

I. Defining Health

Just as we would examine a human body for health at several levels it can be helpful for leaders to look at a local congregation in the same manner. When a person goes for a routine physical the doctor begins on the outside and works toward the inside. The person's weight, height, and an overview of the skin is followed by closer looks inside.

Are there parallels between the doctor's physical exam and the evaluation by the leaders reflecting on the health of the church 'body'? One immediately thinks of the emphasis on the members of the body, each with unique gifts, roles and interdependence described by Paul in 1 Corinthians 12-14.

HOW DO WE CONDUCT A PHYSICAL OF A CHURCH?

The physician measures the state of health according to two standards:

1. According to your age and gender how do you measure up against the norm of healthy people in your category? This involves conducting a current status of your physical state and comparing it to not only norms but recent history. If we looked at two men and judge one to be much healthier than the other we might quick to attack the weaker person. But if we knew from recent history that one was training full-time to qualify for the Olympics and the other was just recovering from cancer surgery and was still undergoing chemotherapy then our perspective of both is changed. **CURRENT STATUS MUST BE VIEWED AGAINST REALISTIC EXPECTATION.**
2. Is there evidence of any disease conditions? Causes of sickness can be the result of invasion from the outside (i. e. Food poisoning) or from an internal, deterioration, imbalance or infection within the body (i. e. most cancers, immune system diseases, and heart disease) In churches in the New Testament health was threatened and many of the epistles are both warnings of internal or external danger and prescription to protect or restore health.

Some church leaders limit the congregational exam to growth in attendance and/ or giving. These indicators should be assessed but to make them the only indicators would be like saying that one's height and weight are the only indicators of physical health. Are only people over 6' healthy? Are only people who have grown 2+" in the past year healthy? Are Michael Jordan or Cindy Crawford the "NORMS" against which all men and women must measure their health? We will provide other areas of church life which need to be assessed to determine a total picture of health.

CONTINUAL PROCESS APPROACH TO EVALUATION

A related issue to a conducting a "church physical" is how often we should seek to assess health. Do we only perform a check-up when there is a major change in the leadership, the first two years of a church's life, or when the evidence of decay or possible death demand a look? As a parent I am in one sense always examining my children for evidence of a healthy state and am quick to notice deviations. If there is evidence of possible problems which go beyond my

experience, and I lack confidence in the over-the-counter and common sense remedies available to me we make a visit to our physician.

The parallel is obvious. Church leaders carry a responsibility to look over the church with a gentle parenting (i. e., shepherd's) touch. (Acts 11: 19-29; Acts 20: 22-37; 2 Timothy 3: 10-4: 5) And there may come times in the life of the church when the outside assistance may be requested. Several of Paul's letters and John's first three chapters of Revelation fit the definition of caring doctors giving a timely prescription to churches which were losing their health.

There have never been any churches which didn't struggle to remain vital and healthy, and in line with God's blueprint for them. From the book of Acts onward we observe believers who were identified as the church of a specific geographic region struggling with internal problems resulting in disunity, doctrinal divisions, laziness. Some churches were also under attack from the external problems of persecution, the pagan culture polluting the church or charismatic leaders needing to be removed or at least corrected.

The Jerusalem church struggled to see the Gospel as good news to those outside their ethnic group. The Corinthians loved a good fight. The Galatians were being led into a heretical perversion of justification and sanctification resting on the finished work of Christ. The church was also abused and beaten by their Jewish Family roots and demeaned and targeted for eradication by the ruling political/ military powers. I often wonder how closely we really are called to be "like" the New Testament church.

Through a honest look at the sickness threatening the health of the New Testament churches we stand back amazed at the endurance, power and strength and impact the congregations exhibited (Acts 4: 31-35; Acts 8: 1-4; Acts 11: 21; Acts 19: 17; Hebrews 10: 32-38). It is in the very weakness that the STRENGTH OF THE HEAD, THE LIVING LORD JESUS is magnified. In balance to the threats to health we find in the middle of the church a victorious Christ building His church. Our resurrected Savior and Lord is actively loving rebellious and unbelieving people and giving them new hearts. And through all of their imperfections He walks with them and they reflect His glory. The New Testament prescription to many of the threats to health is... you are in Christ... Christ in you... the hope of glory.

