ABSTRACT

IMPACT OF CHURCH HEALTH ON MERGERS: A STUDY OF TWO MERGING UNITED METHODIST CONGREGATIONS

by

Andrew Stephen Adams

It is an unfortunate reality that many once thriving United Methodist Churches are now in decline. Many are aging and unable to reach new generations. Many more are financially strapped and compromising funds for mission and ministry in order to maintain their increasingly unused facilities. According to Christian Schwartz’s research based book, Natural Church Development, most of these churches would likely be considered unhealthy in one or more of eighty quality characteristics of health. Many strategies exist for turnaround. Could merger with a healthy and growing congregation lead to rebirth and revitalization? According to the work of Jim Tomberlin and Warren Bird captured in their book, Better Together: Making Church Mergers Work, the answer is a resounding YES!

This project explored how individual church health informed the merger between Grace and Quest United Methodist Churches in Urbana, Illinois. Specifically, data and insight was collected from participants of the merger team who were given the responsibility of creating a plan for merger between these two churches. Their process began with a church health survey and this project sought information about how those results and the participants’ perspectives influenced the outcome of the merger.

The research evidence pointed to the reality that church unhealth is difficult to come to terms with, frustration occurs when there is merger model confusion, pastor’s
perspectives on their church’s health play a significant role, and building relational trust is vital to the merger process. The hope is that the findings of this research help other churches considering merger identify potential difficulties in a merger process and how a focus on church health can help them avoid those pitfalls.
IMPACT OF CHURCH HEALTH ON MERGERS:
A STUDY OF TWO MERGING UNITED METHODIST CONGREGATIONS

A Dissertation

Presented to the Faculty of

Asbury Theological Seminary

In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Ministry

by

Andrew Stephen Adams

May 2017
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF TABLES</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>viii</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACKNOWLEDGEMENTS</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ix</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHAPTER 1 NATURE OF THE PROJECT</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overview of the Chapter</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autobiographical Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>3</td>
</tr>
<tr>
<td>Purpose of the Project</td>
<td>4</td>
</tr>
<tr>
<td>Research Questions</td>
<td>4</td>
</tr>
<tr>
<td>Research Question #1</td>
<td>4</td>
</tr>
<tr>
<td>Research Question #2</td>
<td>5</td>
</tr>
<tr>
<td>Research Question #3</td>
<td>5</td>
</tr>
<tr>
<td>Rationale for the Project</td>
<td>5</td>
</tr>
<tr>
<td>Definition of Key Terms</td>
<td>8</td>
</tr>
<tr>
<td>Delimitations</td>
<td>8</td>
</tr>
<tr>
<td>Review of Relevant Literature</td>
<td>9</td>
</tr>
<tr>
<td>Research Methodology</td>
<td>11</td>
</tr>
<tr>
<td>Type of Research</td>
<td>11</td>
</tr>
<tr>
<td>Participants</td>
<td>11</td>
</tr>
<tr>
<td>Data Collection</td>
<td>11</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>12</td>
</tr>
<tr>
<td>Generalizability</td>
<td>13</td>
</tr>
</tbody>
</table>
Project Overview ...........................................................................................................13

CHAPTER 2 LITERATURE REVIEW FOR THE PROJECT.................................15

Overview of the Chapter ............................................................................................15

Biblical Foundations for Church Health .................................................................15

Old Testament Foundations of Church Health .................................................16

New Testament Foundations of Church Health ..........................................18

Theological Foundations for Church Health .....................................................21

Modern Literature on Church Health .................................................................24

History of the Church Health Movement ..........................................................25

Characteristics of Healthy and Unhealthy Churches ..................................27

Transitioning from an Unhealthy to a Healthy Church .................................45

Modern Literature on Church Mergers ...............................................................49

Candidates for Merger .........................................................................................49

Models for Church Mergers ...............................................................................53

Benefits of Merger ...............................................................................................57

Why Church Mergers Fail ..................................................................................60

Process for a Successful Merger ........................................................................61

Research Design Literature ..................................................................................68

Summary of Literature ..........................................................................................69

CHAPTER 3 RESEARCH METHODOLOGY FOR THE PROJECT .................73

Overview of the Chapter .......................................................................................73

Nature and Purpose of the Project .....................................................................73

Research Questions ...............................................................................................73
Research Question #1 ...........................................................................................................73
Research Question #2 ...........................................................................................................74
Research Question #3 ...........................................................................................................75
Ministry Context for Observing the Phenomenon .................................................................76
Background of Quest ...........................................................................................................76
Background of Grace ...........................................................................................................77
Initial Partnership Between Quest and Grace .................................................................78
Participants to Be Sampled About the Phenomenon .........................................................79
Criteria for Selection ...........................................................................................................79
Description of Participants .................................................................................................80
Ethical Considerations .........................................................................................................80
Data Collection ....................................................................................................................81
Data Analysis .......................................................................................................................82
Reliability & Validity of Project Design ...............................................................................83
CHAPTER 4 EVIDENCE FOR THE PROJECT ......................................................................85
Overview of the Chapter .......................................................................................................85
Participants ............................................................................................................................85
Research Question #1: Description of Evidence ...............................................................87
    Quest’s Health ....................................................................................................................88
    Grace’s Health ................................................................................................................90
    Other Observations ..........................................................................................................94
Research Question #2: Description of Evidence ...............................................................95
    Grace Denial ......................................................................................................................95

  v
Initial Relational Distrust .................................................................98
The Final Straw ..............................................................................99
Research Question #3: Description of Evidence .........................100
Quest’s Lead Role ........................................................................101
Adoption Integration ......................................................................103
Summary of Major Findings ..........................................................105
Coming to Terms With Church Unhealth is Extremely Difficult ........105
Lack of Agreement on Merger Model Leads to Frustration ..............106
The Pastors’ Perceptions of Church Health Influence the Merger Process
more that Others’ Perceptions .........................................................107
Relational Health and Trust is Vital to the Merger Process .............107

CHAPTER 5 LEARNING REPORT FOR THE PROJECT .......................109
Overview of the Chapter ..................................................................109
Major Findings ................................................................................109

Coming to Terms with Church Unhealth is Extremely Difficult ..........109
Lack of Agreement on Merger Model Leads to Frustration ............112
The Pastors’ Perceptions of Church Health Influence the Merger Process
more that Others’ Perceptions .........................................................115
Relational Health and Trust is Vital to the Merger Process ..........118

Ministry Implications of the Findings .............................................120
Limitations of the Study ................................................................122
Unexpected Observations ..............................................................123
Recommendations ..........................................................................124
Postscript .................................................................................................................................. 125

APPENDICES

A. Participant Written Questionnaire ....................................................................................... 129
B. Focus Group Interview Questions ........................................................................................ 131
C. Merger Team Meeting Minutes ........................................................................................... 133
D. Merger Document .................................................................................................................. 153
E. Participant Consent Form ......................................................................................................... 154
F. NCD Insights for Quest United Methodist Church ............................................................... 155
G. NCD Insights for Grace United Methodist Church .............................................................. 166

WORKS CITED .......................................................................................................................... 177

WORKS CONSULTED ................................................................................................................ 183
LIST OF TABLES

Table 4.1 Chart of Participants .................................................................87

Table 4.2 NCD Health Score Comparison for Quest and Grace .........................90
ACKNOWLEDGEMENTS

I would like to thank the leaders of Quest United Methodist Church: A Community of Grace for participating in this study. Although there were some challenges along the way, the process of merging two churches has grown us and laid a foundation of trust that will bless future generations in Champaign-Urbana for decades to come. I love my church.

A special thank you to my dissertation coach, Rev. Ken Nash, for helping me sort through my many questions, keeping me on task and patting me on the back more times than I deserved.

I’m also grateful to my Doctor of Ministry cohort, support staff and teachers. This journey we took together over the last several years has shaped me more than you can possibly imagine. I am a better pastor, leader, husband, father and follower of Jesus because of my relationships with each of you. May God bless you the way you’ve blessed me.

Finally, and most importantly, I want to thank my wife, Amy Jo and kids, Andrew and Anna for sacrificing to create the necessary space in our lives for me to undertake this journey. It would not have been possible without your loving encouragement and support. I hope and pray that the way God has shaped me during this DMin journey the past three years will bless you in countless ways. I hope you can see the change God has wrought in me. If nothing else, I have grown in my gratitude for each of you because you have lived out the gospel to me. There is nothing better in my life than being loved.
CHAPTER 1

Overview of the Chapter

The following chapter explores the background and goals of this research project. By the end of this chapter, the reader will understand the purpose of this study, the research questions and the rationale behind it all. The reader will come away with a greater understanding of the context of the merging churches, Quest and Grace United Methodist Churches, and will understand the definition of terms necessary to engage the rest of the project. The chapter introduces the variety of resources and literature relevant to study the impact of church health on church mergers and it introduces the research methodology undertaken in this project.

Autobiographical Introduction

In 2003, I graduated from Asbury Theological Seminary and received my dream appointment. I was appointed to start a new church in Champaign-Urbana, Illinois. This new church (eventually Quest United Methodist Church) would be birthed out of the congregation where I previously served on staff as a youth pastor, received my call to ministry and met my eventual wife. This community, New Horizon United Methodist Church, is where I fell in love with what the church could be.

At the time, our conference, the Illinois Great Rivers Annual Conference, had been aggressively starting new churches, but without much success. New Horizon had been the last successful new church, and it was nearly 10 years old. Most, if not all, of the unsuccessful plants were of a parachute drop model where a pastor was appointed to a new community after demographic research had been completed, and he or she was given the task of starting a new church from nothing. Our model was to be a mother-daughter
church plant where some people from the mother church would seed the ministry of the new church from the beginning. This model was particularly attractive because it allowed the healthy culture of New Horizon to be infused into Quest from the beginning.

It worked. Although Quest has not experienced astronomical growth, the congregation has grown on average of 7% in worship attendance each of its first ten years and is by all definitions a healthy and growing congregation reaching the target for which it was started (people in their 20s-30s). I am blessed to still be Quest’s lead pastor beyond our first decade as a church.

For our first 8 ½ years Quest was a nomadic church. In other words, Questers set up and tore down the worship area and children’s ministry areas every Sunday. During this time, the church worshiped primarily in three different venues: two hotels and a private school gymnasium. Then, in June of 2013, Quest began sharing worship and ministry space with another United Methodist Church in the area, Urbana Grace United Methodist Church. At the time, Quest was averaging 145 people in weekly worship with an average adult age of around thirty while Grace was averaging approximately seventy-five with an average age in the 70s. Quest had many children each week and needed many classrooms. Grace had an occasional grandchild of a member attend. Each congregation had only one worship service, and Grace needed the extra income to help pay for building utilities, so an arrangement was made. The churches entered into a covenant and began living side-by-side in the same facility.

My pastoral world then changed. Previously, I had served Quest in isolation from the day-in and day-out ministry of other churches in my denomination. I had given myself enthusiastically to the task of leading people to Christ and building a healthy
congregation by helping everyday people become wholehearted followers of Jesus (Quest’s mission). I had not had much, if any, personal experience with long established congregations who were struggling through decline and exhibiting symptoms of unhealth. To use recent definitions given by my denomination, I was helping to build a vital congregation and very unaware of the challenges of the large majority of our churches who were trying to transition from unhealth to becoming vital. Grace was one such congregation. Instead of ignoring their state or seeing their challenges as their own problem or the problem of their appointed pastor, my pastoral heart broke for them. I not only wanted to see Quest continue to grow. I now wanted to see Grace experience rebirth. But how? How could I, along with 125 committed and engaged adults from Quest (along with another eighty or more kids) help revitalize this congregation that had experienced consistent numerical decline over the last three decades? Would it even be possible? What level of partnership could we pursue? Would merger be a possibility? If so, what would that merger look like? Could our experiences open doors of opportunity for healthy congregations such as Quest to help transition some of the vast numbers of declining churches as a strategy for continued growth of God’s Kingdom?

**Statement of the Problem**

Through this research project I took the better part of the last three years building a bridge between the studies of church health and the emerging phenomena of church mergers. Particularly I was curious how individual church health influences the choice of the best merger models for merging churches. Could healthy churches merge with unhealthy churches for turnaround? Would it compromise their healthy structures and
momentum? Could declining churches experience rebirth through merger? These questions, and more, intrigued me and spurred me on in this research endeavor.

It is my hope that such a project will aid our denomination in using church mergers as a strategy for growth and revitalization making the most of property assets in strategic mission fields. It is my hope that our denomination can take successful churches and not only learn from them to apply change in our struggling churches, but actually transfer the healthy culture of those successes into the lifeblood of the vast number of churches who will eventually shut their doors unless something radical happens. If we could even moderately succeed in helping declining churches experience rebirth with hope and new vitality, then it would change the face of the United Methodist Church in the United States.

**Purpose of the Project**

The purpose of this project was to explore how individual church health informed the merger between Grace and Quest United Methodist Churches in order to identify how church health may influence the process for other merging churches.

**Research Questions**

Since the purpose of this project involves an understanding of each church’s individual, pre-merger health, and how that informed the choice of model and ultimately the outcome of the merger between Quest and Grace United Methodist Churches, the following three research questions logically emerge:

**Research Question #1**

How did the leaders of both Grace and Quest United Methodist Churches interpret the health of each congregation before the merger?
Research Question #2

How did the interpretation of each congregation’s health inform the leaders of the Grace and Quest congregations to determine a model for merger?

Research Question #3

What was the outcome of the merger process in light of both Grace and Quest United Methodist Church’s pre-merger health?

Rationale for the Project

Vast numbers of churches are declining and will eventually close their doors. I believe there are some circumstances when it is appropriate for a congregation to cease its ministry. Maybe population shifts have rendered a particular area not worthy of ongoing ministry investment. I see this as possible in many rural contexts. But in most cases, it is a shame when congregations close their doors or become so ingrown and self-consumed that there is no vital outreach. Within 20 years a significant percentage of UMCs in our nation will have to close unless something changes. Too many congregations are aging and dying off without reaching any new people. Furthermore, their budgets are increasing to provide for clergy and to pay rising utility bills. Buildings are falling into disrepair, as congregations can’t afford to invest in them either financially or with their own sweat equity. Budgets are so tight they can’t afford to invest money or energy into ministry that might breathe new vitality into the congregation. If something isn’t done to revitalize these congregations, they will die and tremendous opportunity for ministry will be lost.

Furthermore, the United Methodist Church as a whole is facing the same reality. If something isn’t done to transform the majority of churches in the denomination, then
the denomination may have to close its “open doors.” If a strategy can be developed for revitalizing declining congregations through merger with healthy and growing congregations, then rebirth within the denomination is possible.

From an asset management standpoint, a new strategy to revitalize dying congregations makes sense too. As previously mentioned, because of financial burdens, many UMC facilities in strategic locations are being underutilized and are falling into disrepair because of aging, ingrown congregations. These assets are being mismanaged and not fulfilling their purpose to facilitate ministry. The possibility of utilizing the strengths of healthy churches to merge with congregations with strategically important assets is promising. Furthermore, the implications for growing new churches that do not possess facilities are great. That is the current impetus for Quest United Methodist Church’s openness to merger.

Oftentimes the church employs a strategy of appointing promising pastors to unhealthy churches hoping they will turn around. This does not work at a high enough success rate to merit continuation. A savior mentality is created where churches blame their ill health on the pastor and hope for a new appointment only to have that pastor struggle transitioning an unhealthy church. It burns out pastors and props up an unhealthy expectation that it’s all about getting the right appointment. Sometimes a healthy pastor can be a catalyst for creating a healthy church. But the opposite is often the case. A healthy pastor becomes unhealthy because the church is unhealthy. Either that, or he/she moves to where the grass is greener. But what if a new strategy was employed where it wasn’t all up to a pastor? Such a strategy is desirable.
Looking at this from another perspective, it is imperative for our healthy and succeeding United Methodist Churches to invest in the transformation of struggling and declining churches. Much of the time spent in administrative oversight of the denomination is spent on the vast majority of stagnant and unhealthy churches such that successful large churches see their apportionments going to prop up a system that feels like hospice – comforting the dying churches until they close their doors. Many healthy congregations stay unto themselves because they don’t want to get pulled into the struggles of transforming an unhealthy church. In fact, most pastors have served some of those churches and never want to go back! So, declining churches get stuck and have little to no hope. But what if there was a strategy where the healthy churches could invest in declining churches in a way that grew the Kingdom exponentially? What if they were asked to adopt churches and bring their culture and successes into a new mission field? What if someone went before them to show them the way so they didn’t have to recreate the wheel?

Church mergers are becoming more and more prevalent as churches are considering anything they can do to survive. But church mergers are not just for dying congregations. Healthy congregations can reap Kingdom benefits by considering church merger. However, choosing a merger model that applies to two dying congregations is vastly different from models when at least one church is healthy. Finding a method to help merging churches determine the best merger model based on their current health is strategically imperative for the future of the United Methodist Church.
Definition of Key Terms

Church Health: In a scientific sense, the health of a human being is what allows that person to function at a high level and sustain life. The health of a church shows itself in many ways including but not limited to its attitude toward new people, demographics, worship style, openness to change, evangelistic fervor, passion for Scripture, depth of love for one another in community, approach to outreach and missions, level of vulnerability with each other, etc. Specific factors contributing to church's health are explored in chapter two.

Church Merger: A church merger occurs when two or more individual churches cease to exist as they were and come together as a new church. In some cases, the new church will have a brand new name and identity. In other cases, the new church will keep the name of one of the churches and take on many of the same attributes of that church. There are various models for church mergers, but at its core, a church merger is when two or more churches come together as one.

Delimitations

This project explored how individual church health influenced the merger process undertaken by Quest and Grace United Methodist Churches. Exploring the relationship between church health and church mergers is new ground. Discovering trends in the ways an understanding of church health best impacts the process and outcome of merging churches will require much more research than this project offers. So that something of value would be contributed to this emerging conversation certain limits had to be imposed.
First, this project only studied the 2015-16 merger between Quest and Grace United Methodist Churches both located in Urbana, Illinois. Second, this project focused only on the role that church health played in the process of merger between Quest and Grace United Methodist Churches. Third, the data was collected only from the merger team, which was composed of four leading laypersons and the appointed pastor from each congregation to make a team of ten people. This team was intimately involved in dialog, evaluating and interpreting the health of each congregation and working through the intricacies of a plan for merger. Therefore, they were the most likely candidates to involve in this study.

Review of Relevant Literature

In order to study the impact of church health on church mergers, two broad topics have been reviewed in relevant literature: namely, church health and church mergers.

First, a thorough investigation of the Scriptures was explored. Since church mergers are not a topic covered in the Bible, this investigation was limited to writings relevant to church health. Common themes were found between the Old and New Testaments that bear weight in a church health conversation. Specifically, the people of God were created and called to be (1) bearers of God’s holy image, (2) agents of God’s mission throughout the earth and (3) a community of such holy and missional people. These foundations can be traced throughout the biblical narrative and are thus also key elements of ecclesiology as was discovered in a review of relevant theological literature.

Secondly, this project engaged the relevant literature surrounding studies of church health. Church health found its roots in the church growth movement that began (at least in literature) with Donald McGavern in the 1950s and gained popularity
beginning in the 1970s. The church growth movement reached its climax, but at the same
time was reborn as a church health movement in the Christian Schwarz 1996 research and
book, *Natural Church Development*. This book identified eight common characteristics
of healthy churches noting that when churches are healthy, they grow. Since the mid-
1990s, dozens upon dozens of books have been written with theories about church health.
Practitioners and researchers alike took their stab at identifying the key components of
church health and conversely, components of church unhealth. In reviewing the relevant
literature, the following eight categories were identified as important areas related to
church health: Pastoral Leadership, Evangelism, Discipleship, Lay Ministry, Worship,
Community, Administration/Structures, and God’s Presence.

Church health is only one area of this research. This project studies the impact of
church health on church mergers. Therefore, it was important to investigate the relevant
literature on church mergers. Compared to the ocean of literature and research on church
health, the resources for church merger amounted to a pond. The most helpful and
relevant book on the subject of church mergers was a research-based book published in
2012 by Jim Tomberlin and Warren Bird entitled *Better Together: Making Church
Mergers Work*. This work synthesized the best practices learned from over 100 church
mergers ranging in number and size and denomination throughout the United States.
Several other works were reviewed as a part of this project and their key takeaways and
merger models are a part of chapter two. However, very few of these books made the
direct connection between the merging churches’ pre-merger health and the subsequent
course of action to be taken. Tomberlin and Bird open that door, and this project seeks to
build upon that.
Research Methodology

Type of Research

This project was a qualitative, post-intervention study. The merger between Grace and Quest United Methodist Churches was finalized in September 2015 after the merger team met numerous times between January and August 2015 to create a merger plan. During the research, I gathered written and verbal feedback from participants of this merger team and analyzed pertinent documents to identify the best practices for future merging churches. The goal of the research was to determine the best model for merger based on each individual church’s health.

Participants

The participants of this study consisted of members of the merger team made up of four lay persons from each congregation and the appointed pastors of both Grace and Quest United Methodist Churches. The participants varied in age, life status and career, but each was intimately involved in the life of his or her respective church. Furthermore, each participant was a contributing member of his or her church leadership team.

Data Collection

To identify how church health best informs the process for merging churches based on the exploration of the merger between Grace and Quest United Methodist Churches, I utilized the following data collection methods.

First, I conducted an analysis of pertinent documents. The relevant documents included the merger team meeting minutes, the results of the Natural Church Development (NCD) church health survey conducted by each church in March of 2015, and the final merger documents outlining the detailed plan that both congregations
approved in September 2015. This information provided insight into research questions #1 and #3 regarding each congregation’s pre-merger health and the outcome outlined in the merger plan.

Secondly, an open-ended questionnaire was given to each member of the merger team (except the researcher himself who was also part of the merger team). This questionnaire included questions providing insight into each of the three research questions: the understanding of each church’s pre-merger health, how that influenced the choice of merger model, and the outcome of the merger process in light of that information.

Finally, in order to dig deeper and uncover any further insights that were not reflected in document analysis or the questionnaire, a focus group made up of four of the merger team members was conducted. The questions sought to take the information beyond what was captured in the questionnaire and have the added depth provided through the interactions and shared memory of the merger team participants.

Data Analysis

All data analysis for this project was interpreted reflexively. In *Qualitative Researching*, Jennifer Mason says that a reflexive reading of data “will help you locate your role as researcher in the generation and interpretation of the data” (Mason qtd. in Sensing 197). Since I was a member of the merger team, this kind of analysis was inherent and necessary to interpret the meanings derived from the data.

I sought common themes through an analysis of relevant documents collected. I next explored these themes in the data collected from the written questionnaires. At this point, I sought general agreement within the themes as well as differing opinions and
even areas untouched by the responses. The results from this analysis helped to craft the final questions for the focus group in order to delve deeper into the areas of convergence, slippage and silence (Sensing 197-202). Finally, I evaluated these themes in light of the focus group interview data before exploring key findings.

**Generalizability**

In order to recreate a study similar to this one, a few variables need to be addressed. Most importantly, any subsequent study would need to include merging churches in the United States where at least one church was an objectively healthy church and the other(s) was in decline. Furthermore, the study would need to be focused on the process undertaken by a merger team made up of representatives of the leadership from both churches.

Other variables make this study unique, but may or may not be necessary to replicate such a project. These include the denomination of each church. In this study, both churches were of the same denomination. Another variable is relative age of each congregation. In this study, Quest was a new church start of roughly 10 years. Grace was a long-established church of nearly 120 years of ministry. Furthermore, the dynamics of Quest being nomadic (no facility assets), still having its founding pastor and having been in a facility sharing partnership with Grace before the merger process factored into the uniqueness of this project. However, I do not believe these variables are necessary to duplicate in order to discover relevant connections between a church’s health and its impact on merger.

**Project Overview**

The subsequent chapters unfold as follows:
Chapter 2 explores the biblical and theological underpinnings as well as the relevant literature in both the fields of church health and church mergers.

Chapter 3 discusses in further detail the research methodology of this qualitative, post-intervention project.

Chapter 4 presents the evidence collected in order to answer each research question laid forth in this project and introduces the major findings.

Chapter 5 reflects on the major findings based on research observations, a review of relevant literature and the biblical and theological frameworks.
CHAPTER 2

LITERATURE REVIEW

Overview of the Chapter

The goal of this project is to identify how church health best informs the process of church mergers. Studying the relationship between church health and church mergers requires an in-depth review of the current literature on each of these two topics. While there are no resources dedicated to the relationship between church health and church mergers, pragmatic theologians for the last several decades have wrestled with what makes a healthy church. Furthermore, an increasing amount of literature related to church mergers has emerged in recent years. Studying these two topics individually helps to provide a foundation for each of the research questions relating church health to church mergers. Furthermore, there are some insights and allusions provided about this relationship within some of the merger literature, albeit few. This review focuses on a scriptural and theological understanding of the church and God’s desire for God’s covenant community to be healthy and grow. In addition, this review summarizes the relevant literature on both church health and church mergers.

Biblical Foundations for Church Health

Although the Scriptures never address the topic of church merger, the Bible’s narrative is underscored with ongoing commentary of community health. The narrative of Scripture, both in the Old and New Testaments, emphasizes three key elements of God’s people. Namely, they were (1) created and called to be God’s holy image bearers, (2) created and called as active participants in God’s mission, and (3) created and called to be God’s holy and missional community. These three themes are foundational in the Old
Testament, the New Testament and therefore in a comprehensive understanding of ecclesiology. These elements and more make up the foundations for church health.

**Old Testament Foundations of Church Health**

Roots of God’s desire for a healthy, godly community are found in the Old Testament. From the beginning God envisioned a right relationship with all of creation (Genesis 1-2). After that relationship was broken (Genesis 3-11), God eventually reached out to humanity again through the call and covenant with Abram (Genesis 12:1-3). In this call, God established God’s intention for a people of God (nation) who would be a blessing to the world. Centuries later, God established another covenant, this time through Moses, further clarifying the intended character of this new people of God. They would be God’s people, and Yahweh would be their God (Exodus 6:7). They were called to live obediently to God and have God’s law as their moral guide for relating to God, one another and the entire world (Exodus 20:22-23:33; Deuteronomy 12-26; Leviticus 17-27). When this covenant community of God’s strayed from God’s law throughout the next millennia, God would raise prophets to call God’s people back to the covenant.

Despite the call to a healthy right relationship with God, God’s people largely rejected the message of the prophets and remained in broken, unhealthy community with God, one another and the world around them.

To summarize God’s measure of health for God’s people, there are three main points worth noting from Creation, which are common threads throughout the rest of the Old Testament. First, God created God’s people to reflect God’s image in the world. In Genesis 1:26-27, God creates people to bear God’s image. This is another way of saying that God created people to be holy. Holiness in heart and life is a central theme of the Old
Testament and bears great significance for what it means to be a healthy church today. Healthy churches pursue holiness and reflect the image of God in their community life as well as their missional life. The Mosaic law further calls God’s people to holiness of heart and life (i.e. Leviticus 11:44-45, 19:2, 19:24, 20:7, 20:26, 21:6; Numbers 15:40). When they failed to live holy lives, God’s prophets called them back to holiness as a reflection of God’s image, often pointing to a time when God’s people would again be holy (i.e. Isaiah 23:18; Ezekiel 20:12; Joel 3:17).

Second, God created humanity to bear God’s holy image as their primary mission. In Genesis 1:28-30, after creating people in God’s image, God gave them a mission of ruling over the earth as God’s image bearers. They were to fill the earth. God’s intention was to create humanity as God’s representatives and ambassadors throughout the entire earth. In fact the climax of the fall occurs in the Tower of Babel story where God’s people abandoned their original God given mission by gathering together to become like God. God scattered them (Genesis 11:8) – thus fulfilling God’s original plan for them to fill the earth. However, they had ceased to bear God’s holy image. This missional call was again prevalent in Abraham’s call to be a blessing to the nations (Genesis 12:1-3). The mission of God’s people to bless the nations is also prevalent in the Psalms and Prophets (i.e. Psalm 47:9, 87, 117; Isaiah 19:24-25, 56:3-8; Jeremiah 4:1-2; Amos 9:11-12). A healthy church will also live out its missional call to be a blessing to not just those on the inside, but also those on the outside.

