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BALANCING CHURCH GROWTH WITH CHURCH HEALTH

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By

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DEDICATION

What, then, shall we say in response to these things? If God is for us, who can be against us? Romans 8:31

I want to thank Southeastern University for believing and investing in me. To Dr. Deck, Dr. Karen Ingle, and Dr. Gollery, what can I say?… I am indebted to you all. To my church family, I love you—thank you for releasing me to pursue my education and for 18 years of partnership as we reach Chicago with the hope of the Gospel. To my friends, you always serve as inspiration for me; thank you for your friendship and loyalty.

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To God be all the Glory!

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ABSTRACT

The aim of this study was to empirically evaluate the impact that strategic enticing events exerted upon the overall health and growth of the church site studied from 2000 to 2001. A within-subjects, quasi-experimental research design was implemented. Specifically, a repeated measures, pre-test/post-test design using an initial baseline measure and two subsequent post-test measures were used to assess study participant perceptions on the topic of church health. The specific treatment variable employed in the two post-test phases of the study was the presence of leader-enacted strategic enticing events. The influence of strategic enticing events exerted a statistically significant effect upon the perceptions of participants regarding church health indicators across the three phases of the study. All comparisons were manifested at statistically significant levels with concomitant large to very large magnitudes of comparative effect. The single greatest magnitude of participant change was manifested in the church health indicator of *Diversity of Worship Access*, closely followed by the indicator of *Community Well-Being* and the church health indicator of *Tithing and Offering* was least impacted by the strategies amongst the nine indicators. The individual church health indicator of *Individual Spiritual Growth* represents the most robust predictor of overall church health within the predictive model. Church-level indicators of *Community Well-Being* and *Diversity of Worship Access* represented the most robust predictors of overall church health within the predictive model. The factor or dimension of *Outreach/Diversity of Worship* represents the most robust correlate and predictor of overall church health within the predictive model.

Keywords: church health; church growth; church as a living organism; transformational leader; strategic enticing events; missional church; natural church development

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I. INTRODUCTION

According to The Barna Group (2016),

> The influence of Christianity in the United States is waning. Rates of church attendance, religious affiliation, belief in God, prayer and Bible-reading have all been dropping for decades. By consequence, the role of religion in public life has been slowly diminishing, and the church no longer functions with the cultural authority it held in times past. These are unique days for the church in America as it learns what it means to flourish in a new Post-Christian Era. (p. 1)

However, the Assemblies of God (AG), the world's largest Pentecostal denomination, has experienced 27 consecutive years of growth in adherents. The fellowship is 54% under the age of 35 and more than 42% ethnic minority. Hispanic participation in the AG has grown since 2001 from 16.3% of adherents to 22.2% in 2016. Moreover, the participation of Caucasian adherents has decreased remarkably from 70.6% in 2000 to 57.7% in 2016 (Assemblies of God, 2016). These numbers demonstrate that over time there has been a notable shift in the demographics contributing to the AG's growth in the United States. According to Rick Warren (1995), Senior Pastor of Saddleback Church in California, "Church health is the key to church growth. All living things grow if they're healthy. You don't have to make them grow – it's just natural for living organisms" (p. 16). Steinke (1996) also compared churches to living organisms that require ongoing maintenance in

order to grow, to thrive, and to be healthy. He asserted that poor stewardship of a congregation, including neglect, indifference, hostility, and pride, leads to the decay of a church (p. 8).

The study site church is a multi-site church based in a large metropolitan area of the Midwest region and is the third largest Assembly of God (AG) church in the United States, with 15,455 adherents in 2016, a majority of which are second and third generation Hispanics. This church existed as a Spanish-speaking church from 1956 to 2000 with membership peaking at 132 in 1999. Like most traditional, Hispanic Assembly of God Pentecostal churches in the inner city, the study site church did not experience growth during this time as evidenced by AG statistical records of that period even though they were a stable landmark in the community, meeting the spiritual needs of long-standing members. According to the Hartford Institute for Religion Research (n.d.), "the median church in the U.S. has 75 regular participants in worship on Sunday mornings" ("Fast Facts about American Religion," para. 2). In 2000, this small Spanish-speaking church transitioned to new leadership with a fresh vision for creating a thriving and healthy church that would operate in a missional context by engaging the marginalized and disenfranchised in the community it served.

The aim of this study was to empirically evaluate the impact that strategic enticing events exerted upon the overall health and growth of the church site studied from 2000 to 2001. A within-subjects, quasi-experimental research design was implemented. Specifically, a repeated measures, pre-test/post-test design using an initial baseline measure and two subsequent post-test measures was used to assess study participant perceptions on the topic of church health. The specific treatment variable employed in the two post-test phases of the study was the presence of leader-enacted strategic enticing events. The first chapter of the dissertation presents the

background of the study, the problem statement, research questions, research hypothesis, limitations and delimitations, and definitions.

Background of the Study

As a result of its change in leadership, the church in this study experienced rapid growth from 130 adherents in the year 2000 to 650 adherents in 2001.

> There can be leaders anywhere in an organization. But if the organization change is large in scale and transformational in nature, requiring a significant change in mission, strategy, and culture, then leadership must come from the top of the organization, from executives, particularly the chief executive. (Burke, 2014, p. 164)

Under new leadership, this church became a missional church.

> A missional church must be more deeply and practically committed to deeds of compassion and social justice than traditional liberal churches and more deeply and practically committed to evangelism and conversion than traditional fundamentalist churches. This kind of church is profoundly 'counter-intuitive' to American observers. It breaks their ability to categorize (and dismiss) it as liberal or conservative. (Keller, 2006, p. 3)

In 2000, the church did not set to model itself as a missional church. However, the vision was similar to fulfilling the Great Commission:

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

The church adheres to the "Statement of Fundamental Truths," the 16 non-negotiable tenets of faith of the Assemblies of God considered cardinal doctrines, essential to the church's core mission of reaching the world for Christ (Assemblies of God, 2018). The church took on characteristics of a missional church without compromising its foundational theological beliefs.

Tommy Barnett, retired Senior Pastor of Phoenix First Assembly, described his church as a soul-winning church or "one in which the members come to be strengthened and edified so that they may go out and preach the gospel to a dying world" (Barnett, 1997, p. 146). Under its new leadership, the study site church was influenced by the leadership and soul-winning model of Tommy Barnett and Phoenix First Assembly, but the cultural context of the study site church was different. As an inner-city church in a predominately Hispanic and African-American neighborhood with high rates of prostitution, gang violence, addiction, homelessness and poverty, the study site church utilized an approach to transform their existing church culture, while engaging people from the community.

In his book *Natural Church Development*, Schwarz (2012) named eight essential qualities for a healthy church, the first essential quality of which is empowering leadership. Leaders of growing churches do not focus on the growth of the church but on the spiritual health of the members. They equip, support, motivate, and disciple individuals enabling them to achieve their God-given potential. The study site church shifted from a 35-year-old inwardly focused paradigm to a church that was outwardly focused, influenced by the values of the missional and soul-winning church. To accomplish this vision, the study site church's leadership used strategic enticing events such as an ice cream outreach, a community cleaning program called adopt-a-block, the addition of English-language church services, and Sunday dramas to engage their long-term members in becoming servant leaders in their community.

Purpose Statement

Wagner (1996) believed that "churches, like human beings, have vital signs that seem to be common among those that are healthy and growing. If the vital signs are known, efforts can be made to maintain them and avoid illness" (p. 63). Many books have been written on church growth, but limited research is available on church health. Church growth and church health are not synonymous; although one may influence the other, it cannot be assumed that a growing church is a healthy church, nor that a healthy church will automatically grow. Every church has its unique identity.

> Church health is an offspring of the church growth movement, but sees itself focusing not on the quantity of people in local churches, but the quality of the churches themselves. Church health seeks to understand how well a church is carrying out its functions. (McKee, 2003, p. 24)

The aim of the study was to evaluate the impact of strategic enticing events upon the growth and health of the study site church based in a large metropolitan area in the Midwestern region of the United States.

Research Questions

In order to fulfill the purposes of this study, five research questions were identified:

1. Considering identified indicators of church health, to what degree did planned strategic events impact overall church health?
2. In which phase of strategic events was overall church health most impacted?
3. Which indicator of church health was impacted to the greatest degree by the strategic events across all three phases of the study?

4. Considering the individual indicators of spiritual growth, tithing and offering, and individual outreach ministry opportunities, which represents the most robust predictor of overall church health?

5. Considering the church indicators of vision and mission, community well-being, crisis resolution, leadership development, and diversity of worship access, which represents the most robust predictor of overall church health?

6. Considering the three factors of dimensions identified in the instrument validation phase of the study, which represents the most robust correlate and predictor of overall church health?

Research Hypotheses

Null Hypothesis 1 (H_O^1)

There is no statistically significant difference in the identified indicators of church health and the planned strategic enticing events that would impact the overall church health.

Alternative Hypothesis 1 (H_A^1)

The identified indicators of church health and the planned strategic enticing events manifest a statistically significant higher impact on the overall church health.

Null Hypothesis 2 (H_O^2)

There is no statistically significant difference in the phase that strategic enticing events occurred that will impact overall church health.

Alternative Hypothesis 2 (H_A^2)

The phase of when the strategic enticing events occurred manifests a statistically significant higher impact on the overall health of the church.

Null Hypothesis 3 (H_O^3)

There is no statistically significant difference that any one indicator had on the impact of strategic enticing events across all three phases of the study and the overall church health.

Alternative Hypothesis 3 (H_A^3)

The indicator of church health manifests a statistically significant higher impact by the strategic enticing events across all three phases of the study and the overall church health.

Null Hypothesis 4 (H_O^4)

There is no statistically significant difference in the individual indicators of spiritual growth, tithing and offering, and individual outreach ministry opportunities on overall church health.

Alternative Hypothesis 4 (H_A^4)

The individual indicators of spiritual growth, tithing and offering, and individual ministry opportunities manifest a statistically higher robust predictor of overall church health.

Null Hypothesis 5 (H_O^5)

There is no statistically significant difference in the individual church indicators of vision and mission, community well-being, crisis resolution, leadership development, and diversity of worship access to church health.

Alternative Hypothesis 5 (H_A^5)

The church indicators of vision and mission, community well-being, crisis resolution, leadership development, and diversity of worship manifest a statistically higher robust predictor of overall church health.

Null Hypothesis 6 (H_O^6)

There is no statistically significant predictive effect for any of the three identified dimensions of church health upon overall church growth.