We avoid cynicism or loss of hope by examining the head of the church. We have at least one body part that is in perfect health. Our Head is alive and very healthy. He is active, involved in and with His body. On at least one part of the physical we score perfectly. We have hope when we look at the "brain" behind this operation!

So, in light of the parable of the examination that is performed by parents and physicians and in light of the tenor of the New Testament which seeks to help local churches be healthy, and in light of the Savior who parents and heals leaders partner with our Lord in helping churches be healthy.

The role of leadership requires taking the pulse, looking inside, and taking intentional, inquiring, looks at the heart of the church.

Before leaders can determine appropriate mission and strategy for the church, before leaders know what Biblical teaching needs emphasis for a certain season of the church's life, before leaders sense God is calling the church to certain expressions of outreach leaders should engage in the process of assessing the church's health.

WE CONDUCT A CONGREGATIONAL PHYSICAL BY LOOKING AT THE CHURCH FROM DIFFERENT PERSPECTIVES.

Similar to the complex interdependent layers of systems which make up the physical body there are layers of systems in any local congregation. What are the layers of a church? When beginning a physical a doctor uses a set routine for examining each of the layers and all of the systems within a given layer. In the same way we can begin to give a church a physical. I hope to not overdo an analogy but I have broken the physical down into looking at four layers -or four different perspectives of the congregational structure and expression.

CHRIST IS BUILDING THE CHURCH. NEVER CONDUCT A PHYSICAL DETACHED FROM THE HEAD!

A reminder as we begin: Always keep one eye on the Head. Leadership meetings which are examining the health of the church should be filled with worship, praise, thanksgiving and intercession. Do not separate the body from the Head. Leaders are seeking Christ when conducting the examination. They are saying, "Lord Jesus give us eyes to see our congregation as You see, and give us ears to hear where You are working. Give us wisdom to be Your **skillful** hands and may be Your will being done become our will."

If part of the on-going process of providing servant leadership to the congregation involves evaluation then we begin to see a culture created in the church where it is easier with each passing "physical" to ask the hard questions. Leaders taking these courageous steps cultivate a humility of dependence on God for the wisdom and the balance needed to lead by faith.

II. A Four Part Physical For A Local Church

1. The Outward **UNIQUE SHAPE**

WHAT'S ON THE SURFACE THAT CAN BE OBSERVED WITH ALMOST NO EFFORT?

Study the unique shape of the congregation and the role its history plays in its present state of health. Leadership find it difficult to build for the future if they do not understand the past and the present. A local church, like a family, has a history that helps one to see more clearly what the problems and threats to health exist.

Understand who we are as a church at the present moment. We begin with an overview of the history of the church and a picture of the geographic area in which it lives. This would include demographics of the community, the specific congregation, and the other churches in the same geographic region. The current numbers should be viewed

over a period of time that reveals trends, the direction of growth or shrinkage and the realistic potential for growth.

Denominational or other relevant family associations are noted. A history of the forms/expressions of ministry (i. e., style of music, facility, programs), and staff & organizational structure are also important to a complete physical. Do not leave out some of the more personal story of the congregation. Under what conditions have staff or core families left the church? What type of debt does the church live under?

