

9-2016

Healthy Churches Grow

Rodney Mills

Texas Conference of Seventh-day Adventists

Follow this and additional works at: <https://digitalcommons.andrews.edu/jacl>

 Part of the [Christianity Commons](#), and the [Practical Theology Commons](#)

Recommended Citation

Mills, Rodney (2016) "Healthy Churches Grow," *Journal of Applied Christian Leadership*: Vol. 10: No. 2, 68-76.

Available at: <https://digitalcommons.andrews.edu/jacl/vol10/iss2/7>

This Leadership Lived is brought to you for free and open access by Digital Commons @ Andrews University. It has been accepted for inclusion in Journal of Applied Christian Leadership by an authorized editor of Digital Commons @ Andrews University. For more information, please contact repository@andrews.edu.

RODNEY MILLS

HEALTHY CHURCHES GROW

He walked into the church not knowing what to expect. It had been hard making the decision, but he was determined to attempt to worship God in church that weekend. Jim didn't look like the other congregants. His piercings glistened in the morning sun, contrasting with his dark tattoos and spiked hair. On both sides he was dragging two rag-a-muffin children. It was clear that Jim was out of place.

He settled into the rear of the sanctuary just as the praise music was beginning. He hoped that his small children wouldn't make a fuss, but that was unlikely as this was the first time in their lives that they had crossed the threshold of a church. As the praise music began to fade, his youngest began to squirm, chatter, and cause an unwelcome distraction to all around them.

Just as Jim was deciding on whether this "church thing" was worth the trouble, an elderly woman in the row in front of him turned around and stared in his direction. The stern expression on her face made him want to wither away, never to try this again. However, his thoughts of fleeing were soon quenched as she asked, "May I help you with your children, so that you can enjoy the service?" Relief flooded his mind as at that moment Jim knew that he had found a warm, accepting home.

Such is the experience that God wishes for all who come to Him. People young and old, from all walks of life, are searching for meaning, belonging and acceptance. Alone and isolated, they search for a place where they can be themselves and find what is missing from their unfulfilled lives.

Apprehensions abound if they happen to venture across the threshold of a church door. What will they discover waiting for them on the other side? Will they find an environment of safety, love and acceptance, or just another place where they are judged by their outward appearance instead of the content of their character? Will they encounter a presence of the Divine throughout the worship service that inspires and transforms their lives, or will they be met by congregants merely fulfilling their weekly duty to ease guilty consciences? Will

Rodney Mills is a 2009 Doctor of Ministry graduate from the Seventh-day Adventist Theological Seminary at Andrews University. His doctoral project explored the implementation of Natural Church Development. After pastoring in several states for the past 35 years, he currently serves as the Ministerial Director for the Texas Conference of Seventh-day Adventists. He and his wife of 36 years, Pamela, have one grown daughter.

they be encouraged to utilize their unique gifts and talents in service for others, or simply observe a finely tuned performance with no encouragement to personally get involved? These and other questions are being asked each week as people search for something more to life and seek meaning in a world that offers little hope for today or tomorrow.

God has given His body—the organic, living Church—the task of being a beacon of hope to a struggling and dying world. He desires the church to exhibit the grace and acceptance that led Jesus Christ to give everything for humanity. Yet, too often, the church is not living up to the ideal to which it is called. Too often there exists little vitality in God’s body as members have become accustomed to the dysfunction and unhealthy habits that have formed over decades of organizational existence.

Volumes of literature have been written over the past years extolling the virtues of various health principles and their relationship to church growth. Some authors have synthesized church health down to no more than five major principles (Gladden, 2003; Rainer, 1994; Warren, 1995). Others have created detailed lists containing 19 or more essentials to measure a healthy church (Getz, 2007; Scheidler, 2005). Each has sought to illuminate the essential ingredients for maintaining church health. Some differences in the stated principles are simply semantic; others are additional principles that complement the eight essential characteristics presented by Christian Schwarz in his *Natural Church Development (NCD)* concepts (Schalk, 1999; Schwarz, 1999, 2000, 2005).

