapt to the language, music, and style of the target population’s culture. The goal is to be “culturally indigenous” (58). The community surrounding each church is a mission field, and church leaders must think like missionaries. Pastors must exegete the context as well as the text in order to communicate the meaning of the text to the people. Churches must be willing to be culturally flexible in order to reach people. Most pre-Christian people, when seeking God, will have to get through a cultural barrier. People often resist becoming Christians because they do not want to become like “church people.” This problem has plagued the Church throughout history. One of the first debates is recorded in Acts 15. The early Church was requiring Gentile converts to become circumcised, give up pork, obey Sabbath laws, and essentially become Jewish before they became Christians. The Jerusalem Council decided that Gentiles did not have to follow Jewish laws to follow Christ. This extends the principle of the incarnation. Jesus adapted to a Galilean, Aramaic-speaking peasant culture so the Church, his body, could now become indigenous to all the cultures of the earth.

**Word or Deed?**

Arthur Glasser speaks of two mandates: the cultural mandate and the evangelistic
mandate (qtd. in Wagner, *Strategies* 99). The cultural mandate is to do good to others, whether these efforts are directed at individuals or the society as a whole. The evangelistic mandate is the mission to seek and find lost men and women who are alienated from God by sin. It involves bringing the gospel to people so that they may profess faith in Jesus Christ. Both Christian social ministry and evangelism are essential parts of biblical mission. The term “mandate” suggests that both are mandatory, never optional.

This consensus is relatively recent. Debates have raged over which part of mission would receive priority. Some would say that mission involves the cultural mandate only. We are not about the business of proselytizing people to our faith. Others view mission as the evangelistic mandate only. Some give equal weight to both mandates and refuse to prioritize, while others prioritize one over the other.

Evangelistic churches are involved in both service and evangelism, though evangelism is given greater emphasis. The *Lausanne Covenant* asserts that “in the church’s mission of sacrificial service evangelism is primary” (Stott 6). Peter Wagner believes that the evangelistic mandate serves as a magnet. When placed above the cultural mandate, it tends to pull them both up (*Strategies* 110).

In *Conspiracy of Kindness*, Steve Sjogren champions a method called “servant evangelism” that addresses both mandates. He defines servant evangelism as “demonstrating the kindness of God by offering to do some act of humble service with no strings attached” (17). Sjogren’s church members have cleaned toilets, washed windshields, given away cans of Coke, fed parking meters, and held free car washes—all to demonstrate God’s love and, perhaps, gain a hearing. Sjogren contends that “doing
humble acts of service causes the world to notice our lives and to listen to our message” (19). Sjogren believes that the gospel must be both spoken and shown in the world today. He believes that servant evangelism is the “low risk, high grace” approach that can involve more people than other approaches to evangelism. He and his people have noticed that five discoveries especially empower service evangelism:

1. People listen when I treat them like friends;
2. When I serve, hearts are touched;
3. As I serve, I redefine the perception of a Christian;
4. Doing the message precedes telling the message; and,
5. Focus on planting, not harvesting (107-26).

**Mobilized Laity**

Healthy churches believe evangelism is the work of the entire people of God, not just the work of ordained clergy or certain church leaders. Healthy churches also view all forms of ministry as the province of the entire people of God. A healthy missional church views its members as ministers and missionaries. Every believer has a ministry of evangelism and service.

**One People/One Ministry**

Within thirty years after Christ ascended, the Great Commission had motivated Christians to preach the gospel to the far reaches of the Roman Empire. The gospel spread like wildfire. In the year CE 313 Emperor Constantine officially ended the persecutions of Christians. It seemed like a giant step forward but was disaster. It has been called the “disastrous success” of 313 (Wilson 57). The clergy took the pulpit; the laity took the pews.
As Kierkegaard says, “It became ‘professional pulpitism’ financed by lay spectators” (qtd. in Wilson 57). In CE 313 the Edict of Milan turned an army of Jesus Christ into an audience of spectators. A thousand years passed (the Dark Ages) before Martin Luther and John Calvin began to recognize the problem and reversed the reversal.

The Protestant Reformation was never quite complete, however. The process of reformation that began in the sixteenth century continues through the present day. This reformation has advanced in phases (Logan, Beyond 161). The first advance was the realization of the direct approachability of God through our high priest, Jesus Christ. Secondly, the Scriptures were placed back where they belonged, in the hands of believers, and translated so that common people could read them. Other phases included a return to personal spiritual piety, the decentralization of the church, and, later, the rediscovery of the Great Commission. One of the few uncharted territories remaining in this reformation is the mobilization of lay leaders for ministry. The “priesthood of all believers,” one of the great assertions of the Reformation, was never fulfilled in regard to Christian ministry. “To placate them the clergy involves the laity in committees, boards, and social functions, but gives them no real licence to minister” (Logan Beyond 161). Luther’s reformation returned the Bible to the people; the new reformation returns the ministry to the people.

As has already been suggested, the Church is best understood as an organism rather than an institution. The institutional self-understanding, which has dominated the Church for hundreds of years, has led to a two-people/two-ministry structure. Greg Ogden provides a helpful historical and theological examination of lay and ordained ministry in The New Reformation. The idea of a distinct class set apart for ministry has
little biblical support. Ministry belongs to the entire body of believers. Many of the
current understandings of the pastor are carryovers from the Old Testament. In the New
Testament, the idea of “priest” is so radically redefined that the entire body of believers is
now described as by nature a priesthood (1 Pet. 2:5).

An example of this institutional two-class paradigm can be seen in this excerpt
from a seminary textbook:

Ordained ministry is different from the general ministry of the laity in
that one is duly called, prepared, examined, ordained, and authorized to
a representative ministry on behalf of the whole people (laos) of
God. (Oden 26)

I believe this description of ordained ministry can and should be applied to lay ministry
as well. The small group leaders in my church are “duly called, prepared, examined,
ordained, and authorized to a representative ministry.” If ordination is setting apart for
specific service, then Christian people must consider Sunday school teachers and parking
lot attendants “ordained.” A structure that promotes two distinct classes of Christians
(clergy and laity) is ineffective and does not empower and release all of God’s people.

**Practices of Healthy Missional Churches**

Healthy churches mobilize lay people for mission. They help people discover
God’s unique call on their life and release them for ministry. They honor, respect, and
encourage the gifts in each person. They recognize the need for many people to fulfill the
purposes of the Church in the world. Healthy churches desire to impact their church,
community, nation, and world. These churches share common practices for mobilizing
laity for the work of God.

**Teach the biblical basis for every-member ministry.** Leaders at Saddleback
Church teach their members the “four pillars of lay ministry” based on Romans 12:1-8
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These pillars summarize the biblical basis of every-member ministry.

Every believer is a minister. Every believer is not a pastor, but every believer is called into ministry. God calls all believers to minister to the world and the church. Every believer is created for ministry (Eph. 2:10), saved for ministry (2 Tim. 1:9), called into ministry (1 Pet. 2:9-10), gifted for ministry (1 Pet. 4:10), authorized for ministry (Matt. 28:18-20), commanded to minister (Matt. 20:26-28), to be prepared for ministry (Eph. 4:11-12), needed for ministry (1 Cor. 12:27), accountable for ministry, and will be rewarded according to his or her ministry (Col. 3:23-24).

Every ministry is important. No ministry or spiritual gift is insignificant. The Apostle Paul taught that every member has an important role:

God has arranged the parts of the body, every one of them, just as he wanted them to be. The eye cannot say to the hand, “I don’t need you!” And the head cannot say to the feet, “I don’t need you!” On the contrary, those parts of the body that seem to be weaker are indispensable. (1 Cor. 12:18-22)

Some ministries might be less visible but not less important.

Every ministry of the church is dependent on and intertwined with all the others. The church is a system of interrelated parts. Each part affects the others. Since no single person or ministry can accomplish all the church is called to do, each must depend on and cooperate with the others. “Our culture’s preoccupation with individualism and independence must be replaced with the biblical concepts of interdependence and mutuality” (Warren 369).

Ministry is the unique expression of God’s design. Saddleback uses the acronym SHAPE to explain five elements (spiritual gifts, heart, abilities, personality, and experiences) that determine what a person’s ministry should be. When people serve in an
area that does not match who they are, they become frustrated and unfruitful. Serving in an area that matches interests, temperament, abilities, spiritual gifts, and experiences leads to effective and enjoyable ministry.

**Expect every Christian to have a ministry.** Not only do healthy missional churches teach the biblical basis for every-member ministry, they have high expectations of their members. “Our understanding of conversion must be broadened,” Van Engen explains, “Conversion is the change to become the ministering people of God” (152). Service for the Christian is not optional.

**Affirm the ministry of members.** One people/one ministry does not necessitate a lower view of ordination of clergy as much as a raised view of lay ministry. Greg Ogden recommends, “Instead of limiting ordination to a few, a more fruitful approach consistent with the church as organism is to conceive of ways to affirm the calls within the body” (213). Healthy churches commission Sunday school teachers, small group leaders, and short-term mission teams. They find ways to affirm all calls within the church.

**Have a ministry placement process.** One of the most urgent tasks of church leadership is to help Christians discover their spiritual gifts. Each of the gifts discovered should be matched with a specific task. Willow Creek Community Church has developed a program called **Network**. The teaching phase is an eight-hour seminar that helps people discover their “passion” (which indicates where they will serve), their spiritual gifts (which indicates what they will do), and their “personal style” (which indicate how they will serve). After completing the teaching sessions, participants meet one-on-one with a Network consultant to find a place in ministry. Saddleback Church has a similar seminar
called Discovering your SHAPE, which meets for four hours. The important factor is that a process for getting people involved in ministry is in place.

Use staff to equip and coach. Carl George and Warren Bird, in How to Break Growth Barriers, argue that the paradigm shift from pastor doing the caring to the pastor overseeing that the people are cared for is critical to breaking growth barriers. For the church to grow, the pastor cannot see himself or herself as a shepherd who encounters each sheep nose to nose but as a rancher who oversees the care of all the sheep through the skilful administration of other ranch hands. He notes that Paul used the image of shepherd only once (Eph. 4:11), choosing instead a wide range of images such as steward of Christ, teacher, example, priest, and helmsman to illustrate shared ministry.

A recent popular book on leadership is Flight of the Buffalo by James Belasco and Ralph Stayer. They compare an old, ineffective style of leadership to that of the head buffalo whose herd stands around until he shows them what to do. The authors prefer a new paradigm—flying geese, where every bird has to share responsibilities to lead, follow, or scout in order to accomplish the goals of the gaggle. The leader of a healthy church shares responsibility and enables others to do ministry.

Have lots of opportunities for involvement. Healthy churches have many opportunities for people to serve. Churches must have ministry roles to accommodate a wide variety of interests, abilities, and time constraints. Bob Logan says that a church should have sixty well-defined roles or tasks for every one-hundred adults attending worship (Beyond 164). Serving gives the volunteer a sense of connection and ownership. Getting many people involved at all levels is critical in developing a healthy missional church.
Encourage ministry beyond the church. Healthy churches emphasize the mission of the church over the needs of the church. They affirm ministry calls both inside and outside the church. Donald MacGavran illustrated this with his quantification of ministry type. Class one ministry is focused inward on members of your own church, and class two ministry is focused outward toward the community. MacGavran says that, ideally, class two should comprise approximately 20 percent to 30 percent of the efforts of your church’s work force (qtd. in Logan, Beyond 167). Ministry done by church members (even if through another organization) is part of the ministry of the church.

Allow people to start new ministries. Healthy churches allow laypeople to begin new ministries. In traditional congregations, the clergy generally define and control the church’s agenda. Healthy missional congregations welcome and depend upon the ideas of laypeople for new ministries. Laypeople may be called by God to start something new. George Hunter refers to this growing pattern as “the rise of an entrepreneurial laity” (Church for the Unchurched138).

Pastor Mike Slaughter frees and admonishes his people to perceive, approach, and obey the messages and visions from “burning bushes.” He believes that “it is the business of the church to help people identify God’s burning bushes. Then we must throw gasoline, not water, on their burning bush” (133). Members of healthy churches are not limited to the ministry opportunities that currently exist. Pastors of healthy churches help their people dream of possibilities. Church leaders help members follow their God-given vision.

Summaries of the Remaining Six Characteristics

The remaining six health characteristics were fully researched by the other
members of the collaborative dissertation team. A summary of their work follows, and a fuller treatment of these characteristics are found in the dissertations of James Kinder, Brian Law, and Keith Taylor.

**Passionate Spirituality**

Jim Kinder defines passionate spirituality as “an intense intentional seeking and reliance on the Holy Spirit to guide and work within the church” (54). This type of spirituality resists any false notion of independence. A healthy church seeks and depends on the Holy Spirit.

