Dear Pastors/Leaders:

I’m in the process of writing a series of articles on the subject of church health/revitalization. You will recall we began with *How does a church know if it needs revitalized?* I touched on eleven indicators of a church in need of an infusion of health/revitalization. In my second article I addressed the *Essential Qualities of a Revitalization Pastor.* I identified 10 qualities that need to be present in all pastors, but especially in those that want to be used of God to revitalize a church. In the third article, I addressed the fact that *Church Decline is a Spiritual Issue.* The last article dealt with the lack of biblical contextualization as I discussed the need of *Contextualization without Compromise.* With this next article, I want to discuss church health as the root of church revitalization. I’ve entitled it *Revitalization is a Church Health Issue*.

As I discussed in my first article, there are many signs and reasons why a church is in need of revitalization. Obviously we cannot be blind to demographic shifts, transitioning communities, cultural change, increased diversity, denominational averseness, and generational erosion among others as contributing factors of congregational decline. However, chief among the factors causing a need for revitalization is a lack of church health. In fact, it is often the lack of church health that inhibits a church from responding to the above challenges.

Our temptation when facing church decline is to look for the quick fix…for the canned program or the magical church growth strategy that’s going to turn the church around. However, this is usually a huge mistake. It is putting a Band-Aid on a festering wound and will eventually cause more harm than good. New programs or strategies are not necessarily wrong, but they become wrong when focused on first at the expense of health. In fact, churches that focus on church health will achieve the right kind of growth. Churches that are experiencing revitalization have renewed vision, healthy congregational morale, and a sustainable strategy for accomplishing mission and ministry. All this arises out of a groundwork of health.

So what are some healthy factors that need to be rooted in churches if they want to experience revitalization? *First*, healthy churches have *a more complete scorecard*. The typical metric we assessed effectiveness in our churches was based on the four “B’s” – budget, buildings, baptisms, and butts in the pew! These still have a place, but they are incomplete in measuring effectiveness in our new cultural environment. A revitalized church will devise a new scorecard for evaluating mission and ministry. For example, they will measure how their people are moving toward deeper levels of discipleship as well as how many are connecting outside the church to lostness. *Second*, a healthy church will *embrace a missional rather than a consumer mentality*. Unhealthy churches become very inward focused and needs fixated. But healthy churches stress serving rather than being served – mission rather than maintenance. Healthy churches will even sacrifice numeric growth if it comes at the expense of their missional philosophy of ministry. They realize that not all growth is healthy growth. Quantity is important, but it does not supersede the values of quality.

*Third*, healthy churches embrace *a worship environment of congregational engagement rather than platform entertainment*. We are only transformed into the people God made us to be as we participate or engage in a spiritual way in the worship of God. If worship becomes only passive observance, our emotions may be moved but we will not be transformed. Healthy churches have active participants engaged in spiritual worship rather than passive observers. *Fourth*, healthy churches *streamline decision-making*. Whatever their governing style, churches that experience revitalization have an empowered leadership structure with flexibility and the authority to make quick decisions. In addition, they empower ministry teams (committees) to carry out ministry responsibilities on behalf of the church.

*Fifth*, healthy churches, while being complementarian in their view of men and women’s roles in the church and home, still *promote the full utilization of men’s and women’s gifts* in service and leadership in the church. *Sixth*, generally speaking, healthy churches are more *kingdom rather than denominationally driven*. That’s not to say they are non-denominational or anti-denominational. However, their focus is on gospel advancement rather than denominational preservation. They are not sectarian or tribal, but seek to cooperate where they can with other Great Commission churches.

*Seventh*, healthy churches have developed a *theology of change*. As we know from good Christian theology, God does not change – He is immutable. However, that does not mean that He is static. God is transcendent eternal, but He is also immanent – that is, He is contemporary…He is ever present interacting with His creation. He interacts in order to change things, to write history…to bring about a new kingdom. In addition, change is built into nature, e.g. the seasons of the year -winter, spring, summer, fall; the seasons of life—birth, childhood, adolescence, adulthood, old age, death. Change is part of the human condition – it is fluid and dynamic. Of course, as followers of Christ, we are to change and be transformed into the image of Christ. Beyond this, we know that the history of the church is change. The point is, developing a high tolerance for healthy change is key to revitalizing a church. Healthy churches preserve their core message, but are continually looking for ways to improve their methodology.

 *Eighth*, a strategic aim of a healthy church is to *be multi-generational*. Instead of focusing on a single demographic, the revitalized church values the views of a full array of age groups. *Ninth*, healthy churches are *intentional about discipleship*. More specifically, churches that are experiencing revitalization have made developing and mentoring leaders a strategic priority. Unhealthy churches have the common failure of not passing leadership on to the next generation. But healthy churches and perceptive pastors make it a strategic aim to disciple the next generation of leaders – especially young men. *Tenth*, a healthy 21st century church *values diversity* centered in an unchanging gospel. That is, a mark of a kingdom focused church is not only that they are committed to being multi-generational, but also that they are comfortable with a wide variety of diversity – ethnic, political, socio-economic etc. Diversity is respected, political differences are allowed without fear of rejection, and people from all socio-economic levels are embraced and allowed to fully utilize their gifts.

*Eleventh*, healthy churches value and experience the *spiritual richness of community*. Unhealthy churches usually place a high premium on the church as an institution, but experience very little of true *koininia*. *Lastly*, healthy churches value their past that was truly God glorifying, however they don’t try to *live in, compete with, or replicate the past*. They live fully in the present and have a biblical vision for the future.

There are obviously other healthy factors that lead toward church revitalization. These are just some of the more prevalent trends we’re observing today with churches experiencing revitalization. We must aim at health and address the areas of disease. Nothing good proceeds from sickness! As Jesus said of the individual also applies to a collection of individuals called the church*: “A healthy tree cannot bear bad fruit, nor can diseased tree bear good fruit”* (Mt. 7:18).

As NWIBA churches, let’s focus on the things that make for *healthy*, gospel centered, biblically strong, culturally relevant, missionally engaged, reproducing churches cooperating together to transform Northwest Indiana for the glory of Christ!

In His Service,

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