Third, God created God’s people to be a holy, missional community. From the beginning, God created people to be in community with one another. This is clearly seen in the creation of humanity as male and female (Genesis 1:27), but is also emphasized in
the narrative of Adam and Eve (Genesis 2:18). The way God’s people live in community is also a reflection of God’s character and image. The Mosaic law provides numerous principles and ways of life that promote ethical living in community. The community will together reflect the image of God to the world so that the nations would be drawn to God. Some of these principles include hospitality to the foreigner (Deuteronomy 10:19), care for widows (Deuteronomy 24:17-21) and orphans (Deuteronomy 14:28-29), and living justly and righteously (Deuteronomy 16:18-20). When the community did not live out these principles, the prophets called them to task (i.e. Ezekiel 22:29; Zechariah 7:10; Malachi 3:5). Health from an Old Testament perspective certainly involves God’s people bearing God’s holy image in community as a way of drawing outsiders (the nations) to God.

New Testament Foundations of Church Health

Jesus’s mission was to restore humanity to a right relationship with God and usher in the Kingdom of God defined by right (and healthy) relationships with one another and with the entire world. Jesus was both God in the flesh (John 1:14) as well as prophet delivering this divine message (Mark 6:4; Luke 4:43; John 14:24). Jesus’s sacrificial death on the cross restored a right relationship between humanity and God (1 Corinthians 15:3; Hebrews 9:12-14). He also passed on his mission to his followers not only to proclaim humanity’s opportunity to be in right relationship with God, but also to live in harmony with one another in love (John 13). To this end, Jesus established a new community of his followers—the church (Matthew 16:13-20)—with the unique mission of telling the world about him and teaching them to obey all that he taught them.
(Matthew 28:19-20). Furthermore, Jesus promised he would give them the power of his Holy Spirit to fulfill this mission (Acts 1:8).

Throughout the book of Acts, there are glimpses of the church living in healthy relationship with God, one another and the world (Acts 2:42-47; 4:32-37). As the church grew in numbers and expanded throughout the Roman world and beyond, it became necessary for the apostles to teach and amend the early church in their communal life. One particularly helpful metaphor for church health from the New Testament comes from the Apostle Paul. Paul taught that the church is the body of Christ (Romans 7:4; 1 Corinthians 10:16, 12:27; Ephesians 4:12) where Jesus himself is the head (Ephesians 1:22-23). The New Testament epistles are chock-full of specific direction and application for church health in light of Jesus’ teachings and the character of God as established throughout the scriptures. Like the prophets before, Peter, Paul, John, James and other apostles pointed the community of God back to the divine intention for healthy relationships with God, one another, and the world around them.

Mark Dever summarizes the Biblical narrative as it relates to church health well when he says,

God created the world and humankind to display the glory of who he is. Adam and Eve, who were supposed to image God’s character, didn’t. Neither did the people of Israel. So God sent his Son to image his holy and loving character and to remove the wrath of God against the sins of the world. In Christ, God came to display God. And in Christ, God came to save. Now the church, which has been granted the life of Christ and the power of the Holy Spirit, is called to display the character and glory of God to all the universe, testifying in word and action to his great wisdom and work of salvation. (48)

The New Testament builds upon the key components of the health of God’s people from the Old Testament (bearing God’s holy image, given a mission to bless the nations and to do so in community). The first key component is that God’s people bear
God’s holy image. This theme from the Old Testament is most profoundly seen in the New Testament through the presence of the Holy Spirit in the lives of God’s people and the repeated call from New Testament writers to be transformed and become more holy. The Holy Spirit, God’s very presence, is a gift to all believers that brings holiness of life (Romans 8:11). Jesus himself called his followers to be holy as God is holy (Matthew 5:49). The Apostle Paul calls followers of Christ to be transformed and to become holy (Romans 12:1-2). It is a mark of health when a church pursues holiness of heart and life and reflects the image of God.

The second key component is that God’s people are missional. The theme of blessing the nations, which began in the Old Testament, carries over into the New Testament. This is best seen in Jesus’ “Great Commission” in Matthew 28:19-20 where he emphasizes going into all the world. This is further captured in Acts 1:8 before Jesus’ ascension where he tells his followers they will be empowered by the Holy Spirit to be his witnesses beginning where they are and going to the end of the earth. Paul picks up this theme in 2 Corinthians 5:20 when he describes Jesus’ followers as Christ’s ambassadors who make God’s appeal to the world. Furthermore, this missional calling to the nations meets its fruition in the New Creation (Revelation 7:9-10). A healthy church looks beyond itself and is engaged in missional activity bringing those on the outside to a reconciled relationship with God.

The third key component is that God’s people are holy missional witnesses in community. The way God’s people live together in community is a significant part of how they bear God’s image and witness to the surrounding nations. Jesus prayed that his followers would be unified so that the world would know God’s love (John 17:20-23).
Jesus told his followers that the world would know they belong to him because of their love for one another (John 13:35). Throughout the rest of the New Testament, this call to holy living in community is best captured in the “one another” commands. Among other things, God’s people are to honor one another (Romans 12:10), show humility toward one another (1 Peter 5:5; Philippians 2:3-5), carry one another’s burdens (Galatians 6:2), bear with and forgive one another (Ephesians 4:32; Colossians 3:13), confess sins to one another (James 5:16), live in peace with one another (1 Thessalonians 5:13), build one another up and encourage one another (Hebrews 3:13, 10:24-25), offer hospitality to one another (1 Peter 4:9) and live in harmony with one another (Romans 12:16; 1 Peter 3:8). Healthy churches actively practice and invite others to participate in this kind of community.

**Theological Foundations of Church Health**

The Old and New Testament foundations for church health flow naturally into a biblical theology of church health. Again, there are three essential components in a theology of the church as it relates to ecclesial health. Although not exclusive, when local churches embody these key elements, they reflect God’s intention for God’s people.

First, the church exists as bearers of God’s holy image. God created humanity in God’s image but that image was corrupted by human rebellion and sin. God’s plan was to reconcile humanity to God’s Self through the redemptive work of Jesus Christ and through the power of the Holy Spirit to transform unrighteous sinners into holy bearers of God’s image. According to Edmund Clowney, 1 Peter 2:9-10 best captures this reality. He states, “in these seven verses, the apostle Peter weaves a tapestry of Old Testament language to describe the church. The relationship between God and his people was
disrupted by sin…[but] by God’s grace, those who were ‘no people’, whether covenant-breaking Jews or Gentiles outside the covenant, are made the people of God and receive mercy” (29). Through Christ, this unholy people were redeemed by God’s mercy and made into a “holy nation, a people belonging to God.” This is the church bearing the image of God’s holiness.

It is important to understand that the source of the Church’s holiness is from God, not from the moral righteousness of Christians themselves. “It is God who distinguishes the Church, sets it apart, marks it out for his own and makes it holy…This is why we do not simply believe in the holy Church, but believe in God who makes the Church holy” (Kung 419). The Church is set apart as God’s image bearers, God’s people in the world. A healthy church recognizes not only that they belong to God, but also that as God’s people they are to pursue Christ like character in all things – in other words, pursue holiness.

Second, the church exists as God’s missional people. Christopher J. H. Wright says, “It is not so much the case that God has a mission for his church in the world, as that God has a church for his mission in the world. Mission was not made for the church; the church was made for mission – God’s mission” (24). Jürgen Moltmann agrees when he states, “the mission of Christ creates its own church. Mission does not come from the church; it is from mission and in the light of mission that the church has to be understood” (10). The Church exists for God’s mission, or more specifically, the mission of Christ. Therefore, healthy churches see themselves as extending the mission of Jesus in the world.
But what is the mission of Christ? Hans Kung suggests “It is the reign of God which the Church hopes for, bears witness to, proclaims…God alone can bring his reign; the Church is devoted entirely to its service” (qtd. in Dulles 74). Jesus calls the reign of God the Kingdom of God or the Kingdom of Heaven. A local church exhibits health as it sees itself in mission as it bears witness to and proclaims the present and coming reality of this Kingdom. Moltmann emphasizes, “To proclaim the gospel of the dawning kingdom is the first and most important element in the mission of Jesus, the mission of the Spirit and the mission of the church; but it is not the only one” (10). Christopher Wright agrees as he discusses the engagement of God’s people in the public square or marketplace:

Your daily work matters because it matters to God. It has its own intrinsic value and worth. If it contributes in any way to the needs of society, the service of others, the stewardship of the earth’s resources, then it has some place in God’s plans for this creation and in the new creation. And if you do it conscientiously as a disciple of Jesus, bearing witness to him, being always ready to give an answer to those who enquire about your faith, and being willing to suffer for Christ if called to – then he will enable your life to bear fruit in ways you may never be aware of. You are engaged in the mission of God’s people. (242)

A church is healthy when it embraces God’s mission beyond itself as proclamation and bearing witness to God’s reign in all spheres of life.

Third, the church exists as God’s (holy missional) community. By its very nature, the church is community. More specifically, “The church is a trinitarian community. For the church is the creation and covenantal companion of the God who exists as Father, Son, and Holy Spirit in eternal communion” (Harper and Metzger 19) In his book, The Nature and Mission of the Church, Donald Miller states, “The church is corporate, not individualistic…The church is not ‘a bouquet of believers,’ a collection of individual
Christians brought together by mutual agreement. The church is an organism from which each member draws his life. Christ is the church. And to be in Him is to be in the church” (17). The church does not exist as individuals, but as a corporate community united by Christ and the mission of God which calls it together.

The reality that the church is a corporate community implies the necessity of emphasis on the life of the community. Furthermore, as Howard Snyder points out in his book *The Community of the King*, “If Jesus Christ actually spent more time preparing a community of disciples than proclaiming the good news (which he did), then the church must also recognize the importance of community for proclamation” (90). The way the church lives out its life together is the witness of God’s reign to the surrounding world. Therefore a healthy church is one where members live out their lives in community with one another.

In summary, a healthy church sees itself as a redeemed community, growing together in holiness of heart and life as it bears witness to God’s reign by living out the values of the Kingdom in every sphere of life. In their book *Exploring Ecclesiology*, Harper and Metzger encapsulate it best:

[The church is] a community…birthed by the kingdom of God and is meant both to bear witness to the kingdom and to reflect its values. As believers serve one another, representing Christ to one another, broken but redeemed persons engage other broken persons with the redemptive love of Christ to bring personal and communal transformation. (158-9)

When a church embodies these characteristics, it can be described as healthy.

**Modern Literature on Church Health**

Countless books about church health are available today. This review attempts to summarize the history of the church health movement as a whole and the generally
agreed upon characteristics of healthy and unhealthy churches. Finally, this review provides some typical strategies for transitioning from unhealth to health as a precursor to discussing merger as one particular strategy in the next section.

**History of the Church Health Movement**

The church health movement has its roots in the church growth movement whose birth is commonly attributed to Donald McGavern’s work beginning in the 1950s and developing further in 1970 with the book *Understanding Church Growth*. In this book, McGavern made a connection between church growth and health by stating, “Church growth has always been characteristic of healthy churches and basic to the power of the Christian movement” (14). In subsequent years many others have seen the clear connection between health and growth including Mark DeVine who noted, “true spiritual health always longs to see the body of Christ grow. It longs to see the joy of the gospel shared and to offer more praise to its Lord” (DeVine and Patrick Kindle loc 183).

Certainly, there are many people who feel that “church health is church growth with new terms” (McKee 28). Peter Wagner argues that “if we concentrate on church growth we get to the heart of the Great Commission” (*The Healthy Church* 35) and Brad Miller suggests that “churches grow as a natural outcome of being healthy and heeding the Great Commission” (9). In his book, *Healthy Congregations*, Peter Steinke states, “church health and growth are related but not synonymous” (51). It is obvious that there is a connection between church growth and church health. However, the connection between church health and church growth and the way that church health trends emerged from church growth trends is unclear.
It is generally agreed that healthy churches tend to grow. Furthermore, the topic of church health clearly emerged from church growth writings. Speaking about this transition, Philip Walker recognized that it “has developed over the last 25 years. It seems to me to have begun with Peter Wagner's seven vital signs for a healthy church in Your Church Can Grow, originally published in 1976 and revised in 1984” (Walker 7).

Mega-church pastor, Rick Warren stated that “the key issue for churches in the twenty-first century is church health, not church growth.” He said he “stopped using the phrase around 1986 because of the things I didn’t like about the church growth movement…I don’t like the incessant comparing of churches” (qtd in. Miller and Rowell 23-24). Warren believes that bigger is not always necessarily healthier and that healthy churches will naturally grow. (Miller and Rowell 23-24) It appears the goal of church growth is to identify strengths in a local congregation and capitalize on them, while the goal of church health is to create and maintain a balance of what Warren identifies as the five purposes of the church: evangelism, worship, fellowship, discipleship, and ministry.

But the decisive birth of the church health movement out of the church growth movement can most readily be traced to author and researcher Christian Schwarz and his study on Natural Church Development. In the introduction to the book, Robert E. Logan writes, “through careful research, Christian Schwarz has verified the link between church health and growth…The research results confirm what many leaders have known intuitively – that healthy churches are growing churches, making more and better disciples in loving obedience to Christ” (Logan 3). Schwarz’s Natural Church Development pinpoints a marked shift for many from a focus on church growth to church health, and since that time there have been countless studies and conjectures on what
characteristics define a healthy church. The following provides a summary from the relevant literature.

**Characteristics of Healthy and Unhealthy Churches**

The vast majority of writers on church health sought to tie in their identifiable characteristics of a healthy church with the teachings of the Bible. “Because the church is the body of Christ, everything the church does must be in line with Jesus’ teachings, for his mission, etc.” (B. Miller 10) Mark Dever sums it up best when he suggests, “A healthy church is a congregation that increasingly reflects God’s character as his character has been revealed in his Word” (Dever 40). A synthesis of the literature reveals that healthy churches have some generally agreed upon characteristics that fall into eight basic categories: Pastoral Leadership, Evangelism, Discipleship, Lay Ministry, Worship, Community, Administration/Structures, and God’s Presence.

Conversely, when churches are unhealthy they often experience some lack in one or more of the same eight categories described of a healthy church. Low morale (Wilson et al. 62; McIntosh 41), decline in attendance, lack of finances, and an overall lack of growth often define unhealthy churches. Many times, a lack of leadership or a lack of lay involvement or both exist. Conflict is rampant and people are generally apathetic.

Below is a synthesis of the relevant literature on church health providing some basic characteristics of health and unhealth in eight key areas.

*Pastoral Leadership*

In *The Emotionally Healthy Church*, Peter Scazzero articulates a sentiment held by the vast majority of church health writers. He says, “The overall health of any church or ministry depends primarily on the emotional and spiritual health of its leadership”
(20). According to Rick Warren a healthy pastor has authenticity, humility, integrity and is always learning (Miller and Rowell 26). At Steve Sjogren’s Vineyard Church in Cincinnati, Ohio, they “equate health with authenticity. Healthy churches are led by pastors who are real, who tell their honest, heartfelt stories” (Sjogren 38). Not only must pastors exhibit these spiritually healthy characteristics in themselves, but according to Greg Hawkins, of the “Five things every church must do,” one of them is to have “church leaders model and consistently reinforce how to grow spiritually” (Hawkins and Parkinson 44), and this begins with the pastor. Christian Schwarz builds on this by suggesting “leaders of growing churches concentrate on empowering other Christians for ministry...These pastors equip, support, motivate and mentor individuals, enabling them to become all that God wants them to be” (Schwarz 22). So, effective and healthy pastors not only model health, they also actively mentor others to health in order to prepare them for ministry. This relates to another critical function of a healthy church to be considered later; empowering laity in ministry.

Conversely, unhealthy churches are oftentimes led by pastors who are themselves unhealthy. This exhibits itself in a variety of ways. Sometimes it is that “leadership can never be challenged” (Thomas), or that pastors don’t confront conflict in a healthy manner (McKeever). When pastors are not spiritually or emotionally healthy many congregations knowingly or unknowingly decide they are not worthy of emulating or following. But even if they are, oftentimes, in unhealthy churches, “leaders are unwilling to pay the price to make the church healthy” (McKeever). If the pastoral leader is unwilling to do the hard work of personal, communal or structural transformation, then there is little hope that the church can ever be healthy.
But it is not enough for a church to be healthy simply because the pastor is healthy. Nor is it enough for a pastor to be healthy. It is largely agreed upon that he or she must also be the torchbearer in casting a clear vision to the rest of the congregation. When alluding to church health, Craig Groeschel says, “Without a God-given vision, our ministries will never have it” (38). Peter Steinke agrees about its importance for a healthy church by noting a “strong sense of vision and mission” helps to build a strong immune system (47). Recognizing that vision must come from the pastoral leader, George Hunter says, “A leader communicates the church’s vision, purpose, and direction and mobilizes people’s energy in support of it (Hunter 26). It will be seen later that vision without effective structures and management can fall flat, but it is still critical for healthy churches that the pastor casts vision. Furthermore, when speaking about the necessity of a strategic process for a church to achieve its mission, Thom Rainer emphasizes the need for clarity. Clarity, he says, “is the ability of the process to be communicated and understood by the people” (Rainer and Geiger 70). The vision must be clear.

On the other hand, uniformly, when authors described unhealthy churches, they pointed out that oftentimes unhealth was contributed to by a lack of vision from pastoral leadership. Marielle Thomas when describing the 5 signs of an unhealthy church, noted that “leadership has no clear vision.” Ron Crandall notes that “no vision for the future” impedes revitalization (56). He also suggests that pastors in declining congregations often don’t lead (56). When describing a lack of vision in a church, Gary McIntosh states, “Understanding a church’s purpose (or mission) provides a biblical reason for church ministry, but it is vision that provides the energy, hope, and passion. When a church and its leaders lose a sense of vision, the ministry starts winding down” (45).
When a pastor can be “positive” (Wagner, *The Healthy Church* 16) by modeling spiritual health, leading others to health, and casting a clear and compelling God-given vision for the congregation, then the result is an environment of established trust. Bill Easum notes how critical a community built on trust is for health and growth by suggesting that new ministries can be established and decisions can be made without much fuss (63). When pastoral leadership creates this type of environment, then it paves the way for church health.

*Evangelism*

All the current church health literature recognizes that healthy churches are focused on the evangelistic nature of Jesus’ Great Commission (Matthew 28:19-20). Healthy churches are missional churches. In *Natural Church Development*, Christian Schwarz calls this “need oriented evangelism” and says, “The key to church growth is for the local congregation to focus its evangelistic efforts on the questions and needs of non-Christians” (35). Bill Easum redefines “need oriented” as “culturally relevant” by asking, “Do all of your ministries have their origin in the hopes, dreams and needs of the surrounding community of nonbelievers” (63)? Peter Wagner calls this vital sign, “effective evangelistic methods” (*The Healthy Church* 19) noting that, “seeing new people come to Christ and commit themselves to the Body of Christ is normal for healthy Christian churches” (19).

Any church can gauge their health by asking, “Are we seeing people come to Christ” (Wilson et al. 65)? But some authors recognize that it is not just the result of evangelism that defines the health of a congregation in this matter. It’s more about the heart of the community. Craig Groeschel articulates this well. “Across the board, almost
every with-\textit{it} church I’ve observed is virtually obsessed with reaching those who don’t know Christ.” He describes that the hearts of church people are focused outward realizing that “Jesus came for outsiders. He came for those who were lost. Broken. Hurting. Disenfranchised. Alone. Overlooked. Poor. Jesus came for those for whom religion rejected” (128). And this outward focused heart leads a church to innovation suggesting that a healthy church “will DO WHATEVER it takes to accomplish” its mission (93). Stephen Macchia sums it up well by stating, “the healthy church places high priority on communicating the truth of Jesus and demonstrating his love to those outside the faith” (155).

On the other hand, in unhealthy churches, people are not coming to Christ. Joe McKeever states, “no one hears about salvation, no one gets saved [and] the baptistery is dry” (McKeever). “Outreach is never planned or preached” (Thomas), and according to Waldo Werning, a disease of unhealthy churches is their “lack of desire to grow.” He suggests that unhealthy churches are not practically committed to the Great Commission and are likely not praying for lost people who need Jesus (72). Crandall takes this a step further by noting that oftentimes unhealthy churches are “closed to outsiders” and there exists “an ‘us versus them’ attitude” (56). Craig Groeschel notes, “When a church doesn’t have it, few people even notice that no one new is showing up. When someone new does come to church, but looks different, the it-free church unintentionally – or sometimes even intentionally – guards the status quo, resisting change” (29). He does recognize that sometimes these unhealthy churches can be quite friendly, however, they tend to only be friendly to those they know and “unintentionally overlook those they don’t know” (128).
Regardless of the motivation, unhealthy churches lack an outward focus and that results in new people not feeling welcome nor coming to Christ.

Discipleship

But healthy churches don’t just lead people to a relationship with Jesus, they help them take next steps. Hawkins notes the need for both suggesting the first three of “five things every church must do” are to: (1) Help people “develop a personal relationship with Christ;” (2) Challenge people “to grow and take next steps;” (3) Provide people “a clear pathway that helps guide [their] spiritual growth” (Hawkins and Parkinson 44). This can be understood as discipleship.

All literature about healthy churches notes the need for people’s lives to be transformed through an effective discipleship process. Some recognize the function of discipleship as so important that they highlighted different aspects of discipleship as multiple characteristics of a healthy church. For the sake of simplicity, they are all included under this one heading, but are spoken of in two ways: first, the content of discipleship, and secondly, the means of a discipleship process. Each are important for the health of a congregation.

The product of discipleship is a disciple whose life has been changed by the Spirit and teaching of Jesus Christ. If a church is healthy, “lives are changing, and everyone around knows it” (Groeschel 29). A church exists to transform lives. Evangelism is the front end of this process, but discipleship must follow. Bill Easum notes the a church must be asking each of these two questions, “How many adult baptisms are occurring and how many spiritual giants are being raised up and sent into some form of regular ministry” (63)? As this is not a treatise on discipleship, but rather a review of the
literature regarding healthy churches, this section is limited to the specific areas of
discipleship clearly evident among the members and culture of healthy churches.

Peter Scazzero, in his book *The Emotionally Healthy Church* believes that most
churches stop short of true transformation in people’s lives. The entire book proposes a
new method of discipleship focused on the emotional health of the congregation in six
focus areas. First, look beneath the surface. “In emotionally healthy churches, people take
a deep, hard look inside their hearts asking, ‘What is going on that Jesus Christ is trying
to change?’” (69). Second, break the power of the past. “In emotionally healthy churches,
people understand how their past affects their present ability to love Christ and others”
(87). Third, live in brokenness and vulnerability. “In emotionally healthy churches,
people live and lead out of brokenness and vulnerability” (110). Fourth, receive the gift
of limits. “Emotionally healthy people understand the limits God has given them” (132).
Fifth, embrace grieving and loss. “In emotionally healthy churches, people embrace grief
as a way to become more like God” (152). Sixth, make incarnation your model for loving
well. “In emotionally healthy churches, people intentionally follow the model of Jesus”
(172). By focusing on emotional health as opposed to specific disciple-like behaviors,
Scazzero believes the fruit will result in deeper, more mature and transformed disciples.

Other authors point out specific behaviors as a result of an effective discipleship
process that are evident in healthy churches. Stephen Macchia, for example, notes two of
these areas. Of his ten healthy church characteristics, at least two are obvious discipleship
oriented behaviors. First, characteristic three: “The healthy church provides training,
models, and resources for members of all ages to develop their daily spiritual disciplines”
(76). And secondly, characteristic ten: “The healthy church teaches its members that they
are stewards of their God given resources and challenges them to sacrificial generosity in sharing with others” (213). From this vantage point, Macchia believes that a healthy church has members who are discipled in specific ways – to exhibit spiritual disciplines and to practice generosity. Many other authors suggest these types of specifics as characteristics of healthy churches.

If a healthy church is defined, in part, as a church where people’s lives are being transformed, then the converse is true for unhealthy churches. Peter Wagner describes the church disease of “Arrested Spiritual Development” this way: “When people in the church are not growing in the things of God or in their relationships with one another, the total health of the church deteriorates, the church cannot grow” (The Healthy Church 119). Marielle Thomas describes it this way: “You are comfortable but never challenged” (Thomas). Members cease to pursue personal and communal transformation, but are instead satisfied with the status quo.

Subsequently, many spiritual disciplines are either left undone or severely lacking. “Prayer, if offered at all, is a formality, an afterthought, a burden,” and “giving stems from duty and is never a joy” (McKeever). You can imagine that in such a church, there is a “lack of finances and/or stewardship” (Crandall 56). Gary McIntosh agrees that “one of the major challenges in declining and plateaued churches…[is] a lack of financial giving” (43). When a church does not take its personal discipleship seriously, including spiritual disciplines such as Bible study, prayer and sacrificial giving, then it can only be classified as unhealthy.

But there is another thread of importance in the area of discipleship within healthy churches that most unhealthy churches lack. Many authors, instead of focusing on the
specific behaviors of disciples within a healthy church, instead recognized that healthy churches have certain methods and means for accomplishing their discipleship process.

Christian Schwarz, for example, notes that healthy churches offer “holistic small groups” – a common theme among other church health and church growth authors. He writes, “continuous multiplication of small groups is a universal church growth principle…They must be holistic groups who go beyond just discussing Bible passages to applying its message to daily life. In these groups, members are able to bring up those issues and questions that are immediate personal concerns” (32). Ralph Neighbor takes it as far as saying, “The American church is unhealthy because it has an unbiblical structure” going on to suggest that small groups are the biblical structure for discipleship (36).

Thom Rainer and Eric Geiger don’t suggest that a discipleship process has to include small groups, but they do emphasize that a process must exist and it must be simple. “Churches with a simple process for reaching and maturing people are expanding the kingdom…Churches without a process or with a complicated process for making disciples are floundering. As a whole, cluttered and complex churches are not alive. Our research shows that these churches are not growing” (Rainer and Geiger 13-14). As an example of a simple and clear process, Larry Osborne suggests in Sticky Church that a church that retains newcomers through a discipleship process linked to the relevant Sunday morning teachings is healthier than a church where there is a high “revolving-door” (36).

In the relevant literature, it is clear that discipleship is a key component to the health of a church. On the one hand, the fruit of transformed disciples is key. On the other
hand, typically, healthy churches provide clear and specific discipleship processes that
oftentimes involve small groups. Stanley Ott notes the key unifying theme of discipleship
when he suggests a healthy church asks, How can I “build a vibrant church that makes
Christian disciples who don’t just bask in a program, but who share in ministry” (10)?
And that leads to the next area the healthy church literature highlights, lay ministry.

Lay Ministry

The literature proposes that healthy churches have a congregation mobilized and
involved in ministry. Melvin Steinbron summarizes it best when he says, “One of the
dominant characteristics of churches bursting with life is lay ministry. They are giving
the ministry to the people” (23). Bill Easum identifies specific statistics by noting, “A
mobilized congregation means that 80% of the participants are involved in some form of
weekly or monthly ministry and the staff primarily equips others for ministry rather than
doing ministry” (63).

Peter Wagner says, “When Christians become Christians in name only; feel that
their faith is only routine; when church involvement is largely going through the motions,
and belonging to church is nothing more than a family tradition or social nicety,” the
church has “St. John’s Syndrome” (The Healthy Church 135). In Marielle Thomas’
words, “Members are content with being pew warmers” (Thomas). St. John’s Syndrome
obviously has implications as it relates to personal discipleship, but it also factors into the
general lack of lay ministry in unhealthy churches.

One of the deadly diseases that Waldo Werning identifies in unhealthy churches
spells this out as a “Lack of reproductive ministries.” Whereas healthy churches equip
people for ministry, unhealthy churches do not (71). Thus, “when a leader calls for
volunteers, he gets few responses” (McKeever). Gary McIntosh says “passive attitudes” is a sure sign of trouble for a church and that “one of the major challenges in declining and plateaued churches is recruiting new workers” (43).

The reasons for this could be many. Ron Crandall notes that it could be because of general apathy or possibly “burnout,” but that it may also be related to “power cliques in the church” (56). It is oftentimes difficult for people to serve when there is a power base holding all the control and reigns. McIntosh articulates this unhealthy church characteristic as “consolidated power” where “a small group doing everything” (44). But all in all, unhealthy churches are churches where ministry is done by only a few rather than by the breadth of the congregation.

