

Methodist study finds four marks of church vitality

by [Alfredo Garcia](#) in the [August 24, 2010](#) issue

What is the key to a healthy church? United Methodists have paid big bucks to find out. As the sour economy and aging buildings wreak havoc on church budgets, United Methodists are trying to get ahead of the problem and assess the health of their congregations in a bid to reverse declining fortunes.

The denomination recently concluded a study of more than 32,000 of its congregations across North America, seeking the "key factors impacting vital congregations." The study surveyed everybody from bishops to district superintendents to people in the pews.

Working with New York-based Towers Watson consultants, researchers constructed a "vitality index" to measure each church and concluded "that all kinds of UMC churches are vital—small, large, across geographies, and church setting."

The report identified four key areas that fuel vitality: small groups and programs; worship services that mix traditional and contemporary styles with an emphasis on relevant sermons; pastors who work hard on mentorship and cultivation of the laity; and an emphasis on effective lay leadership. These four factors "are consistent regardless of church size, predominant ethnicity, and jurisdiction," the study concluded.

Illinois bishop Gregory V. Palmer and Neil Alexander, cochairs of the denomination's Call to Action Steering Team, said the project was prompted by the financial downturn but was expanded to assess measures of "robust health" in rank-and-file congregations.

Like other mainline Protestant denominations, the 7.8-million-member United Methodist Church has hemorrhaged members for decades. Its strongest growth has been overseas, home to an additional 3.3 million members.

Problems like the rising average age of both clergy and parishioners, and continuing downward trends in worship attendance and baptisms, prompted researchers to launch a more holistic study of church vitality, Palmer and Alexander said.

Of the many problems facing U.S. churches, "one is clearly economic pressure of the cost of the infrastructure, which is increasing at a rate that is greater than the giving," said Alexander, president of the Nashville-based United Methodist Publishing House. A second problem, however, "is a creeping crisis of relevancy," which is signaled by "[the number of] young people not growing as a percentage of the participants" in the church, he said.

Palmer said the study cost "several hundred thousand dollars" and was geared to go "beyond the anecdotal." Because of its size and cost, this project should be considered a "once-in-a-decade kind of enterprise."

The study concluded that church health can't be pinned on any one of the four essentials identified by researchers, or even the size or scope of those programs: "An essential finding of the research was that it's the combination of factors that contribute to vitality, rather than any one or two."

Some surprising results turned up. According to the data, it did not matter whether ministers held seminary degrees, whether pastoral ministry was a first or second career, or how long the minister had been engaged in pastoral ministry.

In addition, the number and types (global or local) of outreach programs did not have a significant impact on vitality, so long as a congregation had some sort of outreach program.

Researchers were reluctant to say whether the findings could also be applied to non-Methodist congregations, but it appears that some of them could. The Faith Communities Today survey released last September by the Hartford Institute for Religion Research found that 64 percent of congregations that switched to contemporary worship in the last five years saw an increase in worship attendance of 2 percent or more.

The report will now be released to Methodist bishops and elected lay and clergy leaders around the world for feedback. Palmer said he hopes the study will play a key role in reversing declining UMC fortunes. "This is not just a report that's going to get shelved," he said. —Alfredo Garcia, RNS