Limitations and Delimitations

This study focused on a convenient sampling and the voluntary participation of members that attended the church for the period studied (2000 to 2001). The project was, therefore, limited and the findings only generalized to those members that participated. Generalizations, thus, were limited to the sample itself.

Definitions

Church Health

Church health is like the human body, a living organism that can be healthy or diseased. The health of a church depends on its wholeness, meaning that all parts are working together to maintain balance. Steinke (1996) defined church health as "a continuous process, the ongoing interplay of multiply forces and conditions... no single part or group promotes health or illness, everyone contributes, the congregation is seen as a unit of health or illness" (p. 9). Similarly, in 1 Corinthians 12: 12-13, the Apostle Paul explained, "The human body has many parts, but the many parts make up one whole body. So, it is with the body of Christ" (New Living Translation). For this study, church health was defined as the level of engagement the members demonstrated in advancing the mission of Christianity as they became disciples and mature in their faith, calling, and ministry.

Church Growth

Church growth was defined as the numerical increase of church adherents, members, converts, and persons baptized over a period of time. For the purpose of this study, church growth from 2000 to 2001 was assessed at the study site church.

Church as a Living Organism

The Church as a Living Organism has been defined by author Rick Warren in his book, *The Purpose Driven Church*. According to Warren (1995),

> Your body has nine different systems (circulatory, respiratory, digestive, skeletal, etc.). When these systems are all in balance, it produces health. But when your body gets out of balance, we call that "disease." Likewise, when the Body of Christ becomes unbalanced, disease occurs. Health and growth can only occur when everything is brought into balance. Church health is the key to church growth. All living things grow if they're healthy. You don't have to make them grow – it's just natural for living organisms. If a church is not growing, it is dying. (p. 16)

Transformational Leader

Transformational leadership, according to Northouse (2016), is

> The process whereby a person engages with others and creates a connection that raises the level of motivation and morality in both the leader and the follower. This type of leader is attentive to the needs and motivates followers by helping them reach their fullest potential. (p. 181)

Strategic Enticing Events

For the purpose of this study, strategic enticing events were defined as innovative events that were strategically planned to meet the needs of the urban ministry context. These events

impacted the study site church by motivating and inspiring members to actively engage in the life of the church.

Missional Church

A missional church is a church that adopts significant changes from an old paradigm of the traditional model to an outward mission-oriented approach to fulfill the Great Commission according to the gospel of Jesus Christ. Keller (2006) described a missional church as one that "adapts and reformulates absolutely everything it does in worship, discipleship, community, and service to be engaged with the non-Christian society around it." (p. 5)

Natural Church Development

Natural church development is an approach to church growth based on the natural environment and how God created it to grow—the church could learn how to engage in this "divine growth" that is in all of God's living things. Schwartz (2012) explained that "natural means learning from nature. Learning from nature means learning from God's creation and learning from God's creation means learning from God the Creator (p. 11).

II. REVIEW OF LITERATURE

The aim of the study was to evaluate the impact of strategic enticing events upon the growth and health of the study site church based in a large metropolitan area in the Midwestern region of the United States. The literature review focuses on the understanding of the missional church and its influence on church health and growth. Further review will dissect the concept of church health as it relates to seven key theories or principles: evangelism, natural church development, vital signs, stewardship, growth, outreach programs, and community. The final section of this literature review centers on transformational leadership theory as it relates to a Christian context and the leadership implications for church health and growth.

According to Kim (2010) of the Commission on World Mission and Evangelism, all Christian churches are considered missional by design as they were created with the goal to fulfill the mission of Jesus Christ here on earth (p. 41). The history of the missional church provides a deeper understanding on the varying views of missional ecclesiology and its evolution as a movement in the body of Christ. While missions was once seen as ministry in the church, today, it is viewed as part of the identity of the church (McKee, 2003, p. 12).

Church health has various definitions depending on the theory or principle used to express how the health of a church should be assessed. For the purposes of this study, church health is based on the level of engagement the church's members demonstrate in advancing the

mission of Christianity as they become disciples and mature in their faith, calling, and ministry. As a relatively new field of study, limited scholarly research exists on the characteristics of a healthy church; the studies reviewed demonstrate the varying philosophies.

The implementation of the transformation leadership model changed the culture of the long-standing, established institution of the church study site. In characterizing transformation leadership theory and its influence on church health, the differences between secular and Christian theories of transformation leadership should be distinguished. Although both share essential qualities, the major distinction between the two is leadership based on a biblical worldview versus a secular worldview.

The Missional Church

In studying the missional church, influence, interdependence, and relationship should be understood as a part of church health and growth. Jungel (2000) explained that

> If the church wants to stay alive, it must be able to breathe out. It must go beyond itself if it wants to remain Christ's church. It cannot exist as the church moved by the Spirit unless it is or once again becomes a missionary, evangelizing church. (p. 203)

The term *missio Dei* translates to mission of God, a key foundational term for missional ecclesiology. The biblical scripture most scholars refer to when explaining *missio dei* is John 20:21, "Again Jesus said, "Peace be with you! As the Father has sent me, I am sending you" (New International Version). During the age of the Enlightenment, in the 19th century, the assessment of *missio dei* did not see the mission of God as part of His work, but as a human effort that was part of the church (Goheen, 2002). Nussbaum (2005) emphasized this position stating, "Indeed at times missions became completely divorced from its biblical and theological underpinnings and was identified with Western imperialism and colonialism." (p. 95). The

imagery of missionaries being sent to colonized areas to spread the Gospel and help assimilate the Indians, slaves, or "savages," as they were referred to is a reality that cannot be overlooked in this history, particularly in the United States.

After World War I, Protestant theologian, Karl Barth, used *actio Dei*, mission as an activity of God himself, and revitalized missiology by stating it was Christ-affirming and culture-affirming (Macllvaine, 2010). "Barth suggested that the Trinitarian relationship within the Godhead is the source of all mission...he broke radically from the Enlightenment approach by grounding mission first in God and not in the human endeavor of the church" (Bosch, 1991, p. 389). From the 1920s to today, the term *actio Dei* has continued to evolve. Karl Hartenstein (1933), German missiologist, returned to the use of *missio Dei* to suggest that since the beginning of time God engaged in "sending acts" to fulfill the mission of the world. The Father sent the Son into the world at the Incarnation (John 1:14). The Father guided His Son during His ministry (John 5:31). The Son sent the church in the world after His resurrection (John 20:21). The Son sent the Spirit into the world at Pentecost (John 14:16-17; Acts 2: 1-4) (Wright, 2006, p. 63).

In this interpretation, the focus is not that Jesus gave the church a mission per se, nor is it another mission program or event, but that Jesus invited the church into God's preexisting mission (Bosch, 1991, p. 390). Evangelicals rejected this new theology for 30 years (1960 through the 1990s) because the term *missio Dei* was associated with the social gospel or liberalism that met the needs of the people but did not emphasize personal salvation (Macllvaine, 2010, p. 97). During this time, influential Evangelicals were proponents of fundamentalism through cultural isolation, supporting a strong belief that separating from the culture was equal to having a deep faith, strong Christian character, and spirituality (Marsden, 1977, p. 215).

The scholar viewed as the father of missional ecclesiology is Lesslie Newbigin (1909-1998). Newbigin spent almost 40 years in India, mainly as bishop in a church in South India. Since the beginning of his ministry, Newbigin insisted that the church could only be properly understood in terms of its missionary calling (Goheen, 2002, p. 55). Newbigin's evolving view on missiology was a result of revelation he received through his missionary experiences and serving on various prestigious councils. Goheen's (2002) work *As the father has sent me, I am sending you: Lesslie Newbigin's Missionary Ecclesiology* reviewed the history and evolution of Newbigin's definition of a missional church and the major influence it had on missiology (see Figure 1).

1940s	Newbigin asserted that the church was a gathering of individual believers who have responded to the testimony of scripture and are gathered together so that the life of Christ might be nourished.
1950s	Newbigin's missionary experience challenged his Christendom theological thinking. This shifted his view that the church must be defined in terms of its call to bear the Gospel to the world.
1960s	He declared that the church and mission belong together. Newbigin elaborates the relation of the church to God in Christ in three interrelated themes: the role of the church in God's story narrated in scripture, the participation of the church in the missio Dei, and the relation of the church to the kingdom of God.
1970s - 1990s	The church is missionary by its very nature: "As the Father has sent me, so I send you" defines the very being of the church as mission. Mission is not one (even the most important) of the many tasks of the church. Mission is not secondary to its being, nor does mission simply belong to the church. Rather mission is essential to the church's being and the essence of its nature.

Figure 1. Overview of Newbigin's Missionary Ecclesiology
Adapted from "As the father has sent me, I am sending you: Lesslie Newbigin's missionary ecclesiology," by M.W. Coheen 2002, July, *International Review of Mission*, 354-369.

Gudder and Hunsberger (1998) noted that

> Bishop Newbigin and others have helped us to see that God's mission is calling and sending, the church of Jesus Christ, to be a missionary church in our own societies, in the cultures in which we find ourselves. These cultures are no longer Christian. (p. 5)

The prominent research by Goheen (2002) on the missional church spurred a desire to research and advance missiology in the 1980s and 1990s. DuBose, the head of the World Mission Center at Golden Gate Baptist Theological Seminary, and Van Engen, professor of Biblical Theology of Mission at Fuller Seminary and former missionary to Mexico, wrote prolifically on missional ecclesiology. DuBose's (1983) book *God Who Sends: A Fresh Quest for Biblical Mission* reintroduced the word *missional* into the evangelical landscape making it more acceptable in terms of the understanding of *missio Dei* (Stetzer, 2011). Van Engen's (1991) theorized that,

> Local congregations the world over will gain new life and vitality only as they understand the missiological purpose for which they alone exist, the unique culture, people and needs of their context, and the missionary action through which they alone will discover their own nature as God's people in the world. (p. 20)

In 1998, Darrell Gudder, professor of evangelism and church growth at Columbia University, co-authored a book, *Missional Church: A Vision for Sending of the Church in North America*, that catapulted the interest of missional ecclesiology today (Macllvaine, 2010, p. 100). As part of the Gospel and Culture Network (GOCN), Gudder introduced the phrase *missional church* into the vocabulary of the evangelical mainstream (Stetzer, 2010). Darrell Gudder (1998) wrote on behalf of GOCN:

> We have come to see that mission is not merely an activity of the church. Rather, mission is the result of God's initiative, rooted in God's purposes to restore and heal