This vibrant dependence on the Holy Spirit marked the New Testament Church. In Acts chapter one, Jesus gave his disciples instructions to wait in Jerusalem until they were filled with the Holy Spirit. Jesus told them that the Holy Spirit would endow them with a supernatural power. A sense of spiritual vitality found here created a sense of awe that moved across believers (Herrington, Boren, and Furr 16).

Passionate spirituality is seen at work again in Acts 12. Peter was imprisoned at Antioch, and the church earnestly prays for his release. Because of the passionate prayers of the church, an angel is sent to free Peter.

Passionate spirituality begins with recognizing that God who builds the Church and causes things to happen. Healthy churches seek God and his power and direction. Characteristics of passionate spirituality include hunger for revival, inspiring times of prayer, renewed interest in spiritual disciplines, and a raised sense of expectation.

**Empowering Leadership**

Leadership has acute influence on the systems of the church. Steinke places the responsibility for the church’s health squarely on the leader’s shoulders (vii).
“Empowering leadership in the church refers to the ability of church pastors to set a vision for the direction of the church, establish goals, motivate, and equip people for the work of achieving vision” (Kinder 56). The biblical model is servant leadership.

The most notable biblical example of servant leadership is Jesus. In Matthew 20:25-48 Jesus stated that greatness is found in servanthood. He came not to be served but to serve. He trained his disciples and sent them out.

One of the servant leader’s primary tasks is to develop other leaders within the organization. The servant leader shares ministry with others. Leaders identify and develop the spiritual gifts of others. Growing healthy churches have pastors whose ministry revolves around empowering people.

**Authentic Community**

Keith Taylor defines authentic community as “the expression of the Christian life in the context of relationships” (28). This community provides the context for encouragement, support, instruction, service, and witness. Small groups are an ideal setting for nurturing community.

Jesus not only taught about loving relationships; he modeled them. Among his disciples he modeled life and ministry in the context of community. The disciples functioned as a small group fostering a growing commitment to Christ and a growing commitment to each other.

The New Testament emphasizes the importance of loving relationships. Jesus commanded his disciples “to love one another as I have loved you” (John 15:12) and said that the greatest commandment was to love God and others (Matt. 5:44-45). The apostle Paul presented love as the highest virtue (1 Cor. 13) and the goal of his instruction (1
McKee 58

Tim. 1:5).

The Book of Acts reveals what life was like in the earliest Christian community. It was a community of unity (Acts 1:14; 2:46; 4:24; 5:12). It was a community of generosity (2:44; 4:32). It was a community of fellowship in word, deed, and prayer (2:42, 44; 4:32). It was a community of equality and mutuality (4:32; 6:2-3; 9:19, 26, 30).

Healthy churches create environments where community and loving relationships develop. Leaders encourage and model authenticity, transparency, honesty, and integrity. When resolving conflicts, grace, mercy, and forgiveness are expressed. Members find ways to serve one another.

**Functional Structures**

Healthy structures seek the most effective means of accomplishing the mission of the church. The Bible says little directly about organizational and administrative patterns. However, throughout the Bible, various structures provide the framework through which the purposes of God were fulfilled. The structures differed according to the situation. For example, the structures used by the Israelites in the wilderness while wandering changed when they settled in the promised land. Healthy church structures are multidimensional, flexible, intentional, and dynamic (Taylor 65).

As the early Church grew, the need for organization grew. In Acts chapter 6 the new position of deacon is created to better serve the people. In Acts 15, after much discussion and debate, a new theological perspective was adopted regarding the inclusion of non-Jews in the new community. Organization and administration (i.e., a letter and its distribution to churches) arose to support the theological decision of church leaders. The structure must support the mission and plans of the church.
The Church can be thought of in three dimensions: cause, community, and corporation (Malphurs 90). The Church was given a clear mission in Acts 1:8, to be witnesses to the all people. The Church must not forget its redemptive mission. Whenever any system is unclear about its purpose, the result is confusion and ineffectiveness.

The Church can also be rightly understood as corporation. This dimension of the Church focuses on the structural and administrative aspect of the organization. Those with the spiritual gift of administration are needed to assist the Church in developing a support structure for the mission.

The Church is also a community. The biblical imagery of the Church being like a family is used often in the Scriptures (Heb. 2:11-13 and others). The structure of the Church is to be contained by the loving forces found within a healthy family relationship.

A church’s structure must be flexible enough to support the mission of the church through rapidly-changing environments. The structure must be decided based upon the work that needs to be accomplished. Healthy churches continually evaluate and change their structures to operate in a productive manner.

**Engaging Worship**

Programs vary widely from church to church, but all Christian churches hold worship services. The test of a healthy church is not whether the church holds worship services but whether or not the people are actually worshipping. Engaging worship is participatory. Worship is not a show to be watched but an act to be done. It is the response of the created to the creator.

Engaging worship results in a connection between the worshipper and the one
being worshipped. This connection or union with God is the purpose of worship. Sally Morgenthaler points out that worship involves two-way communication between believers and God. “Worship provides opportunities for God and God’s people to express their love for each other” (48).

Worship celebrates and enhances two dimensions of relationship. First is the vertical relationship with God. The second is a horizontal relationship with others. When worshipping God (vertical relationship), a natural drawing together of one another (horizontal relationship) occurs. Healthy churches plan worship to meet both the vertical and horizontal dimensions.

**Transforming Discipleship**

Healthy churches maintain that the Christian life is a life of transformation. These churches help people through a process of growth toward Christlikeness. This process is called discipleship.

Robert Coleman, in his book *The Master Plan of Evangelism*, observes an eight-step strategy used by Jesus in making disciples: selection, association, consecration, impartation, demonstration, delegation, supervision, and reproduction. Discipleship is more than imparting knowledge. It involves life-to-life sharing, cultivation of spiritual habits, and accountability.

A disciple is more than just a believer but a person who knows Jesus Christ as Lord and Savior and is becoming like Jesus in thought and deed. Disciples are marked by love and forgiveness. They have undergone a change of heart and perspective. The call to discipleship extends to all Christians, not just a few.

The commission to make disciples was given by Jesus to his followers just before
he ascended into heaven (Matt. 28:18-20). The scope of the challenge was to “all nations” with “all authority” from Jesus Christ. The church’s business is to make disciples.

Research Methodology

Surveys and questionnaires are some of the most widely used research methods today (Wiersma 157). William Wiersma, in Research Methods in Education, outlines the steps in planning the methodology of conducting a survey (164-83). The initial step is to define the research problem and to begin developing the survey design (164). The next step is the development of the sampling plan, if it has been decided to sample rather than measure the entire population. The sample must be selected so that inferences can be made to the population (165).

Great care must be taken in constructing survey items to provide the necessary data (Wiersma 169). The majority of surveys rely on multiple-choice or closed-ended questions (also called “selected-response”) because they are easy to use, score, and code, and they provide consistency of response across respondents (Wiersma 170; Fink and Kosecoff 26). Questions should be clear, concrete, and unbiased (Fink and Kosecoff 31). A commonly used measurement format for selected-response questionnaire surveys is the Likert scale, which uses a number of points that provide an ordinal scale of measurement (Wiersma 171).

Once the questionnaires is designed, it should be tried out with a small group in a pilot test (Fink and Kosecoff 18; Wiersma 171). A pilot test reveals misunderstandings, ambiguities, and needless items. Generally, a survey that takes less than thirty minutes to complete is best (Fink and Kosecoff 42; Fowler 103).

An essential characteristic of measurement in developing a research instrument is
reliability. Several procedures can be used to estimate reliability (Wiersma 297). One commonly used procedure is the split-half reliability test. This test, and others like it, can assist researchers in eliminating items that are not helpful. Careful preparation and pretesting ensures that the research instrument is reliable.

**Conclusion**

When a church recognizes its missional nature, great things happen. The church becomes outward focused. The people recognize that no single person can accomplish all the church is called to do, and they contribute their resources toward the mission. They become more open to outsiders. The people become united behind a common cause. A missional church views its members as missionaries in the world. The people in the pews are not just spectators or customers; they are front-line priests and missionaries who have gathered to receive encouragement for their ministry and to praise the God they have served all week. The church understands itself to be a people gathered by God and sent by God into the world.

Rick Warren offers an image of the missional church:

Napoleon once pointed to a map of China and said, “There lies a sleeping giant. If it ever wakes up, it will be unstoppable.” I believe the church is a sleeping giant. Each Sunday, church pews are filled with members who are doing nothing with their faith except “keeping” it… If we can ever awaken and unleash the massive talent, resources, creativity, and energy lying dormant in the typical church, Christianity will explode with growth at an unprecedented rate. (365)

The theology of mission provides a foundation for proper thinking about church health and growth. Indeed, truly missionary churches are generally healthy and growing. Churches that understand themselves as missional have woven evangelism and lay ministry into the very fabric of their identity.
Church health and church growth are similar movements. Both promote the identification and removal of factors that limit the church’s effectiveness. Both promote evangelism and lay ministry as essential to the church. Both desire to aid the church in accomplishing its purposes.

The difference between church health and growth movements is a subtle matter of assumptions and approaches. The church health movement sees itself as focusing on issues of quality not quantity. Numerical growth is viewed as a natural result of organic health. The literature review discovered a large overlap of principles and approaches between the two movements.

Each of these movements carries with it an inherent danger. Church growth, when taken to the extreme, emphasizes methods, programs, and numbers; thus church leaders believe that growing the church is entirely a human effort. Church health, when taken to the extreme, can become oriented inward and lose the passion of the mandate to reach lost people. A proper understanding of mission holds these dangers in check and promotes the best that church health and church growth have to offer. A missional church sees outreach as its purpose, and it seeks to reach lost people in creative and culturally relevant ways. At the same time, the missional church recognizes that the authority and power come from the one who sent the church on its missional ministry of reconciliation.

Figure 2.1, developed by Keith Taylor, has been modified for this dissertation. The relationship between mission, church health, and church growth is interconnected and reciprocal. Mission provides a theological foundation for church health and church growth. Indeed, the mind-set and practices of a missional church *lead* to health and growth. At the same time, characteristics of church health will greatly affect the ability
of a church to be missional and to grow. In turn, church growth enables a church to better accomplish its mission by producing greater numbers of people to share in the mission. Missional healthy churches accomplish the purposes of God.

**Figure 2.1. Relationship of Church Growth, Health, and Mission**
CHAPTER 3
DESIGN OF THE STUDY

This study is part of a collaborative effort of four Beeson Pastors in the doctor of ministry program at Asbury Theological Seminary. Each member of the team conducted similar research in a different population sample with minor variations of methodology. The design of the study and research tool were identical; only the implementation and population differed.

The purpose of the overall study was to describe the relationship between church health and church growth. This study focused on this relationship within churches of the Evangelical Presbyterian Church. The purpose was accomplished through correlating the eight scales corresponding to the Beeson Church Health Characteristics with certain growth indices. The anticipated outcome was the identification of areas of health in the EPC.

Research Questions

Three primary research questions guided the extent of this study.

Research Question 1

How do EPC churches rate on each of the eight Beeson Church Health Characteristics?

A survey tool was created to measure the eight quality health characteristic in a congregation. These characteristics were effective structures, authentic community, transforming discipleship, engaging worship, mobilized laity, passionate spirituality,

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4 Jim Kinder conducted research in the General Association of Baptist Churches (GAGBC). Brian Law examined the West Ohio Conference of the United Methodist Church (WOCUMC). Keith Taylor conducted research in the Western Canadian District of the Christian and Missionary Alliance Church (WCDCMA). I conducted research within the Evangelical Presbyterian Church (EPC).
empowering leadership, and intentional evangelism.

**Research Question 2**

How does the health of the surveyed churches correlate to church growth over the past five years?

A positive correlation between church health and church growth was the premise of this project. The primary index for growth was defined as the annual rate of change of the average number of persons attending the principal weekend worship service(s). This average annual attendance was calculated for the time period from 1996-2000. Other indices for growth included recorded conversions and baptisms over the same period.

**Research Question 3**

What are the contextual factors apart from the eight Beeson Church Health Characteristics that influenced church growth?

The survey tools measured the following contextual factors: length of senior pastor tenure, perceptions of the staffing ratio, age of the church facility, adequacy of the church facility for ministry, growth rate of community, population size of the community, and denominational affiliation.

**Population and Sample**

The population for this study was all the member churches of the Evangelical Presbyterian Church. Each of the 193 EPC congregations were invited to participate. The population includes urban, suburban, and rural churches. This study made use of a stratified convenience sampling. The number of church members completing questionnaires from each church was determined in accordance with the size of the congregation’s adult worship attendance.
Instrumentation

This project was an evaluative study in the descriptive mode that utilizes researcher-designed questionnaires to measure church health and church growth. The primary instrument was a self-administered questionnaire that included fifteen demographic questions and seventy-one church health questions. A secondary researcher-designed questionnaire of ten items was given to pastors to solicit church growth statistics.