THREE CAUSES FOR LACK OF NEW LIFE:

Since we know the mission of the Head is to redeem and adopt into the family, we should expect a healthy church to be growing. That growth should not just be from biological growth of families in the church, or Christians coming in from other congregations, **but there should be evidence of new births, new life. If conversion growth is not occurring there is something occurring in one of the following which must be addressed:**

1. There is a great resistance in the environment. Other congregations in the geographic region are seeing few conversions. Prayer, a careful examination of HOW evangelism is being conducted, and endurance in sowing and cultivating may be required before we begin to see the harvest.
2. There are severe unhealthy conditions present in the congregation. Many problems can turn a congregation inward. When there is little joy and vitality within the life of a congregation who wants to bring "outsiders" in and pollute them? Drastic internal action may be required before healthy growth can resume.
3. Movement may make real growth difficult to detect. In certain settings the frequency of people's movement may indicate the church is touching many lives but because of a military complex, university or resort dimension affecting the shape of the community many people are not absorbed long term into the life of the church. The healthy church may provide a "turning point" for many but become a "family or base" for only a few. These congregations need encouragement, realistic expectations and a deliberate strategy to impact people who are "passing through".

SUMMARIZING THE CONGREGATIONAL SHAPE AND HISTORY:

What does the outside look, framed on a time line, tell us about the church? What are the handicaps, opportunities, gifts, position in the community which must be factored into our vision of the church? This part of the exam is very important. It is much like seeing the whole before examining the parts. Solutions proposed to correct various problems detected at internal levels may prove to be incorrect if not based on a clear understanding of the shape, size, structure and history of the congregation.

2. STUDY THE INTERNAL SYSTEMS

THREE WAYS CHURCHES MEET: CONGREGATION COMMUNITY CELLS

What internal communities and cells exist? What is the assessment of the effectiveness of these formal and often informal groups which shape how the people relate and work together?

The Congregation: An open group made up of all members, attenders and guests. It is the congregation when we have church wide services or events. It is the entire church family and guests gathered.

Communities: Groups (usually 15-70 in number), can be formal design of church structure, such as Youth Group or Over 55 Department. Can also be informal and be seen by observing how certain families cluster and socialize because of geographic, common interest or life stage. Examples of informal communities could be those who own motorcycles, hunt and fish together, live in the same subdivision, home-school their children.

Cells: Groups (usually 2-15 in number) which again can exist formally or informally in terms of the church organization. Cells are often covenant or contract in nature. To live by a covenant means a group agrees to meet for the next 12 weeks to study parenting or the book of Ephesians. Another covenant cell could be the Missions Team or Worship Planning team. Covenant groups can also be centered around discipleship themes or recovery/ support themes.

Other examples of communities or cells:

- Sunday School (age graded and/ or topical),
- Small Groups meeting in homes or other settings,
- Life Stage groups [Nursery, Children, Youth, College, Singles, Young Families, Parents of Teens, Empty Nest, Sr. Adult],
- Ministry/ Theme communities [Committees, Elders, Deacons, Women's Ministry, Men's Ministry, Worship, Music, Drama, Missions, Local Outreach, Prayer, etc.)

In the function of these communities is there overlap which drains off energy but reduces effectiveness? Has there been a history of continuing to add new layers of programs and communities instead of focusing on making the most basic and natural communities and cells more effective? What is the level of unity, teamwork, common vision holding these groups together? Is there a spirit of competition or "each going its own way" so that the body is pulling against itself instead of supporting one another?

One of the most important questions is to determine if each community and cell group within the congregation has a clear focus/ purpose which then contributes to the whole. Do the communities and cells compliment or compete? Example: There is an established Sunday School, age-graded for all ages. There are men's groups, women's groups and in the last two years Sunday evening was transformed from a corporate service into home small groups. These multiple layers can exist and each say, "Our group exists for

teaching, fellowship, and pastoral care." In these overlapping functions where is outreach occurring? Can life changing discipleship occur in the classes or groups? What would it look like if each community had one ruling function which then contributed to the healthy make-up of the church? Sunday School classes focus on creating fellowship which is open and attaches new people, Men's & Women's groups aim at intensive discipleship that addresses Biblical content, character transformation and self-knowledge of gifts and role. The home small groups focus primarily on outreach ministries local and global.