But is it necessarily true that a mobilized church is a healthy church? Possibly. But many authors noted that the laity must be mobilized around their spiritual gifts. Peter Wagner makes this distinction with the church vital sign of a well-mobilized laity “that has discovered, has developed and is using all the spiritual gifts for growth” (The Healthy Church 16). Christian Schwarz writes, “The gift-oriented approach reflects the conviction that God sovereignly determines which Christians should best assume which ministries. The role of church leadership is to help its members identify their gifts and integrate them into appropriate ministries. When Christians serve in their area of giftedness, they generally function less in their own strength and more in the power of the Holy Spirit. Thus ordinary people can accomplish the extraordinary” (24)! Stephen Macchia agrees by stating, “The healthy church identifies and develops individuals whom God has called and given the gift of leadership and challenges them to become servant-leaders” (133).
Worship

No church can be healthy that does not worship. A church by definition, worships God. Of course, the source of worship is vital and it cannot be automatically assumed that all churches worship the risen savior. As Richard Krejcir notes, “A healthy church will worship Christ first and foremost” (Krejcir). But, given these criteria, what else separates worship in a healthy church from worship in an unhealthy church?

From the literature, it seems that there is something that distinguishes worship. There was no one way to describe the characteristics of healthy church worship, but each author came up with their own adjectives for describing it. Christian Schwarz describes it as inspiring by asking, “Is the worship service an ‘inspiring experience’ for the participants? It is this criterion which demonstrably separates growing churches from stagnant and declining ones” (30). Robert Schnase describes it as passionate by stating, “Vibrant, fruitful, growing churches offer Passionate Worship that connects people to God and to one another” (33). Stephen Macchia calls it God-exalting worship and notes, “The healthy church gathers regularly as the local expression of the body of Christ to worship God in ways that engage the heart, mind, soul, and strength of the people” (55). It seems that whatever the adjective, the basic agreement is that the participants are actively engaged and authentic in their corporate worship. The people want to be there.

One further distinction related to worship involves what many have called seeker sensitivity. Rick Warren notes “only believers can truly worship God,” but “worship is a powerful witness to unbelievers if God’s presence is felt and if the message is understandable” (239-241). Healthy churches not only exalt God in a culturally authentic and engaging way, but also in a way that connects and witnesses to unbelievers.
Conversely, worship in unhealthy churches is generally poorly attended, particularly by newcomers. Low or declining worship attendance is a clear indicator of trouble in churches (McIntosh 43). But what is it that keeps people away from worship in unhealthy churches? It’s hard to tell from the literature, but it is likely that worship in unhealthy churches is the opposite of worship in healthy congregations. In other words, worship in unhealthy churches is not engaging, inspiring, passionate or God-exalting.

Speaking to the last of these missing characteristics, Joe McKeever notes that “Jesus is rarely mentioned – it’s all about ‘God’” (McKeever). He is likely suggesting that the congregation lacks a personal relationship with Jesus and that attendance at church is more of a ritual than about a longing to worship the one who has saved them from the law of sin and death. In this sense, the congregation, in effect, ceases to worship Jesus, but instead worships the ceremony itself. Or to put it another way, “The culture of the church has become more valuable…than Christ’s commands” (Wilson et al. 62).

Community

Healthy churches have God-centered, loving and authentic community defined by deep caring for one another. As Christian Schwarz puts it, “Growing churches possess on the average a measurably higher ‘love quotient’ than stagnant or declining ones” (36).

Craig Groeschel calls this “unmistakable camaraderie” and suggests there is a high level of friendship amongst the leaders of the church. They just enjoy being together, “And when they are, when the people interact, it is electric” (70). On the flipside, Joe McKeever describes unhealthy churches by saying, “Laughter is rare, and when present at all, forced and quickly stifled,” and “When church ends, everyone scatters” (McKeever). People obviously do not get along or do not enjoy spending time
together. Ron Richardson identifies this as the result of a poorly functioning emotional system. He says, “The emotional system is one of the most powerful focus in any church or in any group of human beings. The health of the emotional system determines how well the other systems work. A poorly functioning emotional system will derail the best and most rational planning efforts” (29). Werning suggests that the “toleration of known sin – gossip, carnality and critical spirit” are contributing factors to such an unhealthy system and therefore destroys church community (71).

But there is more to health and unhealth than people wanting to be together. Macchia adds, “The healthy church is intentional in its efforts to build loving, caring relationships within families, between members, and within the community they serve” (112). The last part of Macchia’s statement notes a key distinction between healthy and unhealthy churches. In healthy churches, loving community is extended to those on the outside. Hawkins notes that every church must help people “feel like [they] belong” (Hawkins and Parkinson 48). It is not enough for just those who already belong to have loving and caring relationships. The healthy church has open doors for new people to belong. “Three signs of a healthy church are people enjoying being around each other so that they stay after services, inviting their friends and getting involved in ministry” (Wilson et al. 65 - emphasis mine).

On the other hand, an unhealthy church can be very friendly and loving to one another, but not to outsiders. Peter Wagner calls this disease, “Koinonitis” and describes it this way: “When interpersonal relationships within the church become so deep and mutually absorbing that we ignore the world around us, church programs tend to become centripetal rather than centrifugal” (The Healthy Church 89). This can often look like a
healthy church community until you see that it is not an inclusive community. It is only loving and caring if you are an insider. In regard to community, healthy churches have deeply loving and caring community that is also radically inclusive.

**Administration/Structures**

A church can be healthy in all the ways already noted, but unless the administrative structures support ongoing multiplication and health, then the church will not achieve its mission and vision. Healthy churches recognize the importance of administrative structures that support ministry. Schwarz says healthy churches encourage “the development of structures which promote an ongoing multiplication of the ministry. Leaders are not simply to lead, but also to develop other leaders” (28). Hunter goes on to distinguish the role of the leader (as noted in the above section on pastoral leadership) from that of the manager and administrator this way, “A *manager* deploys people (and resources), through specific roles, jobs, and tasks, to achieve the mission’s purpose and sees to it that the organization permits and helps the people to succeed. An *administrator* facilitates the workflow of the organization and attends to its efficiency. The obsession of the [leader] is direction, the [manager] is effectiveness, the [administrator] is efficiency” (26).

Administrative structures include systems and personnel but also involve other things such as facilities and equipment as Macchia notes: “The healthy church utilizes appropriate facilities, equipment, and systems to provide maximum support for growth and development of its ministries” (178). In unhealthy churches, the administrative structures are not supporting ministry growth or health. Among Waldo Werning’s five deadly diseases of unhealthy churches, is a church being “overly organized for the
church’s size. Healthy churches have a simple organization with a focus on having time for ministry and not attending more meetings” (72). When policies and procedures bog down ministry, this disease is in full force. The structures do not support vital ministry.

But even more than that, administrative structures include attitudes and unwritten policies. For instance, Craig Groeschel recognizes that healthy churches have what he calls a “willingness to fall short.” He says, “They’re not afraid to fail” (110). Oftentimes churches in decline and ill-health have what Gary McIntosh describes as “survival mode” where they are bent on “protecting what is left” (43). This can lead churches to, as Ron Crandall states, live in “fear of change and taking risks” (56). Building upon this, Craig Groeschel notes, “the ministries without it are usually the ones playing it safe, doing only what is sure to succeed. As counterproductive as it sounds, failing often can help a ministry experience it. Being overly cautious can kill it” (110). This leads many ministries in decline to remain unproductive. McIntosh suggests, “maybe they were once productive, but not now – many people will feel the only way to be productive again is to do the old stuff that once was productive” (47). This creates a downward spiral for a declining church. Ministries have outgrown their usefulness, but because of the decline, unhealthy churches hold onto what they have, perpetuating the unproductive ministry and ceasing to risk trying something new for fear of failure. Of course, there are purely some unhealthy churches that have given up altogether and are “unwilling to work hard” to create structures that support new ministries in the first place (Crandall 56). Healthy churches have facilities, equipment, personnel, systems and attitudes that support the ongoing multiplication of ministry.
God’s Presence

Last, but certainly not least, many church health authors articulated a less tangible element to church health summarized as a clear recognition and empowerment by God’s very presence. The authors themselves expressed this supernatural health factor in different ways. Paradoxically, Tracy Keenan notes that “church health is a matter of focus: a focus on Christ, not the church” (35). Alan Roxburgh similarly states, “At its core, missional church is how we cultivate a congregational environment where God is the center of conversation and God shapes the focus and work of the people” (Roxburgh and Romanuk 26). “The healthy church actively seeks the Holy Spirit’s direction and empowerment for its daily life and ministry” according to Macchia (38).

Oftentimes it is assumed that an unhealthy and declining church is void of God’s presence and power. That is not necessarily the case. God is all about birthing something from nothing. Alan Roxburgh rightly points this out: “Imagine the people and places with the least potential, and there is where God’s strange future is likely to be found” (Roxburgh and Romanuk 21). But according to Peter Wagner, there are some circumstances where a church is infected with the disease “Hypopneumia” which he describes as “caused by a subnormal level of the presence and power of the Holy Spirit in the life and ministry of the church (The Healthy Church 149). Although not easily diagnosable, one must acknowledge that in some cases, God’s Spirit is not present or hardly noticeable in an unhealthy church.

Conversely, Ken Hemphill in his book The Antioch Effect: 8 Characteristics of Highly Effective Churches, suggests that highly effective churches do have this “supernatural power.” He goes on to state, “Authentic church growth is a promised divine
activity for the church rightly related to Christ. The first step to all church growth is
supernatural empowering” (21). Groeschel acknowledges the supernatural factor in
church health by articulating, “we have to embrace the fact that God makes it happen. It
is from him. It is by him. It is for his glory. We can’t create it. We can’t reproduce it. We
can’t manufacture it” (27). When it comes to the health of a church, it is noted by many
that there is a clear supernatural element at work beyond people’s energy and efforts.

Conclusion

The current church health literature identifies specific practices in the above eight
categories that help define church health. However, there are a few additional points to
make about church health. Rick Warren notes, “When a church emphasizes any one
purpose to the neglect of others, that produces imbalance – unhealth” (qtd. in Miller and
Rowell 25). It is important to recognize that health achieves the appropriate balance of
the characteristics. In fact, Schwarz’s philosophy of church health is built upon the idea
that a church is only as healthy as its “minimum factor” and therefore an emphasis is
placed on increasing that lowest area of health. Balance is key.

Peter Steinke agrees when he defines health as wholeness. Church health means
that all the parts are working together maintaining balance. All the parts are interacting
together to function as a whole. He writes, "health is a continuous process, the ongoing
interplay of multiple forces and conditions" (51). He also suggests “A healthy
congregation is one that actively and responsibly addresses or heals its disturbances. It is
not one with an absence of trouble” (47). This suggests that health is not merely the
balance of multiple systems or areas of ministry-focus within a church. Health is also a
factor of the response to external pressures. Tom Ehrich articulates this when he says,
“Wellness lies in how a faith community responds to change, stress, opportunity, failure, and people’s needs and personalities” (xiii).

In general, it can be said that a healthy church is one that exhibits an appropriate balance of all the characteristics identified above and unhealthy churches do not. The next section suggests ways that a church can best move from health to unhealth.

Transitioning from an Unhealthy to a Healthy Church

Although this review is not intending to focus on the depth and breadth of models and strategies for transitioning an unhealthy church to greater health, it is important to share some of the basic concepts as an avenue for discussing church merger as an option for improved health and growth.

In his book, A Church for the 21st Century: Bringing Change to Your Church to Meet the Challenges of a Changing Society, Leith Anderson addresses a critical starting point for any unhealthy church. Just as Jesus asks the invalid, “Do you want to get well?” in John 5:6, Anderson reflects, “Some sick people don’t want to get well…When the Lord asks a sick church, ‘Do you want to get well?’ the answer is not always obvious” (127). Not every church necessarily desires to become a healthy, vibrant light of Christ in its community. Peter Steinke notes that it could take “two to five years” for an unhealthy church to become healthy (47)! Furthermore, because a congregation is filled with sinful people, the process of becoming healthier is never ending (Walker 12). Anderson acknowledges, “Getting well always requires change. It always calls for action. Getting well means we must pick up our beds and walk. We must act healthy” (127).

Unfortunately, some churches do not have the desire to do the difficult work of getting healthy (Crandall 56).
But if a congregation is up for the challenge, it has options. In a summary of church change literature, Brad Miller reflects that besides never changing, a congregation has four other “strategies for planning and implementing change in a congregation” (83). First, a congregation can apply a “topical anesthetic” which Miller reflects is the default response for denominational officials” who are “treating the symptom rather than the disease” (84). This might include appointing a new pastor to a congregation or adding new technology to a worship area. Second, a congregation can “build on strengths” which “sometimes works. The problem is, for some congregations there simply is not a critical mass of strengths on which to build” (84). Third, a congregation could “build on weaknesses” which is the strategy of *Natural Church Development*. Find the weakest of the 8 critical areas of health and improve that “minimum factor.” Miller suggests “the key problem is that it leaves out location and other critical elements of local context” (84). Overall, Miller is an advocate of “symbiosis” which views every church as unique with a variety of complex systems. Assessments are needed to identify culture and specific contextual challenges before moving forward with a strategic plan for change (84).

Regardless of the context, most strategies for change from unhealth to health in churches address key areas already identified in the previous sections. Take for example the story of Dellrose United Methodist Church in Wichita, Kansas as told in the book, *Can These Bones Live: Bringing New Life to a Dying Church*, by the change pastor, Kevass J. Harding. He identifies three main areas of change that inspired health in his congregation. The first was a change to “worship that reaches the lost.” This addresses both the areas of worship and evangelism in order to improve health. The second was a movement toward “discipleship that teaches the found,” particularly through a small
group strategy. This addresses both the areas of community and discipleship in order to improve health. Third was an emphasis on “ministry that sends the taught” which he describes as including a mission driven ministry with ministry job descriptions and supervision. This provides an administrative structure to enhance lay ministry.

Take another example, this time the counsel from *Turnaround Strategies for Small Churches* by Ron Crandall. He outlines twelve areas of turnaround, essentially moving a church from unhealth to health (12). His list, supplemented with the aforementioned critical areas of health in italics is as follows: (1) Enhance congregational confidence and hope for the future – Pastoral Leadership, (2) Stimulate concern for unreached persons in the community – Evangelism, (3) Engage in proactive and effective pastoral leadership – Pastoral Leadership, (4) Encourage and open, loving atmosphere in the congregation – Pastoral Leadership, (5) Clarify your own personal vision and be an example – Pastoral Leadership, (6) Help develop a clear, shared, congregational vision – Pastoral Leadership, (7) Work and pray for spiritual renewal among the members – Discipleship/God’s Presence, (8) Provide high-quality preaching and inspirational worship – Worship, (9) Lead the effort to reach new people and grow – Evangelism, (10) Emphasize the practice of prayer – Discipleship, (11) Develop new programs, especially for children and youth – Lay Ministry/Evangelism/Discipleship, and (12) Plan to take risks and take them – Administration/Structures.

Other literature on change strategies provide different formulas or models, but they end up providing plans that address the same key areas of health in some form or fashion. Many focus on the specific ways a pastor or church leaders can build trust or create a culture open to change (for example, see Aubrey Malphurs' book, *Pouring New*
Wine into Old Wineskins: How to Change a Church without Destroying It), but in the end, the areas to be changed and improved are essentially the same eight areas already summarized in the previous sections. The next section explores the possibility that unhealthy and/or declining churches might pursue merger with another church as an option for transformation and growth. This strategy is a logical next step beyond what Stephen Compton suggests for the revitalization of mainline denominations.

Compton makes the case that to revitalize the United Methodist (mainline) denomination, it will require starting many new churches. New churches simply reach new people better. But, he asks, what do we do with the old (unhealthy, declining) churches? He suggests starting new churches within old churches primarily through new worship experiences (125-127). “I believe that the single most effective way to bring about this vitality is through the creation of new services of worship” (132). He calls this starting new churches within old churches. For anyone who has not attempted to start a new worship service in a declining church or who has not started a new congregation from scratch, it is a daunting task with many uphill battles and a high failure rate. This strategy could be taken a step further and instead of starting a new church from nothing, two or more churches could come together in a way that creates enough critical mass to effect more significant and long-lasting change than in an unhealthy or declining congregation. This may be a viable strategy for the many plateaued, declining or unhealthy churches in United Methodism. The next section reviews the existing merger literature.
Modern Literature on Church Mergers

Geoff Surratt suggests, “Conventional wisdom will tell you that merging two churches together is usually a bad idea” (Surratt, Ligon, and Bird Kindle loc 2342), therefore, church merger has not received much attention in current literature. Maybe this is because, as Lyle Schaller discovered in his research two decades ago after examining hundreds of congregational mergers, “newly merged churches soon shrink to the approximate size of the larger of the two churches” (Laribee Kindle loc 268). Despite this, Jim Tomberlin and Warren Bird recognize “merging is congruent with the heart of God, the principles of Scripture, and the ideal of more effectively using the resources God has provided” (9) and thus wrote a groundbreaking book called Better Together: Making Church Mergers Work. In it, they note the common discovery in researching this topic: “Scant formal attention has been paid to mergers, especially ones in which at least one of the merger partners is healthy and growing” (xvi). Despite the relatively small amount of recent literature available on the topic of church mergers, a review of the relevant material addresses the following: (1) potential candidates for merger, (2) typical benefits of merger, (3) models of church mergers, (4) why many church mergers fail, and (5) the process for merger success.

Candidates for Merger

Any church can be a candidate for a church merger. It used to be that church mergers were seen merely as last-ditch efforts to survive, but according to church consultant, Thomas Bandy, “churches are finding that merger also can be a matter of mission” (74). Therefore, Tomberlin and Bird identify each of the following types of churches that might be great candidates for merger: (1) Long established churches that
need fresh vitality, (2) long established churches facing dim prospects about the future, (3) new churches growing and in need of facilities, (4) new churches struggling that can be merged with a stronger church, (5) churches reuniting, (6) churches becoming multi-ethnic, (7) multisite churches expanding, (8) denominational partnerships to restore vitality, (9) megachurches, (10) megachurches intentionally acquiring new campus’s, or (11) churches in pastoral transition (Tomberlin and Bird 4).

Long established churches either struggling or needing fresh vitality and new churches growing and in need of facilities are especially relevant for this project and thus receive more of the attention in this review.

Declining Long Established Churches

Matt Rogers, in his short but very relevant book Mergers: Combining Churches to Multiply Disciples, asks the important question for the mainline denominations, “What do we do with established and declining churches?” (Rogers Kindle loc 72). He paints the picture of these churches having to spend more and more of their energy and resources to maintain a half-empty building, “updating it to meet safety and accessibility requirements and paying the rising cost of heating” despite dwindling membership (Kindle loc 49). And while the mission becomes building centric, “the life experience and disciple-making capacity of many older Christians” is being wasted (Kindle loc 219). In these cases, he notes that oftentimes denominational leaders will respond in one of several ways. First, they may shame them by heaping on guilt and conviction for their failings (Kindle loc 72). Second, they may ignore them by giving the majority of attention and resources to the few churches that are healthy and growing (Kindle loc 75). Third, they may pamper them by neglecting hard conversations, finding props to keep them afloat
and investing an exorbitant amount of time trying to bring about incremental and, often, minimal change (Kindle loc 79), or fourth, they may attempt to appoint a new pastor who can turn things around, which despite the fact that it seems the only alternative to keep a church alive he notes, “in most cases…results in personal, family and ministerial implosion” (Kindle loc 82).

It used to be, Thomas Bandy tells, that a struggling church only had one choice: “Make a 180-degree turnaround or die. But in the last five to seven years, a new alternative has found a growing following, as an increasing number of leaders ponder the viability and implications of a church merger” (74). Rogers concurs:

We could merge them with an existing church in the city with which they can unite to expedite the changes needed to bring the church back to life. Partnering with another church that has life, energy and momentum may be a viable means of expediting change and invigorating the church. In fact, church mergers may be a tool for the revitalization of established churches at a rate that far exceeds the rate of transformation from one pastor attempting to lead a revitalization project alone. (Kindle loc 90)

Rogers identifies three different scenarios that declining established churches may find themselves in and suggests how each scenario could lend itself well to merger with a healthy and growing congregation. The lifeless church is the first scenario. Lifeless churches need universal change “in which the church ‘hands the keys to the car’ to another church.” Rogers notes that many times denominational leaders responsible for managing the property of closing churches will oversee this kind of merger (Kindle loc 331). The hopeless church is the second scenario. Rogers describes hopeless churches as “not lifeless yet, but they soon will be unless something drastic changes.” These churches are very common and their rate of decline has given them a “limited window of time to make a decision as to what to do with the ship before it sinks” (Kindle loc 345).
Maintenance has replaced mission as the dominating purpose for which their efforts and energy are dedicated. The mission-less church is the third scenario. Rogers suggests that a mission-less church can gain much from a merger with a healthy and growing church. Particularly, he offers that they can “observe the missionary DNA” of the healthy church (he actually identifies the healthy church as a growing church plant). This DNA could eventually fill the mission gap that the mission-less church has experienced (Kindle loc 363). Rogers identifies a fourth scenario, the homeless church, where merger could be of great benefit, but that leads to the next category.

Growing New Churches

New churches can begin with little money and no permanent facility. However, as Rogers generalizes, “this is not sufficient for the long run.” He describes that eventually a church plant will reach “a size that necessitates a larger facility as a permanent base of operation” (Kindle loc 161). In these circumstances, new churches will follow one of these three paths. First, a new church may buy land and build a building. While this is the most straightforward and least complicated approach, it could leave a young church in significant debt hamstringing future mission and ministry. Second, a new church may lease a permanent facility. Monthly leasing costs tend to be the same as monthly mortgage costs without the long-term equity. A new church can only sustain this option for the short term unless it experiences substantial growth. Third, a new church may merge with an established church (Kindle loc 170). “The temporary gathering space used by most young church plants makes them a viable candidate for desiring a church merge” (Kindle loc 410).
In this kind of merger situation, between a homeless yet growing new church, and a long-established declining church, both could benefit. The new church finds permanent space at low cost, and the host congregation finds revitalization by these gifts the new church often brings, such as a compelling vision, clear leadership, contextual methodology and critical mass (Rogers *Kindle* loc 412-423).

Furthermore, Rogers points out that the established church can find purpose in seeing its underutilized resources (people and facilities) put to missional use and new churches can keep “from squandering resources they simply do not have” (*Kindle* loc 261). It also provides a joyful sense of leaving a legacy and continuing heritage for an established church “even if this means ‘their church’ will have to change” (*Kindle* loc 308). But how much will the church have to change? That depends on the model of merger.

**Models of Church Mergers**

For decades, the primary (possibly only) model for church mergers involved two declining churches consolidating assets to become one. However, according to church growth consultant Lyle Schaller, “in too many mergers, the result was 4 plus 4 equals 6” – in other words, the combined attendance of the two churches individually was greater than the attendance of the new church resulting in an overall decline. This led Schaller to declare, “it usually doesn’t work when two declining churches join together” (Surratt, Ligon, and Bird *Kindle* loc 2346). Tomberlin and Bird call this kind of merger an “ICU merger” and acknowledge, “they are the least successful type of merger” (33). But are there options to this traditional model? A synthesis of the literature suggests there are two alternatives that can be lumped into these broad categories: 1) Restart model where no
merging church is particularly healthy or growing, or 2) one of various adoption models where at least one of the churches is healthy and growing. This applies directly to this project’s research question #2.

**Restart Model – (Low Health in All Merging Churches)**

Dirk Elliott writes, “In response to the poor results of traditional mergers, while addressing the fact that many churches can no longer be viable as a single-church parish, a new model of merger is needed to decrease potential conflict and increase healthy growth *(Kindle loc 206)*. The model he proposes shares the same name as the book he wrote, *Vital Merger*. Elliot summarizes a vital merger with the following five action steps. First, sell all church buildings and relocate to a new location. Second, worship in a neutral location from the day of the official merger. Third, reset the new congregation’s focus on the mission field and begin new ministries to reach the new mission field. Fourth, receive a pastor that has been assessed and trained as a church planter, and fifth, choose a name that is not a part of the name of any of the merging churches *(Kindle loc 184)*.

Elliot writes this about Vital Mergers:

> Instead of consolidating resources or using an adoption model, the Vital Merger strategy creates a new church—a healthy, growing, new-church-start with a fresh focus on the mission field and new ways of doing ministry. Using a Biblical metaphor, the traditional merger is attempting to pour new wine into old wineskins. The Vital Merger, on the other hand, creates new wine that is poured into a new wineskin. A Vital Merger congregation is a new work. It is a viable new-church-start model. *(Kindle loc 208)*

What Elliot proposes is as much a new church start model as it is a model for merger. Furthermore, it was born out of a frustration over the failures of a traditional merger (“consolidating resources” above) to bear the desired fruit. However, in Elliot’s writing,
he also acknowledges the fruitfulness of an “adoption model.” He states, “Typically, where adoptions occur, the merged church continues to grow because it was already a healthy church” (Kindle loc 194). And that leads to the second alternative.

Adoption Models – (Strong Health in at Least One of the Merging Churches)

Richard Laribee makes this observation from organizational literature:

The essential purpose for merging two organizations is to change the status quo of at least one of the two organizations. By changing the status quo, it is hoped that the organizational mission will be fulfilled because high performance has been restored. Successful mergers are like a massive transfusion of new blood, designed to replace old, damaged or diseased blood. (Kindle loc 119)

Laribee taps into the heart of the various adoption models. In these models, it is clearly recognized that at least one of the churches is healthy and growing, and likely that at least one of them is not. Whereas in traditional or ICU mergers, the primary objective is survival, Tomberlin and Bird write, “today’s successful mergers tend to be missional in focus with one church embracing the vision and strategy of the other church” (17). They continue, “Mergers today are different from those in the past in that at least one of the partners is healthy and vital” (18). About this type of model, Geoff Surratt notes, “Early indicators even suggest that church mergers – in this new sense of completely restarting one of them – may hold significant potential for the future health and expansion of the American church” (Kindle loc 2349).

Using Surratt’s language, within the realm of these types of adoption models, there exist varying degrees of “restart” for the declining or less healthy congregation. At one point Jim Tomberlin noted there were at least three types of mergers: “adoption, absorption, or acquisition” (Surratt, Ligon, and Bird Kindle loc 2526). These models were more clearly defined and renamed in his work with Warren Bird in Better Together.
Below are the three models they identify that fit in this broader category of at least one of the merging churches being healthy and growing: First, a rebirth merger defined as a struggling or dying church that gets a second life by being restarted under a stronger, vibrant, and typically larger church. Second, an adoption merger defined as a stable or stuck church that is integrated under the vision of a stronger, vibrant and typically larger church. Third, a marriage merger defined as two churches, both strong or growing, that realign with each other under a united vision and new leadership configuration (21).

In these various adoption models, Tomberlin and Bird add a critical distinction to the conversation. They write, “Our sense is that every church merger involves a lead church and a joining church. The merging of churches is a delicate dance in which one leads and the other follows. Some are almost equal but most are vastly unequal in size and health. Regardless, one always leads and the other follows” (xviii). The lead church is the healthy church and the joining church is the one with the varying degree of restart. In a rebirth, the joining church is completely restarted with little or no remaining identity of the former congregation. In an adoption merger, some key components of the joining church remain as they add to the mission of the new joint church. In a marriage merger, it is more difficult to distinguish how much of a restart it is for the joining church. These mergers are more rare and typically happen with larger congregations possibly during a pastoral transition (31).

One important final note raised by Richard Laribee concerning merger language. Many formal merger models as well as informal language used by congregations during merger use a marriage metaphor for obvious reasons. “Two parties have to learn how to adapt to the other. Two become one. But the truth is, a merger is not a marriage. In fact, it
is the opposite of a marriage” for the following reason. Interpersonal differentiation is required in a successful marriage, “but in a congregational merger, ‘two becoming one’ is not a metaphor. Two individual organizations do cease to exist, and are utterly supplanted, replaced and absorbed by a brand new organization” (Kindle loc 1357). Furthermore, Tomberlin and Bird point out “many mergers are described to the respective churches as a marriage merger but in reality are more of a rebirth or an adoption merger” (31). The implications are clear – language is important and clearly defining what is and is not a part of the plan is vital.