Church Health Characteristics

Based on literature review and team discussion, eight critical categories of church life were identified. These categories are leadership, spirituality, discipleship, worship, structures, community, laity involvement, and evangelism. Each member of the team selected two categories based upon the individual’s interest and expertise to develop further.

Each individual reviewed relevant literature in their particular categories and qualified each category by proposing an appropriate adjective to define further the health characteristic. Following a team meeting and discussion, each adjective was approved, thus making it a characteristic of church health. The following is the completed list of church health characteristics: effective structures, authentic community, transforming discipleship, engaging worship, mobilized laity, passionate spirituality, empowering leadership, and intentional evangelism.

Congregational Questionnaire

Each team member consulted other instruments and surveys used to measure church health. The individual members then developed twenty questions to measure each specific characteristic. Following a team meeting to review each question’s face validity,
they were narrowed to a maximum of twelve and a minimum of nine questions for each characteristic. Construct validity was determined as each question was checked against the literature review to verify its representation in Chapter 2. This resulted in a seventy-one-item questionnaire designed to measure church health (see Appendix A).

**Pastoral Questionnaire**

A pastoral questionnaire was developed to collect statistics on church growth, baptisms, conversions, and specific contextual factors. The same questionnaire was used in all four populations of the collaborative study. Recognizing that a variety of understandings exist regarding baptism and conversion, respondents were instructed to respond based on their church’s understanding of the terms. Six items are on the pastoral questionnaire (see Appendix B).

**Validity and Reliability**

The survey was pretested in two separate churches in the Lexington area in order to test the validity of the instrument. The pretests were administered on site in a classroom setting with the researchers present. A copy of both questionnaires was sent to each host pastor prior to the pretest. The results of the survey were processed, and the reliability coefficients were measured. Reliability was determined with split-half reliability analysis and factor analysis.

**Pretest**

The two churches completing a pretest were Southland Christian Church and Centenary United Methodist Church. At Southland, surveys were distributed in four adult Bible fellowship classes with a total of seventy-two surveys completed and returned. At

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5 The EPC practices infant baptism as a sign of God’s initiative in salvation, in which case baptism precedes conversion. Some traditions practice baptism as an affirmation of faith following conversion.
Centenary, surveys were distributed to members of the church administration council during one of their regularly scheduled meetings. Twenty-two surveys were completed and returned at this meeting. After completing the survey, the researchers invited verbal feedback and impressions. The group identified confusing questions, grammatical errors, and their perceptions concerning the length of survey.

The survey data was manually entered into the computer software program. The results of the survey were processed, and the reliability coefficients were measured for each church health characteristic. Reliability was determined by split-half reliability analysis and factor analysis.

**Data Collection**

A letter was sent by direct mail to each pastor in the Evangelical Presbyterian Church inviting their participation. An accompanying letter from the EPC’s National Outreach Director encouraged their involvement. A response card was also included. In addition, a brochure about the project was distributed informally at the annual General Assembly in June 2001.

The thirty-eight churches responding were sent copies of the survey and detailed instructions regarding the administration of the survey. The instructions included the following points of protocol:

1. Invite people to participate in the study by giving a brief (two minute) announcement in the worship service (an announcement text enclosed) and a printed announcement in the worship bulletin (sample text for print enclosed). Anyone who would like to participate may pick up a copy of the survey today and return it next week;

2. Have ushers stand by exit doors and hand the survey to each person who would
like one; and,

3. Have baskets or containers located in convenient locations for people to place their completed surveys.

To maintain the statistical validity of the survey, the number of church members completing surveys in each church was determined in accordance with the size of the congregation’s adult worship attendance. Churches with less than two-hundred people were asked to have at least 20 percent of the average weekly attendance complete the survey. Churches between 201 and five-hundred were asked to have a minimum of 15 percent of the average attendance complete the survey. Churches larger than five-hundred had at least 10 percent complete the survey.

Completed surveys were sent to me, and I sent them to the Doctor of Ministry Office at Asbury Theological Seminary. Data from the completed questionnaires were encoded and manually entered into the computer software program.

**Data Analysis**

After computer tabulation at Asbury Seminary, the results were returned to me through the Doctor of Ministry Office. I analyzed and interpreted the results with assistance from Dr. Leslie Andrews. The data from the surveys was summarized with frequency distributions, descriptive statistics, and the use of Pearson’s product moment correlation.

**Variables**

The independent variable of this research project is church health. This is operationalized as the Beeson Church Health Characteristics: effective structures, authentic community, transforming discipleship, engaging worship, mobilized laity,
wholehearted spirituality, empowering leadership, and intentional evangelism.

The dependent variable of this study is church growth. This was operationalized as the rate of growth in the weekend worship service(s) attendance, baptisms, membership, and conversions over the five-year time period of 1996-2000.

Intervening variables that may have affected the outcome of our study include spiritual disciplines, personal demographics, and church demographics. The spiritual disciplines examined include personal devotions, family devotions, ministry involvement, prayer, sharing of faith, and Bible study. Personal demographics include church membership, number of years involved in church, frequency of worship attendance, percentage of income given to the church, small group participation, ministry involvement, perception of community (i.e., growing, plateaued, declining), age, gender, marital status, and number of children. Church demographics include tenure of senior pastor, age of facility, adequacy of facility size, growth patterns of the surrounding community, adequacy of staffing, and population size of the community.

Generalizability

This study was delimited to include only churches of the Evangelical Presbyterian Church. The purpose of this study was to find correlations between qualitative church health and quantitative church growth. Extenuating circumstances in the life of an individual church may exist that were beyond the control of this study. Findings may be applicable to comparable evangelical denominations. Results of the study are summarized in Chapter 4.
CHAPTER 4
FINDINGS OF THE STUDY

Churches have always struggled to find quantifiable ways to measure ministry success. The business world uses profit and loss statements, inventory records, and balance sheets. Spiritual life is not so easy to measure and assess. In the absence of other measures, churches tend to fall back on the two most common measures of ministry effectiveness: worship attendance and offering. While these indicators provide some information about a church, they are incomplete assessments by themselves. A more comprehensive approach to measuring and evaluating the church is required. The need for more complete church assessments led to the development of the Beeson Church Health Characteristics and the preparation of a survey tool that would measure the strength of healthy traits in a church. The purpose of this study was to describe the relationship between church health and church growth in the Evangelical Presbyterian Church.

Three questions have guided this study: How do EPC churches rate on each of the eight Beeson Church Health Characteristics? How does the health of the surveyed churches correlate with church growth over the past five years? What are the contextual factors apart from the eight Beeson Church Health Characteristics that influenced church growth?

Profile of Subjects

Surveys were distributed to the pastors of participating churches with instructions to invite all adults within their congregations to complete and return a survey. Four hundred twenty-nine people from fifteen churches participated. Three hundred seventy-
seven participants (87.9 percent) were members of their respective churches. The amount of time participants had been involved with their churches varied. The largest group (22.2 percent) had been involved more than twenty years. The second largest group (22.7 percent) had been involved between six and ten years. A large majority of participants (97.4 percent) attended weekend worship at least three times a month. Sixty-seven percent indicated that they gave 10 percent or more of their income to the church. Eighty-five percent described their personal spiritual life as growing. Of the fifteen churches participating, seven reported growth in attendance, three reported no change in attendance, and five reported attendance decline.

Participants provided information regarding their personal spiritual disciplines (see Table 4.1). The most frequently practiced spiritual discipline was prayer (93.7 percent), followed by Bible study (78.6 percent), involvement in ministry (73 percent), and devotional times (71.6 percent). The least practiced spiritual discipline was family devotional time (20.7 percent).

<table>
<thead>
<tr>
<th>Table 4.1. Spiritual Disciplines of Subjects (N=429)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal Spiritual Disciplines</strong></td>
</tr>
<tr>
<td>Bible study is a regular part of my spiritual life.</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Devotional times are a regular part of my spiritual life.</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Family devotional time is a regular part of my spiritual life.</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>
Table 4.1. Spiritual Disciplines of Subjects (N=429), continued

<table>
<thead>
<tr>
<th>Personal Spiritual Disciplines</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement in ministry is a regular part of my spiritual life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>313</td>
<td>73.0</td>
</tr>
<tr>
<td>No</td>
<td>116</td>
<td>27.0</td>
</tr>
<tr>
<td>Prayer is a regular part of my spiritual life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>402</td>
<td>93.7</td>
</tr>
<tr>
<td>No</td>
<td>27</td>
<td>6.3</td>
</tr>
<tr>
<td>Sharing my faith is a regular part of my spiritual life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>267</td>
<td>62.2</td>
</tr>
<tr>
<td>No</td>
<td>162</td>
<td>37.8</td>
</tr>
<tr>
<td>Other spiritual disciplines are a regular part of my spiritual life.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>84</td>
<td>19.6</td>
</tr>
<tr>
<td>No</td>
<td>345</td>
<td>80.4</td>
</tr>
</tbody>
</table>

Church Health Characteristics

The Beeson Church Health survey measured eight indicators of health in each church: authentic community, empowering leadership, engaging worship, functional structures, intentional evangelism, mobilized laity, passionate spirituality, and transforming discipleship. Subjects perceived engaging worship and passionate spirituality as the strongest of the health characteristics, with only a .07 difference between the means of these two categories. The lowest two characteristics were transforming discipleship and authentic community. The difference between the strongest characteristic (engaging worship) and the weakest characteristic (authentic community) was .41, with similar variations (see Table 4.2).
Table 4.2. Church Health Characteristics for Churches in the Evangelical Presbyterian Church

<table>
<thead>
<tr>
<th>Beeson Health Characteristic</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engaging worship</td>
<td>1.88</td>
<td>.66</td>
</tr>
<tr>
<td>Passionate spirituality</td>
<td>1.95</td>
<td>.60</td>
</tr>
<tr>
<td>Intentional evangelism</td>
<td>2.00</td>
<td>.50</td>
</tr>
<tr>
<td>Mobilized laity</td>
<td>2.01</td>
<td>.58</td>
</tr>
<tr>
<td>Functional structures</td>
<td>2.08</td>
<td>.68</td>
</tr>
<tr>
<td>Empowering leadership</td>
<td>2.18</td>
<td>.63</td>
</tr>
<tr>
<td>Transforming discipleship</td>
<td>2.21</td>
<td>.49</td>
</tr>
<tr>
<td>Authentic community</td>
<td>2.29</td>
<td>.48</td>
</tr>
</tbody>
</table>

Church Health Comparisons

The Beeson Church Health Survey was used in similar projects in three other populations: the Western Canadian District of the Christian and Missionary Alliance (WCDCMA), the West Ohio Conference of the United Methodist Church (WOCUMC), and the General Association of Baptist Churches (GAGBC). A comparison of the scores within each of these denominations reveals that all four samples had similar results (see Table 4.3).
Table 4.3. Church Health Characteristics Comparison Between EPC, WCDCMA, WOCUMC, and the GAGBC

<table>
<thead>
<tr>
<th>Beeson Health Characteristic</th>
<th>EPC (N=15)</th>
<th>WCDCMA (N=28)</th>
<th>WOCUMC (N=45)</th>
<th>GAGBC (N=9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engaging worship</td>
<td>1.88 .66</td>
<td>1.94 .67</td>
<td>1.86 .58</td>
<td>1.86 .58</td>
</tr>
<tr>
<td>Passionate spirituality</td>
<td>1.95 .60</td>
<td>2.07 .58</td>
<td>2.01 .54</td>
<td>1.96 .53</td>
</tr>
<tr>
<td>Intentional evangelism</td>
<td>2.00 .50</td>
<td>2.04 .49</td>
<td>2.11 .48</td>
<td>2.09 .45</td>
</tr>
<tr>
<td>Mobilized laity</td>
<td>2.01 .58</td>
<td>2.14 .59</td>
<td>2.17 .56</td>
<td>2.26 .51</td>
</tr>
<tr>
<td>Functional structures</td>
<td>2.08 .68</td>
<td>2.01 .55</td>
<td>2.17 .56</td>
<td>2.29 .59</td>
</tr>
<tr>
<td>Empowering leadership</td>
<td>2.18 .63</td>
<td>2.19 .54</td>
<td>2.29 .54</td>
<td>2.44 .57</td>
</tr>
<tr>
<td>Transforming discipleship</td>
<td>2.21 .49</td>
<td>2.33 .47</td>
<td>2.36 .50</td>
<td>2.33 .46</td>
</tr>
<tr>
<td>Authentic community</td>
<td>2.29 .48</td>
<td>2.39 .40</td>
<td>2.34 .40</td>
<td>2.34 .42</td>
</tr>
</tbody>
</table>

- The four denominations had similar rankings in their top characteristics. Three of the four denominations (EPC, GAGBC, and WOCUMC) had identical ranking on the top five characteristics.