This focus on health is important for congregations of all sizes. While larger congregations may appear to have an advantage in health, it is imperative that all congregations look closely at their health before attempting to grow. The reality for congregations both large and small is that the fundamental issue is health, not growth (Martin, 2005). Only after dealing with the systemic issues related to health should the pastor/leader of the congregation make growth a goal for the congregation. It is true that a church will never be totally healthy, just as in life there is a constant threat of disease-causing germs. However, the pastor/leader and congregation must seek to make health a priority.

In his book *Seven Practices of Effective Ministry*, Andy Stanley shares that in order to have an effective ministry one must think in steps, not programs. Addressing church leaders, he says that you must first “determine where you want the people to be. Then figure out how you are going to get them there. That’s doing ministry with the end in mind” (Stanley, 2004). As leaders, we are called to be systematic in our approach to problems, including the health of the church. We must have a clear end in sight and have specific steps that we can take to achieve that goal. If we are going to make health a priority, then we

must have clear steps to achieve better health instead of just focusing on the newest and fanciest program or latest gimmick to attract more congregants.

Still the question remains whether focusing on health is a biblical concept. Christian Schwarz uses Mark 4:26–29 as an integral biblical basis for his theory of NCD (Schwarz, 2005). The “all-by-itself” principle forms the basic rationale for considering church health as a priority for church growth. Christ says in Mark 4:28 that the “earth by itself” brings forth the crop. This seems to support the philosophy of growth occurring apart from human activity. The Greek word $\alpha\upsilon\tau\omicron\mu\alpha\tau\eta$ is frequently used in the Septuagint to refer to that which is worked by God alone. It is the same term that is used for the vegetation which grows up during the Sabbatical year in Leviticus 25:5 and 11, again emphasizing the growth occurring apart from human involvement. The farmer sows the seed, goes about his daily rounds and neither fusses nor loses sleep over the growth process. He recognizes that God is at work. Despite the farmer’s absence and ignorance of the growth process happening underground, the soil brings forth “all by itself” the harvest.

As church leaders, it is our responsibility not to grow the harvest, but to create an environment whereby God can bring about His harvest and grow His kingdom.

Personal Experience

Some years ago I was called to pastor a church in the upper Midwest region of the United States that had experienced a significant decline in membership over the past couple of decades. I had read about the concept of Natural Church Development, but was unsure if it would work for my particular church. There were many things that seemed stacked against this congregation regaining its vitality. We didn’t have the resources of the big churches in town. We didn’t have the multiple services, multiple pastors or multiple ministries. Parking was only on the street, in an old residential neighborhood. If congregants were to fill the church, most of them would have to park their cars a couple of blocks away, an especially unpleasant task in the winter months. What could something like Natural Church Development do for this dying urban church? How could this congregation, worshipping in the same location for 60 years, change to meet the needs of and become a beacon of hope to an ever-changing city.

My first task was to help the congregation realize the dire straits they were experiencing. As John Kotter states in his book *Leading Change*, there must first be an established sense of urgency for lasting change to occur (Kotter, 2012). The members needed to develop the realization that unless something drastic were to happen, their days as a church would be numbered and their pews

even emptier than they were at the time. Sitting with the church board and going over the statistics of decline in the past 15 years helped to bring that sense of urgency to the leaders. They began to realize that the church had not deteriorated to its current condition overnight. If the congregation was to be vibrant again, it would take something more than a quick-fix, microwave solution to their decades-long problem. They voted to make a long-term attempt at using Natural Church Development as a tool in reversing their current trend.

Over the next seven years, the congregation would take the NCD survey multiple times to assess its health (Mills, 2009). A basic profile showed scores on eight church qualities (empowering leadership, gift-based ministry, passionate spirituality, effective structures, inspiring worship services, holistic small groups, need-oriented evangelism, loving relationships). There were times when committees were formed and goals were set and approved by the church in an attempt to work on the lowest quality. Other times, the goals and objectives were less defined and more haphazard methods of dealing with the perceived issue took center stage. All of this was done before the introduction of a more detailed report (Profile Plus) where each question was evaluated for its contribution to the score. Therefore, there were times when little was done to meaningfully change the health of the congregation. Only when the majority of the members were intentionally aware of the concepts and the need of providing a healthy environment in which God could grow His church did things really begin to improve.