> creation. 'Mission' means 'sending,' and it is the central biblical theme describing the purpose of God's action in human history....We have begun to learn that the biblical message is more radical, more inclusive, more transforming than we have allowed it to be. In particular, we have begun to see that the church of Jesus Christ is not the purpose or goal of the gospel, but rather its instrument and witness....God's mission is calling and sending us, the church of Jesus Christ, to be a missionary church in our own societies, in the cultures in which we find ourselves. (pp. 4-5)

Missiologists Keller and Stetzer have continued to keep the missional church at the forefront of the evangelical church movement and are inclusive of the impact on church health and church growth. According to Stezter (2006), a "one size fits all" model for church growth and health does not exist. Each church exists in its own cultural context impacted by the needs of the community and its members (p. 5). Keller (2006) agreed with Stetzer (2006) stating,

> There is no 'best size' for a church. Every church will have its opportunities to thrive as well as its unique set of challenges, regardless of the size. Only together can churches of all sizes be all that Christ wants the church to be. (p. 2)

The study site church embraced the missional church ideology as part of the Great Commission. No preamble was provided by the leadership to the members on missional ecclesiology. The church derived its direction from James 2:14-16,

> What good is it, my brothers, if someone says he has faith but does not have works? Can that faith save him? If a brother or sister is poorly clothed and lacking in daily food, and one of you says to them, 'Go in peace, be warmed and filled,' without giving them the things needed for the body, what good is that? So also, faith by itself, if it does not have works, is dead. (New International Version)

Church Health and Church Growth

For the purposes of this study, church health was defined as the level of engagement the members demonstrated in advancing the mission of Christianity as they become disciples and mature in their faith, calling, and ministry. Church growth was defined as the numerical increase of church adherents, members, converts, and persons baptized over a period of time.

In the book *The Healthy Church*, Dr. C. Peter Wagner, Professor of Church Growth at Fuller Theological Seminary in Pasadena, California, examined nine spiritual "diseases" (See Figure 1.2) that can attack any church and cause it to become stagnant or unhealthy. He prescribed a model of the diagnosis and offered remedies to restore vitality and health to an unhealthy church. Wagner (1996) compared the church to the human body and explained how diseases impact the health of the church in the same way they do a physical body:

> When a body is functioning in a healthy way, the vital signs are in good shape. This is the positive side of health. Churches, like human beings, have vital signs that seem to be common among those that are healthy and growing. If the vital signs are known, efforts can be made to maintain them and avoid illness. This is the preventive medicine aspect of church health. Healthy churches build an immune system to resist disease. It is much more advisable to prevent an illness than to contract one and then have to cure it. (p. 15)

Wagner (1996) supported his theory for a healthy church using what he termed "vital signs" or the positive signs of church health. He proposed seven vital signs for a healthy church:

1. *A Positive Pastor* is a dynamic and visionary leader.
2. *Well-Mobilized Laity* are members who have identified their spiritual gifts and are utilizing their gifts to grow the church.

3. *Meeting Member's Needs* is when a church provides the resources and services to meet members' spiritual and practical needs.

4. *The Celebration, Congregation, and Cell* is how people group themselves to engage through "membership," "fellowship," or "spiritual kinship".

5. *A Common Homogeneous Denominator* is defined as members that are usually drawn from "one people group".

6. *Effective Evangelism* refers to a church that is effective at making disciples.

7. *Biblical Priorities* refers to a church that arranges its priorities in biblical order.

Wagner (1996) identified the following terms to explain the nine diseases that most churches suffer from (see Figure 2).

1	**"Ethnikitis"** a static church in a changing neighborhood.
2	**"Ghost Town Syndrome"** a deteriorating community.
3	**"People Blindness"** cultural differences existing between groups of people living in geographical proximity to one another.
4	**"Hyper-Cooperativism"** when interdenominational unity hinders evangelism.
5	**"Koinonititis"** spiritual navel-gazing.
6	**"Sociological Strangulation"** the flow of people into a church exceeding the capacity of the facilities to accommodate their numbers.
7	**"Arrested Spiritual Development"** people in the church are not growing in the things of God or in their relationships with one another.
8	**"St. John's Syndrome"** Christians in name only.
9	**"Hypopneumia"** a subnormal level of the presence and power of the Holy Spirit in the life and ministry of the church.

Figure 2. Nine Diseases that Most Churches Suffer From

Adapted from *The Healthy Church, by* C. P. Wagner, 2008.

Wagner (2008) contended that these nine diseases can cause a church to become dormant, experience turmoil, and eventually die if not treated. He concluded that the health and growth of

a church is determined by its pastoral leadership; the congregation can only be as healthy as its leadership. Wagner's indicators for evaluating church health were utilized to evaluate the study site church's overall health and growth, especially how it related to the reliance of the Holy Spirit in the life and ministry of the church. However, his theory does not align with the concept of strategic enticing events to aid in a church's health or growth.

Steinke (1996) provided a profound examination of the church body as an emotional system. He outlined the factors that put congregations at risk for anxiety and conflict. Steinke (1996) highlighted ten principles of health (see Figure 3) and discussed how the church body can adopt new ways of dealing with stress and anxiety, as well as how spiritually and emotionally healthy leaders influence the emotional system:

> Growing churches are assumed to be healthy, especially in contrast to what are called 'maintenance' churches. Congregations engaged in upkeep are disparaged, even relegated to the realm of 'diseased.' Maintenance becomes a pejorative term....Yet the word maintenance itself is positive. It derives from *main* (hand) and *teneo* (keep). It is caring for something by hand. It is managing. A large part of health is maintenance (brushing teeth, washing hands, taking vitamins, exercising). (p. xiii).

Steinke (1996), unlike Wagner (1996), believed that a great disservice is done to churches who experience minimal growth, or even decline and are considered diseased when "organically nothing grows forever" (p. xiii). He also stated that an unhealthy church is one that is low or no maintenance, which is defined as neglect, indifference, helplessness, carelessness, low energy—basically poor stewardship. Steinke (1996) viewed the church as one organism, "a systems perspective" (pp. 14-15) that incorporates all the parts working together.

1.	Health is not a static condition.
2.	It is okay to be sick and to have some anxiety. Both sickness and health are adaptations to changing environments.
3.	The body has innate healing abilities. No one can give you, or the congregation, what you don't already have.
4.	Agents of disease are not the causes of disease. Diseases need host cells and environments which allow them to thrive.
5.	All illness is biopsychosocial. Beliefs are part of an interlocking system, and everything is connected. A congregation, like a person, can be depressed: there is no joy, no spirit. A healthy congregation needs elements of joy and good spirit.
6.	Pay attention to small conditions before they grow. Delaying action does not mean that the problem is managed, meaning that communication is happening; the former is when you're operating as if there's no problem.
7.	Every body is different. There is no universal treatment for every organism – or congregation.
8.	To solve problems, you can't just get rid of "bad blood". The body needs to increase blood flow to sick parts of the body; so too congregations need feedback loops for health.
9.	Health requires proper breathing and tone. The Spirit must be active among the members of the body of Christ.
10.	The brain is an incredible pharmacy, more than a computer. In a congregation, leadership directs so much. Leadership has to function well for a body or congregation to function well; good leadership is not reactive, not anxious, and not afraid.

Figure 3. Ten Principles of Health

Adapted from *Healthy Congregations: A Systems Approach* by P.L. Steinke (1996)

Steinke (1996) described the characteristics of health promoters in a congregation, starting with the leadership, which supports Wagner's (1996) view that "leaders are the key stewards of the congregation as a unit in itself, by virtue of their position" (p. 28). Steinke (1996) asserted that healthy congregations have the following:

1. A sense of purpose: They have clear direction, vision and keep asking, what is God calling us to be?

2. Use their resources and strengths to manage conflict: They do not let conflict fester.

3. Provide clarity: These congregations clarify their beliefs, direction or responsibility.

4. Provide mature interaction: They are invested in the growth of their people.

5. Activate their healing capacities: Health and illness are a process; the danger is when a church gets stuck in illness.

6. Focus on healing resources, not the disease process. (pp. 29-40).

Steinke (1996) compared the church's readiness to deal with illness by means of the immune system, which God created to fight disease and rid the body of viruses, germs and bacteria that are harmful. Like the physical body, the church body is also able to build its "immune" system. This immune system requires the church to continue to maintain a healthy body, while making adaptations to improve its vision, combat discord in the body, and ensure longevity.

The study site church was at a critical juncture in 2000; the new pastor implemented strategic enticing events to revive the ailing church. In utilizing Steinke's (1996) approach, the pastor employed measures to build the church's immune system by using founding church members to assist with the strategic enticing events. Steinke's theory (1996) supports the study site church's experience in having to maintain the health of the church, while determining how to create a new vision that would promote a healthy, growing church body, both in attendance and spiritual maturity of adherents.

The Natural Church Development (NCD) concept is distinctive from Steinke's (1996) view of the church body as "one organism." According to Schwarz (2012), NCD regards church growth based on the natural environment and how God created it and the church to grow (p. 8). Churches could learn how to engage this divine growth in all of God's living things. Church growth is natural to the way God created the body; therefore, church growth should not be fabricated, but rather churches should work to release the "biotic potential" (Schwartz, 2012, p. 12) which God has put into every church. According to Schwartz (2012), the biotic potential is "the inherent capacity of an organism or species to reproduce or survive" (p. 12). Schwartz (2012) explained this growth potential using a Quality Index. A church's Quality Index is determined by how well it reflects the eight essential ministries of a healthy growing church.

None of the following characteristics creates church growth by itself; instead, each of these must be working together for growth to take place (see Figure 4) (Schwartz, 2012).

Characteristic	Description
Characteristic #1	Empowering Leadership
Characteristic #2	Gift-oriented ministry
Characteristic #3	Passionate Spirituality
Characteristic #4	Functional Structures
Characteristic #5	Inspiring Worship Service
Characteristic #6	Holistic small groups
Characteristic #7	Need-oriented evangelism
Characteristic #8	Loving relationships

Figure 4. Natural Church Development Eight Quality Characteristics of Church Growth
Adapted from *Natural Church Development: A Guide to Eight Essential Qualities of Healthy Churches* by Christian A. Schwartz (2012)

The goal of NCD is to release the autonomic growth potential given by God to every church (Schwartz, 2012). The uniqueness of Schwartz's approach is that it substitutes practicality with principles. Schwartz understood the importance of the quantitative approach; however, he preferred the qualitative examination of church body. Schwartz did not attempt to provide a remedy for church growth, but rather to demonstrate how the church has the natural potential to grow based on God's design. He contended that not all churches are good because they are large; this claim is important because many churches assume that a large number of attendees directly correlates to a healthy church.