- The four denominations had similar rankings in their weakest characteristics. While the order of the ranking is slightly different, the three lowest ranking health characteristics in all four denominations were empowering leadership, transforming discipleship, and authentic community.

- EPC churches had higher perceptions of health in every characteristic except engaging worship and functional structures.
Church Growth and Church Health

The Beeson Church Health survey also collected statistical information on weekend worship attendance, baptisms, conversions, and membership. For each of these statistics, a rate of change was calculated for a five-year period beginning with 1995 and concluding in 1999 (see Table 4.4).

Table 4.4. Five-Year Growth Rate for the Evangelical Presbyterian Church (N=15)

<table>
<thead>
<tr>
<th>Growth Factor</th>
<th>Rate of Change (Cumulative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekend worship attendance</td>
<td>+ 12.2%</td>
</tr>
<tr>
<td>Baptisms</td>
<td>+ 72.6%</td>
</tr>
<tr>
<td>Conversions</td>
<td>+ 48.3%</td>
</tr>
<tr>
<td>Membership</td>
<td>+ 3.1%</td>
</tr>
</tbody>
</table>

- A composite positive rate of change was recorded for all growth measures.
- While seven of the fifteen churches surveyed indicated a plateau or decline in worship attendance, the EPC as a whole had an overall gain of 12.2 percent.

Correlation studies were made between each church health characteristic and each growth measure. Statistically significant correlations are indicated (see Table 4.5).
Table 4.5. Relationship of Church Growth to Congregational Perceptions of Church Health

<table>
<thead>
<tr>
<th>Health Characteristic</th>
<th>Attendance</th>
<th>Baptisms</th>
<th>Conversions</th>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authentic community</td>
<td>.01</td>
<td>-.09</td>
<td>-.02</td>
<td>-.04</td>
</tr>
<tr>
<td>Empowering leadership</td>
<td>-.01</td>
<td>-.29*</td>
<td>-.18*</td>
<td>-.13**</td>
</tr>
<tr>
<td>Engaging worship</td>
<td>.03</td>
<td>-.12***</td>
<td>.04</td>
<td>-.10***</td>
</tr>
<tr>
<td>Functional structures</td>
<td>-.03</td>
<td>-.30*</td>
<td>-.17**</td>
<td>-.12***</td>
</tr>
<tr>
<td>Intentional evangelism</td>
<td>-.05</td>
<td>-.25*</td>
<td>-.13***</td>
<td>-.18*</td>
</tr>
<tr>
<td>Mobilized laity</td>
<td>.04</td>
<td>-.08</td>
<td>.01</td>
<td>.02</td>
</tr>
<tr>
<td>Passionate spirituality</td>
<td>.05</td>
<td>-.08</td>
<td>.09</td>
<td>-.12***</td>
</tr>
<tr>
<td>Transforming discipleship</td>
<td>.01</td>
<td>-.10***</td>
<td>.01</td>
<td>-.16**</td>
</tr>
</tbody>
</table>

*p = 0; **p < .01; ***p < .05.

- Baptisms correlated negatively with empowering leadership, engaging worship, functional structures, intentional evangelism, and discipleship.
- Conversions correlated negatively with empowering leadership, functional structures, and intentional evangelism.
- Membership correlated negatively with empowering leadership, engaging worship, functional structures, intentional evangelism, passionate spirituality, and transforming discipleship.

The correlations were modest, even though statistically significant. Additional indicators were also used to probe the relationship between church health and growth.

The Beeson Church Health study measured average attendance changes during the five-year period of 1995-1999. The church health perceptions of participants from growing churches were compared to those from churches in plateau or decline over the same period (see Table 4.6).
Table 4.6. Relationship of Church Attendance Growth and Decline to Congregational Perceptions of Church Health

<table>
<thead>
<tr>
<th>Church Attendance Growth</th>
<th>Decline (N=205)</th>
<th>Growth (N=224)</th>
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<th>p* ≤</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
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<td>2.08</td>
<td>.59</td>
<td>1.83</td>
<td>.58</td>
</tr>
<tr>
<td>Intentional evangelism</td>
<td>2.07</td>
<td>.51</td>
<td>1.93</td>
<td>.48</td>
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<tr>
<td>Mobilized laity</td>
<td>2.06</td>
<td>.61</td>
<td>1.97</td>
<td>.56</td>
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<tr>
<td>Functional structures</td>
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<td>.68</td>
<td>2.05</td>
<td>.68</td>
</tr>
<tr>
<td>Empowering leadership</td>
<td>2.24</td>
<td>.62</td>
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<td>2.16</td>
<td>.47</td>
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<td>2.37</td>
<td>.48</td>
<td>2.21</td>
<td>.46</td>
</tr>
</tbody>
</table>

- The churches that reported growth perceived every church health characteristic as higher than those in declining churches.
- The participants in both growing and declining churches perceive empowering leadership, transforming discipleship, and authentic community as the lowest health characteristics.
- The rank order of health characteristics of growing and declining churches was identical with the exception of passionate spirituality and mobilized laity.
- The order of health characteristics of growing churches was identical with
The order of ranking of the EPC as a whole.

**Church Health and Spiritual Disciplines**

The Beeson Church Health study sought to identify any intervening variables that might be related to the perceived health of the churches. Participants were asked to indicate whether they participated in the following spiritual disciplines: Bible study, devotional time, family devotional time, ministry involvement, prayer, sharing of one’s faith, and other spiritual disciplines. The relationship between the practice of these spiritual disciplines and the perceived presence of the Beeson Health Characteristics were analyzed using both correlational and t-test analyses (see Tables 4.7 and 4.8).

Table 4.7. Correlation of Perceptions of Church Health to Spiritual Practices

<table>
<thead>
<tr>
<th>Health Characteristic</th>
<th>Bible Study</th>
<th>Personal Devotions</th>
<th>Family Devotions</th>
<th>Ministry</th>
<th>Prayer</th>
<th>Faith-Sharing</th>
<th>Other Disciplines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authentic community</td>
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<td>--</td>
<td>--</td>
<td>--</td>
<td>.17**</td>
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<tr>
<td>Engaging worship</td>
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<td>--</td>
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<td>--</td>
<td>--</td>
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<tr>
<td>Functional structures</td>
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<td>--</td>
</tr>
<tr>
<td>Evangelism</td>
<td>.21*</td>
<td>.15**</td>
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<td>--</td>
<td>--</td>
<td>.19*</td>
<td>--</td>
</tr>
<tr>
<td>Mobilized laity</td>
<td>.38*</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>.24*</td>
<td>--</td>
</tr>
<tr>
<td>Spirituality</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>.14**</td>
<td>--</td>
</tr>
<tr>
<td>Discipleship</td>
<td>.16**</td>
<td>.23*</td>
<td>.18*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p = 0; **p < .01; ***p < .05.

- Subjects who engaged in Bible study view mobilized laity more positively.
- Those who practiced personal devotions perceive mobilized laity and
discipleship more positively.

- Those who participate in ministry have a higher view of mobilized laity.
- The participation in faith sharing influenced the positive perception of authentic community, intentional evangelism, mobilized laity, passionate spirituality, and transforming discipleship.
- Those who practiced other spiritual disciplines perceived greater health in the area of transforming discipleship.

Table 4.8. Differences in Perceptions of Church Health Based upon Participation in Christian Disciplines

<table>
<thead>
<tr>
<th>Christian Disciplines</th>
<th>Yes</th>
<th>No</th>
<th>t</th>
<th>p* ≤</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Bible study</td>
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<td>.64</td>
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<td></td>
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<td>2.34</td>
<td>.49</td>
</tr>
<tr>
<td>Empowering leadership</td>
<td>2.16</td>
<td>.61</td>
<td>2.23</td>
<td>.69</td>
</tr>
<tr>
<td>Engaging worship</td>
<td>1.88</td>
<td>.67</td>
<td>1.84</td>
<td>.62</td>
</tr>
<tr>
<td>Functional structures</td>
<td>2.07</td>
<td>.67</td>
<td>2.10</td>
<td>.69</td>
</tr>
</tbody>
</table>
Table 4.8. Differences in Perceptions of Church Health Based upon Participation in Christian Disciplines, continued

| Christian Disciplines | Yes | No | | | |
|----------------------|-----|----|---|---|
|                      | M   | SD | M  | SD |
| Evangelism          | 1.98| .49| 2.03| .52 | .84 | -- |
| Mobilized laity     | 1.96| .58| 2.16| .57 | 3.06| .002|
| Spirituality        | 1.92| .59| 2.02| .62 | 1.33| --  |
| Discipleship        | 2.16| .46| 2.37| .52 | 3.78| .0002|

**Family Devotions**
- Authentic community: Yes 2.25 SD .49 No 2.30 SD .47 t .72 p ----
- Empowering leadership: Yes 2.14 SD .62 No 2.19 SD .64 t .65 p ----
- Engaging worship: Yes 1.76 SD .64 No 1.90 SD .66 t 1.69 p ----
- Functional structures: Yes 2.05 SD .68 No 2.08 SD .67 t .42 p ----

**Ministry**
- Authentic community: Yes 2.28 SD .49 No 2.30 SD .44 t .38 p ----
- Empowering leadership: Yes 2.2 SD .66 No 2.10 SD .52 t 1.49 p ----
- Engaging worship: Yes 1.89 SD .68 No 1.82 SD .57 t .97 p ----
- Functional structures: Yes 2.10 SD .70 No 2.01 SD 1.16 t .24 p ----

**Prayer**
- Authentic community: Yes 2.28 SD .48 No 2.4 SD .42 t .17 p ----
- Empowering leadership: Yes 2.18 SD .64 No 2.15 SD .57 t .21 p ----
- Engaging worship: Yes 1.87 SD .66 No 1.97 SD .64 t .76 p ----
### Table 4.8. Differences in Perceptions of Church Health Based upon Participation in Christian Disciplines, continued

<table>
<thead>
<tr>
<th>Christian Disciplines</th>
<th>Yes M</th>
<th>Yes SD</th>
<th>No M</th>
<th>No SD</th>
<th>t</th>
<th>p* ≤</th>
</tr>
</thead>
<tbody>
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<td>2.13</td>
<td>.73</td>
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</tr>
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<td>2.18</td>
<td>.62</td>
<td>1.44</td>
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</tr>
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<td>.60</td>
<td>2.09</td>
<td>.59</td>
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<tr>
<td>Discipleship</td>
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<td>2.54</td>
<td>.51</td>
<td>3.20</td>
<td>.002</td>
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</tbody>
</table>

**Faith-Sharing**

<table>
<thead>
<tr>
<th></th>
<th>Yes M</th>
<th>Yes SD</th>
<th>No M</th>
<th>No SD</th>
<th>t</th>
<th>p* ≤</th>
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</thead>
<tbody>
<tr>
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<td>.48</td>
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<td>1.93</td>
<td>.64</td>
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**Other Disciplines**

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<th>No SD</th>
<th>t</th>
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<td>--</td>
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<td>2.26</td>
<td>.48</td>
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<td>.0002</td>
</tr>
</tbody>
</table>

*2-tailed

- Subjects who practiced spiritual disciplines generally perceived their
church’s health greater than those who do not participate in spiritual disciplines.

- Of all the spiritual disciplines listed, faith sharing was positively related to the largest number of health characteristics: authentic community, empowering leadership, engaging worship, functional structures, evangelism, mobilized laity, passionate spirituality, transforming discipleship.

- Participation in family devotions was not significantly related to any of the church health characteristics.

- Three health characteristics (empowering leadership, engaging worship, and functional structures) were not significantly related to any spiritual discipline.

- Personal devotions, prayer, faith sharing, and “other” disciplines were positively related to people’s perception of transforming discipleship.

- Participation in Bible study was positively related to mobilized laity.

- Participation in ministry was positively related to mobilized laity.