One year, the church board brainstormed various ideas that were passed on to a select committee to come up with four S.M.A.R.T. initiatives for the church to implement. Another time, as pastor, I bypassed the committees and came up with my own goals, which turned out not to be too smart. There were times that we polled the congregation for ideas, and other times we had congregational meetings detailing the initiatives for the coming year. In each case, the common theme was that the church was conscientiously striving to improve the lowest quality and create a healthy, nurturing environment in which the church could prosper.

Yet, to determine the effectiveness of any program, system or initiative, there needs to be an objective measurement. There are numerous authors who clearly recognize that growing a healthy church is not just about numbers but also about growing the members themselves. There is an intangible growth that comes from the maturity that God brings in areas of faith, love and service. The expansion of the ministry of the church into the community, making a difference in the community served, is something that is difficult to quantify, yet it is a critical part of a healthy congregation.

It is clear that much of the growth of a healthy church cannot be measured

with numbers and statistics. However, there is value in recognizing that numerical growth does represent people. The number of people involved in the ministry of the church is an indication of the effectiveness of the church in following God's will. Therefore, we chose to measure our growth through the size of the membership, the attendance at services, the giving of personal resources, and the number of people accepting Christ as their personal Savior and joining the ministry of the local church.

The first year of addressing the lowest quality of the church saw the most dramatic change in the life and health of the church. Over the course of the year, the church saw its NCD scores rise from an average of 45 to 59. The lowest quality rose 19 points and every other factor also rose, many more than 10 points. The church's membership increased 9%, from 235 to 255, while the attendance at services grew almost 30%, from 120 to 155. There were new ministries started in the community. People were excited about coming to church. The congregation was alive again.

As mentioned earlier, there were times when I tried, as pastor, to do things my way instead of inviting input from the congregation as to the direction that we should take as a church. There were times that personal issues and family demands sidetracked the implementation process and the church plateaued on its quest for health. Still there remained one focus, one objective: to create a healthy environment where God could grow His church and expand His kingdom.

After leading the congregation through five cycles of the church development process over a course of seven years, this Midwest congregation saw dramatic, lasting change. Not only were they healthy and vibrant—their average score was 69 (score 65 and above indicating health)—the congregation had planted a small congregation on the other side of town. In addition to the new church plant, the membership of the congregation had grown 19%, from 235 to 270. The weekly attendance had increased 64%, from 125 to 205. The members' personal giving had increased 23%, and dozens of people were coming to the saving knowledge of Jesus Christ.

Natural Church Development (NCD) is a process through which the health of churches can be evaluated and improved. NCD is broken down into the following eight categories: empowering leadership, gift-based ministry, passionate spirituality, effective structures, inspiring worship service, holistic small groups, need-oriented evangelism, and loving relationships.

Each of these categories represent biblically based characteristics of a healthy church. Results of a survey (one-time or repeated) identify which of these areas provide opportunity for improvement, helping the church plan to move toward greater health. Figure 1 graphically demonstrates measurement of the NCD Quality Characteristics. Note that 35 points represents one standard deviation below average, 50 points represents average, and 65 points represents one standard deviation above average, based on national norm. (Figure 1 also shows the current NCD profile of the church described in this study.)

In the last 25 years, this tool has generated 70,000 church profiles in 70 countries across various denominations. NCD is based on biblical, natural, and social science research of churches around the world.