This is only one possible solution to giving each internal system a primary function. The digestive system's primary function has to do with processing food, the circulatory system moves the blood, and the respiratory system handles air exchange. Each system has one primary function which when linked interdependently with the other systems promotes the healthy function of the whole body.

IN MOST CONGREGATIONS 80+% OF GROUPS EXIST FOR BELIEVERS.

WHAT ARE THE PRIMARY FUNCTIONS OF THE CHURCH? I hesitate to offer a list. Rick Warren lists five in the Purpose-Driven Church: Fellowship, Discipleship, Worship, Ministry and Evangelism. His contention is that these must be balanced and that each sub-group should primarily focus on one of these.

I would offer another way to integrate function with programs by taking a broader look. To be healthy we must learn to LOOK UP, LOOK IN AND LOOK OUT. These three ways of looking and then responding to God are expressed throughout church history through the "spiritual disciplines" or as they often called, "the means of grace." As we begin to list the disciplines that are taught in the Scriptures, and through out church history, we could list thirty or more ranging from fasting to confession. For a more complete study see Dallas Willard and Richard Foster as starting points. I see the subgroups within a church having a functional focus and a strategic focus. The functional focus would be how this group contributes to the whole of the church. This can primarily only be in one function. As the group meets they practice spiritual disciplines together and LOOK UP, LOOK IN, and LOOK OUT to move toward this function.

Every church needs to see that it must be redemptive centered. Healthy groups will not exist if they say we are here for discipleship or fellowship or worship or ministry and leave out evangelism. That leads us to the next part of the physical; our range of motion.

3. Reach for the range of motion of the body

What is the vision for congregation to reach beyond itself?

Examples:

0. Social/ Physical ministries [show the love of Christ in practical ways],
1. Seeker Ministry [provide a safe context for people to understand the Gospel],

2. Evangelism [encourage people to make a personal response to the Gospel],
3. Global partnerships & focus [missions, making the Gospel accessible to all people],

Partnerships & Networks with other churches & ministries in the same geographic area [Concerts of Prayer, Pastors Prayer Group, Prison Ministry, Radio Ministry, etc.]

EVERY GROUP NEEDS A REACH BEYOND ITSELF TO BE HEALTHY.

DOCTORS FIND RANGE OF MOTION AN IMPORTANT INDICATOR OF HEALTH AND QUALITY OF LIFE. Imagine a person who is taking in food, air and water, but because of some large tumor nothing is ever given out. As the body's systems become poisoned by the lack of a healthy flow out of the body the energy and strength are sapped, infections are raging and the body is fighting for its survival. Productive, work and needed exercise become impossible.

Such can be the case for a church. It is my contention that the health of the congregation as a whole and the health of each community and cell depends to large degree on it possessing a vision for reaching beyond its own. Every group or subgroup must have a purpose --a reason --for existing that is larger than itself, or it is soon ingrown and unhealthy infections will develop. The obese, "coach potato" group becomes apathetic to those outside, and then soon becomes lethargic and is failing to invest in even caring in vital ways for its own members. One example would be the adult small group that takes off with a "bang" with everyone gathering in a home for several hours weekly. But within a few months when inquiring if someone is going to be there what comes out is something like, "If nothing else comes up we may be there!" The group is dying! And the cause is often the lack of a purpose for existing as a group that is larger than themselves.

QUESTIONS FOR EACH COMMUNITY OR CELL GROUP WITHIN A CONGREGATION:

Who has God called us to intentionally invest in? Who does God want to love through us? Who has God opened a door for us to touch with the Gospel? Who has God brought us together to serve?

4. WHAT IS THE HEALTH OF THE HEART?

The heart is best thought of as the underlying motives which energize a group to do things in a certain way. The idea of our "heart" as something other than a physical organ occurs over 650 times in the Bible. God's focus on the heart being right is critical to the understanding of the Gospel. If Christianity is just outward behavior or organized groups then it is not the Gospel of the New Testament.