The respondents who described their spiritual lives as growing perceive each of the health characteristics more positively than those who described their spiritual lives in plateau or decline (see Table 4.9).
### Table 4.9. Significant Difference in Mean Scores between Personal Spiritual Life and Congregational Perceptions of Church Health

<table>
<thead>
<tr>
<th>Personal Spiritual Growth</th>
<th>Growing (N=364)</th>
<th>Plateaued or Declining (N=63)</th>
<th>t</th>
<th>p* ≤</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
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<tr>
<td>Engaging worship</td>
<td>1.83</td>
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<td>1.96</td>
<td>.49</td>
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<td>Passionate spirituality</td>
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<td>.56</td>
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<td>.65</td>
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<td>.48</td>
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<tr>
<td>Authentic community</td>
<td>2.25</td>
<td>.46</td>
<td>2.53</td>
<td>.50</td>
</tr>
</tbody>
</table>

- How people perceive their own spiritual lives is strongly related to how they see the health of the church.
- Respondents who have growing spiritual lives viewed every health characteristic more positively than those whose spiritual lives are in plateau or decline.

**Church Health, Personal Characteristics, and Church Characteristics**

The Beeson church health survey considered personal demographics and church context issues that might be related to church health and growth. These variables included
church membership, number of years involved in a particular church, frequency of worship attendance, participation in a small group or ministry team, perceptions about the community in which the church is located (growing, plateaued, or declining), percentage of money given to the church, age, gender, marital status, and number of children. The tables that follow present some of the statistically significant personal and contextual factors discovered within the study.

**Church Health and Gender**

One area of speculation was whether gender affects one’s perceptions of church health. A comparison was made between the responses of male and female participants.

**Table 4.10. Gender Differences in Perceptions of Church Health**

<table>
<thead>
<tr>
<th>Church Health Characteristic</th>
<th>Male (n=179)</th>
<th>Female (n=250)</th>
<th>t</th>
<th>p* ≤</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
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<td>1.84</td>
<td>.68</td>
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<td>Passionate spirituality</td>
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<td>.44</td>
<td>2.18</td>
<td>.52</td>
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<td>2.35</td>
<td>.48</td>
<td>2.24</td>
<td>.47</td>
</tr>
</tbody>
</table>

*2-tailed
Women generally perceived the church healthier than did men, though most of the differences were not statistically significant.

The only statistically significant gender difference was in authentic community.

Since the practice of spiritual disciplines has been shown to be related to the perception of health, a test was run to compare men and women in their spiritual practices. The spiritual disciplines of men and women were very similar (see Table 4.11).

Table 4.11. Practice of Spiritual Disciplines by Gender

<table>
<thead>
<tr>
<th>Spiritual Practices</th>
<th>Male (N=179)</th>
<th>Female (N=250)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes  %</td>
<td>No  %</td>
</tr>
<tr>
<td>Prayer</td>
<td>169 94.4</td>
<td>10  5.6</td>
</tr>
<tr>
<td>Bible study</td>
<td>141 78.8</td>
<td>38  21.2</td>
</tr>
<tr>
<td>Ministry involved</td>
<td>129 72.1</td>
<td>50  27.9</td>
</tr>
<tr>
<td>Personal devotions</td>
<td>119 66.5</td>
<td>60  33.5</td>
</tr>
<tr>
<td>Faith sharing</td>
<td>106 59.2</td>
<td>73  40.8</td>
</tr>
<tr>
<td>Family Devotions</td>
<td>43 24.0</td>
<td>136 76.0</td>
</tr>
<tr>
<td>Other Disciplines</td>
<td>34 19.0</td>
<td>145 81.0</td>
</tr>
</tbody>
</table>

The rate of participation in spiritual practices is similar for men and
women, though women scored higher in ministry involvement, personal devotions, and faith sharing.

- The largest gender difference was in the area of personal devotions with 75.2 percent of the women and 66.5 percent of the men reporting the practice of personal devotions.

- At least two-thirds of the men and women practiced prayer, Bible study, ministry involvement, and personal devotions.

- The rank order of spiritual disciplines was similar for men and women.

**Church Health and Marital Status**

Whether marital status is related to perceptions of church health was one area of investigation. A comparison was made between married and single respondents (see Table 4.12).

**Table 4.12. Marital Status Differences in Perceptions of Church Health**

<table>
<thead>
<tr>
<th>Church Health Characteristic</th>
<th>Single (n=42)</th>
<th>Married (n=327)</th>
<th>t</th>
<th>p* ≤</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Functional structures</td>
<td>1.95</td>
<td>.65</td>
<td>2.12</td>
<td>.68</td>
</tr>
<tr>
<td>Intentional evangelism</td>
<td>1.90</td>
<td>.48</td>
<td>2.03</td>
<td>.51</td>
</tr>
</tbody>
</table>

*2-tailed

- Single people scored functional structures and intentional evangelism within the church more favorably than did married people.
Church Health and Membership

The responses of church members were compared with the responses of non-members to see if membership status affected the perceptions of church health.

Table 4.13. Mean Difference Scores of Members’ and Non-Members’ Perceptions of Church Health

| Church Membership         | Member (N=377) | Non-member (N=52) | t    | p* ≤  
|---------------------------|----------------|-------------------|------|-------
|                           | M      | SD    | M      | SD    |       |       |
| Intentional evangelism    | 2.02   | .50   | 1.86   | .52   | 2.01  | .05   |
| Empowering leadership     | 2.21   | .64   | 1.99   | .59   | 2.20  | .05   |

- Non-members perceived intentional evangelism and empowering leadership higher than members.

Church Health and Small Group Participation

Whether participation in a small group is related to perceptions of church health was one area of inquiry. The responses of people who were involved in a small group were compared to the responses of those who were not involved in a small group (see Table 4.14).
Table 4.14. Small Group Participation and Mean Differences in Perceptions of Church Health

<table>
<thead>
<tr>
<th>Church Health Characteristic</th>
<th>Yes (N=294)</th>
<th>No (N=121)</th>
<th>t</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authentic Community</td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Mobilized Laity</td>
<td>2.25</td>
<td>.48</td>
<td>2.37</td>
<td>.47</td>
</tr>
<tr>
<td>Transforming Discipleship</td>
<td>1.89</td>
<td>.52</td>
<td>2.33</td>
<td>.61</td>
</tr>
<tr>
<td></td>
<td>2.18</td>
<td>.49</td>
<td>2.29</td>
<td>.49</td>
</tr>
</tbody>
</table>

*2-tailed

- Participation in a small group was significantly related to the perceptions of three health characteristics: authentic community, mobilized laity, and transforming discipleship.

Church Health and Financial Giving

A test was run to find the relationship between financial giving and perceptions of church health.

Table 4.15. Relationship between Perceptions of Church Health and Financial Giving

<table>
<thead>
<tr>
<th>Beeson Health Characteristic</th>
<th>r</th>
<th>p*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobilized laity</td>
<td>.17</td>
<td>.01</td>
</tr>
<tr>
<td>Transforming discipleship</td>
<td>.15</td>
<td>.01</td>
</tr>
</tbody>
</table>

* 2-tailed
• The percentage of total income given to the church held the strongest correlation to mobilized laity and transforming discipleship.

• Fourteen percent of respondents failed to answer the financial giving question on the survey.

Church Health and Demographic Factors

Other intervening factors included several demographic variables. These variables included the adequacy of the facility, the age of the facility, the tenure of the senior pastor, the appropriate size of the staff, and whether the community in which the church was located was growing, plateaued, or declining (see Tables 4.16-4.19).

Table 4.16. Relationship between Perceptions of Church Health and Facility Size

<table>
<thead>
<tr>
<th>Beeson Health Characteristic</th>
<th>r</th>
<th>p* ≤</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intentional evangelism</td>
<td>.14</td>
<td>.01</td>
</tr>
<tr>
<td>Mobilized laity</td>
<td>.12</td>
<td>.05</td>
</tr>
<tr>
<td>Functional structures</td>
<td>.16</td>
<td>.01</td>
</tr>
<tr>
<td>Empowering leadership</td>
<td>.16</td>
<td>.01</td>
</tr>
<tr>
<td>Authentic community</td>
<td>.11</td>
<td>.05</td>
</tr>
</tbody>
</table>

*p = 0; **p < .01; ***p < .05.

• The perception of facility size as adequate for current ministries was positively correlated to intentional evangelism, mobilized laity, functional structures, empowering leadership, and authentic community.
Table 4.17. Relationship of Church Health Characteristics with Tenure of Senior Pastor

<table>
<thead>
<tr>
<th></th>
<th>0 to 2 years</th>
<th>3 to 6 years</th>
<th>7 to 10 years</th>
<th>10 to 15 years</th>
<th>Over 15 years</th>
<th>F Score</th>
<th>N=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transforming discipleship</td>
<td>2.25</td>
<td>.48</td>
<td>2.28</td>
<td>.44</td>
<td>2.42</td>
<td>.51</td>
<td>1.92</td>
</tr>
<tr>
<td>Passionate spirituality</td>
<td>2.07</td>
<td>.61</td>
<td>1.87</td>
<td>.63</td>
<td>2.12</td>
<td>.53</td>
<td>1.60</td>
</tr>
<tr>
<td>Mobilized laity</td>
<td>2.06</td>
<td>.60</td>
<td>2.01</td>
<td>.53</td>
<td>2.19</td>
<td>.60</td>
<td>1.72</td>
</tr>
<tr>
<td>Intentional evangelism</td>
<td>2.06</td>
<td>.49</td>
<td>2.04</td>
<td>.43</td>
<td>2.30</td>
<td>.41</td>
<td>1.65</td>
</tr>
<tr>
<td>Functional structures</td>
<td>2.11</td>
<td>.66</td>
<td>2.04</td>
<td>.64</td>
<td>2.47</td>
<td>.66</td>
<td>1.66</td>
</tr>
<tr>
<td>Engaging worship</td>
<td>2.03</td>
<td>.71</td>
<td>1.79</td>
<td>.58</td>
<td>1.98</td>
<td>.66</td>
<td>1.44</td>
</tr>
<tr>
<td>Empowering leadership</td>
<td>2.23</td>
<td>.65</td>
<td>2.24</td>
<td>.64</td>
<td>2.59</td>
<td>.59</td>
<td>1.73</td>
</tr>
<tr>
<td>Authentic community</td>
<td>2.30</td>
<td>.45</td>
<td>2.32</td>
<td>.47</td>
<td>2.47</td>
<td>.50</td>
<td>2.03</td>
</tr>
</tbody>
</table>

*p = 0; **p < .01; ***p < .05.
All eight health characteristics were highest when the pastor had served ten to fifteen years.

With the exception of engaging worship, the health scores were lowest when pastors had served seven to ten years.

Every indicator of health in level five pastorates (over fifteen years) was greater or equal than level one pastorates (zero to two years).

Table 4.18. Relationship of Church Health Characteristics with Perception of Church Staffing

<table>
<thead>
<tr>
<th></th>
<th>Understaffed (N=91)</th>
<th>Adequate (N=319)</th>
<th>Overstaffed (N=9)</th>
<th>F score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M  SD</td>
<td>M  SD</td>
<td>M  SD</td>
<td></td>
</tr>
<tr>
<td>Passionate spirituality</td>
<td>1.96 .62</td>
<td>1.91 .57</td>
<td>2.69 .97</td>
<td>6.72**</td>
</tr>
<tr>
<td>Functional structures</td>
<td>2.16 .69</td>
<td>2.03 .66</td>
<td>2.68 .56</td>
<td>4.98**</td>
</tr>
<tr>
<td>Engaging worship</td>
<td>1.96 .70</td>
<td>1.82 .63</td>
<td>2.42 .67</td>
<td>4.84**</td>
</tr>
<tr>
<td>Empowering leadership</td>
<td>2.27 .63</td>
<td>2.13 .62</td>
<td>2.69 .46</td>
<td>4.57***</td>
</tr>
</tbody>
</table>

*p = .0; **p < .01; ***p < .05.

Empowering leadership, engaging worship, functional structures, and passionate spirituality were perceived strongest in churches that were adequately staffed, second strongest in churches that were understaffed, and weakest in churches that were overstaffed. This finding held true in all four denominations in which this study was conducted.
Table 4.19. Relationship of Church Health Characteristics with Community Demographic Patterns

<table>
<thead>
<tr>
<th>Community Demographic Patterns</th>
<th>Growing (N=255)</th>
<th>Plateaued (N=108)</th>
<th>Declining (N=59)</th>
<th>F score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M    SD   M    SD</td>
<td>M    SD   M    SD</td>
<td>M    SD   M    SD</td>
<td></td>
</tr>
<tr>
<td>Empowering leadership</td>
<td>2.07 .55 2.24 .68</td>
<td>2.59 .57 2.28 .51</td>
<td>16.50*</td>
<td></td>
</tr>
<tr>
<td>Intentional evangelism</td>
<td>1.92 .46 2.03 .53</td>
<td>2.28 .51 2.42 .79</td>
<td>12.13*</td>
<td></td>
</tr>
<tr>
<td>Functional structures</td>
<td>1.99 .59 2.12 .74</td>
<td>2.42 .79 2.47 .54</td>
<td>9.37**</td>
<td></td>
</tr>
<tr>
<td>Authentic community</td>
<td>2.23 .44 2.27 .49</td>
<td>2.47 .54 2.47 .54</td>
<td>5.40**</td>
<td></td>
</tr>
</tbody>
</table>

*p = 0; **p < .01; ***p < .05.