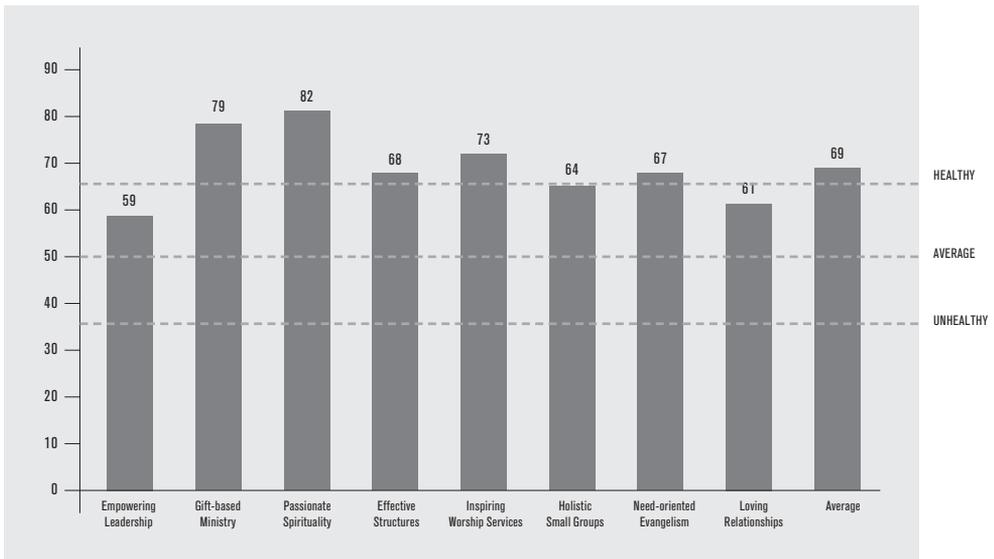


Figure 1. This NCD Church Profile chart demonstrates improved health of the church the author has described.

Practical Lessons: Implementing the Natural Church Development Process

After leading this and other congregations through a similar process of restoration and health, several principles have surfaced as key to my understanding and implementation of a process of health within a congregation. Natural Church Development is not a magic pill that a congregation can take to cure its decades-long illness. However, with careful, diligent effort, God can bring any congregation back to the fullness of health that He designs for His body.

Prayer is an integral part of health. It is easy to become immersed in the programs of the church. We can take surveys, analyze the results, and determine the steps of action we need to take to make the biggest impact on the health of the congregation. However, if we fail to realize that lives are changed through the power of the Holy Spirit, we will miss the target. All our strategies, plans, and surveys can help focus our attention on the goal, but it is God who changes the hearts and characters of our congregants.

Any lasting restoration to health can only take place in answer to deep, heartfelt prayer. Sermons, programs, lectures, socials and a multitude of other things will have little effect if we fail to acknowledge and plead for God's Spirit to change the hearts and minds of our congregants. The most hardened member can become a valuable tool in the hand of God. If we forget or minimize the effect of prayer to restore and build the health of our church, we are in essence

relying upon our own ingenuity and prowess rather than realizing we are mere shepherds tending the flock that God has entrusted to us.

Change will not occur until there is a sense of urgency. Church leaders and their members have long tolerated the atmosphere of ill health. Their current state of dysfunction has been going on for so long that the members often believe it is normal and therefore to be expected. Excuses are made to maintain the status quo and as a result nothing improves in the life of the church.

For lasting change to occur, church leaders and members must sense the urgency of the situation and determine that doing nothing is worse than the anticipated pain of changing long-standing practices or traditions. It will not be easy for any congregation in ill health to grapple with the fact that they must undergo some radical changes in order to reverse the troubling trends. Yet it is imperative that such a realization permeate the fabric of the church. Only then will they become willing to make the necessary adjustments in order to provide an environment conducive for God to grow His church.

Restoring health takes time. We live in a world that desires instant solutions to long-term problems. People expect answers to be as speedy as a Google search and as painless as a pin prick. Churches forget that it often takes years for a congregation to begin noticing the decline and even longer to admit there is a problem. Still, once they have reached the point of accepting that there must be change, they want the process to be swift, thorough, and easy.

Restoring health to the church is a lot like restoring health to our physical bodies. The extra pounds we put on over the holidays do not come off as easily as they went on. It takes long hours of exercise and months of dietary changes to see a lasting difference. With the church, it takes years of focusing on health to bring a congregation back from the cliff of extinction to the mountain of hope that God intends them to be.