Another important finding of a healthy church is the importance of empowering others. Schwartz (2012) stated that,

> Leaders of growing churches concentrate on empowering other Christians for ministry. They do not use lay workers as 'helpers' in attaining their own goal and fulfilling their visions. Rather, they invert the pyramid of authority so that the leader assists Christians to attain the spiritual potential God has for them. (p. 22)

Schwartz (2012) continued his statement by saying that pastors of growing churches "invest the majority of their time in discipling, delegation, and multiplication" (p. 23). Of all the variables associated with the quality of a church, "lay training" (Schwartz, 2012, p. 25) has the greatest correlation with church growth.

The NCD theory provides insights in the importance of relying on God's divine plan in experiencing church growth through the eight essential ministries of a healthy church. However, Schwartz did not address the obstacles and challenges that churches must overcome to experience health or growth. Unlike Steinke (1996) and Wagner (1996), who specifically addressed the diseases or unhealthy practices of churches to offer pragmatic solutions for church health, Schwartz (2012) remained ambiguous in his findings. The study site church faced many obstacles and challenges during the leadership change between 2000 to 2001. The eight qualities of a healthy and growing church are currently exhibited by the study site church, but these qualities were not demonstrated during the study period as it would not have been feasible to take on each essential ministry during a transitional season. Schwartz's (2012) qualities must be prioritized and resourced to be considered effective and should also take into consideration churches that are experiencing health and growth impediments.

John Hayward's (2005) "Limited Enthusiasm Church Growth Model", as explained in his article "A General Model of Church Growth and Decline", theorized that church growth is caused by members he calls "enthusiasts" and is based on three fundamental assumptions:

1. Unbelievers are converted, and recruited, into the church through contact with a subset of believers, "enthusiasts" or active believers.
2. After a period of time, the enthusiasts cease to be active in conversion, remaining in the church as inactive believers.
3. The enthusiastic period starts immediately after an unbeliever is converted. (p. 181)

According to Hayward (2005), the enthusiasts reach a cap on conversions as they lose their enthusiasm after a certain amount of time, and they fail to reproduce themselves from their potential pool of converts. This model suggests that church growth declines as a result of enthusiasts becoming "inactive believers." Hayward compared this phenomenon to the spread of disease, "with enthusiasts being the equivalent of those infected with the disease. The unbelievers are like the susceptible and the inactive believers are like those who are no longer infected, but remain immune to acquiring the disease again" (Hayward, 2005, p. 181). In this context, the disease he is alluding to is faith.

This model foresees a threshold of revival-growth that is contingent on the number of unconverted people in a community. If the prospect for enthusiasts to reproduce themselves is over the threshold, then fast growth transpires. If the threshold drops to decreased numbers as people are converted, the increase will diminish and, in due course, come to an end (Hayward, 2005). According to Hayward (2005), "the key to a church's growth, of survival, is how well the enthusiasts reproduce themselves. It is not sufficient for them to make converts; the converts must be enthusiasts also, active in the conversion of others" (p. 201).

The Limited Enthusiasm Conversion Model quantitatively supports Hayward's findings that demonstrate a correlation between his hypothesis and church growth; however, it is limited

in the scope of taking other key variables into its analysis, such as church health, leadership, and God's sovereignty of ministry as they relate to church growth.

The study site church would have shown an increase in adherents through the limited filter of Hayward's model, as many other mega-churches in the Midwest that experienced rapid growth through members or enthusiasts. However, the study site church did not ascribe to the model to validate its findings because the impetus for church growth in this model was evident in individual member groups comprised of the enthusiasts, unbelievers, and active believers. The model neglects to take into consideration vision, leadership, outreach, and intentional discipleship. The view of faith or religion as a disease that people are infected with is also contrary to what Wagner (1996), Steinke (1996) and Schwartz (2012) described in their theories to support church health. Finally, Hayward (2005) failed to recognize the importance of the Holy Spirit in transforming the lives of converts.

Gangel (2001), author of *Marks of a Healthy Church*, emphatically stated that

> Church health does not begin with evangelism or missions – though both must follow. Biblical church health begins with a Christ-centered, Bible-centered congregation determined to be in their personal, family and corporate life precisely what God wants of them, and it makes no difference whether their number is fifteen, fifteen hundred, or fifteen thousand. (p. 470)

Gangel (2001) argued that Christian leaders should focus on healthy churches while understanding that church size does not assure spiritual quality and should depend on God's sovereignty and the power of His word and not be persuaded by the "spirit of this age" (p. 467). Many churches attempt to remain relevant and adapt to the current culture and lose their individuality as a result. Often coming from pure motives to reach the "unchurched" for Jesus,

churches who acclimate to worldly trends, fads, and slogans become so "seeker sensitive" investing in production value to heighten the worship experience that they fail to create true worshippers. "Healthy churches do not confine worship to a single compartment of the Christian experience. Worship involves a total commitment to God in every aspect of daily life" (Gangel, 2001, p. 469).

Gangel (2001) considered the church growth movement to be based on "shaky theology" that deemed if the church is growing it must be doing something right. He reflected on the first-century believers that were marked by unity and generosity as displayed in the book of Acts 4:32-35. These believers gave themselves to Bible study, prayer, fellowship, and praise and worship—without special events, catchy slogans, or new church models. The conduct and character of Christians caught the attention of the unbelievers, but it was the power of the Holy Spirit that transformed them (p. 471). "Healthy churches focus on building up believers first to create a spirit of unity, mutuality and generosity in order to fulfill the Great Commission" (Gangel, 2001, p. 472). Gangel highlights Schwartz's (2012) eight qualities of a healthy growing church and supports Getz and Wall's (2000) additional four contributing factors:

- biblical preaching and teaching
- visionary and spiritual leaders
- unity, and
- stewardship

which emphasize the uniqueness of each congregation in its efforts to become all that God wants it to be (pp. 96-107).

Gangel (2001) concluded that healthy churches adopt scriptural rather than secular models of leadership; he continued saying that "more people are hurt and feel taken advantage of

by oppressive leadership styles than by inadequate salaries and ramshackle buildings" (p. 476). Some Christian leaders believe that church health cannot occur without new technology, cutting-edge trends, and contemporary forms of ministry. Gangel (2001) articulated that churches forgo becoming

> spiritually healthy when they focus on programs and paradigms. The Biblical commitments of each congregant, each leader, and each denominational official must first target God's priorities and then allow Him to produce in those churches what He wants—from the inside out. (p. 477)

The study site church experienced growth because it was purposeful in the strategic enticing events used to reach the unchurched in the community they served. Gangel's (2001) model asserted that the "programs and paradigms" of the study site church might have initiated growth. However, if the spiritual health of the church were not at the forefront, it would detract from the importance of developing the current members' spiritual formation. During the study period, the leadership of the study site church developed, trained, and equipped its congregants to advance the mission of Christianity by engaging in strategic enticing events in their local community. The study site church implemented a three-pronged approach that focused on the reliance and leading of the Holy Spirit, the spiritual formation of the existing members, and strategic enticing events.

Transformational Leadership

There are many theories on the characteristics and traits of a transformational leader. For the purposes of this study, Transformational Leadership as defined by Peter Northouse (2016) was used:

> The process whereby a person engages with others and creates a connection that raises the level of motivation and morality in both the leader and the follower. This type of leader is attentive to the needs and motivates followers by helping them reach their fullest potential. (p. 181)

Smith et al. (2004) produced a study titled "Transformational and Servant Leadership: Content and Contextual Comparisons" to demonstrate both similarities and differences of the two leadership theories and the impact they have on organizational cultures. They defined transformational leadership by citing Bass (1996) as "Leadership who inspires followers to share a vision, empowering them to achieve vision, and providing the resource necessary for developing their personal potential" (Smith et al., 2004, p. 80). They supported Bass's theory and incorporated his findings of four key behavioral indicators of transformational leadership: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration.

Servant leaders are defined by Robert Greenleaf, the founder of Greenleaf Center for Servant Leadership, in the following manner:

> Leaders who are seen as a servant to others. The servant assumes a non-focal position within a group, providing resources and support without an expectation of acknowledgement. Through repeated servant behaviors, these individuals eventually emerge as pivotal for group survival and are thrust into a leadership position. (Smith et al, 2004, p. 81)

According to Smith et al. (2004), servant leadership is more concerned with the staff's well-being than transformational leadership. In contrast, transformational leaders have a different motivation:

they are motivated by a sense of mission to recreate the organization to survive in a challenging external environment... this leader's approach produces an empowered dynamic culture. Organizational members in this type of organization not only have high skills but also have high expectations place upon them as the leader models high performance. (Smith et al., 2004, p. 87)

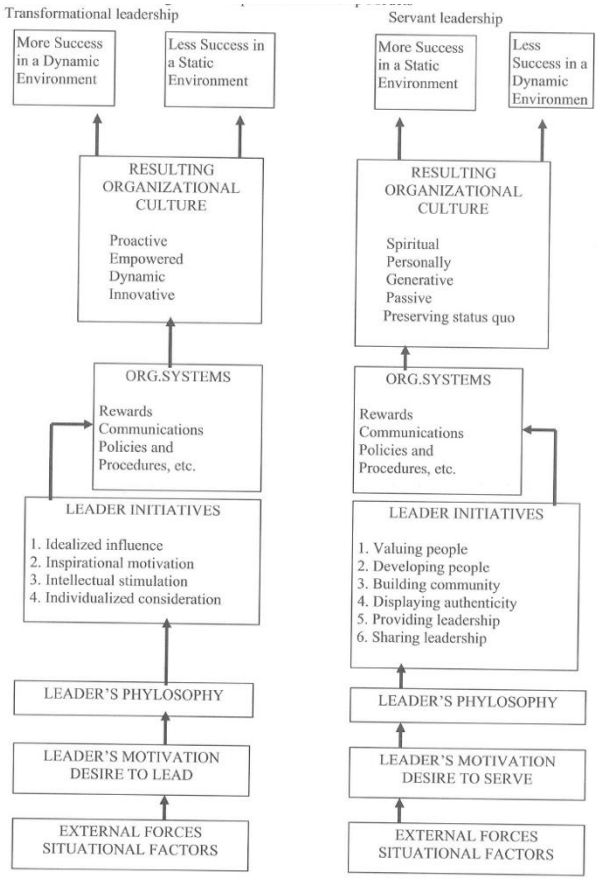

Figure 5. Comparative Leadership Models

Adapted from "Transformational and Servant Leadership: Content and Contextual Comparisons" *[Title of Journal]*, *[Vol. Number]* by Smith et al. (2004), p. 88.