- Respondents who perceived their communities as growing viewed functional structures, intentional evangelism, empowering leadership, and authentic community more positively than those who perceived their communities to be plateaued or declining.

Summary

The study had some significant findings.

1. Those who participated in the survey attended church on a regular basis and were very involved in their respective churches.

2. The variation between the highest (engaging worship) and the lowest (authentic community) health characteristic mean score was .41.

3. Those who participated in spiritual disciplines viewed church health higher than those who did not participate in spiritual disciplines. The spiritual discipline that most significantly related to the most health characteristics was sharing one’s faith.
This finding was true in all four denominations.

4. Respondents from growing churches tended to perceive every church health characteristic as stronger than did those from declining and plateaued churches.

5. The four denominations had similar rankings among their weak characteristics. While the order of the ranking was slightly different, the three lowest ranking health characteristics in all four denominations were empowering leadership, transforming discipleship, and authentic community.

6. The four denominations sampled had similar rankings among their top characteristics. Three of the four denominations (EPC, GAGBC, and WOCUMC) had identical rankings among the top five characteristics.

7. The EPC churches had higher health ratings in every characteristic except engaging worship and functional structures.

8. The majority of respondents (85 percent) identified that their spiritual lives were growing. These respondents viewed every health characteristic more positively than those whose spiritual lives were in plateau or decline.

9. All eight characteristics were highest within churches when the pastor had served ten to fifteen years.

In the following chapter, observations, implications, applications, and limitations of these findings are explored in greater detail.
CHAPTER 5
SUMMARY AND CONCLUSIONS

This project originated out of a desire to see if the health of a local church can be
correlated with the decline or growth of the congregation. The Beeson church health
dissertation team created, tested, and implemented a statistically sound tool that attempts
to measure the health of a church. The hope was that we would be able to measure the
overall health of EPC churches, identifying specific areas of strength and weakness. This
data can be used to educate church leaders regarding church health and also may be
helpful in designing strategies toward building healthy congregations.

In Chapter 2, church health was discussed in relationship to the concept of the
church as mission. An outward focus is essential to a healthy church. Mission is not just
another task assumed by the church; it defines the church as God’s sent people. “Thus our
challenge today is to move from church with mission to missional church” (Guder 6). A
church, by its very nature, reaches beyond its walls. For this reason, the numeric growth
patterns were also a significant part of this study. Numerical growth is a natural by-
product of a church that sees itself as a mission and of a congregation who see themselves
as missionaries.

This truth in no way diminishes the role of God in church growth. One should not
assume that human efforts and strategies alone can grow the church. A pastor cannot
make a church grow any more than a farmer can make crops bear fruit. Paul uses a
metaphor from farming in 1 Corinthians 3:6: “I planted the seed, Apollos watered it, but
God made it grow.” Paul acknowledged the divine role in the organic growth of the
church yet also identified the human agency of “planting and watering.” God is the one
who grows the church. The human role is to cooperate with God.

Much of the literature on the crisis in the church in North America has to do with methods, programs, and problem solving. To be sure, much can be learned from observing healthy growing churches. I share the conviction of Darrell Guder and a growing consensus of Christians in North America that the problem is much more deeply rooted. “It has to do with who we are and what we are here for (Guder 3). The issues are not just methodological; they are theological and spiritual.

Participants’ Profile

Unlike Natural Church Development, the Beeson Church Health Survey sought to understand those who took the survey. Participation in the survey was voluntary. As expected, those who took the time to complete and return the questionnaire were invested in the life of the church. An overwhelming majority of participants (97.4 percent) attend weekend worship at least three times a month. A large majority of respondents are members (87.9 percent), participate in small groups (70 percent), and are involved in ministry (73 percent). Sixty-seven percent indicated that they give 10 percent or more of their income to the church. The participants are significantly invested in their respective churches and, therefore, provide an informed response to the questions.

This study examined information about the participants, their church, and their surrounding community to identify other intervening variables that may affect the perception of church health. The identification of these intervening variables proved to be a strength of this study. These variables, while ignored in most studies of church health and growth, were shown to have an affect on church health.
The Health of the EPC

The overall health of the EPC as measured by the Beeson health tool is high. The strongest health characteristics were engaging worship and passionate spirituality. This finding makes sense in light of the spiritual disciplines of the subjects. The majority of people taking the survey regularly practiced spiritual disciplines and attended worship. This suggests that the respondents were seeking God. High scores in worship and spirituality are to be expected in a God-seeking worshipping congregation.

The third strongest characteristic was intentional evangelism. This, too, makes sense in light of the fact that 62 percent of the respondents reported that they regularly shared their faith. One interesting note is the fact that not all churches that perceived themselves healthy in the area of evangelism reported an increase in attendance or conversions. In other words, perception of evangelistic health does not necessarily mean that evangelism is actually happening effectively. EPC congregations place a high value on evangelism, even if they struggle to evangelize well. The EPC constitution refers to evangelism as “the first duty” of the church (Evangelical Presbyterian Church 4.3) and lists that one of the responsibilities of the church Session is “to initiate the ministry of evangelism as the first business of the church, and to seek to lead persons to an acceptance of Jesus Christ as Lord and Savior” (Evangelical Presbyterian Church 16.10.B). This strong evangelistic emphasis has been a hallmark of this young denomination.

In this context, the theology of the church as mission finds fertile ground. Reaching beyond the walls of the church to lost and hurting people is not just a good idea; it is the “first business” of the church. According to Karl Barth, the church is the
community of reconciled persons taking up the ministry of reconciliation (651). The missionary role of the church is intertwined with the essential nature of the church. With many competing needs and expectations, any church can lose sight of its missional calling and busy itself with other works. No matter how good and noble these other works may be, when a church ceases its “first business,” it is out of business. Newbigin says plainly, “A church that has ceased to be a mission has lost the essential nature of a church” (Household 169).

EPC founders were wise to cement the priority of evangelism into the words of their constitution. Mission drift is not only possible; it is inevitable unless leaders communicate the mission often and root it in the systems, practices, calendars, and documents of the organization. Pastors and church leaders of EPC congregations can go back to these statements in the constitution to gain clarity and focus regarding their purpose. This core value of evangelistic priority at the denominational level may have contributed to the high perception of evangelistic health in the local churches.

The EPC has a strong Trinitarian theology. The Trinity, when rightly understood, forms the basis for a missionary ecclesiology (Guder 5). It leads one to see the Church as the instrument of God’s mission. The classic doctrine of the Trinity as God the Father sending the Son and God the Father and Son sending the Spirit is expanded to include Father, Son, and Holy Spirit sending the Church into the world (Bosch, Transforming, 390).

The lowest three health characteristics in the EPC were empowering leadership, transforming discipleship, and authentic community. As has been already stated, the respondents were all very active in their churches. One possibility worthy of speculation
is that the longer people are involved in a church, the less empowered they feel. Much of the energy and care of pastors is directed toward people new to the church. Long-term members may feel a bit neglected and out of the loop. Similar speculations could be made in regards to authentic community. The respondents are not naïve admirers of the church; they are up close, able to see the blemishes of the body. In my church, when a church member is hired to join the staff, I warn them, “You are going to see the good, the bad, and the ugly of church life.” Sometimes the Bride of Christ is beautiful, sometimes not, but always loved. The respondents to this study are close enough to see the flaws and too close to have the primary attention of the pastor.

Another point of interest is the low score for transforming discipleship. The EPC church as a whole is enjoying a fairly high rate of growth for conversions (48.3 percent) and baptisms (72.6 percent); however, these new believers are not being grafted into the church body as indicated by the disproportionately low measures for the rate of growth in church attendance (12.2 percent) and church membership (3.1 percent). The low score for authentic community further highlights the problem. The EPC must bolster the discipleship and community efforts of the church or continue to lose new converts.

Church Health Comparison with Other Denominations

This study was conducted in the context of the EPC. The same study was conducted in three other populations: the Western Ohio Conference of the United Methodist Church (WOCUMC), the General Association of General Baptist Churches (GAGBC), and the Western Canada District of the Christian and Missionary Alliance (WCDCMA). The perceived level of health in the four populations was very similar.

The four denominations had similar rankings in their top characteristics. Three of
the four denominations (EPC, GAGB, and WOCUMC) had identical rankings for the top five characteristics. The weakest health characteristics were also similar. While the rank order varied, all four populations scored empowering leadership, transforming discipleship, and authentic community as the weakest.

Given the differences in geographic location, doctrine, and polity among these populations, the similarities of the results are quite striking. Churches may have more in common than a first glance might indicate. Perhaps the struggle for church health is rooted in human nature rather than denominational affiliations and religious traditions. More study is needed to determine if the trends discovered in this study hold true among other samples.

The Relationship between Church Health and Church Growth

Only 20 percent of our nation’s churches are growing. The EPC faired better than the national average. Eight of the fifteen participating churches (53 percent) were growing numerically. In spite of the fact that nearly half the churches recorded losses, the EPC as a whole gained 12.2 percent.

The relationship between church health and church growth continues to draw heated debate in scholarly circles. Church growth experts insist that the church health movement is simply church growth under a new label and really offers nothing new. Some church health proponents maintain that the two have separate foci and are distinct from one another.

One of the most substantial and surprising findings of this study is the weak connection between church health characteristics and church growth in the participating churches. A straight correlation study revealed some ambiguous results. Some of the
growth indicators actually had a small negative relationship with several health characteristics (see Table 4.5 p. 79). For example, membership correlated negatively with empowering leadership, engaging worship, functional structures, intentional evangelism, passionate spirituality, and transforming discipleship. To be sure, this finding is unexpected and difficult to interpret.

I suspect that some of these findings are the result of some confusion over terminology. The research team wrestled with the use of terms like “baptism,” “conversion,” and “membership.” Church language varies from church to church and from denomination to denomination. Terms evolve differently in each local context. For example, two of the denominations in this study practice infant baptism, and two do not. The EPC baptizes both believers and children of believers. The number of baptisms in any given year may indicate less about the growth of a church and more about their use of and emphasis on the rite of baptism. The same holds true with the use of the term “membership.” Each church may understand, promote, and emphasize formal church membership differently. “Conversion” also can be a confusing term. EPC annual reports do not even use the word, opting instead for “Professions of Faith.” Counting conversions can be difficult depending on the practices of the local church. Newly converted people may not always identify themselves. The difficulty of agreement on a common language faces any researcher attempting a study of comparison. I believe this task is increasingly becoming more difficult in the evolving church of the twenty-first century.

One could speculate further about the results of the correlation studies. For example, the fact that membership is negatively correlated with evangelism could be explained by speculating that evangelistically effective churches may be creating
welcoming environments that do not push membership. They may be reaching people for whom church membership is a foreign or frightening concept. Similar speculations could be made about each correlation; however, I do not believe these simple correlations reveal much about relationships between health characteristics and growth patterns.

A better indicator of the relationship between church health and church growth may be a simple comparison of responses from people who attend growing churches with responses of people who attend churches in decline or plateau (see Table 4.6 p. 80). Respondents from growing churches perceived every church health characteristic more positively than people in declining churches. A simple comparison reveals a relationship between the perceived health of a church and its growth patterns.

**Do all healthy churches grow?** This study has shown a relationship between church health and church growth. The findings suggest, however, that not all healthy churches grow. While most healthy churches grow, the study discovered some healthy churches experiencing decline and some unhealthy churches experiencing growth. This observation was first made by Christian Schwarz and was confirmed in all four denominations using the Beeson Church Health Survey. This finding stands in contrast to an assumption by many church health writers (e.g., Rick Warren; Peter Wagner; Lyle Schaller) that all healthy churches grow. Schwarz received some criticism for this belief that a church may be healthy while in state of numerical decline.

While healthy declining churches and unhealthy growing churches are not the norm, they do exist. Many other factors affect growth and health. One of these factors is the life-stage of a church. My father is a healthy seventy-nine year old man. Any doctor would concur that, for a man his age, he is fit and vibrant. My father is not growing, but
he is healthy. Likewise, church health may look different with each stage of a church’s development.

Peter Steinke agrees. He, too, views the church as an organism and draws heavily upon the fields of biology and medicine. A large part of health, he believes, is maintenance. Healthy churches are better able to fulfill their purposes. This may not always include numerical growth. “Organically, nothing grows forever” (ix).