Great care should be taken by the leaders of the church not to promise too much, or to expect the results too quickly in regards to regaining church health. Improved health will come, but it will not happen overnight. I have often seen churches become discouraged and quit emphasizing the importance of health because they did not achieve their utopian goals as soon as they desired.

Intentional effort will produce results. It doesn't matter whether the church leadership follow perfectly an implementation plan such as the one set forth by NCD America (www.ncdamerica.org). Having a coach and following a detailed implementation plan will enhance the results and hasten the church along the path to health, because the people will be more intentional about their every move. Still, what matters the most is that they actually do something to improve their health. Procrastinating on improving the health of your congre-

gation because you don't have a certified coach or do not completely understand all the underlying principles of biotic growth should never be an option for the church leader who is truly concerned about creating a healthy environment.

Doing something is better than doing nothing. Though sometimes pastors and leaders may do the wrong thing or have the incorrect focus toward improving the climate of the church, the greatest mistake would be to do nothing.

In establishing the test groups for my dissertation project, the only criterion was whether the church pastor or leader could verbally delineate what the church had attempted to accomplish in order to improve the health of the congregation. No distinction was made as to whether the objective actually helped the church's health to improve. No distinction was made as to whether there was a coach or all the implementation guidelines were followed. The only criterion was whether the church was intentional in their effort to improve the health of their church. Could they specify what they tried to accomplish?

As a result of churches' intentional effort to improve their health, there emerged a significant statistical difference in four of the six qualities used to measure healthy church growth. In addition, depending on which group the churches fell into, there was a group predictor for a significant statistical difference in the result in three of the five categories analyzed (Mills, 2009). A church can grow "by itself" in numbers, but it takes intentional work on the qualitative church development.

You may be questioning the validity of tools such as NCD as a way to improve the health of your congregation. You may believe that it might work in the upper Midwest but doubt that it can help your specific situation. You may wonder if the benefit will outweigh the cost or if you are throwing money away on another program that will not make a significant difference in the life of your church.

Take heart. God desires that His entire body, including your church, become a healthy representation for Him. He longs for His Church to be an oasis in the desert of despair that permeates society. It is His desire that the Church be a beacon of hope to those like Jim who are searching for meaning and fulfillment. It is God's plan for the Church to be a vibrant, living, growing, and thriving organism that will impact lives for eternity.

Pastor, church leader, and concerned member, take courage. Healthy churches do grow, and God wants to partner with you in making your church a healthy church.

References

- Getz, G. A. (2007). *The measure of a healthy church*. Chicago, IL: Moody.
- Gladden, R. (2003). *The seven habits of highly ineffective churches*. Lincoln, NE: AdventSource.
- Kotter, J. P. (2012). *Leading change*. Boston, MA: Harvard Business Review Press.
- Martin, K. E. (2005). *The myth of the 200 barrier*. Nashville, TN: Abingdon Press.
- Mills, R. J. (2009). *An evaluation of the implementation of Natural Church Development within Seventh-Day Adventist churches in the United States and the resulting church growth* (Unpublished doctoral dissertation). Andrews University, Berrien Springs, MI.
- Rainer, T. S. (1994). *Eating the elephant: Bite-sized steps to achieve long term growth in your church*. Nashville, TN: Broadman & Holman.
- Schalk, C. (1999). *Organizational diagnosis of churches*. St. Charles, IL: ChurchSmart Resources.
- Scheidler, B. (2005). *Growing strong churches: 19 keys to a healthy, growing church*. Portland, OR: City Christian Publishing.
- Schwarz, C. A. (1999). *Paradigm shift in the church*. St. Charles, IL: ChurchSmart Resources.
- Schwarz, C. A. (2000). *Natural church development*. St. Charles, IL: ChurchSmart Resources.
- Schwarz, C. A. (2005). *Color your world with Natural Church Development*. St. Charles, IL: ChurchSmart Resources.
- Stanley, A. (2004). *Seven practices of highly effective ministry*. Colorado Springs, CO: Multnomah Books.
- Warren, R. (1995). *The purpose driven church*. Grand Rapids, MI: Zondervan.