**Benefits of Merger**

There are a few different models of merger, but merger, using any model, is not a wise option unless it benefits both congregations. This section looks at some of the specific benefits.

Tomberlin and Bird make a case for church mergers by noting the following benefits: (1) To be better together than each church is individually, (2) to begin a new church life cycle, (3) to reach more people for Christ, (4) to make a greater difference for Christ, (5) to multiply your church’s impact, (6) to better serve your local community, (7) to leverage the legacy and good reputation of the past, (8) to maximize church facilities, (9) to be a stronger local church, and (10) to further extend God’s kingdom (Tomberlin and Bird 11). They note that if done well, everybody wins! Struggling churches can win, strong churches can win, the overall body of Christ wins, neighborhoods, cities and regions win, and the kingdom of God wins (7).

In addition, Rogers states that mergers honor God because they more effectively steward “the resources He has entrusted to His church (see Luke 16:8-12)” (Kindle loc
and that sometimes merger can “thrust the church immediately into a new season of growth” (Kindle loc 96). This was the practical experience of Vicar Andy Griffiths who wrote about his experience of merging two small, declining Anglican churches in Britain in 2010. In his book, *Church Merger: When Two Become One*, Griffiths asks the question, “Why Merge?” and identifies four reasons. First, “There are too many churches” (6). Griffiths recognized that there were too many church buildings in Britain, many of which were lying nearly empty. Tomberlin and Bird have something to say about this rationale though. They affirm, “Healthy churches reproduce and multiply. That’s why we consult and write books on church planting and multisite ministry. We need more life-giving churches, not fewer” (9). It seems that Griffiths would agree with this sentiment as noted in his next rationale and benefit for merging churches.

The second reason is “pruning for fruitfulness” (7). Griffiths recognizes that by closing some buildings (pruning) and even planting without building can oftentimes bear more fruit in the long run. The third reason is “selfless love.” Throughout his book, Griffiths uses a marriage metaphor for merger (see the next section). He notes that marriages in general makes one less selfish, and “mergers are a way for churches to learn selflessness. They relativize a church’s obsessions and highlight self-centered behavior” (8). The final reason is for “releasing energy” (8-9). Very practically Griffiths notes that when two congregations come together, it often means that you have the combined human and financial resources with half as much overhead. For instance, only one building or one pastor instead of two.

Richard Laribee takes a more secular approach to the list of merger benefits in his book, *Church Merger: Factors Contributing to Success or Failure in Congregational*
**Merger.** He notes that the overarching benefit of a merger is counterintuitive. He describes this benefit as, “Shattering structural and institutional inertia as a consequence of sudden and massive change to the long-established norms, forms and procedures of the congregation” (*Kindle* loc 1390). He continues to describe the four major ways in which mergers shatter inertia. The first is by displacing leadership. Laribee implies that the major reason churches are in decline are due to the entrenched and unhealthy leadership, therefore, a church benefits through merger if and only if it changes leadership (*Kindle* loc 1410). The second is by taking the optimal next step in the life cycle. Churches can either restart their life cycle or reach a point of increased potential through merger (*Kindle* loc 1422). The third is by adding value to the service or product line. Laribee suggests complimentary ministries and people’s gifts and passions increase the value offered by the congregation and therefore makes it readier to grow. This is the third benefit (*Kindle* loc 1444). The fourth is by acquiring hard assets at a greatly reduced cost. As with business mergers, another “major benefit of mergers is the opportunity to acquire hard assets, such as buildings and equipment, at a much lower cost than new construction or set-up costs” (*Kindle* loc 1458).

Of course, there is no assurance that any of these potential benefits will be realized in a church merger. Many “mergers fail miserably, destroying employee loyalty and productivity, revenue, and customer trust” (Elliott *Kindle* loc 164). As Tomberlin and Bird note, “All parties in the merger have to take a risk – a step of faith with no guarantee of success” (12). Understanding why church mergers fail is a prerequisite for understanding what a successful church merger is and what processes help achieve success.
Why Church Mergers Fail

Despite the potential benefits of merger, “the sad reality is that most mergers fail (although they often extend institutional viability a few years) because they are motivated more by self-interest or self-preservation than by a bigger, bolder, divine mission – a partnership in which the resulting impact is clearly greater than the sum of the parts that produce it” (Bandy 74). Motives for merger are important.

Everyone agrees that church mergers almost always fail if the chief motivation is as Tomberlin and Bird state, “survival driven” (16) or “seen as a way of preserving as much as possible” (17). Richard Laribee also highlights this in another way. He says that the number one reason why church mergers fail is when one, or both, of the congregations are satisfied with their current church’s culture. He writes, “The more satisfied a congregation is with its own life and way of being, the more difficult it becomes to create a new congregational culture or to adopt the culture of another congregation” (Kindle loc 1104). “Successful mergers are vehicles of change, not preservers of the status quo” (Tomberlin and Bird 17).

Of course, there are other reasons church mergers fail. Any number of wrong motives can undermine the success of a merger. Tomberlin and Bird identify additional wrong motives including denial (37), personal gain (37), financial motivation only (38), or personal glory (38). Laribee agrees that “most merger failures seem to result when leaders initiate merger for the wrong reasons,” but also recognizes that it goes beyond motives. For instance, mergers can fail because “leaders execute mergers improperly, fail to understand conflicting organizational cultures, fail to understand conflicting mission, fail to plan for organizational resistance to change, or face supernatural resistance from
God” (*Kindle* loc 96). He goes on to identify the following factors contributing to merger failures: (1) Satisfaction with the congregational culture (*Kindle* loc 1102), (2) retaining the ministerial staff makes it highly unlikely that a merger can ever succeed (*Kindle* loc 1118), (3) abdication (*Kindle* loc 1139), meaning that when a smaller church completely disappears within the merger, then as a merger, the endeavor failed even though the overall result might appear like a success (defined by growth and vitality of the congregation), (4) hidden motives (*Kindle* loc 1162), (5) the greater the divergence in the congregational culture, the more difficult it is for congregations to successfully merge (*Kindle* loc 1241), (6) resistance to change (*Kindle* loc 1279), (7) the presence of unmanageable problems (*Kindle* loc 1314), (8) the presence of past heroes (*Kindle* loc 1320), and (9), resistance from God (*Kindle* loc 1345).

Now that it has been established why many church mergers fail, this review explores the processes and patterns that can lead to success.

**Process for a Successful Merger**

Many factors contribute to successful mergers. This section reveals many of those factors.

*Primary Motive for Successful Merger*

Tomberlin and Bird identify several healthy motives for church mergers including a desire to expand to a multisite campus, a strategy for succession, reconciliation, a desire to become multi-ethnic, or even to address economic pressures with good stewardship (42-54). Although there can be many healthy reasons for a God-honoring successful merger, there exists one superseding motive. Rogers puts it this way, “The primary motive for church mergers must be the glory of God demonstrated through the
multiplication of disciples of Jesus” (Kindle loc 187). In other words, a merger must be principally driven by mission. Successful mergers cannot be motivated by survival, but by a “compelling vision that lifts a church that’s stuck or on a downward slope into a new pattern of life and growth” (Tomberlin and Bird xvi).

Defining Merger Success

In order to identify a successful merger, Thomas Bandy offers “9 essentials for testing, initiating and sustaining a mission-driven merger.” First, everyone is absolutely united by the same DNA. Second, everything is on the table. Third, mission drives worship. Fourth, results fuel decision making. Fifth, leadership integrates teams. Sixth, indigenous, contemporary technologies set the tone. Seventh, signature outreach ministries become the focus. Eighth, the leadership bar raises. Ninth, people vote for a vision, not a merger (74).

Richard Laribee notes that it takes around five years to successfully merge two churches, therefore he defines success “as any merger in which the merger accomplishes its desired objective in approximately five years” (Kindle loc 912). Jim Tomberlin and Warren Bird offer some additional benchmarks for measuring merger success during those years.

Year one is defined by stabilizing finances and sustaining “an attendance equal to or greater than that of the combined attendance of the two church bodies prior to the merger” (80). This is not as easy as it might seem. In Thomas Bandy’s experience, “missional mergers depend on awakening the experience of Christ in the hearts of at least 20% of the members of each church. That 20% will have the credibility to lead another 60% into the merger. The remaining 20% can and should be left behind, regardless of
how much they give” (74). By year three, the church should see an increase in attendance and financial giving by at least 10% (80). By year five, the merged church ought to be able to reproduce another congregation. Furthermore, they suggest that by this point, half of the church leadership and ministry teams should be made up of people joining since the merger (81).

Additional Factors in a Successful Merger

Richard Laribee offers several additional factors that often contribute to successful church mergers. One factor is a dissatisfaction with the current state of things. Laribee says, “Only by rejecting its old way of being, only by becoming sufficiently unhappy, dissatisfied or disillusioned with its present norms, forms and values, can an organization become open to changing them” (Kindle loc 987). A second factor involves a church’s life cycle. If a congregation is at a transitional point in its life cycle, then a merger is more likely to succeed (Kindle loc 997). Resignation of former leadership is a third factor leading to success (Kindle loc 1007). Laribee believes that it “impairs the ability of the congregation to adopt the new values and ways of being” if a symbol of the old congregational culture is still present (Kindle loc 1014). It would seem that this presumes a traditional or restart merger model rather than one of the various adoption models. A fourth factor is the age of the congregation. The newer the church, the more likely a merger is to succeed since adapting to change gets harder the older the organization (Kindle loc 1028). Fifth, how willing a congregation is to remove symbols reminding them of their heritage and instead embrace symbols of the new beginning determines the degree of success a merger can experience (Kindle loc 1036). Once again, this presumes a traditional or restart model. Also, sufficient time to complete a merger
process is a factor that determines success. Laribee suggests it takes at least five years *(Kindle loc 1088)*. To summarize, Laribee states, “the ability to change is the primary factor contributing to merger success” *(Kindle loc 1075)*.

**Examples of Successful Merger Processes**

What follows are six different depictions of successful merger processes from a variety of sources. The review concludes with observations and a synthesis of key points.

Richard Laribee, in *Church Merger*, provides a five-stage approach for “How to implement a congregational merger:” *(Kindle loc 1848-2042)* First, evaluate the actual situation and alternatives. Second, negotiate every detail. Third, prepare the congregations. Fourth, execute the merger. Fifth, oversee transition.

Bobby Gruenewald summarizes LifeChurch.tv’s merger approach with the four Ds for a successful church merger in *A Multi-Site Church Roadtrip*: *(Gruenewald qtd. in Surratt, Ligon, and Bird Kindle loc 2421-2430)* The first step is decision. Both churches must discern: Is this what God has for us? Is this how God is leading us as a church? The second step is disruption. It is critical that the change in the merging-in church’s culture happens immediately, with a clear break in the culture, such as repainting the walls or inserting a new teaching pastor. The third step is development. The emphasis here is on building the church, very intentionally, from children’s ministry to youth ministry to training adults in ministry. The fourth and final step is debut. The launch weekend will be more an acknowledgment and celebration of what has already changed, as the church now goes public in reaching out to the community and making disciples.

Jim Tomberlin and Warren Bird suggest five “merger stages” in *Better Together*: *(63)* The first stage is exploration. Exploration is like dating as you assess the possibility
of merging. The second stage is negotiation. Negotiation is like courtship as you determine the feasibility of a merger. The third stage is implementation. Implementation is like engagement as you make a public announcement. The fourth stage is consolidation. Consolidation is like a wedding as the union takes place, typically including a new name for the church. The fifth stage is integration. Integration is like a marriage as the two congregations begin the hard work of learning how to live together as one church.

The Vital Merger process as explained by author, Dirk Elliott, builds upon the courtship and marriage metaphor (Kindle loc 441-1912) First comes the prayer and discernment phase where the churches consider if God is calling them into a relationship. Next comes the merger team phase where congregations explore and plan for the future. Third is the group dating phase where the church families get to know each other. Fourth is the communication phase where the churches build the foundation of a healthy relationship. Fifth, the congregations test the waters by taking a straw poll. The sixth phase is the prenuptial where the churches write the merger document. Seventh is when the churches officially pop the question, “Will you merge with me? Yes or No?” If yes, the eighth phase is the engagement where the congregations take time to transition. Ninth is the actual wedding and celebration of the merger. In the tenth phase the congregations create a new home for a new family by establishing roots. The eleventh and final phase is working to keep the marriage alive by building unity for a long life.

Andy Griffiths also capitalizes on the marriage metaphor with his five-step merger process as outlined in, Church Merger (10-25): First comes listening to the congregation’s feelings/opinions about merger in addition to the community’s opinion.
Second comes considering a partial merger. For instance, should we start by merging ministries, councils, leadership, buildings, or for occasional Sunday mornings? Third is the marriage preparation where details are decided. Fourth is the marriage itself, including the vote (engagement), communication (sending invitations), and the first worship (marriage). Fifth is the post marriage where the congregations say goodbye to those who chose not to stick around and move forward together in mission and ministry.

Finally, Matt Rogers identifies eight gates that need to be moved through for a successful merger (Kindle loc 411-785). Gate one involves prayer and interest. Gate two is learning about the other church. Gate three is dating. Gate four involves determining essentials like leadership structures, philosophy of ministry and/or the name of the new church. Gate five defines the relationship (rent, rent to merge, merge). Gate six is selling the vision to those with the most to lose to gain support. Gate seven is the proposal to the congregation. Gate eight is a joint worship service with a Sunday vote.

Synthesis of Successful Merger Processes

As expected, the literature has significant overlap in the steps each author deems necessary for a successful merger. When digging into the specifics of the action plans associated with each step or phase put forth, there is even more alignment. It is important to note that most authors acknowledged that every merger is unique and doesn’t follow the exact same pattern. That said, there are several general phases in common. The first is discernment. Every church needs to individually decide if merger is a possibility for them. As already noted, any church could benefit from a merger for different reasons, so church leaderships must discern, in prayer and fasting, if merger could be a fruitful course of action. If so, then each potential “partner” for merger must be individually
assessed and discerned. This would likely involve initial conversations and an exploration of each congregation. The conclusion of this phase occurs when each leadership team agrees they want to take next steps in considering a merger.

The second is negotiation. This phase is where the finer details of a merger are ironed out. This may be the longest of the phases as there will likely be some easy decisions and hard decisions. A smaller team of representatives from each congregation would likely meet regularly to hash out such details as the church name, mission, vision, staffing structure, etc. This phase concludes with an agreed upon document outlining the future relationship.

The third is preparation. Once a merger document is created by the joint team, each congregation must approve it. Many call this approval the “vote for merger” or the beginning of the engagement if both congregations say “yes.” This phase continues while the preliminary changes are made before a formal merger officially takes place. The length of this phase depends purely on the timeline set forth in the merger document agreed upon by both congregations.

The fourth is merger. The merger phase begins with the formal first celebration Sunday and continues through the first several months to a year of becoming accustomed to the new normal. This phase is when all the agreed upon changes begin to be lived out and the congregations experience the new way of living as a united church.

The fifth and final is post-merger. Eventually, a congregation settles into the new way of being and can fully live into its united mission and vision for the future. This post-merger phase lasts indefinitely, but should have some formal evaluation times at years one, three, and five to determine how “successful” the merger has been.
The literature has many finer points and recommendations for each of the many stages or phases laid out. Each is worth consideration for the congregation exploring merger, but are not fit for a high-end review such as this. However, there is one additional observation about a process for successful mergers. The authors were clear about the importance of communication throughout the process. In fact, Tomberlin and Bird suggest that over-communication is preferable (74) and highlighted the benefit of providing easily accessible frequently asked questions (FAQs) for the congregations to have their questions answered. Regardless of the specific action steps taken by the merging churches, when the steps that are taken are clearly communicated, many potential landmines can be avoided.

**Research Design Literature**

This is a qualitative research project focusing on the perceptions, attitudes and processes of the merger team and their work as the best way to measure the impact of each church’s health on the final outcome of the merger between Quest and Grace United Methodist Church. The process for determining how the merger team interpreted their process and evaluated the work they were doing in light of their perceptions about their own church and the other requires a qualitative methodology. “Qualitative researches are interested in how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (Merriam 5).

But this project is not just qualitative. It is also a post-intervention project. In other words, the research is taking place after the events actually took place. Specifically, the merger team conducted their work approximately one year before the research took place. “Qualitative research…seeks to make sense of lived experience” (Sensing 57). The
goal is to determine this merger team’s lived experience of understanding the merging churches health and how that impacted the merger process and outcome. If accomplished, some suggestions can be made for other merger teams with similar tasks before them.

Because the researcher was part of the merger team, there are some considerations that must be made. “Interpretive research, which is where qualitative research is most often located, assumes that reality is socially constructed, that is, there is no single, observable reality. Rather, there are multiple realities, or interpretations of a single event. Researchers do not ‘find’ knowledge, they construct it” (Merriam 9). The research in this case may presume one reality that may be corroborated by the research, but then again it may not. This is not uncommon in DMin projects. “The pastor-student already lives and works within the context” (Sensing 64). Since this project is post-intervention, there is little possibility of the researcher using undue influence or authoritarian leadership in order to sway the merger outcome. However, it was important during data collection and analysis to ensure that the researcher’s reality is open to be challenged by the data of other’s perceived realities.

**Summary of Literature**

Very little literature has been written about the connection between church health and church mergers. Therefore, this chapter has broken the discussion into two major parts with the hope that the rest of this research project helps to create a bridge between these two important areas of study and practice.

Biblical and theological foundations for church health provide a rich understanding of God’s design for God’s people. This understanding begins with creation and proceeds throughout the rest of the Scriptures and therefore, theological discourse.
First, God’s people were created to bear God’s holy image in the world. Of all creation, humanity alone is created in God’s image. Part of this holy image was to oversee all of creation and fill the earth as God’s representatives. However, the brokenness of the fall – particularly in the story of the Tower of Babel – show that humanity rebelled against God’s planned intention by no longer desiring to fill the earth, nor reflecting the holiness of their creator. Yet throughout the Scriptures, God calls God’s people to be holy as God is holy. Ultimately, it is only through Christ that humanity is redeemed and able to be God’s holy representatives on this earth as bearers of God’s Spirit.

God’s people were also created to carry out God’s mission, not merely to fill the earth as God’s representatives, but to do so as a blessing to the nations. When God’s people lost sight of their mission of outward blessing, God’s prophets called them back to alignment. God’s mission was central in the life, death and resurrection of Christ and passed on through the ministry of the Holy Spirit in the lives of Christ followers following Jesus’ ascension. Today, Christ followers carry out God’s mission of blessing the nations through the proclamation of the good news and by living out the values of God’s Kingdom reign in everyday life.

Finally, God’s people were not only created to be holy and in mission, but to do so in community. The people of God in the Old Testament were created and called to live in holy, missional community. Furthermore, just as the Father, Son and Spirit are united in community, so too, when people today come to Christ, they are born into the community of God’s people. The way God’s people live in community is a reflection not only of God’s holy character, but serves as a missional apologetic in today’s world. The understanding of God’s people created to be a holy, missional community lends itself
well as an evaluation tool to assess the current health of any group that calls itself a church.

Of course, modern literature has reflected on church health and created all different kinds of evaluation tools for the contemporary church. One of the greatest contributions to this thirty year old discipline (albeit birthed out of the church growth movement, which finds its roots in the 1950s) was the groundbreaking research project turned book by Christian Schwarz entitled, *Natural Church Development*. NCD, as it is known, studied thousands of churches around the world and evaluating them on eight different characteristics of health. Many subsequent studies and theories have been created to best explain church health from a variety of standpoints. The literature is plentiful as it seems every practitioner and denominational group has their own twist on the topic. A synthesis of the literature reveals eight basic categories that help determine a church’s relative health or unhealth: pastoral leadership, evangelism, discipleship, lay ministry, worship, community, administration/structures, and God’s presence.

This project is also concerned with literature discussing church mergers. Whereas there are few if any biblical foundations for church merger as we know it, some literature exists describing church mergers today, albeit only a little compared with literature on church health. Of the merger literature, Jim Tomberlin and Warren Bird’s research based book, *Better Together* provides the greatest comprehensive and relevant study. Synthesizing this material with other research and case studies of merger suggest a commonly agreed upon process for successful mergers. The first phase is one of "discernment" where each church must discern if merger is of benefit to them. The second phase is one of “negotiation” between churches considering merger. This is the
longest and most grueling of the phases because it requires the two churches to determine their plan for merger. Next comes the “preparation” phase where the merger is passed by the congregations and preliminary changes are made to prepare for the joining of the churches. The fourth phase is the “merger” itself where the new church begins its ministry together. Finally, the final phase is “post-merger” where the new congregation settles into its new life together and can begin evaluating its mission and ministry moving forward.

The literature also revealed many other insights that are foundational for a good understanding of church mergers. Especially important for this study is the recognized difference between “re-start” mergers and “adoption” mergers. Restart mergers are often treated like new church starts where all churches involved in the merger are of low health and require scrapping the ministry structures and philosophy of ministry because they carry the patterns that contributed to decline. Adoption mergers come in various shapes and sizes but they are similar in that at least one of the merging churches is healthy and growing. Tomberlin and Bird would call this the “lead” church (xviii). The presence of a lead (healthy) church sets adoption mergers apart from restart mergers.
CHAPTER 3

RESEARCH METHODOLOGY

Overview of the Chapter

This chapter takes a more in-depth look at the design of this project. It answers the question, “How will the researcher go about answering the research questions in order to discover the impact of church health on church merger between Quest and Grace United Methodist Churches?” This chapter provides the reader a clear understanding of the data collection methods utilized in this project and the rationale behind their use. Furthermore, this chapter gives the reader a deeper understanding of the potential participants, their context and why they were chosen. Finally, the reader is provided a step-by-step overview of how the data was collected and analyzed.

Nature and Purpose of the Project

The purpose of this project was to explore how church vitality informed the merger between Grace and Quest United Methodist Churches in order to identify how church health influences the process for other merging churches.

Research Questions

How did the leaders of both Grace and Quest United Methodist Churches interpret the health of each congregation before the merger?

Before being able to explore how church vitality informed the merger between Grace and Quest United Methodist Churches, an understanding of each church’s individual health must be established. There are two aspects of this understanding. One more objective and one more subjective.
In March of 2015, each congregation in this study independently utilized the Natural Church Development (NCD) church health assessment tool. NCD has used this tool to evaluate the health of thousands of churches all over the world over the last twenty years and their results are not only internally relative, but also externally relative. In other words, the church health results of one church can be compared to the church health results of another church making this health assessment an objective health assessment.

This project began by conducting a document analysis of the results of the NCD surveys for both churches looking for common themes and patterns.

But objective health is not as helpful as each church’s leadership team members’ understanding of that health both from the NCD results and their personal experience. Therefore, this project probes the more subjective realm of the merger team’s understanding of each church’s individual health, both of their own congregation and the other. This was accomplished with a two-pronged approach. First, I assessed the merger team members’ understanding of each church’s health through an open-ended, written questionnaire. (See questions 1-4 in Appendix A) After I analyzed the results of the questionnaires, I conducted a follow-up focus group with no more than four (two from each congregation) members of the merger team (See question set 2 in Appendix B).

How did the interpretation of each congregation’s health inform the leaders of the Grace and Quest congregations to determine a model for merger?

Once research for question one helped to determine how the merger team members understood the health of each church, this project established how that understanding informed the choice of a merger model in order to begin to identify how church health can inform the process for other merging churches. In order to evaluate this
connection between the merger team’s understanding and their choice of a merger model, I utilized the same three instruments from research question one.

First, I conducted a document analysis on the official merger team meeting minutes collected from January-September 2015 (Appendix C). This analysis looked for any notes referencing the evaluation of health as it relates to the merger model chosen as well as getting an overview of the overall process of the merger team.

Second, I used the same open-ended, written questionnaire to collect data about the merger model determination in light of the congregational health (See questions 5-6 in Appendix A).

Third, just as in research question one, I interviewed a follow-up focus group after the analysis of data collected from the questionnaire was conducted. This focus group delved deeper into the research question by asking question set 3 as outlined in Appendix B.

**What was the outcome of the merger process in light of both Grace and Quest United Methodist Church’s pre-merger health?**

Regardless of the individual church’s health and determination of a model, it is how that information influences the merger outcome that is most important for the success of this project. Therefore, this final research question is invaluable to the project’s purpose. As with the previous research questions, I collected data using the same three instruments.

First, I conducted a document analysis on the merger team meeting minutes (Appendix C) as well as the final merger plan document (Appendix D). This helped
identify how the new, merged church was structured and organized in an objective manner.

Second, I used the same open-ended, written questionnaire to collect the merger team’s feedback regarding how the outcome of the merger was influenced by the pre-merger health of each congregation (See questions 7-8 in Appendix A).

The follow-up focus group also discussed this particular topic around question set 4 (Appendix B).

**Ministry Contexts for Observing the Phenomenon**

**Background of Quest**

Quest United Methodist Church was founded in 2004 to reach a largely unchurched crowd of people in their 20s and 30s in the transient Midwest college town of Champaign-Urbana, Illinois. For the first eight years of Quest’s ministry, the church was nomadic – no permanent facilities. The church was filled with people who would sacrifice their time and energy to set up and tear down the worship venue every weekend. The congregation had high buy-in from its members with an emphasis on sharing the gospel with those outside the church.

Quest grew from approximately 100 people to 150 people in weekly worship during those first eight years. Over two thirds of Quest’s regularly attending adults were also involved in home groups that met throughout the community. These home groups closely resembled “discipleship groups” as described by Joe Wyrostek in his book *Discipleship Based Churches* with trained leadership, sound materials, prayer, fellowship, accountability, etc (Kindle loc 777-809). Although not perfect, and certainly able to improve, Quest could be described as a disciple making church because it had “an
organized and successful approach to making disciples that make disciples” (Kindle loc 405). Modern, relevant worship combined with authentic discipleship-based home group communities provided the one-two punch of Quest’s ministry.

**Background of Grace**

Grace United Methodist Church was founded in the late 1800s as an offshoot of the downtown Methodist Church. In their beginning, they were fiercely missional in spirit reaching out to the working-class families in Urbana, Illinois. Their missional spirit reached its height in the late 1950s when the congregation boldly moved from its original facility (a converted creamery building) to the edge of town where new development was forecast. The leaders had a grand vision, and they followed through with their vision so that the church hit its peak of attendance (nearly 400 weekly) and maximum involvement in the 1970s. However, as was the case for many churches of the time, since their peak in the 70s, Grace experienced steady decline over the next four decades and was at best in a stage of “stagnation” (Duck).

The current pastor of Grace UMC was appointed in 2001 when the church was averaging about 200 in weekly worship. Over the course of the next 12 years the attendance had been almost cut in half. Many factors contributed to this decline, but when it didn’t turn around, the core leadership in the church, who all remembered the height of their successes in the 1970s, attempted to make the pastor the scapegoat. “Scapegoating is a way of deflecting our aggression onto safer targets, instead of directing it toward the target we are really frustrated with” (Kets De Vries 146). The congregation was angry about decline and a large contingent of leaders identified the pastor as the problem. In 2008, these leaders attempted to get him reappointed to no avail. Because of their failed
attempt, many of them moved on from the church and/or surrendered their leadership roles. As a result of the conflict and failures to turn things around, “a kind of hopelessness emerge[d] because little or no prospect for change [was] on the horizon” (Brueggemann 60).

The pastor raised up new leaders who were tired of the conflict and wanted to make a difference. However, a new dynamic emerged similar to a common problem among missionaries noted by Roland Allen. “A tradition very rapidly grows up that nothing can be done without the authority and guidance of the missionary, the people wait for him to move, and, the longer they do so, the more incapable they become of any independent action” (103). Such was the case with the pastor’s relationship with the congregation. Kets de Vries calls this “dependency” on a leader requiring him or her to think for them (123).