What are the core values, culture, and motivating passions of the church? The heart is best seen by HOW the people go about carrying out the other systems just described. The physical heart moves life giving blood through the body, at a certain pressure, at a certain

rate, so that a healthy oxygen-for-waste exchange occurs within all of the other systems and even within individual cells. The heart of the church functions in the same way.

The heart resides in the core of the church. One looks at the committed people, the formal leaders and informal influencers to see the heart. There may be some on the fringe who come and go, church-shop, or show up at special times --but they do not reveal the heart of the church. We must look deep, focus on the core to begin to see the heart.

The health of the heart is determined by examining the presence of and depth of relationships; how the core people invest in and with one another. There is a synergy in a healthy church. The shape of the heart is often expressed in a compelling vision or mission statement, but only if you can see the reality of that vision weaving like a thread through the other systems of the body. A statement written on paper, even the front of the weekly bulletin may not accurately reflect the heart of the church. The real question is what vision is written on the hearts of the core people of the church.

Example: In one church I served as pastor we came up with a proverb to capture our heart. "Lord, establish our base and expand our reach." This became the outline for our strategy all the way down to how we categorized accounts within the budget. But I knew it was really becoming our heart when one of our leaders was praying publicly in a service and very naturally included those words in his prayer and then went on to "flesh" it out in his specific requests to God. **THE HEART OF THE CHURCH IS SEEN BY LOOKING AT WHAT THE CORE PRAYS!**

What is a healthy heartbeat? Often one cannot detect the heartbeat apart from an understanding of the church's history. You have to hear their birth story (some of the dreams which the founding members focused on when paying the price to establish a church) and then follow how the church has walked from those early days.

Leaders must love the people, whom Christ is building into the church, more than the ideas, dreams and visions which excite the leaders. As leaders love the people Christ is building around them into a church can we hold on to some common Biblical characteristics which develop in a healthy heart? Does a heart have a certain sound, a certain rhythm which physicians learn to recognize? If the heart "sounds" right it is probably healthy. Here are the four sounds we listen for, and which the absence of even one calls for drastic open-heart surgery.

FOUR SOUNDS OF A HEALTHY HEART.

0. A HEALTHY HEARTBEAT --**LOVES** The healthy heartbeat has a consistent rhythm. Listen closely, catch the beat and hear often the musical feel of, "God, by His grace found in the Lord Jesus Christ, is giving us new hearts. These new hearts LOVE God with every beat, and LOVE others as one loves self. God is making us into Christ-like lovers who's hearts beat more for others than for self."

The Love that is the beat of a healthy heart is defined by looking at God Himself; an open heart giving and receiving in a committed, intimate, sacrificial way. God-like love is THE defining quality of a healthy heart. The health of the church is in direct relationship to the depth and breadth of its love. It is a love that sacrifices and is willing to risk the pain of asking hard questions, and at times it shows itself in the tough love of confrontation and discipline. This is not a abusive punishment but a loving correction. This is not a detached, fearful, "it's his problem", soft love. A healthy heart loves with REDEMPTIVE LOVE.

1. A HEALTHY HEART HAS INTENTIONAL DIRECTION FOR ITS LOVE --**FAITH** A healthy loving heart has intentional direction. In a healthy church there are targets for the loving heart to connect with and pour out on. People are the direction of a loving heart. The healthy heart never places a loyalty to programs or traditions over people. A healthy heart does what God does---loves PEOPLE.

"Intentional Direction" is a contemporary way of saying a healthy church exhibits FAITH. Faith is responding to God's promises and commands by taking steps. Faith can be described as the body receiving instructions from the head to walk over to a ledge and get about the business of rescuing someone who has lost their footing and is in real danger. These intentional, directed, "listening to the Head", steps will always move the church toward people. The church with this kind of intentional strategy will look more like an arrow leaving its bow when the string is released than a balloon flying around the room as the air escapes. In a healthy church people do not accidentally love, or love when everything else is done. Love is not left-overs, crumbs or by chance. The healthy church has faith that works itself out in love (Gal. 5: 6). The leaders plan, budget, and invest their lives in loving.