The study site church required a transformational leader who was able to take the necessary risks to develop a healthy and thriving church. The strategic enticing events were risks that involved the support of members who felt inspired, motivated, and empowered to serve and

lead in the ministry. Through clear communication, a shared vision, and a high ethical and moral code of conduct, roles were well-defined, and members were elevated to servant leaders.

Another perspective on transformational leadership comes from Scarborough (2010). In his article, "Defining Christian Transformational Leadership," Scarborough defined Christian transformational leadership from a biblical point of view. He obtained inspiration from numerous Christian leadership theories, including connective leadership, courageous leadership, relational leadership, servant leadership, spiritual leadership, ternary leadership and transforming leadership. Scarborough (2010) believed there were components in each of these theories that represented an overall Christian Transformational Leadership theory (p. 59). His review of Christian literature on transformational leadership was limited because of the lack of research on this specific topic. As a result, he based his review on the secular definition of transformational leadership, which shared many qualities with the Christian perspective of transformational leadership as described by Smith et al.'s (2004) research:

> The essential trait of the secular definition is influence. According to Scarborough, Secular Transformational Leadership is leadership that is not distinctly Biblical or Christian. It holds that a leader's character, persuasiveness, and ability to strategize guarantee that he or she will be influential (or transformational) to achieve shared goals. (Scarborough, 2010, p. 65)

In order to define Christian Transformational Leadership (CTL), Scarborough (2010) identified six key characteristics that should be present in the definition of CTL, including influence, persuasiveness, strategy, shared goals, character (integrity), and vision. With these six key indicators, Scarborough (2010) constructed the following definition:

> Christian Transformational Leadership is leadership which declares a Biblical or Christian foundation, or is specifically directed to the Church. It holds that a leader's vision, character, persuasiveness, and ability to strategize guarantee that he or she will be influential (or transformational) to achieve shared goals. (p. 78)

Scarborough (2010) argued that defining theories of Christian leadership was necessary to distinguish it from secular leadership theories, determine who practiced the theories, and research their efficacy in order to advance studies in this field (p. 81). Scarborough's clear definition of a CTL identified essential areas in understanding the importance and distinction of a CTL from any other leadership theory. The study site pastor fit Scarborough's definition of a CTL, validating how to create a vision for a healthy, thriving, and growing church utilizing strategic enticing events to achieve shared goals.

Summary

The literature review provided a historical overview of the Missional Church in order to develop a framework on the importance of missional ecclesiology. The Missional Church has had a substantial effect on both church health and growth movements. Newbigin (Goheen, 2002), the trailblazer of this movement, had decades of influence and dedicated his life to advancing missiology. Today, many evangelical leaders such as Keller (2006) and Stetzer (2006) have embraced the missional church and continue to write, research, and teach about the importance of the missional church, including how it relates to church health and growth.

Wagner (1996) compared the church to a human body and explained how diseases can affect the health of a church the same way it does a physical body. Church health can be affected by Wagner's (1996) proposed nine spiritual diseases, leading to its demise. He offered a prescriptive model to restore vitality and health to a sick church.

Steinke (1996) viewed the church body as an emotional system and outlined factors that put congregations at risk for poor health. He provided ten principles to improve church health. Both Wagner (1996) and Steinke (1996) supported the view that leaders substantially influence the health of a church and are responsible for ensuring a healthy church body.

The NCD model developed by Schwartz (2012) regarded church growth as reflective of the way God created the human body. He asserted that a growing church is not necessarily a healthy church and outlined eight quality characteristics of a healthy growing church.

Hayward's (2005) Limited Enthusiasm Church Growth Model theorized that church growth is caused by a subset of members called enthusiasts. Enthusiasts initially are excited about serving, and sharing the Gospel, and helping to grow the church, but as their enthusiasm diminishes, they become inactive believers. As a result, the church levels-off or declines in adherents.

Gangel (2001) believed that Christian leaders should focus on healthy churches while understanding that church size does not assure spiritual quality. The church must depend on God's sovereignty and the power of His word to ensure a healthy church. Gangel asserted that, in order to have a healthy church, leaders must adopt scriptural rather than secular models of leadership. Leaders should be more focused on the spiritual formation of believers than on programs and events.

Smith et al. (2004) compared the similarities and differences of a Transformational Leader and Servant Leader through a secular perspective. This perspective shares many similar characteristics of the Christian view of Transformational Leadership as these leaders influence and inspire followers to share a vision, achieve goals, and empower them to make decisions. While they each create their own organizational culture based on their distinct leadership styles,

both secular and Christian transformational leaders have positive attributes, characteristics, and methods that contribute to the success of their organizations.

Scarborough (2010) utilized the secular definition of Transformational Leader to create a definition for Christian Transformational Leadership (CTL). He identified the critical qualities of a CTL that distinguish it from the secular definition. Scarborough's goal was to differentiate CTL from other types of leadership models in order to study the impact and determine its

III. METHODOLOGY

The purpose of the current investigation was to evaluate the impact of strategic enticing events upon both church growth and church health indicators. A within-subjects, repeated measures (pre-test/post-test), quasi-experimental research design was utilized to specifically address the study's purpose, research problem, and subsequent research questions.

Sample/Sample Selection

A voluntary, non-probability sample, specifically convenience and purposive in nature, was comprised of 47% (32/68) of possible study participants. The research sample represented the study site church's total census for the calendar year. The study site church was geographically located in a large metropolitan area in the Midwestern region of the United States.

Church members from 2000-2001 were identified from the church's official attendance records and contacted by phone for possible participation in the study. Once contacted, a formal meeting was scheduled in which participants completed the survey (see Appendix A) for all three phases of the study.

The study's sample was predominately female, ranged in age from 30 to 65 and represented low to low-middle socioeconomic status. The highest level of education attained by most participants was high school. A small percentage (6.3%) of participants completed some higher education. The sample was ethnically homogeneous; all participants identified as

Hispanic.

Instrumentation

The research instrument, a 10-item survey, was developed by the researcher for the specific purpose of addressing the stated research problem. The creation of an appropriate instrument was necessary due to the lack of specific standardized instrumentation on the research topic. Consideration was exercised in designing the instrument, reflecting contemporary and comparative analysis in the development of items used for data collection. The instrument's validation was evident in two distinct processes: content validity judgment and statistical analysis conducted following the data collection process.

The judgment phase of the establishment of the instrument's content validity was executed through unstructured interviews and discussions with subject matter experts (SMEs). The SME panel was comprised of church officials, administrators, and pastors. Generally defined, the validity of an instrument is encompassed in the connections that can be made when the instrument measures all that it is supposed to measure (Mills & Gay, 2016). Content validity relates to the survey instrument's ability to yield accurate and relevant representation of the factors or content under review (Mills & Gay, 2016). As a result of the preliminary interviews and discussions, the study's SMEs provided the specific framework for the development and refinement of specific themes of church health and eventual items that would be included on the study's research instrument.

Once the study's survey data were collected across all three phases of the study, the Cronbach's alpha (a) test was used. The alpha (a) level across all three phases of the study was nearly .90 (a = .88), beyond what is generally acceptable for researcher-created instruments (a = .70) as well as beyond the level that is generally desired for research instruments (a = .80).

Procedures

The study was conducted in three distinct phases. The following sections represent the procedural aspects inherent within each of the three study phases.

Phase I: Baseline

This initial phase was characterized by the administration of the study's research instrument to participants. The survey was administered to participants on an in-person basis using a Likert-type scale, consisting of 10 core items that required participants to record their perceptions of church health prior to the enactment of the study's treatment variable (strategic enticing events). Participants were asked to complete the survey after listening to a brief overview and participating in a brief discussion of the study site church during the six-month period preceding the implementation of strategic enticing events.

Phase II

The second phase of the study was defined by the administration of the study's research instrument a second time. Using a Likert-type scale, the 10 core survey items, participants were asked to respond to the items based upon having experienced the first six months of church-enacted strategic enticing events. Participants were asked to complete the survey after listening to a brief overview and participating in a brief discussion of the study site church during the six-month period immediately following the baseline period.

Phase III

The study's third phase involved the administration of the study's research instrument a third time. Using a Likert-type scale, the 10 core survey items, participants were asked to respond to the items based upon having experienced the second six months of church-enacted strategic enticing events. Participants were asked to complete the survey after listening to a brief

overview and participating in a brief discussion of the study site church during the six-month period immediately following the second phase.

Data Analysis

Study data were exclusively analyzed, interpreted, and reported using IBM SPSS Version 25. The initial data analysis centered upon matters of missing data and internal reliability of participant response. The extent and effect of missing data yielded by the research instrument was so minimal that neither the expectancy maximization (EM) nor multiple imputation (MI) were used to analyze participant response to survey items across all three phases of the study. The internal consistency (reliability) of participant response was evaluated using Cronbach's alpha test statistic. The *F* test statistic was used to evaluate the statistical significance of the respective Cronbach's *a* findings.

The research instrument validation process was furthered using an exploratory factor analysis (EFA), and more specifically, principal components analysis (PCA) to determine if the presence of factors or dimensions may exist within the research instrument's items. Sampling adequacy was assessed using the KMO test statistic. KMO values at or above .40 were considered adequate for sampling purposes as it relates to the factoring process. Bartlett's sphericity test statistic was utilized to assess the factoring model's sufficiency of high degrees of correlations of items for factoring purposes. A $p < .05$ Bartlett value was used as the threshold for adequacy of correlations for factoring purposes with the research instrument's items.

All five research questions were initially addressed using descriptive statistical techniques. Frequency counts (n), percentages (%), and measures of central tendency (mean) and variability (standard deviation) represented the primary means by which data were analyzed through descriptive statistical techniques.

Research Questions One and Three were addressed for statistical significance of finding using the repeated measures ANOVA test statistic. The threshold for evaluating the statistical significance of findings for both questions was set at the alpha level of $p < .05$. The Cohen's *d* test statistic was used to evaluate the magnitude of treatment effect (effect size) across all three phases of the study. Cohen's conventions were used in the interpretation of all *d* values in research question two. Mauchly's *z* test statistic was interpreted as the means by which the assumption of sphericity was assessed. In cases where the assumption was violated ($p < .05$), the Greenhouse-Geiger test statistic values were specifically interpreted rather than the preferred Pillai's trace *F* value in the model.

Research Question Two was addressed through inferential statistical means, specifically the application of the *t* test of dependent means. The threshold for evaluating the statistical significance was set at the alpha level of $p < .05$. The Cohen's *d* test statistic was used to evaluate the magnitude of treatment effect (effect size). Cohen's conventions were used in the interpretation of all *d* values in research question two.