This new dynamic did not serve Grace well, and they continued to decline. By in large, Grace’s “social unconscious” (Kets de Vries 141) was survival. They were rapidly aging and financially they were barely able to maintain the building and pay the pastor’s salary. By 2012, the leadership was ready to explore “active steps toward the unknown” because they were beginning to “believe that the risks of doing nothing [were] greater than those of moving in a new direction” (163).

**Initial Partnership between Quest and Grace**

In 2012, Quest wanted to offer a Vacation Bible School for their growing kids ministry and as an outreach to the community, but their worship facility host would not allow it. Quest leadership reached out to Grace leadership and partnered together on a successful VBS endeavor. Grace provided the space and some helpful hands, and Quest
provided the kids, leadership and majority of volunteers. At the conclusion of the VBS, the congregations participated in a joint worship service at the Grace facility. The success of this partnership led Grace’s leadership to consider inviting Quest to share their facilities in exchange for sharing the building costs. At the same time, Quest’s lease was expiring and the costs were escalating. Furthermore, Quest’s leadership had expressed a desire to find permanent facilities in order to grow and reach more people. Thus, in June 2013, Quest and Grace experimented and became two churches under the same roof.

The mutual needs were obvious and made this partnership appealing. Quest needed space for a growing (particularly their children’s ministry) and loved no longer needing to setup and tear down each week. Grace needed a renewed vision and help paying the bills. Furthermore, both congregations liked the idea of a more multigenerational feel on Sunday mornings.

During the first two years of this partnership, several differences between the two churches became evident. The leadership teams had to wrestle with whether the positive potential of this partnership was worth the tension that arose from the obvious differences in the congregations’ philosophies of ministry. They decided to take the next steps to form a merger team to explore what an agreed upon merger would look like.

**Participants Sampled About the Phenomenon**

**Criteria for Selection**

Those selected for this study were chosen because of their involvement on the merger team created with leaders from both the Grace and Quest congregations who would work together to propose a plan for merger. The merger team was a ten-person team made up of four lay leaders from each congregation as well as the pastor from each
congregation. Since I was one of the two pastors on the merger team, and at the same time conducting the research, I did not include myself among the participants of the study. I gave each of the participants the questionnaire to fill out and later selected four participants – two from Quest and two from Grace – to participate in the focus group.

Description of Participants

I gave the nine merger team members (again, not including myself) the written questionnaire and then invited four to participate in the focus group. The participants can be described as follows:

All the participants are mature, growing and leading Christians. They are each Caucasian and citizens of the United States as well as long-term residents of Champaign-Urbana, Illinois. The participants from Quest range in age from 32-40 years of age and are all college educated young professionals. One is a single female while the others are married men. The participants from Grace range in age from 34-65 years of age and are all college educated professionals. Two of the Grace participants married each other during this process and moved out of town. The others are married with adult children and near retirement age. All of the participants have been active members of the church and in leadership of some sort for at least six years.

Ethical Considerations

Each participant signed a written consent form (Appendix E) outlining the data collection and confidentiality process. Because of the limited number of participants, it may be possible to determine “who said what” in a final reading of this research project. However, this study does not record the names of the participants, but identifies each with a number (i.e. participant one, participant two). Furthermore, I stored the collected data only
on my password protected computer and cloud storage and committed to deleting the data within one year of the completion of this study.

**Data Collection**

This is a qualitative research project focusing on the perceptions, attitudes and processes of the merger team and their work. It is a post-intervention project because the merger team conducted their work between January and September 2015, while the research was conducted afterwards, between March and October 2016.

The first step in gathering data was to collect the various documents necessary for this study. The pertinent documents needed to analyze include the NCD health reports for each church conducted in March 2015 (Appendix F and G), the merger team meeting minutes from January-September 2015 (Appendix C), and the final merger document created by the merger team in September 2015 (Appendix D) and approved by both leadership teams in October 2015 and congregations in November 2015.

The second step in gathering data was to email the questionnaire (Appendix A) to each potential participant with a request to have it completed within three weeks. I made the request to all nine participants on March 1, 2016. Along with the questionnaire, I gave each participant the consent form (Appendix E), the NCD reports for each church conducted in March 2015 (Appendix F and G), and the final merger document that the merger team created in September 2015 (Appendix D). The questionnaire had “open-ended and informal questions” which Sensing suggests are best for qualitative research (86). These open-ended questions focused on description, interpretation, opinion and feeling along with an invitation to share what a more ideal process may have been.
After I collected all the questionnaires from the participants who completed them and signed the consent form, I invited four of the participants (two lay leaders from each congregation) to participate in a focus group on October 11, 2016. The interview began at 7pm and lasted until 8:30pm. After I served refreshments and reminded the group of the voluntary nature of this focus group, the dialog began. I recorded the conversation with the Voice Memo app on an iPhone 6s and later transcribed it. According to Sensing, “The synergy of the group will often provide richer data than if each person in the group had been interviewed separately. One person’s response may prompt or modify another person’s memory of an event and its details” (120). Krueger and Casey agree noting a, “focus group presents a more natural environment than that of an individual interview because participants are influencing and are influenced by others – just as they are in life (7). This is exactly the rationale for choosing a focus group to conclude this study.

**Data Analysis**

As the researcher was part of the merger team process and intimately involved in the activities of the merger team, it is important to note that the data analysis was reflexive. Referencing Mary Clark Moschella’s book, *Ethnography*, Sensing describes reflexive reading of the data as one “that brings to bear your personal feelings and understandings” to the interpretation of the data (qtd. in Sensing 196-7).

First, I analyzed the pertinent documents (meeting minutes, NCD survey results, final merger document) looking for common themes. Of particular importance was the comparison of the NCD survey results from each church and the concrete results of the merger team’s work in the final merger document.
These common themes provided a foundation from which to analyze and interpret the data collected from the written questionnaire. The researcher looked for convergence of the data, for any outlying experiences of the merger team members (slippage) as well as any key findings that may have gone unsaid (silence) (Sensing 197-202).

Analyzing and interpreting the data collected from the focus group was the last step. I developed questions for the focus group after looking at the common themes in the document analysis and evaluating them based on the convergence, slippage and silence of the questionnaires. This allowed the researcher to highlight the areas of agreement, check the meaning of potential slippage, and question areas of silence. I was able to make great gains in interpreting the focus group data because the group came at the conclusion to the data gathering and analysis process.

**Reliability & Validity of Project Design**

The reliability and validity of this project is enhanced by the combination of relatively objective data collected through document analysis followed up with written questionnaires designed to allow merger team participants to provide their own interpretation of the data and the impact of that data on the team’s activity, progress and output. If conducted again, with similar parameters and similar data collection methods, similar results would follow. This project sought to measure how individuals on the merger team interpreted their church’s health compared to the other church both from their own perception as well as the more objective NCD results. Furthermore, this project sought to measure how that impacted the process particularly with the final results. Receiving input from the merger team participants both from individual memory (written
questionnaire) and from shared memory (focus group) was the best method to uncover the data.
CHAPTER 4

EVIDENCE FOR THE PROJECT

Overview of the Chapter

This chapter gives an in-depth look at the evidence collected during the research phase of this study. A detailed overview of the participants involved in this project begins the chapter. Next this chapter takes a methodical approach to sharing the collected evidence relating to research questions 1, 2 and 3. This evidence was collected from the resources outlined in chapter 3 and the results analyzed and reported in this chapter. After the evidence is shared, this chapter concludes with four major findings.

Participants

Participant number one is a white male, 40 years of age. He serves as the chair of Quest United Methodist Church’s leadership team, is married with two children under 5, has a college degree and works in health insurance sales. He has been active in Quest for seven years.

Participant number two is a white female, 39 years of age. She is a member of Quest United Methodist Church’s leadership and finance teams as well as actively serving as a home group leader and in women’s ministry. She has never been married, has a college degree and works as an accountant. She has been active in Quest for approximately 5 years.

Participant number three is a white male, 36 years of age. He is a member of Quest United Methodist Church’s leadership team as well as serving as the chair of the Quest trustees. He is married with three children ages 10, 3, and 1, has a college degree, and works as an information technology security analyst. He has the unique perspective of having been
active in Quest for the last 7 years but previously being an active member and leader in Grace United Methodist Church for 8 years.

Participant number four is a white male, 33 years of age. He is a member of Quest United Methodist Church’s leadership team as well as serving as the chair of the staff parish team. He is married with twins age 4 and an infant, has a college degree and works as a computer software engineer. He has been active in Quest for 9 years.

Participant number five is a white female, 66 years of age. She is a member of Grace United Methodist Church’s administrative council (leadership team) as well as serving as a trustee, leader in the international ministry, participant in bible studies and various other ministries over the last decade. She is married but her spouse is not involved in the church. Her career is in administration and currently works as a church secretary (at neither Quest nor Grace). She has been active at Grace for 13 years and largely unchurched before.

Participant number six is a white female, 60 years of age. She is the chair of Grace United Methodist Church’s administrative council (leadership team) as well as serving as a Sunday school teacher. She is married with adult children and some grandchildren. She is a recently retired dental hygiene instructor. She has been active at Grace for 28 years and splits her year between Champaign-Urbana and Florida.

Participant number seven is a white male, 61 years of age. He became the pastor of Grace United Methodist Church in 2000 (now a total of 15 years). He is married with adult children.

Each of these participants were members of the joint merger team that began meeting in January 2015 with the purpose of exploring the details of merger and creating an agreeable plan for merger between Grace and Quest United Methodist Churches. There were
three other members of the merger team who are not participants in this study: The researcher, pastor of Quest United Methodist Church, as well as a 30-something male and 40-something female from Grace United Methodist Church who during the course of this merger team’s work were wed to each other and moved 150 miles away.

Table 4.1 Chart of participants.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Male/Female</th>
<th>Grace/Quest</th>
<th>How Long?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>40</td>
<td>Male</td>
<td>Quest</td>
<td>7 years</td>
</tr>
<tr>
<td>2</td>
<td>39</td>
<td>Female</td>
<td>Quest</td>
<td>5 years</td>
</tr>
<tr>
<td>3</td>
<td>36</td>
<td>Male</td>
<td>Quest (formerly part of Grace)</td>
<td>7 years</td>
</tr>
<tr>
<td>4</td>
<td>33</td>
<td>Male</td>
<td>Quest</td>
<td>9 years</td>
</tr>
<tr>
<td>5</td>
<td>66</td>
<td>Female</td>
<td>Grace</td>
<td>13 years</td>
</tr>
<tr>
<td>6</td>
<td>60</td>
<td>Female</td>
<td>Grace</td>
<td>28 years</td>
</tr>
<tr>
<td>7</td>
<td>61</td>
<td>Male</td>
<td>Grace</td>
<td>15 years</td>
</tr>
</tbody>
</table>

Research Question #1: Description of Evidence

*How did the leaders of both Grace and Quest United Methodist Churches interpret the health of each congregation before the merger?*

I collected evidence for each church’s health from four different sources. The more objective evidence came from the Natural Church Development report for each congregation. This report was completed in March of 2015 (Appendix C, meeting 3) and shared with the merger team in May (Appendix C, meeting 4). The individual members of the merger team reflected on the NCD surveys and how they corresponded with their
own perceptions about 1) the health of their own church and 2) the health of the other church. Finally, evidence was collected from the focus group’s conversation around the health of each congregation. The following is an in-depth look at those findings for each congregation followed by some other observations.

**Quest’s Health**

According to the NCD Insights, “the average church will score 50: above 50 means above average health and below 50 means below average health” (Appendix F). Furthermore, scores above 65 indicate the church is in the top 15% of churches and reflects a “high degree of health.” Of the eight quality characteristics measured by NCD (refer back to chapter two), Quest averaged a score of 70 reflecting a high degree of health. The only two scores below the 65 threshold were “Passionate Spirituality” and “Inspiring Worship Service” yet both were still well above average (58 and 63 respectively). Quest’s highest two scores were “Gift’s Based Ministry” and “Holistic Small Groups” (78 and 76 respectively). According to NCD’s analysis (Appendix F), Quest’s attendance growth is projected to be over 500 people weekly (up from the current 185) in ten years. For all intents and purposes, NCD’s analysis suggests Quest is a growing and healthy church.

Participants one to four, merger team members who were part of Quest, described their perceptions of Quest’s health in the written questionnaire. Each participant noted they believed Quest was either “relatively healthy” (two respondents) or “fairly healthy” (two respondents). Three factors were mentioned in their responses. Two respondents noted that Quest was “growing,” one respondent pointed to Quest’s financial health and another respondent noted Quest was healthy because of its focus “on Jesus and helping
others know Jesus.” Reflecting on the NCD results, three of the four participants noted that there were clear ways Quest could improve and continue to grow. However, each participant was clear that the NCD results “confirmed” (3 respondents) or “reaffirmed” (1 respondent) their general perceptions of Quest’s overall health.

Participants five to seven, merger team members who were part of Grace, also reflected on their perceptions of Quest’s health in the written questionnaire. The respondents noted many characteristics of Quest that were evidence of health including: “energy level” (two respondents), “facility utilization,” “sense of mission,” “passion,” “unity” or “internal cohesiveness” or “identity,” outward focus and “financially healthy.” Although participant seven noted that it would be difficult to assess “how it would weather a move to a permanent location, a change of pastors, a serious internal conflict, or changes in its founding members as they went through the passage from being young adults to being middle-aged adults,” each of these three participants indicated they perceived Quest to be a healthy church. Reflecting on the NCD results, the Grace participants diverged in their assessment. Two respondents recognized Quest’s health as reflected in the NCD survey. One stated, “I learned that Quest was very healthy” and another pointed out that Quest was “vibrant.” However, participant seven, the pastor of Grace church, felt the NCD survey was not helpful. “It told us some things we already knew, but some of its answers seemed a little baffling.” All in all, these participants from Grace recognized that Quest was healthy overall.

The focus group interview between participants 1, 2, 5, and 6 also revealed some evidence regarding the perception of Quest’s health. The participants recognized that Quest was “growing,” had a lot of “energy,” and was connecting with many “young
families and children.” One of Grace participants pointed out that the NCD results showed that Quest was much healthier by stating, “question by question we were 20 points behind.” Regarding Quest’s relative financial health, one of the Quest participants shared, “I feel like Grace viewed us as the cash cow.” The evidence from this focus group seemed to echo the reflections from the questionnaire that Quest was a healthy congregation.

Table 4.2 NCD Health Score Comparison for Quest and Grace.

![Bar chart showing NCD Health Score Comparison for Quest and Grace.]

Grace’s Health

Again, NCD scores of 50 reflect average health for congregations, and below 50 scores reveal below average health (Appendix G). It’s important to note that scores below
35 indicate the church is in the bottom 15% of churches and reflects a “low degree of health.” Grace averaged a score of 46 on the eight quality characteristics that NCD measures. Only two scores reflected above average health: “Effective Structures” (52) and “Holistic Small Groups” (51). Each of the other six characteristics landed in the “below average health” but above the “low degree of health” range. Grace’s two lowest characteristics were “Passionate Spirituality” (38) and “Gift Based Ministry” (43).

Comparing relative health (See Table 4.2 above), it’s important to note that Grace’s highest score (52) is lower than Quest’s lowest score (58). Grace, although not completely “unhealthy” according to NCD, still is below average health. This is reflected in NCD’s projected attendance growth for Grace: from 78 to 100 over the next ten years (Appendix G). To summarize the NCD Insights report, Grace United Methodist Church has been in decline and is below average in health, but has potential for slight growth in the future.

Participants five to seven, merger team members who were part of Grace, reflected on their perceptions of their own church’s health in the written questionnaire. There was uniform understanding that Grace was in decline. Respondents noted evidence such as an average age of “eighty years old,” “attrition of families,” “lost critical mass,” “lost over one hundred people to death” in the last thirteen years, a frustration “with our ineffectiveness to have young people/families join our congregation” and a recognition that “the church as a system was not a healthy habitat for nurturing people in discipleship.” According to one participant, “No member of Grace’s leadership has any illusions about the church’s [lack of] health.” However, two of the three participants also noted a degree of health that may not be reflected in any measurable way. One participant
perceived that Grace is “strong and passionate about doing God’s will.” Another participant observed that after a season of significant leadership transition, Grace was finally at a point to make “faithful decisions as to where God was leading it.” The same participant summarized this unhealthy yet healthy dichotomy by stating, “While Grace continued to lose members to moves, death, and frailty, it became stronger in being able to make a decision to ‘sacrifice’ itself for the sake of a more vibrant congregation. Ironically, the healthiest part of its 117-year existence came at the end.” Reflecting on the NCD survey results for their own church, these participants had mixed reactions. One participant felt there were “no big surprises” and another felt that Grace “continues to age and die.” However, as noted in the previous section, participant seven did not feel the NCD survey was helpful. One of the participants noted that those selected to do the survey were not strategic which may have affected the results and participant seven felt the state of the impending possibility of merger may have “skewed the results.” However, one participant who noted this challenge also wrote, “I don’t think the results would have been significantly better, had a group of respondents been hand-picked.” This lack of finding enough people to respond may actually be evidence of a state of unhealth in and of itself.

Participants 1-4, merger team members who were part of Quest, described their perceptions of Grace’s health in the written questionnaire. Uniformly, these participants viewed Grace as being in a state of unhealthy using phrases like, “aging, declining church,” “decline,” “fairly unhealthy,” “not…very healthy.” One participant noted Grace “has been in an unhealthy pattern for a while.” Another participant summarized by stating, “For all intents and purposes, [Grace] seemed like a dying congregation.” There
were at least two major factors identified as evidence for Grace’s unhealth. First, three participants noted that Grace was struggling financially. Second, all four participants noted that the church was declining because they were not connecting with “the current culture” nor bringing in “younger members.” However, one participant did identify that there were some people in the congregation who have “a standing love of Jesus.” Another participant recognized that the leaders of the congregation had some sense of mission and vision although that did not translate to the other “80%” of the congregation. One noted that some of the leaders appear “open to accepting changes” which might indicate some level of spiritual health. Each of these participants felt like the NCD results were a “confirmation” of their perceptions of Grace’s relative unhealth.

The focus group interview between participants one, two, five, and six revealed further evidence regarding the perception of Grace’s health. It was acknowledged that Grace’s financial health was poor. They were in ministry with those on the margins (“internationals” and “the elderly”), but those groups didn’t add to the financial health or growth of the church. The focus group conversation also revealed a level of unhealth that the questionnaire did not touch on. Specifically revolving around the “unwelcoming” nature of some of the Grace congregation. This showed itself when Quest first began a partnership with Grace, and many “hateful comments” came from longtime Grace members. One participant reflected, “Maybe that’s why we haven’t been growing! Is because they have this attitude of this place was their place and they owned it and I was like, that is not Christ like!” Another participant immediately stated, “That was our low score on the church health – twenty-six on [being a] church friendly to outsiders.” At the same time, the respondents were aware of the non-measurable health of Grace evidenced
by a desire “to glorify God” and do what “God was leading us to.” Although unhealthy from the perspective of aging, decline in attendance and finances, several lay leaders of Grace had a deep desire to honor God and were reaching out to those on the fringes of the community.

Other Observations

One interesting source of evidence for the merger team’s perceptions lies in the perception that Quest participants (one to four) had of the Grace participant’s (five to seven) perceptions. On the written questionnaire, participants one to four (from Quest) all believed that the Grace members of the merger team thought they were healthier than they really were. One respondent said, “[Grace] had a hard time recognizing their current reality.” Another said, “Grace vastly overestimated the health of their church.” Still another reflected, “Grace viewed their church as a much healthier place than what the survey conveyed. They were so invested and engaged in their church that they seemed to not see the bigger picture.” The final participant from Quest responded, “I think Grace members at times perceived their health to be fairly good.” The Grace participants recognized this perception from the Quest members noting, “Quest believed that Grace was about to close their doors because of financial problems,” and “Quest labeled Grace as fundamentally unhealthy.” However, one Grace participant felt differently. Participant five made the comment regarding the NCD survey, “no Grace person expected the extreme spread of NCD scores between the two churches. No one expected how few healthy areas of Grace still had.” During the focus group conversation, this same participant expressed gratitude that the Quest leaders did not overly emphasize how
relatively unhealthy Grace was according to the survey saying, “We met a Christian
group of people who did not punish us while we were down. It’s highly appreciated.”

Although it is difficult to assess from the evidence just how healthy Quest was or
just how healthy or unhealthy Grace was, it was abundantly clear that after the NCD
results and the initial conversations of the merger team, all participants viewed Quest as
the healthier congregation of the two.

Research Question #2: Description of Evidence

*How did the interpretation of each congregation’s health inform the leaders of the
Grace and Quest congregations to determine a model for merger?*

The merger team first discussed different merger models and the importance of
choosing one in their third meeting on February 4, 2015 (Appendix C). However, as one
respondent stated, “This was the most difficult part of the merger process.” From the
evidence, it appears this was the case because of at least two different factors: Denial of
health reality in at least some Grace leaders as well as initial relational distrust.

**Grace Denial**

One participant’s written response to question five on the questionnaire
(Appendix A) is a helpful starting point in analyzing this evidence. Participant three
wrote, “I felt that some of the Grace members came into merger discussions assuming
that we would be entering as equals and in denial of the health of their church…[and] this
state of denial resulted in a defensiveness toward the NCD results at times.” Evidence of
this denial showed up in a variety of different ways in both the questionnaire responses
and the focus group interview. It can also be seen in the abrupt change of direction
between meetings six and seven (Appendix C).
The Grace lay participants (five, six) recognized this denial at play, both in themselves and their church. Participant six noted that she “was very very adamant that it was a marriage in the beginning.” She continues, “At the time I thought our leadership was strong enough that we would be equal partners in this” (italics mine). Participant five confessed, “It would have been hard for Grace to admit that they weren’t the ‘lead’ church.” Yet it was apparent from the health evidence that Quest and Grace were not equally healthy and Grace was not healthy enough to assume a lead role in a merger.

Quest participants of the focus group also felt this tension. Participant one made it clear that it was difficult to assess the self-perceived health of Grace because, as he said, “I felt like it was a moving target.” He continued, “The way that it was originally told to us was much different than reality. That’s not where Grace was. They didn’t feel they were in decline – whether it was reality or not.” Participant two recalled a particular meeting that took place between the leadership teams of Grace and Quest about a year before our merger team began meeting. In that meeting she mentioned, “you could see the conflict…that the Grace community was having just within themselves. Just this wanting to hold on to what was precious to them and all of this past history and trying to come to terms with what was really happening at the current moment in time.”

According to the preponderance of evidence, the denial seemed to resonate mostly within participant seven. One of the Quest participants “felt like key leadership in the Grace congregation wasn’t helping… due to the leadership of [participant seven].” According to one of the Grace participants, participant seven had a particular strategy in mind. She recalls “he said, ‘Let’s slow roll this. Let’s just move like snails because we want to get healthier – it behooves us to be the healthiest we can get when we merge.’” A
Quest participant wrote in the questionnaire, “it was a very slooooow process initially while basically waiting for Grace to recognize where they were as a church.” Even one Grace participant was frustrated with the slow process. She wrote, “In the beginning I was very impatient with some Grace attitudes I didn’t understand.” Another Quest participant who had previously been part of Grace shared his frustration: “I was hopeful in the beginning that an honest discussion of church health would help us to start from a similar merger model and work quickly toward making both churches better. This hope was dashed pretty quickly and never really came back. I think this was also tainted by past experiences with Grace Church and having seen this unwillingness to discuss hard problems and address issues head on.” At another point in the questionnaire, he reflected more deeply, stating, “I felt frustration that they were being offered a lifeline and seemed to be unwilling to accept that they were even in need of help. To be a dying congregation and to insist that they were healthy, or to try to puff themselves up and make them look healthier in order to change the dynamics of the merger was always a fool’s errand.” Still another Quest participant reflected, “I didn’t know that was kind of the strategy but it was very obvious that’s what was happening, right? And so, it was frustrating to me because we were ready to go.”

Quest participants were “ready to go” – they were ready for the merger to move forward largely in part to the clear evidence of the NCD church health survey. Each of them noted how the NCD data was a “pretty clear” indicator of the merger model to be used – an adoption model where Quest would be the lead church. However, the Grace leadership, particularly participant seven, slowed the process down, it seems according to another Grace participant, “in order [for Grace] to become as strong (healthy) as possible
before a merger.” That same Grace participant shed some light on why this may have been his strategy. She stated, “[Participant seven] had made the remark a long time ago when we were talking about the church being in decline that it wasn’t going to fail on his watch. And he was worried about his legacy.” The delay was challenging to Quest participants. One stated, “It actually was frustrating at times to wait for Grace to get to the same point as Quest.” Furthermore, this was troubling to other Grace participants. One stated, “I wanted it to happen a year or two ago, but [Participant seven] kept putting on the brakes.” Whether this denial and subsequent “slow play” was systemic or lay solely with Participant seven, it nonetheless delayed the agreement on a merger model.

**Initial Relational Distrust**

The evidence points to a relational “feeling out” process simultaneous to the ongoing denial of Grace’s health. One Quest participant wrote, “Initially, I think we all approached the merger process with our kid gloves on.” Several respondents noted this relational dynamic in subtle ways during the focus group interview. All four focus group participants (one, two, five, six) identified some form of “getting to know each other” as a factor in helping to land on an appropriate merger model that didn’t feel like too much of a compromise. One Quest participant initially felt, “this was going to be a rebirth [model] where Grace was just going to fold into Quest because that just kinda makes sense – we’ve got the stuff going and everything” (sic). This respondent changed her mind when she recognized, “There are people here. It’s relationships. So, as I started to realize that more and more I started to come to see [this as an] adoption.” The other Quest participant noted, regarding the extent of Grace’s unhealth according to the NCD documents, “until you got to meet the people and see what’s going on, that did change
your mind.” Relationship connection led Quest merger team members to soften their approach to selecting a merger model.

This was the case from Grace’s perspective too. Whereas one Grace participant initially felt this would be a marriage of equal partners, eventually the contributor felt, “[Quest was] very good about choosing things that we felt are really important here and recognizing our traditions and valuing them and being kind, so that’s why I switched to adoption.” Later she reflected, “I think all the meetings prior and just getting to know each other that the trust was there and we became more of a team…[and] you weren’t just rescuing us, you were appreciative of us and that was very healthy.” The other Grace participant reflected on the importance of those relationships too. She said, “Once we were meeting routinely with the Quest leadership, I immediately liked the leadership style, the individuals and the Quest pastor. I left all meetings feeling positive…At first people seemed too nice. Now the same people seem real and very nice.” Another comment emphasized the importance of this relational journey: “The process of understanding each other’s health took our relationship much deeper to the point that we wanted to become one congregation.” As the relationships between the merger team developed and trust was built, progress ensued, albeit slowly. But it was another factor altogether that helped overcome the denial and sped up the merger process using an adoption model with Quest as the lead church.

The Final Straw

During meetings four, five and six (Appendix C), progress was slowly made. It seemed “slow and arduous” according to one respondent. Another Quest focus group participant shared, “we came away VERY discouraged and frustrated [from meeting
six,” to which the other Quest focus group participant replied, “I was even feeling like I’m not sure if this [merger] is ever going to happen.” There was a feeling of gloom. It wasn’t until reality set in that participant seven encouraged the process to move faster. In the focus group, participant one recalled, “I think that there was a certain point in time when [the two merger team members from Grace who married] moved [away] – there was possibly a death at that time too – that was like [‘snap’], that just completely changed it. And it was adoption. It was JUST adoption. That was the path of the whole team immediately.” Another Grace participant elaborated, “I just remember [Participant seven] called me and asked me, ‘Do you know [the two merger team members] are moving?’ And I go, ‘Yes, I do know that’ and then he said, ‘Well I think we just need to go ahead and get this merger done.’ And I said, ‘I’ve been telling you that for over a year! Let’s do it!’” Participant five agreed that once that happened, “[Participant seven] said, ‘We are as healthy as we were going to get.’” In meeting seven (Appendix C), participant seven brought forward a plan, which he had worked out with the pastor of Quest to speed up the merger process with an adoption model. At that point, one respondent noted, “We were able to pull from each other’s strengths to come to a better understanding of why we could be ‘better together’.” Another reflected similarly that, “we were able to move forward with merging the best ideas and structures from each organization.” As trust was being established and Grace participants overcame the denial of their current health reality, a merger model of adoption was practically agreed upon and applied.