While not all churches grow, all churches must respond to the evangelistic mandate. Not all evangelism results in more church members. Some churches may be called to evangelize a population different from themselves. The key lies in the understanding of the church as a people gathered by God and sent out by God. “As the Father has sent me, so I send you” (John 20:21). Churches must discern to whom they are being sent.

I agree with Towns and Byrd that numerical church size is not always an indicator of health (6). However, the subjective and elusive nature of valid and reliable measures of health understandably leads churches to fall back on the ministry measures of attendance, membership, baptisms, and financial giving.

**Spiritual Disciplines and Church Health**

Unlike other church health survey tools, the Beeson Church Health Survey sought to examine the spiritual life of the individuals taking the survey. The correlation between the spiritual practices of the participants and the perceptions of church health proved to be one strength of the study.

Subjects who practiced spiritual disciplines generally perceived their church’s health greater than those who do not participate in spiritual disciplines. Also, respondents
who described their spiritual lives as growing viewed every health characteristic more positively than those whose spiritual lives were in plateau or decline. One’s own health may be a significant influence in their perception of the church’s health. This assumption is reasonable when viewing the church as a system or organism. If the hand is sick, the whole body is sick.

The results of this study demonstrate a positive relationship between healthy people and healthy churches. One could argue that healthy people make healthy churches. One the other hand, one could contend that healthy churches produce healthy people. Which way the cause and effect chain runs cannot be proven. The important point to be made is that church leaders must not neglect the healthy spiritual development of individuals within their churches. While the congregation is one body, it is made up of individuals. Developing fully functioning followers of Jesus Christ is the ultimate strategy for creating church health and church growth. As Ken Hemphill states, “Church growth is the by-product of a right relationship with the Lord of the Church” (10).

The spiritual discipline of “sharing my faith with others” had the strongest relationship with the largest number of characteristics of health. This finding was true for all four denominations in the collaborative study. The research supports my suspicion that faith sharing may be the fullest expression of a healthy heart. People who lead balanced lives and maintain a proper perspective become others-focused.

Of all the spiritual disciplines, faith sharing is the most directly related to the concept of the missional church. Christians who have an influence outside of the church are fulfilling the very purpose of the church. Churches that mobilize their people for mission will have greater health. Just as healthy people are outwardly focused, healthy
churches are also outwardly focused. Healthy churches understand themselves to be what Van Engen has called “God’s missionary people” (17).

Many strategies can be developed for building healthy churches. The findings within this study suggest a strategy for health that is simple and yet often overlooked. Church leaders must encourage people in the practice of spiritual disciplines, especially faith sharing, not simply because this is a mandate of the great commission but because it is positively related to healthy churches. I advocate, along with Linda Adams, for a missional ecclesiology that calls every church not only to send missionaries, but to be missionaries (32).

**Personal and Church Demographics and Church Health**

In an attempt to understand church health as it relates to church growth, personal characteristics of respondents and church demographics were considered. Clearly some significant relationships exist among those factors. Of note was the relationship of church health with the tenure of the senior pastor and the adequacy of the number of paid staff.

The highest perceptions of all eight health characteristics were from churches where the senior pastor had served ten to fifteen years. The lowest scores in all eight areas were from churches where the senior pastor had served seven to ten years. I find this fascinating and would like to see future research done in this area. I might speculate that pastors hit their greatest levels of ministry fatigue and burnout in years seven to ten. If they are to continue in the same church beyond ten years, they must find personal rejuvenation and new life. If they persevere through the toughest years of ministry and experience the required renewal, they will go on to enjoy their most enjoyable and effective years of ministry.
The comparison of the pastor-congregation relationship to a marriage is fitting here. A honeymoon period of joy is followed by the slow recognition of each other’s imperfections and the need for hard work. Many family scholars report an increase in divorce during the seven to ten year period of a marriage with high levels of marital satisfaction in later years. If couples will persevere and work and renew their commitment to the marriage, the richest years may likely lie ahead of them. This pattern also seems to hold true for pastorates. Long-term pastors that persevere through difficult times often have later years of healthy and effective ministry.

The perception of the staffing situation was also related to the perception of church health. Church health scores were strongest in churches that believed the staff size was adequate, second strongest in churches that believed their church was understaffed, and weakest in churches that felt they were overstaffed. This was true in all four denominations using the Beeson Church Health Survey. Perhaps respondents from churches perceived as overstaffed felt underappreciated, or perhaps they felt the church was being wasteful with money. The health characteristics most significantly related to staffing were empowering leadership, engaging leadership, functional structures, and passionate spirituality.

The inclusion of demographic variables strengthens the Beeson Church Survey. One of the criticisms made of Natural Church Development was that it ignores many of the contextual factors such as staffing, facilities, size, and community surroundings.

**Natural Church Development and the Beeson Church Health Study**

The study of church health owes much of its development to Christian Schwarz’s *Natural Church Development*. His popular book raised the visibility of church health in
the United States and around the world. The Beeson Health Study builds on Schwarz’s work and attempts to correct some of the concerns lobbied by critics.

Critics of Natural Church Development (e.g., John Ellas and Flavil Yeakley; Gary McIntosh) believe that Schwarz’s study is “pseudo-scientific” and lacks “hard data” (Ellas and Yeakley 83). They report that the Natural Church development survey cannot be replicated because Schwarz has never reported the statistical data. The Schwarz study also ignored some of the confounding variables that might influence church health and growth such as the variables controlled for in this study.

The Beeson Church Health tool was scientifically created and tested. The Beeson study has provided the correlation coefficients, reliability measures, and statistical results from the survey. The survey is available to the general body of educational knowledge to be cited and replicated as necessary. The Schwarz study selected only thirty individuals in each church to participate. The Beeson study regulated the number of surveys according to church attendance thereby increasing the sample size.

Unlike the Schwarz study, the Beeson study sought to understand the people who were taking the survey and examined various institutional factors that may affect health and growth. This was, perhaps, the greatest strength of the Beeson study. A strong connection was demonstrated between the health and spiritual life of participants and their perception of church health.

The Beeson Church Health Study focused specifically on North America while the Schwarz study was international. The Beeson Survey was used for a denominational study but could readily be used to examine a local church. Both studies attempted to provide quantifiable measures of health.
The Subjective Nature of Health

Part of the difficulty of measuring health is the subjective nature of health and the necessity of comparisons. To ask someone if their church is healthy begs the question, “Healthy as compared to what?” A respondent may have previously belonged to churches that were less healthy than the one to which they presently belong. While the church may be riddled with problems, it may be the most healthy church in which they have ever participated. Others may be comparing the relative health of their church at this point in time to the church’s past health. Perhaps the church is healthier than it was a few years ago. For others a comparison may not even be possible; they have only seen church done one way. Some may have no other frame of reference from which to see a healthy church.

The Beeson Church Health questionnaire was an attempt to improve upon the work of previous projects by asking about actual behaviors, not just perceptions. A report of actual behavior is likely to be a more accurate assessment of health than the more global perception of health. While I believe these modifications resulted in a better survey tool, more work must be done in this area. In the end, all of the survey tools available today, including the Beeson Church Health Survey, only accurately measure the perceptions of church health. For example, to ask people if they agree with the statement, “Evangelism is a good idea,” would yield a positive response from most church people and, at the same time, say nothing about the evangelistic health or practices of the church. The Beeson Church Health Survey attempts to get at actual behavior by asking if respondents agree with this statement, “I share my faith with non-believing family and friends.” While the question addresses actual behavior, the answer is still subjective. The phrase “share my faith” may be interpreted differently by different people. The methods,
attitudes, and frequency of sharing faith vary greatly and may affect people’s response. At best, we have advanced from measuring perceptions of ideas, to measuring perceptions of behavior, but the study is still based on self-perception.

Differences in perception and interpretation have made church health measures illusive. People may have an idealistic view of their local church, or they may be afraid to be totally honest on a questionnaire. Some church members may perceive their decline in numbers as being indicative of a “sickness” in the world, rather than sickness in their local church. Often times an outside source is needed to gain a more objective perspective. This may come in the form of a church consultant or simply from exposure to another church.

The fact that research can only measure perception is indeed limiting and leaves room for error; however, perceptions are important. If people feel physically healthy, doctors generally do not intervene. Simply put, the fact that people feel positive about their church is one sign that something must be working right. While I recommend further research to develop tools that measure more than perceptions, instruments that can assess perceptions will always be valuable.

**The Systemic Nature of Health**

Church health begins by viewing the church as a system. Within an organization one thing often affects another thing in an interdependent fashion. Within any system, everything influences and is influenced by everything else. Understanding any system necessitates that one examine the whole as well as the individual parts and the way those parts relate to each other. A change made in one part of the system affects the whole (Steinke 3). Richardson observed six systems in a church: emotional, structural,
informational, decision making, economic, and cultural (28-29). Our study, like that of Richardson, examined only a fraction of the many factors that interplay in a church body.

Most church health studies are undertaken to answer the often unspoken question, “What can we do to cause the church to grow?” The correlational nature of this study and the systematic nature of the church make the identification of any clear cause and effect relationships impossible. The causes of church growth or decline are intertwined, interdependent, and often difficult to identify. This study has, however, demonstrated that significant relationships exist between church health and a variety of variables.

Church health is complicated. Our study attempted to measure church health and to demonstrate whether or not health was related to numerical growth. Critics accused the church growth movement of being a scientific way to address a spiritual issue.

Implications of the Study

This study provides some good groundwork for expanding the existing body of knowledge regarding church health. The Beeson Church Health survey instrument was scientifically created through the examination of the body of knowledge that exists regarding church health. It was tested in several church settings before being implemented to a broader population. Where Schwarz created his health characteristics from his surveys, the Beeson Health Characteristics were compiled after extensive examination of literature and personal visits to many churches throughout the country.

The greatest strength of this study was the correlation work completed between church health and a variety of variables. Church health was shown to have an effect on church growth, though the results are not as clear as expected. Perhaps the most significant finding was the relationship of other intervening variables with perceived
What is the strategy for greater church health? Christian Schwarz believes that for a church to become healthier it must use its strengths to improve the weak areas. This study would suggest, however, that the best way to become healthier a church is to focus on spiritual disciplines. Participation in spiritual practices is a strong predictor of church health. Healthy people make healthy churches. People who view their own life positively are likely to view their churches positively. Church health is brought about one life at a time.

**Limitations and Weaknesses**

As has already been stated, church health is a complex issue. This study did not and could not take into account all the intertwining complex systems that may affect the health and growth of the church. This study is limited to certain aspects of health that we have attempted to quantify. In addition, as has already been noted, the subjective nature of health and the necessity of comparison further complicate any attempt to measure church health.

The method of survey distribution poses a potential weakness. Participation in the survey was voluntary. The fact that the people who took the time to complete and return the questionnaire were very involved in their church was not surprising. While this method of distribution may provide valuable insight from insiders, it leaves out the more casual attendee and those who are less likely to take initiative to complete a survey like the one in this study. One possible variation would be to have the entire congregation complete surveys during a weekend worship service to gain the response of both casual attendees and ministry leaders. While this would ensure a wider response, pastors may be
resistant using worship time for this purpose.

**Suggestions for Further Studies**

The Beeson Health Instrument was shown to be an effective and sound tool, but further refinements are needed. Using the instrument in a larger population would help validate the tool and discover any necessary adjustments. Using the instrument in other contexts would create greater possibilities for denominational comparison.

While this study examined the health of an entire denomination, the survey could be used in local churches much like Natural Church Development to monitor changes in health. In this case, participants would complete the survey, and the results would be analyzed. Based on the results, a strategy would be formulated to improve each characteristic of health. One year later the same test would be given to see if health has increased.

More work needs to be done in designing a tool that measures concrete behaviors rather than just attitudes and perceptions. The Beeson Church Health Characteristics survey represents a step in the right direction, but much more work is needed in this area.

One of the interesting findings of this study was the relationship between the tenure of the senior pastor and the perception of church health. I would like to see this relationship explored more fully in a future study. In general, studies that examine the correlation between the health of the pastor and the health of the church would be welcome.

**Personal Reflections**

When writing about the church, it is easier to write voluminously than significantly. Our knowledge of the church is growing, and yet much about the church
remains a wonderful mystery. The Bride of Christ is a paradox of beautiful and fallen, familiar and mysterious, constant and ever-changing. The church is the object of Christ’s love and life and deserves our best energies. No church is perfect, and some churches are healthier than others. Even when a church is in its most marred and ugly state, it is still the heartthrob of the bridegroom. I recognize within myself a growing love for the Church of Jesus Christ. My participation in this study has served to confirm my passion for the church and my commitment to aid the church in being all it can be.