Research Questions Four and Five were predictive in nature, utilizing multiple independent predictor variables. As such, the multiple linear regression test statistic was used to assess the predictive robustness of respective independent variables within the predictive models. The Pearson product-moment correlation coefficient (*r*) was used to assess the mathematical relationship of the independent variables with regard to the dependent variable in each predictive model. Statistical significance was indicated with a *p*-value of .05 or less. Predictive model fitness was assessed through ANOVA table *F*-values. ANOVA *F*-values of $p < .05$ were indicative of predictive model fitness. Additionally, R^2 values represented the basis for the evaluation of predictive effect. The formula $R^2 / 1 - R^2$ was used to calculate the effect size of

the predictive model. The statistical significance of predictive effect was interpreted through the respective slope (*t*) values of independent predictor variables. Predictive slope values of $p < .05$ were considered as statistically significant. Predictive effect sizes were converted to Cohen's *d* values for interpretative purposes. Cohen's conventions were utilized in the interpretation of all effect size values.

Summary

The purpose of the study was to determine the impact of strategic enticing events upon church growth and indicators of church health. A participation or response rate of 47% was achieved. The study's participant sample was non-probability and convenient. The research instrument was developed by the researcher for the specific purposes of the study and was validated through a content validity analysis and following data collection using the Cronbach's alpha (*a*) test statistic and exploratory factor analysis (EFA). Study participants were assessed in person using the research instrument at three separate phases.

Five research questions were addressed using descriptive statistical techniques. Frequency counts, percentages, and measure of central tendency (mean) and variability (standard deviation) represented the primary means by which the data were analyzed. In addition, inferential and associative/predictive statistical techniques were used to address research questions beyond the descriptive statistical techniques.

The study's findings relative to preliminary analyses and research questions are addressed in Chapter IV of the research report. Moreover, a thorough discussion of study findings is presented in Chapter V of the research report.

IV. RESULTS

A within-subjects, quasi-experimental research design was employed to address the stated research problem. Specifically, a repeated measures, pre-test/post-test design using an initial baseline measure and two subsequent post-test measures was used to assess study participant perceptions on the topic of church health. The specific treatment variable employed in the two post-test phases of the study was the presence of leader-enacted strategic enticing events. The study's 10-item research instrument (survey) employed a five-point Likert–type scale through which participant perceptions were evaluated at three specific timelines for comparative purposes. A combination of univariate and multivariate statistical techniques were utilized to analyze study data commensurate with formally stated research questions.

The study's participation rate nearly met the desired 50% level (47%), with a total of 32 of a possible 68 participants completing all three phases of the study. Missing data were minimal at .001%. As such, consideration of data imputation measures using expectancy maximization (EM) and multiple imputations (MI) for analytical purposes was not deemed necessary.

The internal consistency (reliability) of participant response to survey items across all phases of the study was considered high ($a \geq .60$) to very high ($a \geq .80$) and manifested at statistically significant levels ($p < .001$).

Table 1 contains a summary of internal reliability analyses by study treatment phase:

Table 1

Internal Reliability Values (a) by Treatment Phase

Treatment Phase	*A*
Baseline	.92***
Phase I Events	.88***
Phase II Events	.75***
Total	.88***

***$p < .001$

Exploratory factor analysis (EFA) using principal components analysis (PCA) was also conducted to further the research instrument validation process. The factoring model was considered viable by virtue of acceptable KMO and Bartlett values (KMO = .48; Bartlett's Test of Sphericity $x^2_{(36)} = 145.86$; $p < .001$). Three distinct factors or dimensions were manifest in the research instrument's survey items, accounting for nearly 70% (69.54%) of the explained variance within the factoring model.

Table 1a contains a summary of finding for the research instrument validation process using Exploratory Factor Analysis (EFA):

Table 1a

Factors/Dimensions Identified through EFA (PCA)

Factor/Dimension	Survey Items	% Explained Variance
Community Well-Being	3; 5; 6	29.23%
Church/Congregant Matters	1; 2; 7	21.69%
Outreach/Worship Diversity	4; 8; 9	18.62%
Total		69.54%

Analyses by Research Question Posed

Research Question 1: Considering identified indicators of church health, to what degree did planned strategic enticing events impact overall church health?

Using the repeated measures ANOVA test statistic to evaluate overall impact of the strategic events across the three phases of the study, the impact of strategic events exerted a statistically significant effect upon the perceptions of participants regarding church health indicators across the three phases of the study. Moreover, the magnitude of effect (effect size) exerted by the strategic events is considered very large.

In light of the violation of the assumption of sphericity (Mauchly's $w = 0.75$; $p = .01$), the Greenhouse-Geisser values, rather than the original Pillai's trace values are reported to assess the overall finding.

Table 2 contains a summary of finding for the evaluation of strategic events upon participant perceptions of church health across the three phases of the study:

Table 2

Overall Impact of Strategic Events upon Church Health Indicators.

Study Phase	Mean	SD	*df*	*F*	*d*
Baseline	3.03	0.84	1.60, 30.08	78.66***	3.21[a]
Phase I Events	4.22	0.53			
Phase II Events	4.72	0.32			

***$p < .001$ [a] Very Large Effect Size ($d \geq 1.30$)

In light of the statistically significant finding in research question number one, the null hypothesis is rejected.

Research Question 2: In which phase of strategic events was overall church health most impacted?

Using the *t*-test of dependent means test statistic to assess the statistical significance of mean score comparisons by respective study phases and Cohen's *d* for the magnitude of effect (effect size), all three comparisons were manifested at statistically significant levels with concomitant large to very large magnitudes of comparative effect. However, the comparison of participant perception from the Baseline condition of the study to the Phase II Events condition of the study manifested the greatest magnitude of treatment effect ($d = 2.66$).

Table 3 contains a summary of finding with regard to the study's Phase comparisons:

Table 3

Study Treatment Phase Comparisons

Phase Comparison	Mean	SD	*t*	*d*
Baseline	3.03	0.84	7.50***	1.69[a]
Phase I Events	4.22	0.53		
Phase I Events	4.22	0.53	5.09***	1.14[b]
Phase II Events	4.72	0.32		
Baseline	3.03	0.84	11.23***	2.66[a]
Phase II Events	4.72	0.32		

***$p < .001$ [a] Very Large Effect Size ($d \geq 1.30$) [b] Large Effect Size ($d \geq .80$)

In light of the statistically significant finding in research question number two, the null hypothesis is rejected.

Research Question 3: Which indicator of church health was impacted to the greatest degree by the strategic events across all three phases of the study?

Using the repeated measures ANOVA test statistic to evaluate the impact of the strategic events across the three phases of the study for each of the nine indicators of church health, the impact of strategic events exerted a statistically significant effect upon the perceptions of participants in all nine church health indicators across the three phases of the study. Moreover, the magnitude of effect (effect size) exerted by the strategic events is considered very large for all nine indicators.

The single greatest magnitude of participant change was manifested in the church health indicator of *Diversity of Worship Access,* closely followed by the indicator of *Community Well-Being.* The church health indicator of *Tithing and Offering* was least impacted by the strategies amongst the nine indicators.

Table 4 contains a summary of finding for the impact of strategies upon participant perceptions within the nine indicators of church health across all treatment phases of the study:

Table 4

Church Health Indicators: Impact of Strategies across Study Treatment Phases

Church Health Indicator	*df*	*F*	*d*
Individual Spiritual Growth	1.54, 18.08	21.73***	1.67[a]
Clarity: Church Vision/Mission	1.46, 36.98	49.28***	2.50[a]
Outreach Ministry Opportunity	1.41, 47.53	66.67***	2.92[a]
Outreach Ministry Opportunity Clearly Defined	1.61, 34.25	53.11***	2.61[a]
Community Well-Being	1.29, 50.48	70.89***	3.06[a]
Crisis Resolution Role	1.61, 41.09	53.23***	2.61[a]
Church Leadership Development	1.54, 38.51	56.13***	2.67[a]
Tithing/Offering	2, 30	6.51**	1.31[a]
Diversity-Worship Access	2, 30	45.53***	3.46[a]

**$p = .004$ ***$p < .001$ [a] Very Large Effect Size ($d \geq 1.30$)

In light of the statistically significant finding in research question number three, the null hypothesis is rejected.

Research Question 4: Considering the individual indicators of spiritual growth, tithing and offering, and individual outreach ministry opportunities, which represents the most robust predictor of overall church health?

Using the multiple linear regression test statistic for predictive modeling purposes, the individual church health indicator of *Individual Spiritual Growth* represents the most robust predictor of overall church health within the predictive model. *Individual Spiritual Growth* contributed the greatest degree of explained variance (12%) in the model's dependent variable

overall church health. For interpretative purposes, for every full unit of increase in participant perception of the impact of strategies upon *Individual Spiritual Growth,* there was a predicted increase of 0.36 units in the perceived overall health of the church.

Table 5 contains a summary of finding for the predictive abilities of the three respective independent predictor variables with regard to the dependent variable of overall church health:

Table 5

Predicting Overall Health from Individual "Indicators"

Model	*β*	*SE*	*Standardized β*
Intercept	1.73	1.13	
Individual Spiritual Growth	0.36	0.18	.34*
Tithing & Offering	0.09	0.06	.26
Individual Outreach Opportunity	0.20	0.17	.20

*p = .05

In light of the statistically significant finding in research question number four, the null hypothesis is rejected.

Research Question 5: Considering the church indicators of vision and mission, community well-being, crisis resolution, leadership development, and diversity of worship access, which represents the most robust predictor of overall church health?

Using the multiple linear regression test statistic for predictive modeling purposes, church-level indicators of *Community Well-Being* and *Diversity of Worship Access* represented the most robust predictors of overall church health within the predictive model. *Community Well-Being* contributed the greatest degree of explained variance (42%) in the model's dependent variable overall church health, followed by *Diversity of Worship Access* (12%). For interpretative purposes, for every full unit of increase in participant perception of the impact of

strategies upon *Community Well-Being,* there was a predicted increase of 0.74 units in the perceived overall health of the church. For every full unit of increase in participant perception of the impact of strategies upon *Diversity of Worship Access,* there was a predicted increase of 0.29 units in the perceived overall health of the church. Table 6 contains a summary of finding for the predictive abilities of the three respective independent predictor variables with regard to the dependent variable of overall church health:

Table 6

Predicting Overall Church Health from Church-level Indicators

Model	*β*	*SE*	*Standardized β*
Intercept	1.14	0.94	
Vision & Mission	-0.29	0.21	-.29
Community Well-Being	0.74	.033	.65*
Crisis Resolution	-0.10	0.24	-.13
Leadership Development	0.13	0.23	.13
Diversity of Worship Access	0.29	0.13	.34*

*$p < .05$

In light of the statistically significant finding in research question number five, the null hypothesis is rejected.