**Research Question #3: Description of Evidence**

*What was the outcome of the merger process in light of both Grace and Quest United Methodist Church’s pre-merger health?*
The merger team began moving forward rapidly toward a merger when, as the focus group reflected, “[The pastors] drafted it, then we looked at it…discussed a few things, changed a bit then adopted it.” Another recalled, “We had discussed all of these things and then [the pastors] compiled it into this document and then it was brought to us to kind of approve after tweaking a few things.” The final merger document (Appendix D) the focus group was referring to represents the agreed upon outcome of the merger process. Evidence found within the document and reflected upon by the participants points to Quest acting like a “lead” church with Grace taking on a “joining” role in an adoption merger model. It is important to note that the respondents made it clear that the model language was rarely used, and it was only in retrospect that the participants clearly agreed that this was an “adoption” merger. One Grace participant reflected, “We really never used that language a lot. We weren’t coming back here and talking about Quest is going to adopt us.” Another agreed, “the merger model language [was] downplayed” to a degree that the merger document was, “not demeaning to either congregation.” Nonetheless, evidence points to this merger being an adoption model influenced by health. There are some areas where Quest clearly took the lead role, and other areas where the merger team reached “integrated” (a term used by one participant) compromise.

**Quest’s Lead Role**

Evidence from the merger document (Appendix D), corroborated by feedback from the questionnaire and the focus group shows that Quest took a “lead” role in this adoption merger as one respondent wrote, “based on Quest’s perceived strength and Grace’s perceived unhealthiness.” There are two key areas where this showed itself. First,
point two of the merger plan reads, “Through the end of 2018, at least one-third of the members of the following [leadership] committees will be composed of those who were members of Grace Church at the time of the merger” (Appendix D). An equal marriage partnership would have stipulated one-half of the members, a rebirth would have made no Grace representation at all. Quest remained in the lead role, but without removing the voice of Grace leaders. One Grace participant wrote, “This is quite adequate and fair.” One Quest participant in the focus group emphasized how important it was for Grace to have one-third representation by stating, “I think that helped to remove the fear of steam rolling. There would still be a voice. It wasn’t just going to be Quest coming in and taking over.” In the final meeting (Appendix C, meeting 8), one can clearly see how Quest representation remains dominant while Grace represents one-third of the administrative leadership teams.

Secondly, evidence for Quest’s lead role can be found in point ten of the merger plan. “The new church will begin with Quest’s organizational structures. The strategy of “Connect, Grow, Serve, Go” will be the foundation for organizing programs in the new congregation” (Appendix D). This was the most substantial indicator that Quest was taking the lead role in an adoption merger. As one Quest participant indicated during the focus group, “The biggest thing for the adoption model is the “Connect, Grow, Serve, Go” [it was part of Quest’s DNA]… in terms of adoption, that is the one biggest thing that stayed [with us]… I think…that we adopted Grace into that [Connect, Grow, Serve, Go].” One Grace participant wrote on her questionnaire that, “Quest had a superior organization[al] structure that allows Grace ministries…to be integrated seamlessly.” Quest’s organizational structure, which is built around the missional strategy of
“Connect, Grow, Serve, Go” can be found in the minutes for meeting 6 (Appendix C).

Along with the structure came general policies and procedures, which participants reflected, were almost uniformly from Quest. “Quest’s strategies and structures stayed in place.” “The merger…result[ed] in the direct adoption of Quest’s current policies and procedures for the most part.” Two respondents made the connection that this was due to the perceived “health” of the Quest congregation.

**Adoption Integration**

Participants recognized the need for the new church to not completely reflect Quest, but also incorporate a few ministries and passions important to Grace. One Quest participant wrote, “Quest also recognized the need for Grace to feel heard and not “run over.” We were able to come to a middle ground [on a few things].”

First, as seen on the merger document, there was a compromise on the name of the church (Appendix D). Grace took precedence on the legal name of the church: “Grace Quest United Methodist Church.” Quest took precedence on the public/promotional name of the church: “Quest United Methodist Church: A Community of Grace.” Four participants noted this as a perfect example of working together to satisfy both churches.

Second, point three of the merger document stipulates that at least one traditional and modern worship service will be offered (Appendix D). The clear inclusion of a traditional worship service in this document “helped clarify for those in Grace that their traditional service would still be intact. That was their biggest fear.” In fact, during the focus group interview, the participants agreed that “if [the traditional service] hadn’t have been [included in the merger plan] I don’t think it would have happened. It was that
pivotal.” Despite Quest’s lead role in structure and leadership teams, the adoption of a traditional worship service was vitally important to the success of the merger.

Another example of adoption was the inclusion and preservation of “[Grace’s] last big project…[the] chapel.” This was point 4 in the merger document (Appendix D). The focus group acknowledged the importance of this because there was a sense that since sharing the building, the majority of the education wing was dedicated to Kids Quest ministries. The renovation of rooms to create the chapel was important to the Grace congregation as a form of preserving a bit of their “identity.”

Finally, Quest’s original mission statement (“helping everyday people become wholehearted followers of Jesus”) was adapted to emphasize missional passions of the Grace leadership. This may have been the most important evidence of this merger being an adoption as opposed to a rebirth/take-over. It was certainly most important to the team based on the amount of time spent on getting it right. In the questionnaire and during the focus group, it was often repeated how long it took to craft this one sentence – “four hours” over two meetings! The mission statement is point nine in the merger document (Appendix D) and reads, “Growing a community that helps people become wholehearted followers of Jesus and reflects God’s love to the world” (later adapted to be “Building a community that helps people become wholehearted followers of Jesus and shares God’s love with the world.”) This mission statement encompassed Quest’s former mission but as one focus group participant reflected, “took the gentler side of Grace being kind of compassionate to people and put that together.” The name, traditional worship style, chapel preservation and joint mission statement are evidence that although Quest’s
healthy organizational structure and two-thirds leadership representation made it a “lead”
church, Grace’s primary concerns were not ignored nor neglected.

**Summary of Major Findings**

The analysis and reflection upon the merger process between Quest and Grace
United Methodist Churches can serve as a helpful case study for any other individuals or
churches involved in a similar scenario. Many insights can be gleaned from simply
reading through all of the documents and materials and the reflections of the participants.
However, this study was particularly focused on the way church health impacted the
merger process and outcome. To that end, this research found four major findings.

1. **Coming to Terms with Church Unhealth is Extremely Difficult**

   It’s one thing to take a church health assessment. It’s another to soak in the reality
of the findings. In the merger process between Quest and Grace United Methodist
Churches, progress initially faltered when it became evident that some Grace leaders
couldn’t admit the reality of their unhealth (as defined in chapter 2) and decline and its
implications for their future or for a merger process. Even after the NCD results were
shared with the merger team, Quest participants repeatedly referenced the need “to wait”
for Grace leaders to come to terms with reality before a new future could be envisioned.
This struggle continued through the majority of the merger process leading several Quest
participants to become increasingly frustrated. One participant suggested, “A third party
mediator/facilitator might have helped us to actually gain value from these [NCD]
results.” He further reflected, “Part of this process had to do with conflict resolution.
Given Grace’s low score in this area and some members being in denial over church
health, it is possible that a third-party mediator/facilitator might have helped discuss these
health issues in a way that would have been disarming and made progress faster.”
Regardless of potential solutions, it was clear from this study that Grace’s process of coming to terms with their relative unhealth was extremely difficult and created a roadblock in the merger progress.

2. Lack of Agreement on a Merger Model Leads to Frustration

Although the focus group participants could clearly identify that the Quest/Grace merger was an adoption model in retrospect, this model was not clearly identified early in the merger team’s work. In fact, according to the evidence, some felt it was never overly emphasized at any point. The outcome of the merger as reflected in the merger document (Appendix D) show this was an adoption merger with Quest as the “lead” church. However, because this was not agreed upon early in the merger process, this study shows that there was substantial model confusion. At different points, some merger team members felt this merger was more of a rebirth model (where Quest would more or less take over Grace) and other members felt it would be a marriage model (where Quest and Grace would come in as equally contributing partners). The resulting discussions, particularly during meetings 4-6, were such an up and down struggle that it left some team members wondering if a merger would ever take place. Because there was a level of denial of the health reality of the Grace congregation, merger team members may have had in their heads what model the team was working under, but since it was never clearly articulated and agreed upon, it led to periods of frustration.
3. The Pastors’ Perceptions of Church Health Influence the Merger Process More than Others’ Perceptions

Reflecting upon the merger process between Quest and Grace United Methodist Churches, all participants of the focus group came to the agreed upon conclusion that participant seven, the pastor of Grace, hindered the merger process. In his written feedback, Participant seven made the observation, “I’m not sure the NCD results were all that relevant to the process. More fundamental was the conversations between the two pastors and the pulse each pastor had on his own congregation.” Throughout the process, the evidence shows that participant seven did not value the objective NCD feedback. He denied it. At the same time, other Grace participants reflected that participant seven attempted to slow down the process in order to get Grace healthier in order to make this more of a marriage of equals. It wasn’t until participant seven was finally convinced of the unhealth of the congregation (through unforeseen circumstances) that progress picked up. This shows the increased importance of the pastor/leader’s role in the merger process. If a pastor is on board, it can be smooth sailing. If a pastor is not on board, he or she can impede all progress.

4. Relational Health and Trust is Vital to the Merger Process

The evidence points to at least three significant roadblocks (see major findings one to three) during the merger process between Grace and Quest United Methodist Churches. The primary way these roadblocks were overcome, leading to a well-received merger, was the ever-increased relational health and trust between the merger team members from each congregation. Repeatedly, the focus group pointed out how getting to know the heart of the other church’s merger team members played an important role in
reaching agreement and compromise. The level of relational health and trust was not very high at the beginning of the team’s work. The low level of relational health and trust may have been an important reason that the team did not discuss the results of the NCD survey deeply enough to agree upon the merger model. The process of moving from speaking to one another with “kid gloves on” to being more open and honest and vulnerable took place throughout the merger process. Such trust being established earlier in the process (maybe with the help of an outside facilitator) may have helped ease some of the frustration along the way.
CHAPTER 5
LEARNING REPORT FOR THE PROJECT

Overview of the Chapter

It is an unfortunate reality that many once thriving churches are now in decline. Many are aging and unable to reach new generations. Many are financially strapped and compromising funds for mission and ministry in order to do everything to maintain their increasingly unused facilities. Such was the case for Grace United Methodist Church in Urbana, Illinois which led them to consider the possibility that merger with a healthy and growing congregation could lead to rebirth and revitalization. This project explored how individual church health informed the merger between Grace and Quest United Methodist Churches. The hope is that the findings of this research can identify ways church health influences the process in order to serve other churches considering merger.

In this chapter, the four major findings are discussed in more detail with observations from the researcher, interactions with the modern literature, and in the light of a biblical and theological framework. In addition, key implications for the practice of ministry are drawn out from these major findings. Limitations of this research project are also explored while suggestions are made for future research around the topic of church health’s impact on church mergers. Finally, for those interested in the rest of the story of Quest and Grace’s merger, a postscript with further details concludes this study.

Major Findings

Coming to Terms with Church Unhealth is Extremely Difficult

It was three years between the initial partnership and the official merger between Grace and Quest United Methodist Churches. During this time, I witnessed the arduous
process by which the Grace congregation came to terms with their present and future reality. I understood conceptually that this process would be difficult, but through the three years of conversations, meetings and observations, I experienced it pragmatically.

When Quest was first invited to partner with Grace in 2013, Quest’s leadership was given the impression by Grace’s pastor that the church recognized its untenable situation and that it was ready to try something radical. Their average age was around eighty, and two-thirds of their general offerings were given by people over that median age. They were running a budgetary deficit, little to no money was being spent on ministry programing, and their leaders were struggling to maintain the facility. Despite these facts, during the first meeting between the leadership teams of Grace and Quest in February of 2014, it was clear that Grace perceived themselves as much healthier than the facts showed. The Quest leadership team came away recognizing that the vast majority of the Grace leadership was resistant to change and in denial of their present reality. In fact, at times some of the Grace leadership came across as confrontational and defensive. We got the distinct impression that Grace was in full-fledged “survival mode” and they were bent on “protecting what [was] left” (43). Recent initiatives led by the pastor of Grace had sought to give new life to some of the dying ministries of the church during this, their 50\textsuperscript{th} year in their current facility. However, within a few months, many of those initiatives either fizzled out or never got off the ground. In October of that year the leadership teams agreed to create a “merger team” to investigate the possibility of merger and a vote by both congregations would be held in November to give authority to this team. The Quest congregation was unanimously ready to move forward. The Grace congregation appeared
more reluctant. However, despite many questions and concerns, Grace also supported the creation of a “merger team” to explore the possibility of merger.

Grace’s long-term inability to change was closely tied to their idolization of the past “glory days” of the 1970s. I can’t even begin to recall how often I heard people refer back to those wonderful times in their church even though Grace’s present reality was a mere shadow of that past. It struck me that in order to move forward, Grace needed to experience a break from this past. In their new relationship with Quest, God had given Grace so much blessing and hope for a future, but they still needed to grieve their losses. Walter Brueggemann suggests, “The task of prophetic imagination is to cut through the numbness, to penetrate the self-deception, so that the God of endings is confessed as Lord… I believe that the proper idiom for the prophet in cutting through the royal numbness and denial is the language of grief, the rhetoric that engages the community in mourning for a funeral they do not want to admit. It is indeed their own funeral” (Brueggemann 45-6 emphasis mine). The prophet Jeremiah brought grief of dying Israel to public expression (115) and that kind of grief “permits newness” (58) that the Grace congregation desperately needed. In fact, according to Peter Scazzero, in “emotionally healthy churches, people embrace grief as a way to become more like God” (152).

During the merger team meetings, I continued to observe the struggle in the process of coming to terms with Grace’s unhealth. Most of the Grace merger team members acknowledged their relative unhealth but at the same time dismissed the NCD results. In retrospect, all merger team members recognized that it was the Grace pastor who was having the most difficulty coming to terms with the health of the church. The collective team had not yet come to the point where Richard Laribee believes a group
must arrive. He writes, “Only by rejecting its old way of being, only by becoming sufficiently unhappy, dissatisfied or disillusioned with its present norms, forms and values, can an organization become open to changing them” (Kindle loc 987). It wasn’t until events occurred between meeting 6 and 7 during the summer of 2015, that Grace’s pastor became convinced that it was time to let go of the past.

The acknowledgement of Grace’s unhealth finally came after two events highlighted their frailty. First, a long-term member of the congregation fell on his way into the church building resulting in a broken hip. Second, the remaining “young” people from the church who had just recently gotten married to each other announced they would be moving out of the area. These two individuals were also an integral part of the merger team. The aforementioned events led Grace’s pastor to acknowledge, “Grace is as healthy as it will ever get, so let’s speed up the merger process.” These two events were the catalyst for the Grace pastor to come to terms with the present unhealth of the church and the need to move forward into a new future. Once all members of the team were honest about the reality of the situation, the process moved quickly and seamlessly.

**Lack of Agreement on a Merger Model Leads to Frustration**

When Grace and Quest began sharing space together in June 2013, and eventual merger became a distinct possibility, I immediately began looking for resources that could help me navigate that process. I was pointed to Jim Tomberlin and Warren Bird’s book, *Better Together: Making Church Mergers Work*. I devoured the book and it inspired me to conduct this research project studying Grace and Quest’s merger process. It was not difficult to read our situation out of the pages of the book, and I quickly
believed that our merger model would in many ways resemble a rebirth model with Quest as the lead church, along with a few adopted elements from the Grace congregation.

Soon after our merger team was empowered to move forward in creating a potential plan for merger (November 2014), Quest purchased *Better Together* for every team member and asked each one to read it before our first meeting in January. During our discussions about merger models during meeting three in February, it appeared to me that everyone was clear and acknowledged that Quest would take on the role of the lead church, and that 1) this was certainly not a marriage of two equal partners, and 2) Grace was not so dead that this would be a rebirth model. It seemed to me that the team had agreed on adoption as a merger model. Once the health assessments were considered during meeting four, it appeared even clearer to me that the team agreed that we would follow an adoption model.

However, during our next several meetings, it became evident to me that not everyone was on the same page. Although we kept the overarching organizational structure of Quest, we spent hours and hours working through the new church’s mission and values. This was not all bad, but there was a point during our sixth merger team meeting, while discussing values and staffing structure, that I, along with other team members wondered if we would ever agree enough to come up with a merger plan by our deadline in two months. It felt as if the Grace pastor, and to some degree the other Grace merger team members, viewed this as more of a marriage model than an adoption model. Instead of stepping back and emphasizing the need to be clear about the model of merger we were operating under, I, as a facilitator, allowed things to muddle along in order to avoid offending anyone or being too dogmatic.
Merger models may have been further confused because of the language we used while discussing the merger with those outside the team. The marriage metaphor was the most common language we used in outside circles. Tomberlin and Bird point out “many mergers are described to the respective churches as a marriage merger but in reality are more of a rebirth or an adoption merger” (31). This was certainly our case and yet, it became evident to me (and I learned from the research, to others) that not everyone was on the same page about the merger model. Although in retrospect everyone could point to the outcome as evidence that this was an adoption model, the research showed that the “adoption” language or model was not emphasized during the process.

The church health literature emphasizes the need for leadership to cast a clear vision and yet the evidence of this project points to the reality that our merger model selection was not clearly agreed upon nor emphasized during the process. This was my biggest self-critique of our entire merger. I failed to lead our merger team in solidifying a merger model from the onset, and my own observation as well as the evidence suggests this led to significant frustration. I felt it, but at the time I didn’t attribute the frustration to this one aspect. Looking back, I realize that I was not firm with the merger model identification because I wanted to be cautious and patient with the Grace participants.

Tomberlin and Bird identify “confusion about models and roles” as a significant “landmine” in the early stages of a merger process. They emphasize the importance of the churches defining their relationship at the onset and “the sooner both parties understand who is leading and who is following, the smoother the merger deliberations can proceed” (95). The authors even suggest it can lead to contention between the two parties.
Although this was not an outcome that I desired, the research confirmed that a lack of agreement about the merger model leads to frustration.

**The Pastors’ Perceptions of Church Health Influence the Merger Process more than Others’ Perceptions**

My conversations with the pastor of Grace (participant seven) led to the initial partnership between the Quest and Grace congregations. Before we ever became two churches under one roof, the Grace pastor approached me about the possibility. His overarching message at that time (early 2013) was that Grace was in decline. They were rapidly aging (average age over eighty) and their finances were trending downward (two-thirds of their offerings came from people over eighty). They were one or two deaths away from not being able to pay the bills. Therefore, a partnership with Quest, who could help pay some of the bills, was advantageous to them. At the same time, the advantages to Quest were obvious. Our growing church without a facility would now have space for kids and adults without having to setup and tear down in a school gymnasium each week. According to the Grace pastor, after our joint Vacation Bible School program in 2012, the Grace leadership was ready to enter this intimate partnership that could eventually lead to a merger where Grace would hand Quest the facility and leadership reigns.

This proposal all sounded amazing to me and to Quest’s leadership, however, after our first few months of sharing space, it became apparent that what the Grace pastor was telling me was not the same message the Grace leadership was receiving. Throughout the next eighteen months (June 2013 – November 2014), the Grace pastor repeatedly drifted back and forth between leading his congregation to hand over the reins of leadership to Quest and pulling back in order to bolster Grace’s health so that a
potential merger would be a marriage between two equal partners. I recall a particular one-on-one lunch meeting between the two of us pastors. The Grace pastor shared with me his internal conflict that led to this wafting back and forth. Although he didn’t articulate it to me at the time, I observed that between January 2014 and June 2015, the Grace pastor leaned most heavily toward improving Grace’s health more than making it possible for Quest leadership to take more of a lead role. These mixed signals from Participant seven about Grace’s health and subsequent intentions for merger caused great confusion.

Despite this confusion, after the merger team began meeting in January 2015, it became evident that the struggle lay almost entirely within the Grace pastor, and not within the lay leadership of the church. During the first few meetings of the merger team, when we discussed merger models and the results of the NCD health inventory, there was uniform agreement that Quest was in a significantly healthier position to lead the merger and that this would not be a marriage of equals. However, the evidence of this project shows that even within the Grace leadership, it was clear that the Grace pastor was dragging his feet and refusing to release control to the direction of the merger team. Despite the clear evidence of the NCD health results, the Grace pastor projected Grace as a healthy church and advocated for equal input on the mission, vision and values of the merged church as well as equal representation on future leadership teams. Even when the rest of the Grace representatives on the merger team were amenable to the team direction the evidence showed that participant seven intentionally held up the process in order to strengthen Grace’s position. His leadership influence carried more weight than any other Grace team member. This proved itself true, in that the process went quickly and
smoothly once participant seven let go of his previous positions and acknowledged the unhealth of Grace.

The relevant church health and merger literature allude to this finding of the project. For instance, Richard Laribee is firm when he speaks about the necessity of the resignation of former leadership (Kindle loc 1007). He states that when a symbol of the old congregational culture is present, it “impairs the ability of the congregation to adopt the new values and ways of being” (Kindle loc 1014). Although Laribee is speaking about the life of the congregation after a merger, it seems the principles still apply to the work of the merger team. Furthermore, Laribee does not tie this to the pastor’s perception of the church’s health, but again, the same principles apply based on the evidence of this project.

Other writers identify this same problem in terms of a desire for control. “One of the harsh realities of declining churches is that well-intentioned people unrighteously begin to see themselves as the controllers of the church instead of servants to the church. These controllers hasten the church’s death” (DeVine and Patrick Kindle Loc 439). Tomberlin and Bird categorize the “refusal to release control” as a potential landmine during the deliberation phase: the phase when the merger specifics are ironed out by a merger team. They articulate it this way: “The most common landmine occurs when the senior pastor…of the joining church [is] unable or unwilling to relinquish control of their church. Control issues are usually the most difficult issues to overcome in merger deliberations.” They go on to say that most declining churches would rather sink holding onto control rather than turn over the helm (95). As an inside observer in this process, I have several inclinations about the reasons of participant seven’s unwillingness to release
control and acknowledge the unhealth of his church. Some of the Grace merger team members identified what they thought his motives were. But motives aside, the reality this project revealed was the relative importance of the pastor’s perception of church health in the merger process.

**Relational Health and Trust is Vital to the Merger Process**

Over the three years of partnership before merger, Quest and Grace United Methodist Churches grew in their overall relational trust. In the beginning, the congregations were rightfully skeptical of one another. Over time, the trust improved as we lived and did ministry side by side week in and week out. By the time of the merger, the handful of outliers who did not trust the other church, self-selected out. The journey of trust amongst the merger team followed a similar path. At the beginning there was a definite feeling out process, but over time members of the team risked vulnerability and shared their opinions, which created deeper trust. As the trust amongst the team grew, we were able to overcome the roadblocks created by 1) the difficulty in acknowledging unhealth, 2) the confusion over merger models and 3) the reluctance of participant seven to acknowledge Quest’s lead role.

The merger team acknowledged an initial tendency to withhold deep feelings and treat each other with “kid gloves” in an attempt to avoid conflict or offense. In his book, *The Five Dysfunctions of a Team*, Patrick Lencioni writes, “Teams that lack trust are incapable of engaging in unfiltered and passionate debate of ideas. Instead, they resort to veiled discussions and guarded comments” (187). He also states this lack of trust creates an “artificial harmony” (91). I could see more and more trust developing amongst the team as we progressed through meetings three to five. Specifically, I saw deeper trust
developing as we identified future areas of discussion (meeting three), conversed about the health results (meeting four) and when we outlined the purpose of the merger with ways each church would be better together (meeting five). However, it became evident in meeting number six, that the pastor of Grace had been holding back his feelings and opinions. When those feelings came out during discussions about the alignment of staff with a missional structure, it was confusing and potentially derailing for the merger team. The research showed how everyone felt he was intentionally holding back the process because he did not trust the direction the team was heading in. As has already been noted, between meetings six and seven from June to July of 2015, the Grace pastor had a change of heart and the merger process went smoothly from there on.

In retrospect, the merger team was able to identify that coming to trust one another’s motives and heart for Jesus was instrumental in the team moving forward on the same page. As we learned more about each other and our churches, our hearts grew softer toward one another, and we were able to see compromise not as defeat, but as an act of mutual trust. Bill Easum notes how critical a community built on trust is for health and growth. One evidence of this trust is an ability to make decisions without much fuss (63). Healthy churches have Christ-centered, loving and authentic community defined by deep caring for one another. In fact, the merger process can actually create that level of trust because they create “a way for churches to learn selflessness” (Griffiths 8).

The New Testament church community is defined in large part by the “one-another” commands of Jesus and the apostles. Loving one another (John 13:34-35), being patient and bearing with one another (Ephesians 4:2), honoring one another (Romans 12:10), forgiving one another (Ephesians 4:32) and living in harmony with one another (1
Peter 3:8) among many other commands create a bond of unity (John 17:21-23) and trust within the body of Christ. When we began living out these principles and seeing each other, not as competitors, but as fellow-bearers of God’s image called to live out God’s mission, our trust grew. It changed the way we viewed each other and created a foundation from which the other obstacles in the merger process were eventually overcome. My only regret is that the trust we enjoyed by the end of the process wasn’t nurtured before the process began.

**Ministry Implications of the Findings**

The major findings of this research project lead me to three significant implications for others engaging in the process of merging churches. First, the findings of my research identify several potential pitfalls in a merger process. First, the denial of church health can significantly impede the early stages of merger team deliberations. Second, lack of clarity around an agreed upon merger model causes confusion that has the potential to stall merger negotiations. Third, pastoral hijacking of the merger negotiations is a very real possibility. If the pastors are not on board they can derail the merger process. Fourth, a lack of trust amongst a merger team can create a false sense of harmony resulting in superficial conversation that cannot withstand conflict. These findings both reinforce and add to the identified pitfalls that Tomberlin and Bird highlight in their book, *Better Together*. They serve as warnings to churches engaging in the difficult work of church mergers.

A second ministry implication builds upon the synthesized process of merger from the relevant literature as outlined at the end of chapter 2. This synthesized process includes the five stages of discernment, negotiation, preparation, merger, and post-
merger. The results of this research suggest an important addition to the beginning of the negotiation phase where the finer details of a merger are ironed out. I strongly recommend, based on this project’s findings, that the first step after churches discern that merger may be in their future, is to conduct a Natural Church Development health survey for each church (or some agreed upon equivalent), and that the subsequent conversation around those results inform the merger team’s choice of a merger model. Church health can be an objective way to determine whom the lead church will be, and to what degree the joining church’s culture and ministries are retained. Based on the results of this project, if this important step is ignored, minimized or denied, further confusion and roadblocks will ensue. It is highly recommended based on the evidence of this research that churches engage in a health survey and subsequent dialog about church health as they determine an agreed upon and appropriate model for merger that can steer the rest of the negotiations.

A final ministry implication for churches undergoing merger is based on my own impression of Grace and Quest’s process as well as feedback from one of the merger team members. Because of the initial lack of trust amongst the team combined with the absence of buy-in of the Grace pastor, I believe this research indirectly points to the potential need for a third-party consultant to help guide the health discussions and merger model discussions. The purpose of such a consultant would be to help the merger team build trust at the beginning of the process, as well as provide a safe environment for conversation about the results of the health survey. Furthermore, the consultant could emphasize the need for a merger model to be agreed upon from the onset and then help guide the rest of the negotiation process based on that choice. As part of this role, I
believe it would be vital for the outside party to ensure that all pastors are either on board with the direction of the team, or that they are not involved on the merger team.

**Limitations of the Study**

By far, the biggest limitation of this study was my own researcher bias. No matter how much I desire to be objective, I had a stake in the outcome of this merger. I sought to gather information from participants in a way that removed my subjective input from the feedback, but every participant knew me and knew my involvement in the merger process. That awareness may have limited their willingness to provide objective feedback that may have critiqued my particular role in the process. Had an outside person conducted the research, the participants may have felt safer to critique me if necessary. Despite that limitation, I did my best to be as objective as possible and let the research evidence determine the findings. However, any reader of this project will need to note my unintentional bias.