Through this study, I have grown in my understanding of the church as mission. The church exists for God’s redemptive purposes in the world. An outward focus is essential to a healthy church. I will never again relegate outreach and missions to a department of the church; they are the reason the church exists and central to its identity. It is my sincere desire and my life’s calling to cooperate with the Holy Spirit in the building of an outward-focused, healthy, missional church.

Church leadership remains a mixture of science and art. For the contribution this study makes to the science of church leadership, I am honored to have played a part. For the pastors and church leaders gifted and called for the artistry of true ministry, I am grateful and humbled. For the Holy Spirit who pulls it all together for the glory of God, I stand in awe.
APPENDIX A

Congregational Questionnaire

WHAT IS YOUR CHURCH’S HEALTH QUOTIENT?

Instructions: This survey is designed to assess the general health of local congregations. The entire survey generally takes 10-15 minutes to complete. Your name and answers will remain anonymous. For best results, complete the survey quickly without pausing to consider any one item in depth. Thank you for participating.

1. Name of your church? __________________________________________

2. Name of the town in which your church is located? ________________
   8.1 Your age ______

4. Gender
   4.1 ___ Male
   4.2 ___ Female

5. Marital Status
   5.1 ___ Single
   5.2 ___ Married
   5.3 ___ Widowed
   5.4 ___ Other

6. Number of children ______

7. The following are a regular part of my spiritual life (check all that apply):
   7.1 ___ Bible Study
   7.2 ___ Devotional times
   7.3 ___ Family devotional time
   7.4 ___ Involvement in ministry (Christian services)
   7.5 ___ Prayer
   7.6 ___ Sharing my faith with others
   7.7 ___ Other spiritual disciplines (fasting, etc.):

8. Are you a member of this church?
   8.2 ___ Yes
   8.3 ___ No
9. Which best describes your current involvement with the local church you attend most? (check one)
   9.1 ____ Attendee only
   9.2 ____ Leadership board member
   9.3 ____ Ministry leader/teacher
   9.4 ____ Pastoral Staff

10. Approximately how many years have you been involved with this particular church?

11. Which of the following best describes how often you attend weekly worship services? (check one)
    11.1 ____ Visitor
    11.2 ____ Less than once a month
    11.3 ____ 1-2 times a month
    11.4 ____ 3+ times a month

12. In the past year, approximately what percentage of your total income from all sources did you give to your local church?
    ____________%

13. The current staff, for the ministries of your church, is…? (check one)
    13.1 ____ Understaffed
    13.2 ____ Adequate
    13.3 ____ Overstaffed

14. I actively participate in a small group or ministry team
    14.1 ____ Yes
    14.2 ____ No

15. How would you describe the community within which your church is located? (check one)
    15.1 ____ Growing and thriving
    15.2 ____ Plateaued
    15.3 ____ Declining

16. I would described my personal spiritual life as: (check one only)
    16.1 ____ Growing
    16.2 ____ Plateaued
    16.3 ____ Declining
Instructions: Using the scale provided below, circle the number beside each statement which corresponds most nearly to your assessment of that aspect of your church.

1=Strongly Agree  2=Agree   3=Somewhat Agree   4=Disagree   5=Strongly Disagree

17. The size of our facility is adequate for our current ministries.  
1 2 3 4 5

18. I enjoy getting together with other people from my church outside of church events. 
1 2 3 4 5

19. The leaders of our church seem rather defensive. 
1 2 3 4 5

20. I find the sermons convicting, challenging and encouraging to my own walk with God. 
1 2 3 4 5

21. My local church has a very clear purpose and well-defined values. 
1 2 3 4 5

22. My local church actively reaches out to its neighborhood through spiritual and community service. 
1 2 3 4 5

23. My church affirms me in my ministry tasks. 
1 2 3 4 5

24. I regularly practice the spiritual disciplines (prayer, Bible study, fasting, meditation). 
1 2 3 4 5

25. I have a close enough relationship with several people in my church that I can discuss my deepest concerns with them. 
1 2 3 4 5

26. Our church is lead by individual(s) who articulate vision and achieve results. The leaders of our church articulate vision and achieve results. 
1 2 3 4 5

27. I find the worship services spiritually inspiring. 
1 2 3 4 5

1 2 3 4 5

29. Prayer is a highlight of the worship service. 
1 2 3 4 5

30. Tithing is a priority in my life. 
1 2 3 4 5

31. I believe that interpersonal conflict is dealt with appropriately and in a biblical manner. 
1 2 3 4 5

32. New ministry ideas are normally appreciate and encouraged. 
1 2 3 4 5

33. The music in my church service helps me worship God. 
1 2 3 4 5

34. I do not know my church’s plans and direction for the years ahead. 
1 2 3 4 5

35. I am actively involved in a ministry of this church. 
1 2 3 4 5

36. Our church relies upon the power and presence of God to accomplish ministry. 
1 2 3 4 5

37. My prayer life reflects a deep dependence on God concerning the practical
38. I have experienced a lot of joy and laughter in my church.
39. There are few training opportunities in my church.
40. The worship at this church is so inspiring that I like to invite my friends.
41. This church teaches that Jesus Christ is the only way to heaven.
42. I do not know my spiritual gifts.
43. There is a sense of expectation surrounding our church.
44. This church has a clear process that develops people’s spiritual gifts.
45. I experience deep, honest relationship with a few other people in my church.
46. The lay people of our church receive frequent training.
47. Excellence is an important value in how we accomplish ministry.
48. This church shows the love of Christ in practical ways.
49. I enjoy the tasks I do in church.
50. There is an atmosphere of generosity within our church.
51. I would describe my personal spiritual life as growing.
52. The love and acceptance I have experienced inspires me to invite others to my church.
53. I look forward to attending worship services at this church.
54. I have confidence in the management and spending of this church’s financial resources.
55. In our church the importance of sharing Christ is often discussed.
56. I feel that my role in the church is very important.
57. Our church emphasizes the person and presence of the Holy Spirit.
58. My church needs to place more emphasis on the power of prayer.
59. The leaders and members of our church enjoy and trust one another.
60. When I leave a worship service, I feel like I have “connected” with other worshippers.
61. My church is open to changes that would increase our ability to reach and disciple people.
62. Our church has very few programs, which appeal to non-Christians.
63. I share my faith with non-believing family and friends. 1 2 3 4 5
64. This church operates through the power and presence of God. 1 2 3 4 5
65. I rarely consult God’s word to find answers to life’s issues. 1 2 3 4 5
66. The leaders of our church seem to be available when needed. 1 2 3 4 5
67. When I leave a worship service I feel I have had a meaningful experience with God. 1 2 3 4 5
68. We have an effective and efficient decision making process in our church. 1 2 3 4 5
69. People rarely come to know Jesus Christ as their savior in our church. 1 2 3 4 5
70. The teaching ministry of this church encourages me to be involved in ministry. 1 2 3 4 5
APPENDIX B

Pastoral Questionnaire

Contextual Factors

This survey should be completed by the pastor or designated leader. Thank you for participating. Your answers will provide valuable information about your local context. Please answer the questions to the best of your ability.

Note: You will be asked to provide information regarding “baptisms” and “conversions.” We recognize that the definition of these terms varies among Christians. Please interpret these terms in a way consistent with your denominational understanding.

1. What is the name of your church? ________________________________

2. What is the name of the town your church is located in? _________________

3. What is the denomination of your church? ____________________________

4. How long have you served as Senior Pastor of this church? (Circle one)
   0-2 yrs.  3-6 yrs.  7-10 yrs.  10-15yrs.  Over 15yrs.

5. What is the age of the facility? (Circle one)
   1-3 yrs.  3-5yrs.  5-10yrs.  10-15yrs.  Over 15yrs.

6. How large is the population within 20 minutes of your church? (Circle one)
   Under 5000  5000-15000  15000-50000  50,000-200,000  200,000+

7. What was the average weekend worship attendance for the following years:
   1995 ______
   1996 ______
   1997 ______
   1998 ______
   1999 ______

8. How many baptisms occurred in the following years:
   1995 ______
   1996 ______
   1997 ______
9. How many conversions were recorded in the following years:
   1995 ________
   1996 ________
   1997 ________
   1998 ________
   1999 ________

10. What is the membership recorded in the following years:
    1995 ________
    1996 ________
    1997 ________
    1998 ________
    1999 ________
## APPENDIX C

### List of Health Questions according to Characteristic

#### Authentic Community

18. I enjoy getting together with other people from my church outside of church events
25. I have a close enough relationship with several people in my church that I can discuss my deepest concerns with them.
31. I believe that interpersonal conflict or misconduct is dealt with appropriately and in a biblical manner.
38. I have experienced a lot of joy and laughter in our church.
45. I experience deep, honest relationships with a few other people in my church.
52. The love and acceptance I have experienced inspires me to invite others to my church.

#### Empowering Leadership:

59. The leaders and members of our church enjoy and trust one another.
66. The leaders of our church seem to be available when needed.
19. The leaders of our church seem rather defensive.
26. Our church is lead by individual(s) who articulate vision and achieve results.
32. New ministry ideas are normally appreciated and encouraged.
39. There are few training opportunities in our church.
46. The lay people of our church receive frequent training.

#### Engaging Worship

53. I look forward to attending worship services at this church.
60. When I leave a worship service, I feel like I have “connected” with other worshippers.
67. When I leave a worship service, I feel I have had a meaningful experience with God.
20. I find the sermons convicting, challenging and encouraging to my walk with God.
27. I find the worship services spiritually inspiring.
33. The music in the church services helps me worship God.
40. The worship at this church is so inspiring I like to invite my friends.

#### Functional Structures

47. Excellence is an important value in how we accomplish ministry.
54. I have confidence in the management and spending of our church's financial resources.
61. My church is open to changes that would increase our ability to reach and disciple people.
67. We have an effective and efficient decision making process in my church.
21. Our church has a very clear purpose and well-defined values.
34. I do not know my church’s plans and direction for the years ahead.

#### Intentional Evangelism

41. This church teaches that Jesus Christ is the only way to heaven.
48. This church shows the love of Christ in practical ways.
55. In our church the importance of sharing Christ is often discussed.
62. Our church has very few programs, which appeal to non-Christians.
69. People rarely come to know Jesus Christ as their savior in our church.
22. My local church actively reaches out to its neighborhood through spiritual and community service.
63. I share my faith with non-believing family and friends.

#### Mobilized Laity

35. I am actively involved in a ministry of this church.
<p>| | |</p>
<table>
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<tr>
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<tbody>
<tr>
<td>42.</td>
<td>I do not know my spiritual gift(s).</td>
</tr>
<tr>
<td>49.</td>
<td>I enjoy the tasks I do in the church.</td>
</tr>
<tr>
<td>56.</td>
<td>I feel that my role in the church is very important.</td>
</tr>
<tr>
<td>23.</td>
<td>My church affirms me in my ministry tasks.</td>
</tr>
<tr>
<td>70.</td>
<td>The teaching ministry of this church encourages me to be involved in ministry.</td>
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**Passionate Spirituality:**

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<tr>
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<tbody>
<tr>
<td>29.</td>
<td>Prayer is a highlight of the worship service.</td>
</tr>
<tr>
<td>36.</td>
<td>Our church relies upon the power and presence of God to accomplish ministry.</td>
</tr>
<tr>
<td>43.</td>
<td>There is a sense of expectation surrounding our church.</td>
</tr>
<tr>
<td>50.</td>
<td>There is an atmosphere of generosity within our church.</td>
</tr>
<tr>
<td>57.</td>
<td>Our church emphasizes the person and presence of the Holy Spirit.</td>
</tr>
<tr>
<td>64.</td>
<td>This church operates through the power and presence of God.</td>
</tr>
<tr>
<td>71.</td>
<td>I currently enjoy a greater intimacy with God than at any other time in my life.</td>
</tr>
</tbody>
</table>

**Transforming Discipleship**

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<tbody>
<tr>
<td>24.</td>
<td>I regularly practice the spiritual disciplines (prayer, Bible study, fasting, and meditation).</td>
</tr>
<tr>
<td>30.</td>
<td>Tithing is a priority in my life.</td>
</tr>
<tr>
<td>37.</td>
<td>My prayer life reflects a deep dependence on God concerning the practical aspects of life.</td>
</tr>
<tr>
<td>44.</td>
<td>Our church has a clear process that develops people’s spiritual gift(s).</td>
</tr>
<tr>
<td>51.</td>
<td>I would describe my personal spiritual life as growing.</td>
</tr>
<tr>
<td>58.</td>
<td>My church needs to place more emphasis on the power of prayer.</td>
</tr>
<tr>
<td>65.</td>
<td>I rarely consult God’s word to find answers to life’s issues.</td>
</tr>
</tbody>
</table>

17. The size of our facility is adequate for our current ministries—This question is a demographic question rather than a health characteristic category.
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