The opposite of faith in the New Testament is not just unbelief, it is fear. (Matthew 8: 26, 10: 26-30; Mark 16: 14) FEAR is the disease that closes the heart. (1 John 4: 18-19) A fearful heart cannot love; cannot be open to giving and receiving. Fear covers up, protects and seeks to dance around or deny the cost of committed relationships.

To the degree that intentional direction (FAITH) directs love toward active loving the church heart grows stronger and fear evaporates in the heat of the movement.

2. A HEALTHY HEART HAS ENDURANCE --**HOPE** The physical heart is assessed through a treadmill resistance test. In a similar way, the strength of a church heart is seen in the testing which reveals endurance. Endurance is the fruit of a godly HOPE. A healthy church has hopeful, enduring love. In a healthy church problems are openly acknowledged and then brought before God in a spirit of confident HOPE that a solution can be found. (Acts 6: 1-7)

The hope filled heart endures because of its confidence in the greatness and power of God. A vision of our sovereign God accomplishing His purposes with certainty grows a spirit of boldness and courage. The church was not made to back away

from the gates of hell (Matthew 16: 18, Acts 4: 21-31). God intends to tear down the gates of hell as He builds the church.

In a healthy church the leadership is not surprised by opposition. A heart filled with hope is clearly aware of the cost, pain, and frequent encounters with a confusing mess when taking steps to be the loving, redemptive touch of Christ in a fallen world. A hope filled heart knows the risks of seeking to touch hearts when the stories of peoples' lives resist the nice closure of a movie. In a healthy church leaders may be shocked by, but really deep down know, that the rejecting pain of being wounded from shots by their own troops will very likely occur. They will trust the Head to be able to keep them alive even when "friendly fire" occurs. It is true the Enemy of God often takes a perverted joy in crucifying ones who are known for love. But the healthy church rests in the certain hope that the enemy cannot destroy the soul which now belongs to the Father.

An enduring heart of love will hit a wall to loving and find a way around, over or through to keep on loving. There is never a reason sufficient enough to quit. The leadership of a healthy church will acknowledge that they often do not reach all of their goals if you measure success by "the measurable intended result". But, in a healthy church they use another weight on the scale when evaluating their progress. The questions are often asked, "Did we endure in loving? Some results we may have prayed for were not seen, but did we love like God loves?"

The healthy church leaders often long for greater resource in order to expand the impact, but they refuse to use the lack of resources as an excuse to do nothing. They ask the question, "With the resources God has provided --people, money, and other resources--what is our Head showing us about HOW we are to be His loving touch in the world?"

3. A HEALTHY HEART --**IS FLEXIBLE** The absence of humility and flexibility indicates a heart which is badly diseased. If a church is confident they have all of the right answers they lose the heart of a learner. If a church loses its freedom to try a step, fall down, and get up and keep going it loses the heart of a child. If a church loses its ability to forgive it loses its ability to be a spring of grace, life, mercy and new beginnings.

A doctor once told me that diseased muscle, loses its flexibility and becomes tough and hard. It can be a challenge to even cut through it. One deadly disease every healthy church wants to avoid is **HARDNESS OF THE HEART**.

Leaders look for hardness of heart by examining the willingness to consider change. The Biblical word for change is repentance. In a healthy heart there is a willingness to be flexible, to know that loving --faith directed, hope enduring ministry is messy and unpredictable. To go beneath the polite civility of sitting through a service with one another and connect at a heart love level is not for the rigid or stiff.

The disease of pride results in the hardening of the heart, and will eat away at the flexibility necessary for people to continue growing, maturing and developing. A repentant heart is willing for the Holy Spirit to turn on the light and reveal ways in which the heart does not line up God's heart. In a healthy church one observes leaders making humble turns and choosing to follow God's heart.