Because the focus of the research was gathering information from members of the merger team, the amount of feedback was limited. The merger team was made up of ten people. As noted above, I was the researcher and a member of the merger team. I withheld my feedback on the process until chapter five, so that limited the potential pool of research participants to only nine. Furthermore, two of those potential participants got married to each other and moved away about two-thirds of the way through the merger team’s work. Although invited to provide feedback for this research project, they did not feel they were part of the process all the way through and therefore did not participate. This further narrowed the amount of gathered data.
Another, less significant limitation, was the meeting minutes. As someone who was involved in the merger process and each meeting, I was a bit disappointed when combing through the meeting minutes while collecting data. The meeting minutes were not as thorough as I hoped and actually included some confusing elements (for instance, there are no minutes for meeting numbers one or five and there are two meetings labeled “seven”). Despite the limitations from the minutes, they did provide a basic overview of the process and the content of each meeting in a way that added to the evidence for this project.

Finally, the nature of the data collection was a limitation. This was a post-intervention project because the merger team conducted their work between January and September 2015, while the research was conducted afterwards, between March and October 2016. I believe the research would have been more valuable if the data was being collected during the ongoing work of the merger team in 2015. Data collection could have occurred after each merger team meeting and provided a more accurate understanding of the experiences, feelings and reflections of the merger team members. Not only would that have provided deeper, more accurate data, it may have had a positive influence on the process itself. However, given the timing of the project data collection and research, I believe the instrumentation was thorough and appropriate.

**Unexpected Observations**

When I initially envisioned the kind of outcomes I would help discover with this project, I was far too ambitious. I thought this research would help prove a special connection between church health and the objective way a church merger should go. I expected my findings would show that a healthy church should be the lead church and an
unhealthy church should be the joining church, and that the degree of unhealth in the joining church should dictate whether a merger should be closer to a marriage, an adoption, or a rebirth model. For whatever reason, this overly ambitious vision remained in my mind until I began to analyze the data. Only when I took a step back and logically thought through the scope of my project did I conclude that those outcomes were not remotely possible! I was only researching the process of one merger. It was a merger of only one type – an objectively highly healthy church and an objectively below average healthy church. How could I possibly prove a connection between the degree of health and unhealth and how that affects every merger process and subsequent merger model? I could only logically discover insights from the merger process between Quest and Grace United Methodist Churches. Once I came to terms with that, the data analysis and findings helped me discover insights I didn’t initially expect to find. On one hand they were less grandiose, but on the other hand they were deeply revealing insights that I lived for nine months (from January to September 2015) but could never completely put my finger on. Furthermore, I believe these findings and relevant ministry implications can be extremely helpful for other churches undertaking a merger process.

**Recommendations**

After completing this research project, I have found answers to many of my initial questions. However, I am left with more unanswered questions. These unanswered questions are avenues for future research on the impact of church health on church mergers. Specifically, I am curious to see how the experience of other church mergers reinforce or challenge my findings. I am particularly interested in seeing more students employ my suggested process of conducting a health survey, discussing its results and
letting those results dictate an appropriate merger model. If more studies follow this pattern, they will add to the validity of these findings.

Furthermore, I wonder if the merger pitfalls identified in my findings would hold true for other types of mergers. For instance, would it be hard to come to terms with a church’s unhealth if both churches were unhealthy? Or would the pastor’s perception of health still be more influential than lay leader’s perceptions if both churches were relatively healthy? More variations of relative church health would be obvious next steps for research.

I also believe this particular research project can be of great assistance to other practitioners and researchers in the future. The findings of this project add another example of a merger team’s experience of a merger process. As someone leading the merger process between Quest and Grace United Methodist Churches, I found other peoples’ experiences invaluable when shaping our course of action. These experiences are recorded in this project’s literature review. This project can now aid others in their journey. In fact, I highly recommend anyone who is attempting a merger between a church of relative health and one of relative unhealth to learn from the findings recorded in these pages.

**Postscript**

In September 2015, the nine-month work of the merger team resulted in the agreed upon merger document (Appendix D). Both the Grace and Quest leadership teams approved the document and at the end of September, the congregations voted to begin acting like an “engaged” church. That agreement included the initial working together of the leadership teams so that no church made decisions apart from consultation with each
other. It also included the Quest congregation providing more funds to help pay accumulating bills of the Grace congregation over the final quarter of 2015. In addition, the agreement provided a timeline for disseminating information to the congregation and preparing them for an official merger vote to take place on November 1st. FAQs were shared with everyone. Multiple town hall meetings with each congregation took place over those next five weeks. And then on November 1st, by a vote of seventy-nine to two, Quest and Grace voted to accept the merger document and officially become one church. The approved merger would take effect on July 1, 2016.

Over the course of the next few months, it was announced that the Grace pastor would be appointed elsewhere after the merger and I would be appointed as the pastor of the newly merged church. Subsequently, the Grace pastor handed over the leadership reigns to me. From December 2015 to July 2016, I oversaw the integration of each of the leadership teams, administrative database, staff teams, financial systems and budgets. It was an administrative challenge to say the least. Furthermore, I became the primary preacher and used that as an opportunity to formulate deeper trust with the Grace congregation. The eight-month engagement process (the preparation phase) was essential to laying a firm foundation for the missional future of the church.

Everything came to fruition on July 1, 2016, when Quest and Grace United Methodist Churches ceased to exist and Quest United Methodist Church: A Community of Grace was born. I have enjoyed seeing the fruit of what felt like three years of labor! Joy and enthusiasm abound. The church is moving forward in mission and experiencing the goodwill of all the people. In February of 2017 it was announced that I would be appointed as pastor of another church in our conference and in March, Quest: A
Community of Grace learned who will eventually become her next lead pastor. This journey of merging churches and researching the process has grown me tremendously, but the greatest measure of success will be in the fruit born through Quest United Methodist Church: A Community of Grace.
APPENDICES

A. Participant Written Questionnaire
B. Focus Group Interview Questions
C. Merger Team Meeting Minutes
D. Merger Document
E. Participant Consent Form
F. NCD Insights for Quest United Methodist Church
G. NCD Insights for Grace United Methodist Church
Appendix A: Participant Written Questionnaire

**Demographic Questions:**

A. Name:

B. Age:

C. Occupation:

D. Grace or Quest?

E. How many years?

F. Role(s) in the church?

**Questions Related to Research Question #1:**

1. Describe your perception of your church’s health before the merger.

2. Describe your perception of the other church’s health before the merger.

3. What did you learn about each church’s health from the NCD survey?

4. How did you feel other members of the merger team interpreted each church’s health?

**Questions Related to Research Question #2:**

5. In what ways (if any) did the merger team use its understanding of each church’s health to outline next steps for the merger process (particularly the choice of a merger model)?

6. How might the merger team have better utilized the results of the NCD survey to inform the merger process?

**Questions Related to Research Question #3:**

7. In what ways (if any) did the understanding of each church’s health influence the outcome(s) of the merger (aspects of the final merger agreement like the name, structures, membership, leadership, conditions, etc)?

8. How might the merger team have better utilized the results of the NCD survey to inform the merger outcome?
9. How did you feel at different stages of the merger process about each church’s health informing the merger process and outcome?

10. Please share any additional thoughts, reflections or comments about the relationship between each church’s health and the work of the merger team.
Appendix B: Focus Group Interview Questions

1. Please state your name and whether you were part of Grace or Quest Church.

2. Group questions getting to the roots of understanding of each congregation’s pre-merger health:
   - As a group, can you describe and briefly reflect on each church’s health at the time of beginning to discuss merger?
     - What types of factors do you consider when you speak of the health of each church?
   - What did the group discover when discussing the NCD results?
     - The basic feedback from the written survey is that Quest perceived Grace as unhealthy, and that the Grace leaders did not see the reality of their situation. Please reflect on that.

   “No member of Grace’s leadership has any illusions about the church’s health.”

   “For Grace, I think they knew they had issues but may not have realized the extent of them. I think they were holding on to the past so much that they had a hard time recognizing their current reality. As far as how they saw Quest, I think they saw that we had a lot to offer, but were also fearful of our differences and that we would “take over” without considering their needs.”

3. Group questions about merger models and the influence of church health in choosing next steps in the merger process:
   - The merger team read the book, *Better Together* and in it were reflected a few different merger models. Rebirth, Adoption, Marriage and ICU
     - Reflect on these models and share which one the team moved forward with and why.
     - How did the health of the churches play into the decision?
   - More follow-up questions based on data already collected from the questionnaire.

   “The leadership of Grace understood without an NCD survey that we were in an adoption or perhaps rebirth situation and were certainly the joining, not the lead church.”

   “I felt that Quest members came into these conversations with a pretty clear picture of the merger model that we fit into and I think the NCD results helped to reinforce this choice. However, I felt that some of the Grace members came into merger discussions assuming that we would be entering as equals and in denial of the health of their church.”

4. Group questions about the merger outcome (the final merger document outlining the agreement between the merging churches) in relation to the health of each individual church.
   - Discuss the process in coming to the final merger document.
   - How did any of the specifics in the merger document reflect the merger model or the pre-merger health of the church?
For instance, the representation on leadership teams is one-third Grace and two-thirds Quest for three years. How did this decision reflect the model and/or pre-merger health?

Similarly, the mission statement and the organizational structures and staff?

“Initially all of these things were really challenging to come to an agreement on. Then, it seemed a light bulb went off, God intervened and it came together pretty smoothly”

“Initially I think we all approached the merger process with our kid gloves on.”

“Also, it was a very slooooow process initially while basically waiting for Grace to recognize where they were as a church and be willing to “let go” of the past and look forward to a new future. They needed to do some grieving and mourning of what once was and recognize that God wasn’t done with them yet. That he had a future for them – it was just going to look different.”

Final question – not for the research: How is it going now? Was it worth it? Too early to tell?
Appendix C: Merger Team Meeting Minutes

Grace - Quest Merger Meeting #2

Date: 2015-01-14

Attendees: Andy, Ryan, Jon, Lori, Eric, Mike, Jan, Stefanie, Brenda, Matt

Last Meeting Recap

- Discussed the book
- Discussed hopes & fears
  - Quest hopes for a quicker timeline
  - Grace hopes for a slower timeline
- Pastor Andy & Pastor Mike talked about potential sticking points
  - From Quest
    - Preserving the framework that has brought fruit
  - From Grace
    - Preserving the story of how God has worked in Grace
    - Preserving the traditions that are baring fruit
  - From Both
    - Church Name
      - Andy and Mike agreed to postpone this discussion to later down the road
      - Grace has actually gone through a few names over the years
      - In the legal document for the merger, the name will be listed
        - It can be changed later, if needed
- Thoughts/Questions:
  - How can we address the sticking points?
  - In order to provide Quest stability, can Quest have some equity
and further our relationship without a hastened merger timeline?
- We agreed to spend time in prayer and in fasting
  - And share any experiences doing so

1) How To Fit Grace’s Story/Memory/Heritage Into Present Quest Mission/Vision/Strategy Framework Without Compromising Either

Quest - Clarify Mission/Vision/Strategy Framework

- Quest Mission:
  - To help everyday people become wholehearted followers of Jesus

  - Connect
    - Make everyone feel welcome when they enter the church
    - Home Groups
      - Everyone is connected to a home group via:
        - Self selected group
        - Assigned
          - That allows a homegroup leader to connect with individuals that don’t usually attend
    - Leaders
      - Commit to a year of leading
      - Go through training with Matt Ahrens
      - Look for potential leaders in the group
    - Content and structure are different for each group
    - A place where deep relationships and accountability is built
- Connect Lunches
  - Allow new people to get to know Andy and other members of the church
  - Every two months
- Grace’s Connection
  - Heyday of Grace was the 70’s
    - A lot of young adults in the church
    - Sunday school class was today’s small groups
      - Provided a lot of deep relationships
      - Not as much accountability
    - Overtime
      - Groups got clickish
      - Relationships stagnated
    - Grace eventually went to New Horizon to learn about home groups
      - It was hard to form new groups
      - Today a lot of groups have gone away
- Grow
  - Focused study groups
    - The Story
    - Disciple
- Serve
  - Wired Class
    - Assists Questers in finding how their gifts can be used to serve
  - Grace’s Connection
    - Grace had a Gifts Survey
      - Might have been 5 years to soon
- Go
  - Missions
    - Globally
    - Locally
The Go Team is in charge of:
- Mission trips
- Local serving opportunities
- Directing financial offerings for missions
- Invite events
  - Game Night
  - Trivia Night
- Faith In Action Sunday
  - The church goes out to a serving opportunity instead of meeting in worship
- Grace’s Connection
  - Grace was into mission trips
  - Overtime it moved into giving money away
- IDEA: Maybe we can connect Quest & Grace leaders in each of these ministries to share ideas and strengthen the mission

2) Way To Secure Quest Equity/Stability In Order To Empower Questers To Move Forward At 2004 Philo Road

- Quest's limitations due to unclear future at 2004 Philo
  - Larger investment in the neighborhood

Equity Spectrum:

```
| Renters <------ Co-Owners -------> Owners |
```

- Pastor Mike’s Ideas:
  - Re-elect the trustees to be a board of a mix of both churches
    - This could be a good way to ease Quest into the responsibility of owning a building
  - Turning over the keys to Quest and Grace is the renter
3) Communication Items

- Ministry coordination for key areas of ministry
- Investigating a joint trustee meeting

4) Next Meeting

The next meeting will be: 2015–02–04 @ 6–8pm

- Until then:
  - Read the book
  - Think about what would be a comfortable timeline
  - Get feedback from leadership team about joint trustee meetings
Grace - Quest Merger Meeting #3

Date: 2015–02–06

Attendees: Andy, Ryan, Jon, Eric, Mike, Brenda, Matt, Stephanie

Decisions From Last Meeting

- Blended Trustees
  - Maybe members can have assigned focus areas?
- Ministry coordination for key areas
  - Keys Areas
    - **Connect**: Jan Jones, Amy Jo Adams, Holly Swaim
    - **Grow**: Matt Ahrens, June Schwartz, Harriet Kline
    - **Serve**: Trish Gulley
    - **Go**: Joan O’Connels, Larry Stapleton, Celina Trujillo, Julianne Walag, Brenda Husler
    - **Worship**: Jeremiah Cox
    - **Kids & Youth**: Seth Schutte, Dorinda Prince
    - **Support**: Ryan Wills
  - From the Grace side, any of the church council members can fill in these areas
    - Grace will follow-up will assignments for the ministry areas above

Open Discussion

- Present Feelings
  - Grace Internal Questions
    - Who are we now?
    - Who are we becoming?
    - What is our neighborhood?
    - What does God want us to do in the neighborhood?
  - Grace’s Two Possible States During A Merger:
    - A Dying Church
      - Drop responsibility/contributions
      - Expect Quest to take care of everything
    - A Healthy Church
      - People still passionate about the mission
• Contribute to the merged church
  ◦ Quest’s Initial Perceptions of Grace
    ▪ Very excited to have a 24/7 facility
    ▪ Looked at some sort of coming together as a possible upside
  ◦ Grace 80/20
    ▪ 20%: Leaders and passionate
    ▪ 80%: Aging but still have kick
      ▪ The church’s structure did not work for these people
      ▪ The chapel is an effort to (re)start small

• Assess Church Health
  ◦ External services have been used before by both Quest & Grace
    ▪ Natural Church Development
  ◦ Another one Andy is looking at is called Readiness 360
  ◦ This can help navigate moving a merger forward
  ◦ Quest’s leadership has agreed to pay both congregations fees
    ▪ Mike is ok with this

**What comes next?**

• Merger Literature Suggest The Following
  ◦ Determine Model
    ▪ Two declining churches: Restart
    ▪ One healthy & one declining: Adoption
    ▪ Two healthy churches: Marriage
  ◦ Negotiate, Prenuptial, Preparation, Determine Essentials Phase
    ▪ Determine
      ▪ non-negotiables
      ▪ philosophy of ministry
      ▪ name
      ▪ leadership structure
      ▪ staff structure
      ▪ financials (assets & liabilities)
      ▪ ministry structure/programs
      ▪ mission
      ▪ property concerns
      ▪ timeline
    ▪ In the end produces a Merger Document

• Timeline
  ◦ Merger Document delivered to leadership teams for approval/feedback
    ▪ September 30th, 2015
  ◦ Approved Merger Document ready to be presented to congregations (the proposal)
- October 31st, 2015
  - Congregational vote (engagement)
  - December 2015
  - Date of official merger (marriage)
    - February-July 2016

**Wrap Up**

- Next Meeting
  - TBD after the health assessments
- Action Items
  - Andy to start the ball rolling on the health assessments
- Things to be communicated:
  - To congregations
    - Proposed timeline
  - To District Superintendent
    - Proposed timeline
# Grace - Quest Merger Meeting #4

**Date:** 2015-05-00  
**Attendees:** Andy, Ryan, Jon, Lori, Mike, Branda, Matt, Stephanie, June

## Church Health Assessments

- [Quest’s Natural Church Development Results](https://drive.google.com/file/d/0B8EzNmt3BlusQzBKQxKZxTZqYO/view?usp=sharing)

### Quest Top 5:

<table>
<thead>
<tr>
<th>Area</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Relevances (Holistic Small Groups)</td>
<td>84</td>
</tr>
<tr>
<td>Equipping For Ministry (Gifted Based Ministry)</td>
<td>84</td>
</tr>
<tr>
<td>Organization Structure (System Effective Structures)</td>
<td>77</td>
</tr>
<tr>
<td>Seeker Sensitive Church (Need Oriented Evangelism)</td>
<td>75</td>
</tr>
<tr>
<td>Integrating Gifts into Ministry (Gifted Based Ministry)</td>
<td>75</td>
</tr>
</tbody>
</table>

### Grace Top 5:

<table>
<thead>
<tr>
<th>Area</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Structure (System Effective Structures)</td>
<td>65</td>
</tr>
<tr>
<td>Integrating Newcomers (Holistic Small Groups)</td>
<td>65</td>
</tr>
<tr>
<td>Corporate Evangelistic Efforts</td>
<td>64</td>
</tr>
<tr>
<td>Personal Transformation</td>
<td>63</td>
</tr>
<tr>
<td>Relevance Of Message In Worship</td>
<td>53</td>
</tr>
</tbody>
</table>

### Quest Bottom 5:

<table>
<thead>
<tr>
<th>Area</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipation for Worship</td>
<td>47</td>
</tr>
<tr>
<td>Passion for Devotions</td>
<td>48</td>
</tr>
<tr>
<td>Spiritual Interconnectedness</td>
<td>48</td>
</tr>
<tr>
<td>Personal Evangelism</td>
<td>48</td>
</tr>
<tr>
<td>Leadership Fit</td>
<td>58</td>
</tr>
</tbody>
</table>
Grace Bottom 5:

<table>
<thead>
<tr>
<th>Area</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visitor Friendly Church</td>
<td>26</td>
</tr>
<tr>
<td>Integrating Gifts Into Ministry (Gifted Based Ministry)</td>
<td>34</td>
</tr>
<tr>
<td>Spiritual Interconnectedness</td>
<td>37</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>37</td>
</tr>
<tr>
<td>Deepening Relationships</td>
<td>40</td>
</tr>
</tbody>
</table>

Merger Document

Merger Items:

<table>
<thead>
<tr>
<th>Item</th>
<th>Level of Difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose for Merger</td>
<td>Moderate</td>
</tr>
<tr>
<td>Name</td>
<td>Difficult</td>
</tr>
<tr>
<td>Mission-Strategy</td>
<td>Moderate</td>
</tr>
<tr>
<td>Ministry (Programs) - Staff Structure</td>
<td>Difficult</td>
</tr>
<tr>
<td>Worship Style/Schedule</td>
<td>Easy</td>
</tr>
<tr>
<td>Leadership Structure</td>
<td>Moderate</td>
</tr>
<tr>
<td>Finance (Asset/Liabilities/Budget)</td>
<td>Moderate</td>
</tr>
<tr>
<td>Membership</td>
<td>Easy-Moderate</td>
</tr>
<tr>
<td>Property Concerns</td>
<td>Easy-Moderate</td>
</tr>
<tr>
<td>Balance Between Openness &amp; Discipline</td>
<td>Difficult</td>
</tr>
<tr>
<td>Identity Through Core Values</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

Future Meetings

- May 20 @ 6:15pm
- June 3 @ 6:15pm
- June 7 @ 1pm
- July 8 @ 6:15pm
- July 22 @ 6:15pm
- Sept 9 @ 6:15pm
- Sept 30 @ 6:15pm
Grace - Quest Merger Meeting #6

Date: 2015–06–03

Attendees: Andy, Ryan, Jon, Lori, Eric, Mike, Brenda, Matt, Stephanie, June

Mission

- Mission Statements In General
  - Defining
  - Restricting - Focus
  - Current Mission Statements
    - Quest: Outward Action
    - Grace: Nurturing Community
- Need to brainstorm new mission statement
  - Possible Elements
    - Kingdom of God
    - Great Commission
    - Who we are
    - Reflective/Prescriptive
    - Live out
    - Generation after Generation

Strategy

- Types of Strategy
  - Programmatic
    - Quest's Care, Grow, Share, Go
  - Comprehensive
- Vision
- Relationships
- Programming
- Management

**Action Items**

- **Brenda** to send digital copy of Merger Benefits Document
- **Everyone** to think about a Mission Statement

**Next Meeting**

- **Date:** June 7 @ 1:00pm
- **Topic:** Programs, Ministries, Staffing

**Future Meetings**

- June 7 @ 1:00pm
- July 8 @ 6:15pm
- July 22 @ 6:15pm
- Sept 9 @ 6:15pm
- Sept 30 @ 6:15pm
Grace - Quest Merger Meeting #7

Date: 2015–06–07

Attendees: Andy, Ryan, Jon, Lori, Eric, Mike, Brenda, Matt, June

Mission

Growing a community that helps all people become wholehearted followers of Jesus and reflects God’s love to the world

Strategy

- Current Ministry Structures
  - Quest Ministry Structure: Link to PDF
  - Grace Ministry Structure: Link to PDF
    - Outside of the full time pastor, ~$30,000 of salary
      - Administrative Assistant
      - Accompanists
      - Programming/Bell Choir Director
      - Custodian

Action Items

- None

Next Meeting

- Date: July 8 @ 6:15pm
• **Topic:** Discussion on Openness - Worship Schedule/Style - Membership

**Future Meetings**

• July 12 @ 1:00pm - Discussion on Openness - Worship Schedule/Style - Membership  
• July 19 @ 1:00pm - Finances (Assets/Liabilities) - Property Concerns  
• July 22 @ 6:15pm - Leadership Structure - Finances Budget  
• Sept 09 @ 6:15pm - Name  
• Sept 30 @ 6:15pm - Extra date in case we need it
The image contains a flowchart or organizational chart. The chart includes various roles, departments, and committees, such as the Church Council, Finance, and Staff Parish. The chart is used to illustrate the structure and hierarchy of the organization.
Grace - Quest Merger Meeting #7

Date: 2015–07–012

Attendees: Andy, Ryan, Jon, Lori, Eric, Mike, Brenda, June

Change Of Direction

Pastor Mike has brought a new proposal to the table:

- https://docs.google.com/document/d/1PzsGgltkVohKfK8t-4FcGlwCVcXhq0C-bWg6sld7GPk/edit

Looking to merge by October 2015

New Committees for Oct-Dec 2015

This merger team will be used as a nomination committee to form leadership committees

Other Notes

Current Grace Debt

- Have $50,000 line of credit
  - Use ~$40,000 (only capital expense)
  - Annual interests is ~$1,200
- 3 months behind on apportionments
  - $2,000 a month

Next Meetings Agenda

1. Provide feedback from the leadership teams
2. Discussed names for nomination brought by each church
Grace - Quest Merger Meeting #8

Date: 2015–07–019

Attendees: Andy, Ryan, Jon, Eric, Mike, Brenda

Thoughts & Feedback Based On The Last Meeting

- Mike Talked to Rose
  - Rose will meet with both congregations before the vote
  - Rose will meet with the merged church after the vote
  - She will be coming Sept 13th will have an officer Charge Conference after worship and will vote to clean up the Grace’s roles
  - She will come to the merger vote

- Quest’s Leadership Team Feedback
  - Overall, the Plan of Merger was well received
  - There were questions about
    - the financial situation
    - how well the new teams will work together
  - Wanted to make sure we do the communication to the congregation correctly

- Merger Vote
  - Will be held on Sept 27th at 7:00pm
  - We will need a single FAQ document to give to both congregations
  - Per the Book of Discipline, we will only be counting votes from those who are present at the meeting and a member of either Grace or Quest
  - Will will need to coordinate transportation for those who need help
# Leadership Teams

**Co-Lay Leaders:** Ryan Will & June Schwartz

**Annual Conference Reps:** Eric Hays, Jan Jones, & Loren Acton

**Will update the Staff Parish Team with updates as necessary

## Lead Team

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>Church</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ryan Wills (Chair)</td>
<td>Quest</td>
</tr>
<tr>
<td>2</td>
<td>Erik Kotewa (Staff Parish Chair)</td>
<td>Quest</td>
</tr>
<tr>
<td>3</td>
<td>Eric Hays</td>
<td>Quest</td>
</tr>
<tr>
<td>4</td>
<td>Travis Miller</td>
<td>Quest</td>
</tr>
<tr>
<td>5</td>
<td>Joel Sanders</td>
<td>Quest</td>
</tr>
<tr>
<td>6</td>
<td>Nia Klein</td>
<td>Quest</td>
</tr>
<tr>
<td>7</td>
<td>Loren Acton (On Staff)</td>
<td>Quest</td>
</tr>
<tr>
<td>8</td>
<td>Lori/Celina?</td>
<td>Quest</td>
</tr>
<tr>
<td>9</td>
<td>Brenda Husler</td>
<td>Grace</td>
</tr>
<tr>
<td>10</td>
<td>Jan Jones?</td>
<td>Grace</td>
</tr>
<tr>
<td>11</td>
<td>Todd Searing?</td>
<td>Grace</td>
</tr>
<tr>
<td>12</td>
<td>Bobbie Ford?</td>
<td>Grace</td>
</tr>
</tbody>
</table>

## Staff Parish

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>Church</th>
<th>Liaison For</th>
<th>Years Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bob Bentz</td>
<td>Grace</td>
<td>?</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Lisa Searing</td>
<td>Grace</td>
<td>?</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Jay Hoeflinger</td>
<td>Grace</td>
<td>?</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Erik Kotewa (Chair)</td>
<td>Quest</td>
<td>Andy</td>
<td>2</td>
</tr>
<tr>
<td>#</td>
<td>Name</td>
<td>Church</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>-------------------</td>
<td>--------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Josh Gulley</td>
<td>Quest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Jennifer Rohn</td>
<td>Quest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Jennie Chin</td>
<td>Quest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Lori/Celia?</td>
<td>Quest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>Quest</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Need Liaisons for: Jeremiah, Mike, Mindy, & Linda

### Trustees Team

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>Church</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Eric Hays</td>
<td>Quest</td>
</tr>
<tr>
<td>2</td>
<td>Sean Daugherty</td>
<td>Quest</td>
</tr>
<tr>
<td>3</td>
<td>John Martin</td>
<td>Quest</td>
</tr>
<tr>
<td>4</td>
<td>Warren Raquel</td>
<td>Quest</td>
</tr>
<tr>
<td>5</td>
<td>JR Walag</td>
<td>Quest</td>
</tr>
<tr>
<td>6</td>
<td>Buddy Bartels</td>
<td>Quest</td>
</tr>
<tr>
<td>7</td>
<td>Brenda Husler</td>
<td>Grace</td>
</tr>
<tr>
<td>8</td>
<td>Bill Gladson</td>
<td>Grace</td>
</tr>
<tr>
<td>9</td>
<td>Ron Weidner</td>
<td>Grace</td>
</tr>
</tbody>
</table>

### Finance Team

<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>Church</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Travis Miller</td>
<td>Quest</td>
</tr>
<tr>
<td>2</td>
<td>Lisa Raquel (Finance Secretary)?</td>
<td>Quest</td>
</tr>
<tr>
<td>3</td>
<td>Anne Ahrens (Finance Secretary)?</td>
<td>Quest</td>
</tr>
<tr>
<td>5</td>
<td>Richard King (Treasurer)?</td>
<td>Grace</td>
</tr>
<tr>
<td>6</td>
<td>Bob Bentz?</td>
<td>Grace</td>
</tr>
</tbody>
</table>
** When this team is locked down, we would like to have questions for this team to answer by Sept 1st

### Approving the Plan of Merger

Eric Hays motioned to approve the Plan of Merger Document to be sent to the Quest Leadership Team, the Grace Leadership Team, and attorneys. Jon Kilroy seconded it. Motioned Approved.