Research Question 6: Considering the three factors of dimensions identified in the instrument validation phase of the study, which represents the most robust correlate and predictor of overall church health?

Using the multiple linear regression test statistic for predictive modeling purposes, the factor or dimension of *Outreach/Diversity of Worship* represents the most robust correlate (r = .40) and predictor of overall church health within the predictive model (p = .02; d = .38) of the

three factors or dimensions within the predictive model. Moreover, the factor or dimension of *Outreach/Diversity of Worship* contributed the greatest degree of explained variance (16%) in the model's dependent variable overall church health, followed by Community Well-Being (14%). For interpretative purposes, for every full unit of increase in participant perception of the impact of strategies upon the factor or dimension of *Outreach/Diversity of Worship,* there was a predicted increase of 0.30 units in the perceived overall health of the church.

Table 7 contains a summary of finding for the predictive abilities of the three respective independent predictor variables with regard to the dependent variable of overall church health:

Table 7

Predicting Overall Church Health from Factors/Dimensions

Model	*β*	*SE*	*Standardized β*
Intercept	1.67	0.98	
Community Well-Being	0.39	0.19	.37*
Church/Congregant Matters	-0.02	0.21	-.02
Outreach/Worship Diversity	0.30	0.12	.40**

*$p < .05$ (.047) **$p = .02$

In light of the statistically significant finding in research question number six, the null hypothesis is rejected.

V. DISCUSSION

The aim of the study was to evaluate the impact of strategic enticing events upon the growth and health of the study site church based in a large metropolitan area in the Midwestern region of the United States. The growth and health of the church was affected due to the implementation of strategic enticing events intended to positively impact the local community.

The methodology utilized was a within-subjects, quasi-experimental research design. Precisely, a repeated measures, pre-test/post-test design using an initial baseline measure and two post-test measures was used to assess study participant perceptions of strategic enticing events upon church health. In this study, strategic enticing events served as the independent variables, while church health was the dependent variable. For the purposes of this study, strategic enticing events were defined as innovative events that were strategically planned to meet the needs of the urban ministry context. These events impacted the church by motivating and inspiring members to actively engage in the life of the church.

A participation rate of nearly 50% (47%) was achieved among a homogenous group of predominately Hispanic females between the ages 30 and 65. The study participants were church members who had been active congregants since the change in leadership in 2000.

Discussion of Preliminary Analysis and Findings

Prior to addressing the research questions, two specific preliminary analyses were conducted. First, an evaluation of missing data was conducted using descriptive statistical

techniques. The study's data set was nearly intact, thereby avoiding the consideration of imputation of missing data points using multiple imputations of data.

An assessment of the internal consistency of participant response (reliability) to the study's research instrument was conducted using the Cronbach's alpha (a) test statistic. The internal consistency (reliability) of participant response to survey items across all three phases of the study was considered high ($a \geq .60$) to very high ($a \geq .80$) at statistically significant levels ($p < .001$).

Discussion of Results by Research Questions

Research Question 1: Considering identified indicators of church health, to what degree did planned strategic enticing events impact overall church health?

Using repeated measures ANOVA to evaluate overall impact of the strategic enticing events across the three phases of the study, strategic enticing events had a statistically significant effect upon the perceptions of participants regarding church health indicators. Moreover, the magnitude of effect (effect size) resulting from the strategic enticing events is considered very large.

In light of the impact of strategic enticing events, pastors would benefit from the knowledge and use of techniques applied in the study to enhance church growth while maintaining church health. Some examples of the implemented techniques included ice cream outreaches, dumpster days, and watermelon giveaways. The ice cream outreaches consisted of renting an ice cream truck and giving ice cream cones on behalf of Jesus to children in impoverished neighborhoods. A typical dumpster day included renting 40-yard dumpsters, with over 100 volunteers, to assist community residents to clean out their garages or basements. This event focused on assisting elderly residents in underprivileged communities. Watermelon

outreaches included having control of four street corners in a particular community that otherwise would not have had exposure to attention, similar to the connotation of Jesus' reference to Samaria. In the book of John in the Bible, Jesus said, "I must go through Samaria" (John 4:4 NIV). It was Jesus' sense of urgency to go through Samaria to engage an ostracized woman. The focus of the watermelon outreach was to engage the marginalized people, similar to those of Samaria. Although the relative predictability of the strategic enticing events may vary, these events worked as key indicators for church health. For example, the single greatest degree of participant change was revealed in the church health indicator of *Diversity of Worship Access,* closely followed by the indicator of *Community Well-Being* ($p < .001$). The church health indicator of *Tithing and Offering* ($p = .004$) was least affected by the strategic enticing events among the nine indicators. While the results of the study may not be readily generalizable to other churches due to sampling techniques utilized in this study, the findings do represent a benchmark and a viable starting point for further investigation.

Research Question 2: In which phase of strategic enticing events was overall church health most impacted?

Using the *t*-test of dependent means to assess the statistical significance of mean score comparisons by respective study phases and Cohen's *d* for the magnitude of effect (effect size), all three comparisons were statistically significant with concomitant large to very large magnitudes of comparative effect. However, the comparison of participant perceptions from the baseline (Phase I) of the study to Phase II of the study manifested the greatest magnitude of treatment effect ($d = 2.66$).

Consequently, there was a diminishing return of continuous events from Phase II to Phase III due to the fact that the community became familiar with the strategic enticing events.

Waning participant excitement may have been related to a novelty effect lowering the initial effect. However, the study showed statistically significant differences from the baseline measure (Phase I) demonstrating that strategic enticing events remained robust and highly impactful but leveled off throughout time.

Implementing non-traditional change requires a transformational leader as described by Peter Northouse (2016): "a leader who engages with others, creates connection and raises the level of motivation and morality; they help their followers reach their full potential" (p. 181). When assuming leadership of an organization or church that has been in a state of decline, leading change can be complex and difficult.

Kotter (2012) emphasized eight steps in leading real and permanent change in an organization:

1. Establish a sense of urgency.
2. Create a guiding coalition.
3. Develop a vision and a strategy.
4. Communicate the change vision.
5. Empower broad-based action.
6. Generate short-term wins.
7. Consolidate gains and produce more change.
8. Anchor new approaches in the culture.

Kotter's theory was applied within the context of the church study site, specifically as it connects to creating a sense of urgency. The additional seven steps were also implemented as the church study site trained its leadership in the implementation of strategic enticing events. As a result, the baseline (Phase I to Phase II of the study) reflected the impact of the strategic enticing

events as evidenced by the statistical significance and effect sizes ($p < .001$; $d = 1.69$). These small but impactful initial events benefited the community and inspired the church congregants to serve the neighborhood in tangible ways that led to healthy fellowship and camaraderie.

Research Question 3: Which indicator of church health was impacted to the greatest degree by the strategic enticing events across all three phases of the study?

Using the repeated measures ANOVA to evaluate the impact of the strategic enticing events across the three phases of the study for each of the nine indicators of church health, the impact of strategic enticing events yielded significant effects upon the perceptions of participants across all nine church health indicators. Moreover, the magnitude of effect (*d)* exerted by the strategic enticing events was considered very large for all nine indicators. The single greatest magnitude of participant change was manifested in the church health indicator of *Diversity of Worship Access*, closely followed by the indicator of *Community Well-Being* ($p < .001$). The church health indicator of *Tithing and Offering* ($p = .004$) was least impacted by the strategic enticing events among the nine indicators.

The study site church was located in a large metropolitan area in the Midwestern region of the United States. The demographics of this area shifted dramatically over a 10-year period. From 2000 to 2010, the number of Caucasians increased by almost 12% (56,960), while Hispanics (of any ethnicity) decreased by more than 40% (238,660); The household income of families making more than $75,000 increased by more than 66% (Chicago Rehab Network, 2013). Although the study site church remained a predominantly Hispanic church, as it started to conduct strategic enticing events, it attracted second and third generation Hispanics, who primarily spoke English as their first language. In 2000, the study site church transitioned from Spanish preaching, teaching, and worship services to bilingual (Spanish and English) preaching,

teaching, and worship services. As a result, African Americans and Caucasians felt included because the language barrier was removed.

The study site church instilled in its congregants that worship is a lifestyle. This approach to worship meant being intentional and teaching members that tithing, offering, serving the poor, meeting the needs of the community, loving God, and loving people were all examples of a lifestyle of worship to God. Enhancing this philosophy became a priority for the study site church as more congregants were involved in many aspects of the diverse worship and the community outreach experiences. Gangel (2001) reached a similar conclusion in his research:

> Worship as service describes people allowing God to work through them in order to create a spiritual community. Worship as service involves the understanding and application of spiritual gifts and their role in the body of Christ (Rom. 12:6-8). The unity, diversity, and mutuality of the church abound when worshipers serve and servants worship. (p. 469)

Research Question 4: Considering the individual indicators of spiritual growth, tithing and offering, and individual outreach ministry opportunities, which represents the most robust predictor of overall church health*?*

Using multiple linear regression for predictive modeling purposes, the individual church health indicator of *Individual Spiritual Growth* represented the most robust predictor of overall church health. *Individual Spiritual Growth* contributed the greatest degree of explained variance (12%) in the model's dependent variable overall church health ($p = .05$).

The study site church views *Individual Spiritual Growth* as a biblical mandate found in Matthew 28:19-20 (The Great Commission), with the church responsible for creating disciples and ministering to those in local communities. The mission statement of the study site church

focuses on membership, maturity, mentorship, ministry, and missions, the foundation for the strategic enticing events. The future of the church is considered largely dependent upon how disciples are developed. Crabtree (2006) stated, "Statistics reveal a crisis in discipleship. In a general sense, discipleship in the Assemblies of God is ineffective...we must have a deep concern about Pentecostal discipleship" (para. 4). The study site church experienced a dramatic increase in the number of people converted, baptized, and accepted for membership between 2000 to 2001. In 2000, the average attendance was 300, with 164 members and 20 people baptized in water. In 2001, the average attendance was 650, with 208 members and 42 people baptized in water. This increase reflected the pattern of individual spiritual growth for the study site church.

Strategic enticing events represented a method for connecting with the community and building relationships, the foundation of the philosophy of the study site church. However, if outreach lacks specific church vision for creating more disciples, a church cannot lead individuals into a relationship with Jesus Christ (Luke 10:2). A church that commits to developing spiritually healthy people will effectively influence other people to advance the mission of Christianity.

Research Question 5: Considering the church indicators of vision and mission, community well-being, crisis resolution, leadership development, and diversity of worship access, which represents the most robust predictor of overall church health?

Using multiple linear regression for predictive modeling purposes, the church-level indicators of *Community Well-Being* and *Diversity of Worship Access* represent the most robust predictors of overall church health. Community Well-Being contributed the greatest degree of explained variance (42%) in the model's dependent variable Overall Church Health, followed by Diversity of Worship Access (12% [$p < .05$]).

Community Well-Being compared to the other church indicators produced the greatest degree of explained variance (65%) conceivably due to the study site church's deliberate emphasis on serving the marginalized population. This focus directly explains the people whom the church serves and indirectly addresses the community's well-being. The study site church is earnest in its desire to care for the marginalized and disenfranchised people in the community. *Community Well-Being* reflects the first century church in the book of Acts, which focused on meeting the needs of the hurting and broken people in their community. Luke explained the spiritual growth and health of the church in Acts 2:42-47 (New International Version):

> They devoted themselves to the apostles' teaching and to fellowship, to the breaking of bread and to prayer. Everyone was filled with awe at the many wonders and signs performed by the apostles. All the believers were together and had everything in common. They sold property and possessions to give to anyone who had need. Every day they continued to meet together in the temple courts. They broke bread in their homes and ate together with glad and sincere hearts, praising God and enjoying the favor of all the people. And the Lord added to their number daily those who were being saved.

As a result of the implementation of these practices of spiritual growth and health, the Lord added new believers to their fellowship daily. In addition, *Community Well-Being* may include engaging the elected/government officials, school principals, community leaders, and other stakeholders to organize meetings and address common ground issues that impact the community. Intentionally incorporating community leaders into strategic enticing events provides as an opportunity for the church to lead community change.

Research Question 6: Considering the three factors of dimensions identified in the instrument validation phase of the study, which represents the most robust correlate and predictor of overall church health?

Using multiple linear regression for predictive modeling purposes, the factor of *Outreach/Diversity of Worship* represented the most robust correlate and predictor of overall church. Moreover, the factor of Outreach/Diversity of Worship contributed the greatest degree of explained variance (16% [$p = .02$]) in predicting the model's dependent variable of overall church health, followed by Community Well-Being (14% [$p < .05$]).

The findings in Research Question 6 corroborate and confirming the results in questions three through five. Initially, exploratory factor analysis was conducted to identify factors that might exist within the research instrument's survey items. Following the discovery of three distinct factors within the study's data, the factors represented an interest for predictive modeling and a possible confirmation of findings in previous research questions.

The findings in Research Question 6 confirmed the importance of strategic enticing events related to Community Well-Being, and Outreach/Worship Diversity. In essence, the church's strategic enticing events reflected a concern for community well-being and gained credibility within the community by meeting the needs of the people within their own neighborhoods rather than requiring the people to visit a facility to access all that the church offered.

Limitations of the Study

The study was limited to one church; therefore, the findings were limited with regard to generalization. The participants all attended the same church since the change in leadership in 1999, which may have resulted in participants' biased viewpoints. Also, all participants were of

Hispanic origin indicating a lack of ethnic diversity. Another study limitation could be a lack of participants in the 18 to 29 age range. Study participants ranged from 30 to 65 years of age. Additionally, there was a lack of generalizability of findings due to the convenience sampling method used in this study.

Implications for Professional Practice

In 2000, the study site church's leadership did not have a formal assessment of the membership's spiritual development. They did, however, discern that the church lacked evidence of growth or spiritual vitality. As a small church based in a large metropolitan area in the Midwestern region of the United States, they were not well-versed in church health and growth. "Numerical decline does not necessarily mean a church is experiencing health issues, but numerical decline must receive consideration as a possible indicator of issues related to church health" (Pickering, 2011, p. 63). At that time, the new pastor did not know the signs for a deteriorating congregation; he just knew that something had to be implemented in order to move the church forward. The church lacked vision, community involvement, intentional discipleship, engaged worship, as evidenced by the decreased number of new members, baptisms, and conversions. Conversely, they had a small dedicated membership who loved the Lord and one another. As a result of the strategic enticing events, the study site church was able to refocus their priorities and successfully engage their congregants and the community.

> In the book of Acts 2:41-43, Paul shares fundamental truths for a healthy church:
>
> Those who accepted his message were baptized, and about three thousand were added to their number that day. They devoted themselves to the apostles' teaching and to fellowship, to the breaking of bread and to prayer. Everyone was filled with awe at the many wonders and signs performed by the apostles.

This passage is a prescriptive scripture for an ailing, stagnant, or dying church. The prescription for an unhealthy church, according to Paul in the book of Acts, give us eight vital signs that can rejuvenate a ministry (e.g. baptism, fellowship, breaking of bread, prayer, teaching of the Word). The initial step at the study site was the implementation of strategic enticing events to encourage congregants to advance the message of Christianity. The study site church created multiple sermon series, offered English language services, illustrated sermons, and enriching worship. This new paradigm enabled both existing members and new members to become active in the church. The church began experiencing healthy growth in which the number of conversions and baptisms increased substantially. In addition, the congregants believed in the study site church's vision and participated in intentional discipleship classes, thus contributing to the increase in teachers, evangelists, deacons, and pastors within the church as well as an increase in the number of members. The shared vision allowed for genuine fellowship to transpire and created a dedicated congregation committed to meeting the needs of the surrounding impoverished communities.

As the study site church experienced rapid growth, a tension to maintain a healthy church developed. Pastors and leaders could learn from this tension by viewing it as an opportunity to determine a greater sense of purpose that aligns with their vision and goals (Senge, 2006). Leaders throughout history derived their influence and power through experiencing tension as a creative force, rather than a destructive one. This tension is potential energy to achieve and to accomplish (Senge, 2006). The study site church's pastor harnessed the tension to overcome challenges and obstacles that allowed the church to maintain its overall spiritual health while continuing to grow.

Recommendations for Future Study

Considering the results and limitations noted in the current study, the following recommendation for future study should be considered. First, the utilization of a larger, more heterogeneous group of church members should be identified as study participants in an effort to assess the influence of strategic enticing events on church health and church growth on a more comprehensive scale. This increased sample size would be helpful in understanding how key demographics, socio-economic status, and location influence the indicators of church health.

In addition, a future study might include a qualitative research component to add depth, richness, and thickness to the existing quantitative results. Specifically, a mixed methods design using triangulation would add strength and credibility to the initial quantitative findings reported in the current study.

Lastly, the development and utilization of a structured rubric detailing church health indicators on a scale would add to the understanding of the topic by moving beyond the use of self-reported perceptions of participants as the basis of addressing the research topic. Future research would then be able to measure church health during periods of growth and subsequently identify relationships between perceptions and actual evaluative evidence.

Conclusion

Using repeated measures ANOVA to evaluate overall impact of the strategic enticing events across the three phases of the study, strategic enticing events had a statistically significant effect upon the perceptions of participants regarding church health indicators. Moreover, the magnitude of effect (effect size) resulting from the strategic enticing events is considered very large. The study showed statistically significant differences from the baseline measure (Phase I) demonstrating that strategic enticing events remained robust and highly impactful but leveled off

throughout time. The baseline (Phase I to Phase II of the study) reflected the impact of the strategic enticing events as evidenced by the statistical significance and effect sizes ($p < .001$; $d = 1.69$). These small but impactful initial events (e.g. ice cream outreach, dumpster days, watermelon giveaways) benefited the community and inspired the church congregants to serve the neighborhood in tangible ways that led to healthy fellowship and camaraderie. The single greatest magnitude of participant change was manifested in the church health indicator of *Diversity of Worship Access,* closely followed by the indicator of *Community Well-Being* ($p < .001$). The church health indicator of *Tithing and Offering* ($p = .004$) was least impacted by the strategic enticing events among the other indicators. *Individual Spiritual Growth* contributed the greatest degree of explained variance (12%) in the model's dependent variable overall church health ($p = .05$). *Community Well-Being* compared to the other church indicators produced the greatest degree of explained variance (65%) conceivably due to the study site church's deliberate emphasis on serving the marginalized population. The church's strategic enticing events reflected a concern for community well-being and gained credibility within the community by meeting the needs of the people within their own neighborhoods rather than requiring the people to visit a facility to access all that the church offered. As a result of the strategic enticing events, the study site church was able to refocus their priorities and successfully engage their congregants and the community. The shared vision allowed for genuine fellowship to transpire and created a dedicated congregation committed to meeting the needs of the surrounding poor communities.

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APPENDIX

Appendix: Survey Questions

1. My spiritual growth was impacted positively through available outreach opportunities in the church.

   5–Strongly Agree 4-Agree 3-Not Sure 2-Disagree 1-Strongly Disagree

2. The church's vision and mission were clear regarding the role of community outreach.

   5–Strongly Agree 4-Agree 3-Not Sure 2-Disagree 1-Strongly Disagree

3. Church sponsored outreach ministry opportunities were readily available.

   5–Strongly Agree 4-Agree 3-Not Sure 2-Disagree 1-Strongly Disagree

4. Church sponsored outreach ministry opportunities were clearly defined.

   5–Strongly Agree 4-Agree 3-Not Sure 2-Disagree 1-Strongly Disagree

5. Community well-being was positively impacted by my church's outreach ministry presence.

   5–Strongly Agree 4-Agree 3-Not Sure 2-Disagree 1-Strongly Disagree

6. The church's status on the issue of crises resolution impacted community well-being in a positive manner.

   5–Strongly Agree 4-Agree 3-Not Sure 2-Disagree 1-Strongly Disagree

7. Church leadership development was impacted positively by outreach activities sponsored by the church.

   5–Strongly Agree 4-Agree 3-Not Sure 2-Disagree 1-Strongly Disagree

8. My tithing and offering behavior was impacted significantly by the presence of church sponsored outreach activities.

   5–Strongly Agree 4-Agree 3-Not Sure 2-Disagree 1-Strongly Disagree

9. Diversity of worship access and opportunity were significantly impacted by church sponsored outreach.

   5–Strongly Agree 4-Agree 3-Not Sure 2-Disagree 1-Strongly Disagree

10. I consider the overall "health" of the church as excellent.

    5–Strongly Agree 4-Agree 3-Not Sure 2-Disagree 1-Strongly Disagree