DANGEROUS HEART DISEASE! Hardness of heart may be one of the most common diseases of the North American Church. Our buildings, money, paid staff and all of our programs feed an unhealthy lack of need (Revelation 3: 17,18). We tend to live as isolated self-sustaining islands which we call churches. Pride separates, isolates and feeds a judgmental independent spirit which kills the softness of the heart.

The Heart grows up from within the people who make up the church more than it is transplanted into the organization. Frequently attempts by the pastor or other leaders to transplant a heart face the challenge of the host rejecting the new heart. Heart transplant can be done! But it takes time. The leaders must take steps to prevent rejection. The most effective medications that promote donor acceptance of the new heart are **TRUST AND LOVE BY THE LEADERS FOR THE PEOPLE.**

4. A healthy heart loves --We see the presence of purity, and the evidence of being trustworthy, easy to respect, sacrificial, and holy.
5. A healthy heart has intentional direction --We observe clearly defined steps which engage them in loving God and others. Most people in the church embrace the simple plan which outlines the "next steps" we believe the Head is directing us to take.
6. A healthy heart is hope filled --We can collect the evidence to demonstrate we are enduring in our loving. The leadership is willing to patiently take small steps in the right direction.
7. A healthy heart is flexible --We are bowing before God repentant, humble, grace giving, merciful, and teachable. We deeply value the heart of a learner and the heart of a child. We are committed to learning, questioning and growing.

III. Resources

There are many resources which can help churches to be more effective. The ones included with this article help churches focus on the critical health indicators.

- o **Vision New England: Ten Characteristics of a Healthy Church.** www.vision4ne.org
Several resources but the six page summary of the 10 characteristics can be printed out and used as another way of looking of the same issues outlined in the physical. Provides some good questions to use when conducting an evaluation.

Ten Characteristics:

1. God's Empowering Presence
2. God-Exalting Worship

3. Personal Disciplines
 4. Learning & Growing in Community
 5. A Commitment to Loving/ Caring Relationships
 6. A Servant-Leadership Development
 7. An Outward Focus
 8. Wise Administration & Accountability
 9. Networking with the Regional Church
 10. Stewardship & Generosity
- **Natural Church Development.** Christian Schwarz. Available through Church Smart Resources 1-800-253-4276. They have questionnaires for assessing the health of your church and many practical helps. (www.churchsmart.com) Has many short articles that can be printed out which would be great for a pastor to discuss with the leadership core. Natural Church Development is based on a study of over 1,000 churches in 32 countries (30 members of each church completed surveys) Schwarz proposes eight essential qualities of a healthy church. I believe all eight are essential for health and this tool helps a church perform the evaluation.
 1. Passionate Spirituality
 2. Authentic Loving Relationships
 3. Great Commission Embodiment
 4. Servant Leadership
 5. Inspiring Worship Service
 6. Functional Structures which serve people
 7. Multiplying Small Groups
 8. Gift-Oriented Ministry
 - **The Art of Pastoring: Ministry Without All the Answers.** David Hansen. Downers Grove: IVP, 1994.

The best book for today's pastor which brings the focus to the heart of the church. Hansen overviews every area from prayer to preaching. The chapter on temptation is worth the price of the book.

- **The Sacred Romance: Drawing Closer To The Heart of God.** Brent Curtis & John Eldredge. Nashville: Thomas Nelson, 1997.

This is the most refreshing insightful book I have read in the past two years. These two men show us how the Gospel is a great story which rings with the human heart. If church leadership would go about HOW we practice church with this vision our churches would be radically alive.

- **Global Challenge Seminar.** Contact: TWR at 800-456-7897. Global Challenge helps a church break the bad habit of simply "tacking" missions and evangelism on to the church as small appendage programs. By meeting with the leadership on a Friday evening and half-day Saturday they give principles for helping the church refocus on having a redemptive center to all the programs of the church. In addition to the seminar, they offer a 14 month mentoring relationship to help churches develop their strategy.