### Timeline

- **November**
  - FAQ (Andy)
  - Define Co Pastor (Andy)
  - Chancellor (Waiting)
  - Attorneys (Eric) Mike Tague is a possible contact
  - Finance Policies/Procedures (Ryan/Mike)
  - Nominations (Pastors)
  - Trustees Budget/Utilities (Eric)

- **September 1st**
  - Above completed

### Next Meeting

All future scheduled meetings have been canceled. The next meeting, TBD, will be to approve the final draft of the merger document and complete the nomination process.
Appendix D: Merger Document

Plan of Merger

For Grace United Methodist Church (Urbana, Illinois) and Quest United Methodist Church (Urbana, Illinois)

Submitted to the respective church conferences for vote on November 1, 2015

Be it Resolved that Grace United Methodist Church and Quest United Methodist Church become one congregation on July 1, 2016, legally known as Grace Quest United Methodist Church and publicly presented as: Quest United Methodist Church: A Community of Grace.

And be it Further Resolved that the new congregation follow these stipulations:

1. The congregation will at all times faithfully abide by and support the current Book of Discipline of the United Methodist Church.
2. Through the end of 2018, at least 1/3 of the members of the following committees will be composed of those who were members of Grace Church at the time of the merger: The Church Council (leadership team), the Pastor-Parish Relations Committee, the Trustees, and the Nominations and Leadership Development Committee (or their equivalents). This stipulation may be waived for those committees and councils if there are not enough former members of Grace Church willing and able to meet the standards of service. The congregation will faithfully abide by the UMC Book of Discipline PP258.2.
3. The church will provide worshippers at least one traditional and at least one modern worship service between 8 a.m. and noon each Sunday, in the church’s main sanctuary. The new church shall make a good faith effort to provide the worship variety for a period of no less than ten years from the date of the merger.
4. The chapel in the northeast corner of the education wing will be known as “Grace Chapel.” Priority for its use shall be reserved for worship services of all sorts. The room may also be used to host Christian education and fellowship. It may also be shared with groups who need temporary meeting space. The new church shall make a good faith effort to follow this stipulation for a period of no less than ten years from the date of merger.
5. The new congregation will receive all the assets of the two merging congregations. [See the attached copy of the trustee report.]
6. The new congregation will be responsible for all the debts and liabilities of the two merging congregations. [See the attached copy of the trustee report.]
7. The membership rolls and records for Quest and Grace will become the rolls and records of the new church. All those who are members of the two previous churches will constitute the membership of the new church.
8. The following committees and officers will be nominated prior to the effective date of the merger to lead the new church: The Church Council (leadership team), Staff-Parish Relations, Trustees, Finance, Nominations, treasurer, financial secretary, the lay leaders, and lay members of annual conference.
9. The new church will begin with the following mission statement: Growing a community that helps people become wholehearted followers of Jesus and reflects God’s love to the world.
10. The new church will begin with Quest’s organizational structures. The strategy of “Connect, Grow, Serve, and Go” will be the foundation for organizing programs in the new congregation. Committees and groups in the new congregation will use common names found in the Book of Discipline whenever possible.
11. The Finance Committee will integrate the financial systems of both congregations and assure that conference apportionments will be paid in full.
Appendix E: Participant Consent Form

INFORMED CONSENT LETTER

IMPACT OF CHURCH HEALTH ON MERGERS

You are invited to be in a research study being done by Rev. Andy Adams from the Asbury Theological Seminary. You are invited because you were a member of Grace or Quest United Methodist Church who participated on the merger team. I will be studying how you perceived each church’s pre-merger health influenced the outcome of the merger plan.

If you agree to be in the study, you will be asked to complete a written questionnaire and possibly participate in a follow-up focus group interview with some other members of the merger team. You may complete the questionnaire on your own and submit it via electronic mail. The focus group interview will take place at the Grace United Methodist Church facility and will be audio recorded for the purposes of accuracy of analyzing your feedback. You will not receive any compensation for participation in this study.

It is important that you understand that any emails you send or receive, due to the nature of the internet, runs the risk of being intercepted by people other than the researcher. Therefore as you complete the written questionnaire and submit it via email, you must understand that it is not entirely confidential and may be intercepted by others.

If anyone is given information about you, they will not know your name. A number will be used instead of your name. Your feedback will be stored on my computer and the cloud under password protection through the duration of my study until one year after the completion of this project. At that time (approximately summer of 2018), your feedback will be deleted from my computer and the cloud storage.

If something makes you feel uncomfortable while you are in the study, please tell Rev. Andy Adams. If you decide at any time you do not want to finish the study, you may stop whenever you want.

You can ask Rev. Andy Adams questions any time about anything in this study.

Signing this paper means that you have read this or had it read to you, and that you want to be in the study. If you do not want to be in the study, do not sign the paper. Being in the study is up to you, and no one will be mad if you do not sign this paper or even if you change your mind later. You agree that you have been told about this study and why it is being done and what to do.

Signature of Person Agreeing to be in the Study

Date Signed
Appendix F: NCD Insights for Quest United Methodist Church

How to use NCD Insights

1. Essential reading to use NCD Insights effectively

1.1 Why this resource?
Your church is a dynamic living organism whose health is constantly changing. All actions in your church at every point in time, especially decisions by leadership, result in the church’s health improving or declining. No matter how healthy your church is, there are always areas for improvement. NCD Insights provides a more detailed picture of church life so you can track the dynamic change and stay focused on current and emerging health issues.

Growing the church is a partnership with God. NCD Insights helps you fulfill your role of identifying existing and potential barriers to health. Regular, accurate identification of barriers, and taking effective steps to remove them, maximizes the potential for ongoing growth.

1.2 The NCD Insights numbers
The statistical scale for all NCD Insights graphs is the same as the one used for the basic profile graph of the eight Quality Characteristics. Based on scientific research each quality is broken down into four categories which are computed from the pertinent items in the questionnaire. The results are standardized scores, not percentages, based upon a standardization for your country that is updated annually. The result for each area can be directly compared with the results for all other areas. The statistical model is as follows:

- The “average” church will score 50; above 50 means above average health and below 50 means below average health.
- 70% of churches score between 35 and 65.
- Scoring 65 or higher puts your church in the top 15% of churches. This shows a high degree of health.
- Scoring 35 or less places your church in the lowest 15% of churches.
- It is possible to get less than zero and more than 100.

1.3 Recognise strengths and weaknesses are relative
For a proper perspective on the health of individual scores, you must compare them with the results for the rest of the country and not just the other results in your profile. Do this using the scale on the left side of the page (see 1.2 above).

For example, you may score a 58 in the “Visitor Friendly Church” (sub.) category while all other results for Need-oriented Evangelism are over 65. On this comparison alone, you may conclude: “We are no good at being friendly with outsiders”. A comparison with the rest of the country shows such a conclusion to be untrue.

1.4 Avoid trying to do your own calculations
It is not possible to average the results for 15 sub-categories related to a quality characteristic and generate the overall result for that characteristic. There are two main reasons for this:

- The questions that are taken for each category are not disclosed.
- The results do not include the contributive weightings of each category towards the overall result for a characteristic.

1.5 Line graphs
Some graphs use a line format so it is easier to compare multiple profiles and identify trends. The lines connecting individual dot points are not statistically relevant.

1.6 Accuracy
Completed profiles are regularly added to the database in your country and a new national standardization is issued by NCD International every year. This ensures the ongoing statistical accuracy of all detailed analyses. The anonymity of the survey process also contributes to accuracy because respondents feel that they can say exactly what they think.
2. Getting the Most from NCD Insights

The principal function of NCD Insights is to help you accurately identify existing and potential barriers impeding healthy growth. NCD Insights appeals to a broad spectrum of local church leaders by providing a more detailed picture for each quality without distracting the viewer with individual questions.

2.1 Where to begin

The most helpful information regarding the key health issues is found in the following five pages:

- Cover page - containing summary information
- Quality Characteristic: Current Profile
- Minimum Factor: Current Profile
- Current Highest 5'
- Current Lowest 5'

Having focused on the principal issues raised in these pages, particularly with respect to the Minimum Factor, the other graphs can be used to bring further insight to the information found on the above five pages and for addressing other specific ministry areas.

2.2 Suggested method of interpretation

The following is a proven method for interpretation. It involves placing individual results within the context of the whole profile and identifying unique issues by exploring connections between sub-categories.

1. Look within a quality characteristic. Examine the results for a quality characteristic and ask questions such as:

- Why is this result high and that result high?
- Why is this result low and that result low?
- Why is this result high but that result high?

2. Look across quality characteristics. Use these same questions to draw connections between results across quality characteristics, revealing issues and barriers not evident from looking at each quality characteristic on its own. (The graph 'Current Lowest 5%' is helpful here.)

3. Look for trends. If the church has done two or more profiles, additional graphs are provided showing historical trends. These comparative graphs highlight:

- the immediate impact of actions taken to remove specific barriers;
- longer term barriers (e.g. cultural factors) not clearly evident in a single profile;
- potential or emerging barriers.

4. Look for strengths. The 'Current Highest 5' graph highlights the five areas where the church is healthiest. Celebrate these and consider them in plans to address the Minimum Factor.

2.3 All activity impacts health

If you have done two or more profiles, NCD Insights shows you the effect on the church's health of all activity in the church since the previous profile, whether you actively addressed the Minimum Factor issues or not. The 'Change' chart, in particular the 'Highest 5 Changes From Current and Lowest 5 Changes From Current', are helpful in this regard.

2.4 Things to consider…

...when looking at "Empowering Leadership"...

- It is empowering leadership NOT empowering pastors. Each church has many layers of leadership including, but not limited to: pastor, staff, board, power brokers, etc.
- Don't evaluate your leaders based on what a book says a leader should be. Rather, consider their gifts and passions and try to slot them in positions that allow them to work in the areas of their strengths.

...when looking at "Holistic Small Groups"...

- The term "small group" is not limited to the classic small group model. It could be any group where "holistic" needs are being met, such as a Sunday School class or a Ministry team.
- Effective small group ministries will serve as an entry point into the church for newcomers.
- Consider the relationship this ministry has to other key areas in your church such as: passionate spirituality, need-orientated evangelism and loving relationships.
- Read Hebrews 10:24-25. Does this sound like your church? Why or why not?

...when looking at "Need-orientated Evangelism"...

- Does your church body match the makeup of the community it is in? People relate best to those most like themselves.
- Successful evangelism is culturally relevant.
- Build relationships first. People know when they are a project.
- Nothing beats genuine concern for your neighbors and their needs.
- Read 1 Corinthians 9:19-23. What does "need-orientated" look like in your community?
...when looking at “Loving Relationships”
- Jesus said this was the most important commandment.
- Connected people are committed people.
- When needs are met, people want to serve.
- Encourage relationships across generational lines.
- Read John 13:35. How noticeable is your love?

3.1 Copyright
NCD Insights © 2008 – NCD International

3.2 Presenting this report publicly
You may screen this report directly through a data projector. Open the file in Acrobat Reader. Select the 'View' menu, then 'Full Screen'. Use the up and down arrows on your keyboard to select the desired graphs.

3.3 Confidentiality
This report may only be used by the church whose data it contains or by the denominational leaders or the NCD coach who requested it on behalf of the church. Its contents are not to be revealed publicly without the express permission of the church concerned.

3.4 Publication or presentation of results
No part of this report may be reproduced in magazines, newsletters, journals, books or websites, or presented in a public forum, without the written permission of the church and the relevant NCD National Partner.

3.6 Decisions based on this report
The church whose data appears in this report has sole responsibility for:
- ensuring that the most up-to-date NCD Insights report is being used;
- determining who has access to it;
- ensuring that all who do have access read its contents accurately;
- all conclusions drawn from the report; and
- the consequences of actions taken as a result of drawing those conclusions.

4. Questions?
If you have any questions, contact 1. your NCD Coach or 2. the person in your denomination or movement who has responsibility for NCD or 3. the person who supplied you with the NCD Survey results.

If this is not possible, contact the NCD National Partner in your country. Contact details can be found on the NCD International web site – www.ncdnet.org. At this web site you will also find:
- additional information about NCD resources, research and coaching
- NCD news, videos and case studies from around the world
- answers to frequently asked questions about NCD
- eNCDline - the Natural Church Development online magazine

Please do not directly contact the authors of NCD Insights or the Institute for Natural Church Development International. If your questions cannot be answered at the local level, they will be passed on by your NCD National Partner.

Should you require more than a brief consultation on the contents of this report, please be prepared to negotiate a fee for the services provided.

We trust that you and your church will be blessed as you use this NCD tool for releasing the potential for healthy, sustainable, ‘all by itself’ growth.

The NCD International Team

---

**Adult Attendance Growth**

- **5 years ago**: 90
- **4 years ago**: 95
- **3 years ago**: 99
- **2 years ago**: 104
- **1 year ago**: 115
- **Today**: 125

www.churchsmart.com  Page 6 of 21 © 2011 NCD International
Projected attendance growth

Based on our current survey average

185

Starting with our current combined adult and child worship service attendance.
Based on the relationship between NCD averages and growth rates of more than 60,000 churches worldwide analysed since 1996.

Possibility growth projection

Along with increased growth rates and other positive outcomes, churches with higher health:
- Provide a healthier environment in which people can grow toward God and each other
- Connect with their community in increasingly natural ways
- Have a greater proportion of conversion growth compared to transfer growth
- Experience more manageable workloads amongst the leaders and lay-workers
- Use their resources more efficiently
- Are considerably more inclined to plant other healthy churches

Starting with our current combined adult and child worship service attendance.
Based on the relationship between NCD averages and growth rates of more than 60,000 churches worldwide analysed since 1996.
Survey Participants by Age Groups and Gender

Quality Characteristic Current Profile
Empowering Leadership Current Profile

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaders empower others</td>
<td>74</td>
</tr>
<tr>
<td>Leadership fit</td>
<td>58</td>
</tr>
<tr>
<td>Delegation and sharing of ministry</td>
<td>68</td>
</tr>
<tr>
<td>Compelling Vision</td>
<td>74</td>
</tr>
</tbody>
</table>

Gift-based Ministry Current Profile

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrating gifts into ministry</td>
<td>75</td>
</tr>
<tr>
<td>Significance of ministry</td>
<td>67</td>
</tr>
<tr>
<td>Support for ministry</td>
<td>72</td>
</tr>
<tr>
<td>Equipping for ministry</td>
<td>84</td>
</tr>
</tbody>
</table>
Inspiring Worship Service Current Profile

- Personal Transformation in Worship: 60
- Visitor friendly church: 74
- Anticipation for worship: 47
- Relevance of Message: 65

Holistic Small Groups Current Profile

- Developing spiritually-oriented community: 73
- Multiplication of disciples, leaders, and groups: 71
- Integrating Newcomers: 68
- Group relevance: 84
Interested in more facts?

Facts that shed light on the ‘inner fabric’ of your ministry or work environment?
Facts that provide you with a solid basis for sound strategic decision-making?

Learn more about NCD’s new research service at www.ncd-research.org

We offer custom research services to support key leaders, decision makers, and researchers in Christian denominations and movements, ministries and organizations.

Our service includes:

- OQM and NCD database queries (with more than 65,000 NCD Surveys)
- Analysis of NCD and OQM Survey data in light of individual questions
- Research coaching and consulting
- Designing and implementing of research projects

To get an idea of the kind of research projects we’ve been carrying out in the past, follow this link:

www.ncd-research.org/serv_case.html

Explore Determine Shape for the better!

NCD Research International – A service of NCD International
Appendix G: NCD Insights for Grace United Methodist Church

NCD insights
Quality Characteristic Analysis & Trends
for the Natural Church Development Journey of

URBANA GRACE
April 2015
Pastor for 14 years: J. Michael Smith

<table>
<thead>
<tr>
<th>Profile</th>
<th>Date</th>
<th>Minimum Factor</th>
<th>Maximum Factor</th>
<th>Min - Max Difference</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Apr-15</td>
<td>38 Passionate spirituality</td>
<td>52 Effective structures</td>
<td>14</td>
<td>46</td>
</tr>
</tbody>
</table>

How to use NCD Insights

1. Essential reading to use NCD Insights effectively

1.1 Why this resource?
Your church is a dynamic, living organism whose health is constantly changing. All actions in your church at any point in time, especially decisions by leadership, result in the church’s health improving or declining. No matter how healthy your church is, there are always areas for improvement. NCD Insights provides a more detailed picture of church life so you can track that dynamic change and stay focused on current and emerging health issues.

Growing the church is a partnership with God. NCD Insights helps you fulfill your role of identifying existing and potential barriers to health. Regular, accurate identification of barriers, and taking effective steps to remove them, maximizes the potential for ongoing growth.

1.2 The NCD Insights numbers
The statistical scale for all NCD Insights graphs is the same as the one used for the basic profile graph of the eight Quality Characteristics. Based on scientific research each quality is broken down into four categories which are computed from the pertinent items in the questionnaire. The results are standardized scores, not percentages, based upon a standardization for your country that is updated annually. The result for each area can be directly compared with the results for all other areas. The statistical model is as follows:
- The “average” church will score 50: above 50 means above average health and below 50 means below average health.
- 70% of churches score between 35 and 65.
- Scoring 65 or higher puts your church in the top 15% of churches. This shows a high degree of health.
- Scoring 35 or less places your church in the lowest 15% of churches.
- It is possible to get less than zero and more than 100.

1.3 Recognise strengths and weaknesses are relative
For a proper perspective on the health of individual scores, you must compare them with the results for the rest of the country and not just the other results in your profile. Do this using the scale on the left side of the page (see 1.2 above).

For example, you may score a 58 in the “Visitor Friendly Church” (sub-) category while all other results for Need-oriented Evangelism are over 65. On this comparison alone, you may conclude: “We are no good at being friendly with outsiders.” A comparison with the rest of the country shows such a conclusion to be untrue.

1.4 Avoid trying to do your own calculations
It is not possible to average the results for (sub-)categories related to a quality characteristic and generate the overall result for that characteristic. There are two main reasons for this:
- The questions that are taken for each category are not disclosed.
- The results do not include the contributive weightings of each category towards the overall result for a characteristic.

1.5 Line graphs
Some graphs use a line format so it is easier to compare multiple profiles and identify trends. The lines connecting individual dot points are not statistically relevant.

1.6 Accuracy
Completed profiles are regularly added to the database in your country and a new national standardization is issued by NCD International every year. This ensures the ongoing statistical accuracy of all detailed analyses. The anonymity of the survey process also contributes to accuracy because respondents feel that they can say exactly what they think.
2. Getting the Most from NCD Insights

The principal function of NCD Insights is to help you accurately identify existing and potential barriers impeding healthy growth. NCD Insights appeals to a broad spectrum of local church leaders by providing a more detailed picture for each quality without distracting the viewer with individual questions.

2.1 Where to Begin

The most helpful information regarding the key health issues is found in the following five pages:
- Cover page - containing summary information
- "Quality Characteristic Current Profile"?
- "Minimum Factor Current Profile"
- "Current Highest 5"
- "Current Lowest 5"

Having focused on the principal issues raised in these pages, particularly with respect to the Minimum Factor, the other graphs can be used to bring further insight to the information found on the above five pages and for addressing other specific ministry areas.

2.2 Suggested method of interpretation

The following is a proven method for interpretation. It involves placing individual results within the context of the whole profile and identifying unique issues by exploring connections between sub-categories.

1. Look within a quality characteristic. Examine the results for a quality characteristic and ask questions such as:
   - "Why is this result high and that result low?"
   - "Why is this result low and that result high?"
   - "Why is this result high but that result low?"

2. Look across quality characteristics. Use these same questions to draw connections between results across quality characteristics, revealing issues and barriers not evident from looking at each quality characteristic on its own. (The graph 'Current Lowest 5' is helpful here.)

3. Look for trends. If the church has done two or more profiles, additional graphs are provided showing historical trends. These comparative graphs highlight:
   - the immediate impact of actions taken to remove specific barriers;
   - longer term barriers (e.g., cultural factors) not clearly evident in a single profile; and
   - potential or emerging barriers.

4. Look for strengths. The 'Current Highest 5' graph highlights the five areas where the church is healthiest. Celebrate these and consider them in plans to address the Minimum Factor.

2.3 All activity impacts health

If you have done two or more profiles, NCD Insights shows you the effect on the church’s health of all activity in the church since the previous profile, whether you actively addressed the Minimum Factor issues or not. The ‘Change’ charts, in particular the Highest 5 Changes Previous to Current and Lowest 5 Changes Previous to Current, are helpful in this regard.

2.4 Things to consider...

...when looking at “Empowering Leadership”

- It is empowering leadership NOT empowering pastor. Each church has many layers of leadership including, but not limited to: pastor, staff, board, power brokers, etc.
- Don’t evaluate your leaders based on what a book says a leader should be.
- Rather, consider their gifts and passions and try to slot them in positions that allow them to work in the areas of their strengths.

...when looking at "Gift-Based Ministry"

- Gifts and talents are two different things. Gifts bring joy in service. Talents are just a skill that someone has. Sometimes gifts and talents are the same, many times they are not.
- Lack of involvement is different than lack of interest. Most people like to be asked to serve rather than just volunteer. How quickly does your church try to "plug in" new members?
- Read Ephesians 4:10. What does this verse look like in your church. How can you do better?

...when looking at "Passionate Spirituality"

- Relationships that aren’t growing are dying.
- Honestly look at your church and ask: "Do we consider the 'rules' of faith/ church to be more important than our relationship with the Lord?"
- Is your church known in the community by what it stands for or by what it is against?
- Read Matthew 22:37. How can your church better live out this verse?

...when looking at "Effective Structures"

- Structures are not sacred. They are only a means to an end. Constantly evaluate.
- It is not enough to start something that works, it must replicate.
- Don’t confuse meetings with ministry.
- Read Ephesians 4:15-16. Does this sound like your church?

...when looking at "Inspiring Worship Service"

- Church shouldn’t hurt!
- There is no “best kind of music.” Rather, one should ask, does the music in our service help us approach the living God?

...when looking at "Holistic Small Groups"

- The term “small group” is not limited to the classic small group model. It could be any group where “holistic” needs are being met, such as a Sunday School class or a Ministry team.
- Effective small group ministries will serve as an entry point into the church for newcomers.
- Consider the relation this ministry has to other key areas in your church such as: passionate spirituality, need-oriented evangelism and loving relationships.
- Read Hebrews 10:24-25. Does this sound like your church? Why or why not?

...when looking at "Need-Oriented Evangelism"

- Does your church body match the makeup of the community it is in? People relate best to those most like themselves.
- Successful evangelism is culturally relevant.
- Build relationships first. People know when they are a project.
- Nothing beats genuine concern for your neighbors and their needs.
- Read 1 Corinthians 9:19-23. Does what “need-oriented” look like in your community?
... when looking at "Loving Relationships"

- Jesus said this was the most important commandment.
- Connected people are committed people.
- When needs are met, people want to serve.
- Encourage relationships across generational lines.
- Read John 13:35. How noticeable is your love?

3.1 Copyright
NCD Insights © 2008 – NCD International

3.2 Presenting this report publicly
You may screen this report directly through a data projector. Open the file in Acrobat Reader, Select the ‘View’ menu, then ‘Full Screen’. Use the up and down arrows on your keyboard to select the desired graphs.

3.3 Confidentiality
This report may only be used by the church whose data it contains or by the denominational leaders or the NCD coach who requested it on behalf of the church. Its contents are not to be revealed publicly without the express permission of the church concerned.

3.4 Publication or presentation of results
No part of this report may be reproduced in magazines, newsletters, journals, books or websites, or presented in a public forum, without the written permission of the church and the relevant NCD National Partner.

3.5 Decisions based on this report
The church whose data appears in this report has sole responsibility for:
- ensuring that the most up-to-date NCD Insights report is being used;
- determining who has access to it;
- ensuring that all who do have access read its contents accurately;
- all conclusions drawn from the report; and
- the consequences of actions taken as a result of drawing those conclusions.

4. Questions?
If you have any questions, contact 1. your NCD Coach or 2. the person in your denomination or movement who has responsibility for NCD or 3. the person who supplied you with the NCD Survey results.

If this is not possible, contact the NCD National Partner in your country. Contact details can be found on the NCD International website – www.ncdnet.org

At this website you will also find:
- additional information about NCD resources, research and coaching
- NCD news, videos and case studies from around the world
- answers to frequently asked questions about NCD
- eNCDe – the Natural Church Development online magazine

Please do not directly contact the authors of NCD Insights or the Institute for Natural Church Development International. If your questions cannot be answered at the local level, they will be passed on by your NCD National Partner.

Should you require more than a brief consultation on the contents of this report, please be prepared to negotiate a fee for the services provided.

We trust that you and your church will be blessed as you use this NCD tool for releasing the potential for healthy, sustainable, "all-by-itself" growth.

The NCD International Team
Projected attendance growth
Based on our current survey average

- Starting with our current combined adult and child worship service attendance.
- Based on the relationship between NCD averages and growth rates of more than 60,000 churches worldwide analyzed since 1996.

Possibility growth projection
Along with increased growth rates and other positive outcomes, churches with higher health:
- Provide a healthier environment in which people can grow toward God and each other
- Connect with their community in increasingly natural ways
- Have a greater proportion of conversion growth compared to transfer growth
- Experience more manageable workloads amongst the leaders and lay workers
- Use their resources far more efficiently
- Are considerably more inclined to plant other healthy churches
Empowering Leadership Current Profile

- Leaders empower others: 45
- Leadership fit: 49
- Delegation and sharing of ministry: 43
- Compelling Vision: 50

Gift-based Ministry Current Profile

- Integrating gifts into ministry: 34
- Significance of ministry: 51
- Support for ministry: 45
- Equipping for ministry: 46
Passionate Spirituality Current Profile

- Experiencing God: 43
- Passion for Church: 40
- Passion for Devotions: 40
- Spiritual Interconnectedness: 37

Effective Structures Current Profile

- Effective Planning: 50
- Organizational structures: 55
- Innovation and Managing Change: 47
- Structure for Effective Leadership: 53
Interested in more facts?

Facts that shed light on the “inner fabric” of your ministry or work environment?
Facts that provide you with a solid basis for sound strategic decision-making?

Learn more about NCD’s new research service at www.ncd-research.org

We offer custom research services to support key leaders, decision makers, and researchers in Christian denominations and movements, ministries and organizations.

Our service includes:

- OQM and NCD database queries (with more than 65,000 NCD Surveys)
- Analysis of NCD and OQM Survey data in light of individual questions
- Research coaching and consulting
- Designing and implementing of research projects

To get an idea of the kinds of research projects we’ve been carrying out in the past, follow this link:

www.ncd-research.org/serv_case.html

Explore Determine Shape for the better!

NCD Research International – A service of NCD International
WORKS CITED


Bandy, Tom. “Missional Mergers: 9 Keys to Success.” *Outreach* (May June 2009) 74–75


Easum, Bill. “Vital Signs.” *Outreach* (May June 2009) 63


Miller, Kevin, and Ed Rowell. “Comprehensive Health Plan: An Interview with Rick Warren.” *Outreach* (Summer 1997) 22–29


Neighbour, Ralph W. “What Does a Healthy Church Look Like: It’s the Structure, Period.” *Outreach* (Summer 1997) 36–37


WORKS CONSULTED


Miller, Ronald C. A Study of Church Health Among Lutheran Congregations: Transitioning to a Discipleship Model for Ministry. 2004 Asbury Theological Seminary, DMin dissertation.


Simpson, Daniel E. “Natural Church Development: Review.” *Journal of the American Society for Church Growth* (Fall 1998) 57–70


Stetzer, Ed. *Planting New Churches in a Postmodern Age*. Nashville, Tennessee:


