

Towards an Understanding of Congregational Health:
How Do We Nurture the Growth of God's Kingdom?

By

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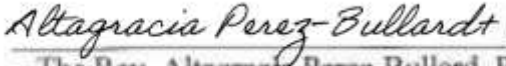
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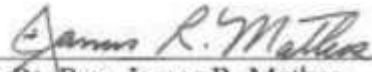
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INTRODUCTION

My Story: Experiences of Congregational Health

What is a healthy congregation in the Episcopal Church? In April 2001, a research report on New Church Development commissioned by the Episcopal Church classified health or success as a “new church reaching a large enough size to achieve self-support within seven years.”¹ This report claims that health is related to size and income. If we limit our definition in that way, we limit our ability to see the Kingdom of God at work in small, under-resourced congregations that do not fit that economic definition. And even more, it prevents us from allocating resources to these congregations. We should look to new ways of understanding health because healthy, low-income, rural congregations are an essential part of the Kingdom of God.

From 2009-2011, as a student at the University of Arizona, I found myself driving two hours to Epiphany Episcopal Church in Gila Bend, Arizona, every six months, to lead a lay Eucharistic service. The Diocese of Arizona requires anyone in the ordination process and still living in the state to be on the Rota, which meant that many Aspirants and Postulants found themselves doing this or a very similar drive. This was the only weekly service at Epiphany and was seen as a way to meet the needs of this small rural congregation.

The 124-mile drive from Tucson to Gila Bend is nothing but desert. The next closest town with an Episcopal church is Casa Grande, Arizona, which is 62.6 miles away. The town of Gila Bend, Arizona, is small, rural, and low-income by all standards.

¹ C. Kirk Hadaway and Penny L. Marler, *New Church Development: A Research Report* (New York: Episcopal Church Center, 2001), 4.

The population, according to the National Census Bureau, is 1,922 individuals, and the median household income is \$29,771, almost half that of the national median household income. The poverty level is about 37.8%, more than double the national average.²

Epiphany's church building is located near the main road going through Gila Bend. The building was built in the 1960s, a tan building with a dirt driveway.³ There is an electric organ, but it does not work. A simple wood altar sits at the front of the small worship space. The space may not look special, but the people that entered that space changed it. The congregation is classified as a family church, according to Arlin J. Rothauge's categories.⁴ It fits this classification only by its Average Sunday Attendance (ASA). The congregants are farmers and ranchers that must make an effort to drive to the church each week; many of them commit to finding a way to show up at least once a month. These individuals care for one another and the town. They even care about the individual leading the service, even though they would only attend a couple of times and then never return.

During the time I served this congregation, the ASA was about seven individuals. The congregation would increase in the next couple of years, and in 2013 the ASA was 19 individuals. The income was \$7,526 a year. The congregation did not have the money it needed to pay for a priest or to cover the bills. The congregation was officially closed, and the building deconsecrated in May of 2015.⁵ This congregation obviously does not fit the classification of health according to the Episcopal Church classified report.

² U.S. Census Bureau, "Gila Bend Town, Arizona," *American FactFinder* (2010): Accessed August 5, 2019, https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkml.

³ *Archives of the Episcopal Diocese of Arizona*, "Epiphany/Gila Bend 2013 Yearly Report", (Arizona March 1, 2014).

⁴ Arlin J Rothauge, *Sizing Up a Congregation for New Member Ministry*, Congregational Vitality Series, 1. (New York: Seabury Professional Services, 1984).

⁵ Kirk Steven Smith, *Archives of the Episcopal Diocese of Arizona*, "Ditat Deus", (Arizona, 2015).

Not long after my time serving at Epiphany, I became a member of the Standing Committee for Small Congregations (SCSC). In 2015, the same year that Epiphany closed, the SCSC submitted a report to the General Convention stating that there are models that, “are working, and small congregations have roles in this ongoing Kingdom of God.”⁶ The SCSC, in its report “*New Ways of Measurement*,” stated that “the Parochial Report has not changed in tone or content. It remains a document of numbers of members, confirmations, deaths, transfers, receptions, services, and dollars budgeted.”⁷

This call for new measurements made an immense impact on me, just as Epiphany had. Can a rural low-income congregation be healthy, and if so, what does that look like? If we compare Epiphany to other so-called “healthy” congregations in the cities of Arizona, we could see the size Epiphany should be. Pew Research Center reports that in Arizona, 67% of adults claim to be Christian; of that number, only 1% of Christians in Arizona identify themselves as Episcopalians. This means that 0.67% of the adult population of Arizona is Episcopalian. In Gila Bend, there should then be 12.87 Episcopalians.⁸ In 2013 the ASA was 19, and the vicar of the congregation wrote in his report to the Bishop in March 2014, “Although we show another year of increases, they were hard-fought to achieve. We lost five members early in the year due to relocation. We were able to gain some new members who are more consistent in attending.”⁹

⁶ Episcopal Church, General Convention (78th 2015: Salt Lake City, Utah), Michael Barlowe, and Church Publishing, Inc. (New York, N.Y.), *Standing Commission for Small Congregations Report to the 78th General Convention, Otherwise Known As the Blue Book: Reports of the Committees, Commissions, Agencies and Boards to the General Convention of the Episcopal Church, Salt Lake City, Utah, in the State and Diocese of Utah, June 25-July 3, 2015* (New York, N.Y.: Church Publishing, 2015), 296.

⁷ The Episcopal Church, *Standing*, 296.

⁸ Pew Research Center, “Adults in Arizona - Religion in America: U.S. Religious Data, Demographics and Statistics,” *Pew Research Center's Religion & Public Life Project* (2015): accessed August 5, 2019, <https://www.pewforum.org/religious-landscape-study/state/arizona/>.

⁹ “Epiphany”.

One cannot know what would have happened to Epiphany if we had seen health in a different light. What we do know is that the congregation would have been looked at differently. The Episcopal Church is focused on measuring through numbers, budgets, and ASAs. This traps us in a capitalistic model of understanding success. Moreover, because we are trapped in a model not meant for churches, we have begun to limit access to the Kingdom of God for those small rural communities and their congregations.

CHAPTER I

The Old Story: Models Used to Assess Congregational Health in the Episcopal Church

The kingdom of heaven is like a mustard seed that someone took and sowed in his field; it is the smallest of all the seeds, but when it has grown it is the greatest of shrubs and becomes a tree, so that the birds of the air come and make nests in its branches. (Matt 13:31-32 NRSV)

The parable of the mustard seed in Matthew can be approached in different ways. One way is how the Episcopal Church measures the health and success of congregations. Congregations can be seen as the mustard seeds; that growth in ASA is the seed becoming the shrub that then produces a crop, that is, income. Thus, a congregation's health is tied to its ASA and pledges. Parochial Reports and research commissioned by the Episcopal Church are two of the best examples. However, they are not the only elements that draw on this illustration. These "old ways," or current models, also find themselves in the writings of influential Episcopalians, like, the Right Rev. Susan Brown Snook, the Rev. Gerald W. Keucher, and the Right Rev. Andrew Doyle. While some of these Episcopalians challenge these models, they still find themselves trapped in ways limiting the Kingdom of God to those areas that can produce the most ASA and pledges (income).

The Parochial Report is the predominant manner that the Episcopal Church uses to measure congregational health. The Standing Committee on Small Congregations, in its report to General Convention 2015, states that the Parochial Report is one of the

numbers, like ASA and income, that limits the place that small congregations have in the church.¹⁰ The opening instructions on the Parochial Report state:

Designed by the House of Deputies' Committee on the State of the Church, and approved by the Executive Council of the General Convention, it is an annual insight into the life, ministry, finances, and membership of The Episcopal Church. The Parochial Report is not the complete portrait of congregational life or vitality, but the information you provide is indispensable as we plan for God's mission.¹¹

The instructions for the Parochial Report clearly state that it gives insight to the vitality of congregations. The report then will influence where the church sees the Kingdom of God. The reason that the church has this yearly Parochial Report comes from our Canons. Title I Canon 6 Section One, calls the church to create a report that will collect information on baptisms, confirmations, marriages, and deaths each year, along with a list of baptized members in each congregation and their standing. The Canon similarly asks for receipts and operating costs. At the end of this section for each congregation, the document gives leeway to include "such other relevant information as is needed to secure an accurate view of the state of this Church."¹² This statement gives the Committee on the State of the Church the ability to determine what information is important. It does not ask for ASA or income, which comes out at the discretion of the committee but from what the church sees as essential to health.

The current Parochial Report is five pages in length. The second- and third- pages concern attendance and finances. These two pages are the only pages in the report that

¹⁰ The Episcopal Church, *Standing*, 296.

¹¹ The Episcopal Church, General Convention, *Instructions the 2018 Parochial Report The Episcopal Church*. Accessed October 30, 2019. <https://extranet.generalconvention.org/staff/files/download/24762>.

¹² Episcopal Church. *Constitution and Canons: Together with the Rules of Order for the Government of the Protestant Episcopal Church in the United States of America, Otherwise Known As the Episcopal Church: Adopted and Revised in General Convention, 1789-2018* (New York: General Convention Office, 2018), 59.

have accompanying, explanatory workbooks.¹³ The fourth page focuses on what clergy serve the congregation. These three pages draw a picture of congregational health that is based on attendance and income. The fifth page is an attempt to go beyond ASA and income as it asks about the congregation's outreach, but again the report focuses on the numbers of people the church serves.¹⁴

One of the most significant outcomes of this five-page report is found in what is made available to the public. The public can only access the congregation's ASA and plate/pledges. These published statistics indicate what the church sees as a healthy congregation. In this case, it is the growth of ASA and the income that it produces from those numbers.

In 2001, the Episcopal Church Center published *New Church Development: A Research Report*. The report was commissioned by the Episcopal Church to find out what factors made a church plant successful. Even though this report was published 18 years ago, it still has significance to what the church sees as a healthy congregation. The report "provides clear and interpretable evidence about what matters most for new Episcopal parishes."¹⁵ The outcome of the report found that the community surrounding the congregation was most important to the success of the congregation. The most successful communities, according to the report, are areas with a growing population that is largely

¹³ The Episcopal Church, *2018 Parochial Report of Episcopal Congregations and Missions Workbook for Page 2 Membership, Attendance and Services*, Accessed October 30, 2019, <https://extranet.generalconvention.org/staff/files/download/24761> and The Episcopal Church *2018 Parochial Report of Episcopal Congregations and Missions Workbook for Page 3 Stewardship and Financial Information*: Accessed October 30, 2019. <https://extranet.generalconvention.org/staff/files/download/24763>.

¹⁴The Episcopal Church, *The 2018 Report of Episcopal Congregations and missions according to the Canons I.6, I.7, AND I.17 (otherwise known as the parochial report)*: Accessed October 30, 2019. <https://extranet.generalconvention.org/staff/files/download/23127>.

¹⁵ Hadaway and Marler, *New*, 4.

well-educated and fairly affluent. The results of this report are directly linked to the definition of success the report uses.

“Success,” in this case means that the new church reaches a large enough size to achieve self-support within seven years.”¹⁶ The two factors that point to the health of a congregation are the size of the congregation and the income it generates. A congregation size that is deemed “large enough,” is based on worship attendance. Worship attendance is categorized into four categories, smallest and weakest to largest and strongest. The weakest congregations, or least healthy, are those with less than 75 ASA, and the strongest, or healthiest, are those with congregations that have 250 or more ASA.¹⁷ For the *New Church Development: A Research Report* health/success is tied to the mustard seed growing into a large bush and then producing income.

What makes these statistics even more significant is a statement at the conclusion of the report: that “a new church planted with adequate site selection efforts in an expanding, affluent suburb is much more likely to survive and thrive than one planted in a small, non-growing, blue-collar town.”¹⁸ The very definition of health that this report uses places specific communities of people either in or out of the church’s fields, limiting small less affluent fields, or small less affluent congregations, from recognition in the Kingdom of God.

One Episcopal church planter and congregational developer, who is writing about congregational health and more recently about church plants, is The Right Rev. Susan Brown Snook. In her book, *God Gave the Growth*, she talks about church planting both

¹⁶ Hadaway and Marler, *New*, 4-5.

¹⁷ Hadaway and Marler, *New*, 5.

¹⁸ Hadaway and Marler, *New*, 33.

from her own experience and that of others. For the Right Rev. Snook planting congregations is the solution to the Episcopal church's, and other mainline denominations', decline. The congregations she planted fit all the markers that the report on new church development found makes a successful church plant. In her book, she creates an image of what congregational health looks like. The image is one of the mustard seed that grows large in ASA. Her answer to planting congregations in areas outside of those areas the report saw as ideal is to do so only if "there are significant, and growing, numbers of people who have not heard the Gospel and are not part of a community of faith."¹⁹ Significant is an important word for her image of congregational health.

One key to the idea of significance is that the congregation will, in the near future, be self-supporting. ASA is also very much a part of this image too. She shows this when she refers to a congregation, St. Philip's Episcopal Church, Frisco, in the Diocese of Dallas, as "the most successful recent church plant in the Episcopal church by attendance."²⁰ She also points to these two indicators of church health in her 2019 article, "Preaching for Congregational Vitality." In that article, Snook says the following:

'Congregational vitality' Is it numerical growth? Numerous well attended programs? Many members involved in various ministries? A vital congregation will likely have all of the above, but they are generally resulting, not causes, of congregational vitality.²¹

¹⁹Susan Brown Snook, *God Gave the Growth: Church Planting in the Episcopal Church* (New York: Morehouse Publishing, 2015), 3-4.

²⁰ Snook, *God*, 63.

²¹ Susan Brown Snook, "Preaching for Congregational Vitality." *Anglican Theological Review*, 101, no. 1 (Winter 2019): 67.

ASA and income are the measures of a healthy congregation. If these are lacking, congregations are deemed unhealthy. With this image of congregational health, it is then no wonder that Snook focuses on planting mustard seeds in cities and suburbs. These are areas that can create support and safety nets.

Another Episcopal congregational developer writing about congregation health is The Rev. Gerald W. Keucher. He presents his image of congregational health in the book *Back from the Dead: The Book of Congregational Growth*. He focuses on pledges more than ASA but still creates a similar image of vitality to that of Snook. The Rev. Keucher attributes the unhealthiness of congregations to a failure of leadership, particularly the leadership of clergy and bishops. He gives the example of a bishop who allowed two parishes to use non-traditional methods to call new priests. When the bishop was asked why he did it, he said, “Those are important institutions that can’t have a break in leadership.”²²

From Keucher's argument, he creates an image of what constitutes a healthy parish. He focuses on the income the mustard bushes produce. He explains, “that numbers are not the entire story, but I insist that they are part of the story.”²³ Numbers, like ASA and income, help to create the image of the congregation, whether it is healthy or not. He contends that members of a congregation can always increase their pledges if they are not already all tithing. His definition of tithing is that you give ten percent of your income before any expenses.

²² Gerald W. Keucher, *Back from the Dead: The Book of Congregational Growth* (Harrisburg, PA: Morehouse Pub, 2012), 45.

²³ Keucher, *Back*, 39.

This assumption of tithing suggests a congregation that fits into a particular income class. A single person working just above the national minimum wage would not have the capacity to increase his or her pledge in this form of tithing. For example, if a person made \$18,000 a year and gave 10% off the top, that person in the best case would have 20 dollars a week to spend on food and medication or doctors' fees. If a congregation is mostly low-income, it would not fit into his image of a congregation that *could* be healthy. Under Keucher's understanding of congregational health, one would not plant a mustard seed in these areas or would cut down the bush.

The final Episcopalian to consider is a Bishop, The Right Rev. Andrew Doyle. He has written several books about the contemporary church. In these books, he portrays congregational health in a new manner. However, he still holds close to ASA and income. In *A Generous Community: Being the Church in a New Missionary Age*, Doyle emphasizes the fact that church attendance is shrinking and that the average congregation has less than 60 ASA.²⁴ He discusses different ways of attracting new members but focuses on cities, where he believes the populations are moving.

In Doyle's more recent book, *The Jesus Heist*, he claims that the church "is so much more than membership, rules, and roles. It is more than average Sunday attendance budgets and building maintenance."²⁵ However, he does not say that those things do not matter in our way of measuring health in congregations. For him, the image of new congregations is not just one big church that meets on Sunday morning but many small communities that meet in different places and are served by one clergy member. In this

²⁴ Andrew C. Doyle, *Church: A Generous Community Amplified for the Future*. First ed. (Alexandria, Virginia: VTS Press, 2015), 60.

²⁵ Andrew C. Doyle, *The Jesus Heist: Recovering the Gospel from the Church* (New York: Church Publishing, 2017), 16.

image, ASA is still important; it merely looks different from that of a traditional congregation, because it is still pursuing large numbers in a small geographical area. The other factor in this is that an area these new congregations would have to exist in would need to be populated sufficiently to allow for oversight from one individual.

Though Doyle is trying to move beyond the “old ways” of measuring congregational health, he is still caught on the idea of the mustard seed growing large. Perhaps this has to do with what he sees as small. He paints a picture of a small town, Henderson, Texas, as being healthy. However, this small town has a population of 13,712.²⁶ That is almost double the classification that will be used as rural later in this thesis.²⁷

The parable of the mustard seed in Matthew can be seen as the growth of a congregation and the income it produces. However, that is not the only way we can see it. One part of the parable that cannot be overlooked is about the birds making nests in the bushes. Both Matthew and Jesus would have known that birds do not make nests in mustard bushes.²⁸ If this is the case, the image of the birds, making a nest in the bushes is especially significant. What if we saw those birds making nest as the people in our communities who are looking for shelter and safety? What if the health of the congregation was not based on the people who attended, or on the income they produced but in the group’s impact in the community?

When I was in high school, I began attending a rural parish. The parish was the second oldest Episcopal Church in Arizona, and the story the congregation told about its

²⁶ Doyle, *Church*, 125.

²⁷ U.S. Census Bureau, “Henderson County, Texas,” *American QuickFacts* (2010): Accessed November 8, 2019, <https://www.census.gov/quickfacts/fact/table/hendersoncitytexashendersoncountytexas/PST045218>.

²⁸ George Arthur Buttrick, *Matthew: The Interpreter's Bible*. KJ and RSV Commentaries, (Nashville: Abingdon Press, 1952), 416.

founding was almost humorous. A traveling preacher came to town saying he was going to form an Episcopal Church. People gathered on a hill on Sunday and gave the man money to start the parish. The next week the same families came back to find that the preacher and their money were gone. This could have been the end of the congregation; however, the people looked at one another and decided to start the congregation anyway. The congregation has never been “healthy” according to the standards of the Episcopal Church. Nevertheless, every Sunday, those that can show up to worship, and during the week, they reach out to the community. Jesus says, “for where two or three are gathered in my name, I am there among them.” (Matt 18:20 NRSV) How many are two or three today?

CHAPTER II

Telling a New Story: Three Keys to Congregational Health in the Episcopal Church

*The Western idea of growth is “get big, get strong, and win.” Westerners assume an increase in size will ensure the continuation or survival of the organism. Unfortunately, this understanding is carried over into notions about congregational health.*²⁹ – Peter L. Steinke

In the book *Healthy Congregations: A Systems Approach*, the Rev. Peter L. Steinke points out that our western idea of bigger is better is flawed. As we know, we are missing something if we are only concerned with what the mustard bush in our parable produces. Steinke says, “We do a great disservice to congregations whose growth is minimal, static, or even in decline when we say they are unhealthy.”³⁰

Steinke is not the only one that considers that growth is not a single sign of health. Dr. Kennon L. Callahan also points this out in his book *Small, Strong Congregations: Creating Strengths and Health for Your Congregation* when he writes, “It is not true that small equals declining.”³¹ In another book *Twelve Keys to an Effective Church: Strong, Healthy Congregations Living in the Grace of God*, he states that “Some areas have fewer people than they did fifty years ago. But they have more unchurched persons living around them now than they did back then.”³² What this means is there are a lot more people that just do not show up to church on Sunday morning. Even rural areas with low populations are filled with those seeking God that have no faith community. We are called to spread the news of Christ. We are not called to only spread that news in highly

²⁹ Peter L. Steinke, *Healthy Congregations: A Systems Approach* (Alban Institute Publication, Herndon, Virginia: Alban Institute, 2006), xii.

³⁰ Steinke, *Healthy*, xiii.

³¹ Kennon L. Callahan, *Small, Strong Congregations: Creating Strengths and Health for Your Congregation* (San Francisco: Jossey-Bass, 2000), 10.

³² Kennon L. Callahan, *Twelve Keys to an Effective Church: Strong, Healthy Congregations Living in the Grace of God*. (San Francisco: Jossey-Bass, 2010), 4.

populated areas. “Rural congregations’ matter! They are the church!”³³ Rural congregations can be healthy. We just need to look outside of our western ideas of health.

After reading book after book on congregational development, three keys keep appearing. These three keys are essential to congregational health and are something that could easily translate to rural communities. None of these keys are about the size. These keys are missional outreach, self-confidence and awareness, and diocesan backing. These keys are what builds health and vitality, and they are also the signs of it.

Key One

The most fundamental key could be missional outreach. A congregation that shows health and vitality will have some missional outreach that impacts the community they exist in. This will be true for rural and non-rural congregations. The idea of healthy congregations having missional outreach comes up again and again in book after book written over more than twenty years. Callahan says in his book *Twelve Keys to an Effective Church*, “A strong, healthy congregation: Shares one major mission outreach in the community.”³⁴ While Callahan focuses on the claim that it is one primary mission outreach that makes a congregation healthy, Dr. David Poling-Goldenne and Dr. L. Shannon Jung concentrate more on the effect it has on a community. They say, “Effective rural congregations know their community and reach out in ways that are specific to their context.”³⁵ These are just a few of the individuals that are talking about outreach, making a congregation healthy. Healthy congregations cannot be inwardly focused. Steinke makes

³³ David Poling-Goldenne, and L. Shannon Jung, *Discovering Hope: Building Vitality in Rural Congregations*. (Minneapolis: Augsburg Fortress, 2001),19.

³⁴ Callahan, *Twelve*, 54.

³⁵ Poling-Goldenne and Shannon Jung, *Discovering*, 66.

this statement when he says that healthy congregations do not “believe they are in the ‘we exist for ourselves business’ rather than the ‘we are in mission to the community even the world business?’”³⁶

When we go back to the parable of the mustard seed in Matthew, we know that the bird that makes their nest in the bush is our community. As Christians, we are called to serve others. The Right Rev. Robert C. Schnase, in his book *Five Practices of Fruitful Congregations*, also talks about the importance that a congregation have a mission to the community, because healthy congregations are not inwardly focused.³⁷ This is even more true in rural areas. In a city, if a congregation were to have a missional outreach and then stop, there would be people to pick up the slack. Other than those being reached and those doing the work, most individuals in the city do not need to know what outreach programs there are. In a rural area, news spreads, and sometimes what outreach a congregation is performing cannot be continued by someone else.

Missional outreach is a gift that any congregation can offer. It is a vision. And missional outreach “includes persons in the congregation and persons in the community sharing their gifts, strengths, and competencies.”³⁸ This is not something that is done alone. It is something even a small congregation can do because it looks to the specific gifts of those in a particular congregation as they respond to the need in a particular community. People living and breathing in a particular place are much better suited to understand and respond to the needs of their particular community.

³⁶ Steinke, *Healthy*, 75.

³⁷ Robert C. Schnase, *Five Practices of Fruitful Congregations* (Nashville: Abingdon Press, 2007), 22.

³⁸ Callahan, *Twelve*, 62.

I was called to work for a parish that did this once. A few people in the congregation gathered together and assessed the gifts they could offer and looked to the needs of the community. They started a community Saturday lunch. The group (congregation) was not able to run this lunch every week; they did not have the people. However, their vision was recognized by other congregations, and these congregations joined them. This created a place that children/ youth and those struggling financially could get a hot meal, and those in need of community could also attend. This is missional outreach, and it is a sign of health.

Missional outreach will not look the same for every congregation. For some, it may be more than one ministry, but as Callahan points out that too many programs can have a negative effect on a congregation. He relates missional outreach programs to college majors and minors, saying, “people who have triple and quadruple majors tend not to graduate.”³⁹ Congregations that spread themselves too thin end up helping no one. Congregations’ missional outreach needs to not only fit the needs of the community and congregations’ gifts, but it must take into consideration the capacity of the congregation.

Matthew points out in his parable; that the mustard bushes are there for the birds around them. Each congregation is a mustard bush, and it must become a place for birds to make a nest, but too many nests can damage the bush. A healthy congregation will “look toward giving of themselves with love, sharing, and caring.”⁴⁰ This means caring for themselves, so they can continue the work they are doing.

³⁹ Callahan, *Twelve*, 55.

⁴⁰ Callahan, *Small*, 25.

Key Two

The second key to the health of a congregation is their self-confidence and awareness, qualities linked to the first key of missional outreach. These qualities connect specifically to a congregation's self-identity. Steinke draws attention to this idea of a congregational identity when he states that, "less healthy ones exhibit fewer signs of hope, minimal chances to be playful and little regard for the future."⁴¹ Congregations need hope and direction. Poling-Goldenne and Shannon Jung in *Discovering Hope: Building Vitality in Rural Congregations*, agree with Steinke saying, "To be vital or to have vitality is to manifest the life and possess energy, to be lively."⁴²

Rural communities are often seen as being lifeless or dying. That is far from the truth; many rural congregations and communities are filled with life. One key to health is the state of mind of a congregation. Callahan writes, "Weak or dying is not the result of being a certain size. It is the result of a way of thinking, planning, and acting."⁴³ It is key that a congregation see the possibility and see the impact they are making to be healthy. Hope is always present in healthy people and communities, and this is no different for congregations.

Callahan most clearly explains the need to be both hopeful and realistic when he writes:

We act. We live. Many congregations do these two things well. One, we act on excellent key objectives. We claim our strengths. We expand one current strength. We discover two to four few key objectives to do so.⁴⁴

⁴¹ Steinke, *Healthy*, 34.

⁴² Poling-Goldenne and Shannon Jung, *Discovering*, 14.

⁴³ Callahan, *Small*, 11.

⁴⁴ Callahan, *Twelve*, 48.

Poling-Goldenne and Shannon Jung also point this out, by saying that congregations only ask four questions when things are going bad. These questions are, “What is the purpose of our church, and what are its most essential activities? What is the mission of our church? How has God gifted us in some unique and special ways? and How do these gifts intersect with the needs in our community?”⁴⁵ However, they go on to say that for congregations to be healthy, they must ask these questions regularly. Congregations need to be aware of what they can and do offer and where they are strong and weak.

The identity that a congregation creates for itself is key to its ongoing health. Schnase points out that, as Christians, we must ask ourselves why we have a call to invite people to church. If the reason we invite is “so that our statistics look better to impress the Bishop? To survive as an institution or to develop a stronger financial base?”⁴⁶ We are missing something. We should be inviting people to church because we want them to have a relationship with Christ.

There is another parable about the mustard seed found in Matthew:

Then the disciples came to Jesus privately and said, “Why could we not cast it out?” He said to them, “Because of your little faith. For truly I tell you, if you have faith the size of a mustard seed, you will say to this mountain, ‘Move from here to there,’ and it will move; and nothing will be impossible for you (Matt 17: 19-20, NRSV).

In this parable, the disciples could not do something they thought they should be able to do. Christ is pointing out to them their fear. The disciples feared that they failed because they did not believe or tried hard enough. Congregations today often feel this way about their size. These congregations will say things like, if we just tried harder, did more, we would be bigger and healthy. However, the parable tells us that size and effort

⁴⁵ Poling-Goldenne and Shannon Jung, *Discovering*, 14.

⁴⁶ Schnase, *Five*, 16.

are not the reasons we fail. A mustard seed of faith can move mountains. It is about our mindset in the midst of our failures.⁴⁷ The mustard seed and the bush do not need to be large to be healthy.

The book *Discovering Hope* states that “people need a sustaining sense of purpose.”⁴⁸ That purpose is what allows congregations to be hopeful even when something does not work. A congregation needs to look at its positive achievements because Callahan states, “One achievement is worth ten activities.”⁴⁹

The first two keys, missional outreach, and self-confidence and awareness are connected directly to what the congregation does and the power it has. These two primary keys could be measured with some changes to the parochial report, though these changes also need to be made in what is accessible to individuals.

Key Three

The third key is linked to leadership in the Episcopal Church. The Rev. Keucher attributes the unhealthiness of congregations to a failure of leadership, in particular, the Bishops and the Diocese. He points this out when he tells the story about two congregations in the Diocese he was working years ago. He says that these two congregations were given the ability to speed up the process of calling a new rector. When the Bishop of the Diocese was asked about it, he responded, “those are important institutions that can’t have a break in leadership.”⁵⁰ Keucher explains that the Bishop saw these two large congregations as essential and therefore supported them so that they

⁴⁷ Tremper Longman and David E Garland, *Matthew and Mark*. 13 Vols. The Expositor’s Bible Commentary, (Rev. ed. Grand Rapids, Mich.: Zondervan, 2006), 443-44.

⁴⁸ Schnase, *Five*, 18.

⁴⁹ Callahan, *Twelve*, 124.

⁵⁰ Keucher, *Back*, 45.

would continue to be “successful.” When a Diocese does not see a congregation as necessary, it is less willing to take a step that will help the congregation stay healthy.

Support or backing does not need to be in the form of money. In the story that Keucher tells about the two congregations, the support was in the realization that the congregations would not stay healthy if they had to go through a long process to call a new rector. The problem is that we often see the Diocese only supporting the congregations it sees as essential. Callahan brings this up in a way when he writes, “Some denominations used to know how to do small strong congregations but have virtually forgotten how.”⁵¹ Because we are in the mindset of getting bigger and, therefore, stronger, we have forgotten that not all fields need to be the same size to be healthy.

I moved to Arizona in 1996 at a time when you did not need to drive far to find a field of orange trees. Over time, as more people moved to Arizona, and homes were built where farms had been. Many of the orange fields were left unattended. The trees became overgrown, and the fruit unpicked. In time the trees got sick and died. We could not blame the trees for doing what they should, which was to grow and produce fruit. The trees were not going to be able to pick their fruit. They needed support. A congregation is no different from these trees; if supported in the right way, they will be healthy.

However, if not, they will die.

Callahan, Poling-Goldenne, and Shannon Jung write about the significance of leadership in making strong, healthy congregations. They write that a congregation needs a strong pastor that not only can lead but is willing to do so and knows how to share the responsibility.⁵² This then poses a problem for many small rural congregations in the

⁵¹ Callahan, *Small*, 9.

⁵² Poling-Goldenne and Shannon Jung, *Discovering*, 84. and Callahan, *Small*, 200-03.

Episcopal Church. It is great to be ready to share leadership if you have a pastor to lead. But if the congregation is rural, it often means the congregation does not have a regular pastor or has a hard time finding a good shepherd willing to become the congregation's priest.

In urban centers, a priest can hold several small congregations to make up the need for time and income, while this is not possible for rural congregations. It also does not help that success in one's life is seen as moving to more significant positions; this sadly is true even in the church where Diocesan support becomes so crucial to the health of rural congregations in particular.

It is easy to impose institutional values on health, as reflected in the phrase 'healthy, growing churches.' An organic view, however, prevents us from imposing on health a meaning it does not have. Organic processes are not linear. They are not merely progressive or expansive.⁵³

Steinke makes it clear; size is not what makes a congregation healthy: "Rural congregations' matter! They are the church!"⁵⁴ and they can be healthy. These three keys, missional outreach, self-confidence and awareness, and Diocesan backing, are what make a congregation healthy and are a way to measure health. We cannot measure congregational health based on size. Callahan explains that health will look different depending on the place when he says, "In a small village, a preschool program that involves thirty children is likely 'holding its own.'" In a large city, a preschool program serving 120 to 200 children is more likely "holding its own."⁵⁵ What looks healthy in an

⁵³ Steinke, *Healthy*, xii.

⁵⁴ Poling-Goldenne and Shannon Jung, *Discovering*, 19.

⁵⁵ Callahan, *Twelve*, 154.

urban area will not look the same in a rural area. What you will find in all healthy congregations, particularly in rural congregations, are these three keys.

We need to look at the congregation's strengths. All that is required is the mustard seed. The mindset of the congregation to serve the greater community, the mindset of the Diocesan leadership towards the congregation, and the presence of the bush are all that is needed. When the birds come, everything will be there for them to rest.

CHAPTER III

Telling Our Story: Three Narratives of Rural Congregations and their Experience of Health

Jesus said to them, 'Truly I tell you; the tax collectors and the prostitutes are going into the Kingdom of God ahead of you.' (Matt. 21:31, NRSV)

God never calls whom we expect to do his work. Time and time again, we find Bible stories where the people God calls are not the firstborn, the strongest, a male, or even the one who is innocent. In fact, in this very verse, Jesus says that it is those that were considered sinners in his time that will enter the Kingdom of God first. Much like the parables of the mustard seed that we talked about in previous chapters, it is not what one might expect. It is not faith the size of a coconut that does more but the tiny mustard seed. The smallest seed grows to be the biggest plant in the garden. It is the unexpected that is overlooked that makes the most significant difference. Rural congregations are that mustard seed. They are the unforeseen that can make an enormous difference. Low-income rural congregations are more likely than other congregations to look unhealthy when merely looking at ASA and budget, but that is far from the whole picture of their identity.

In the previous chapter, we learned that the three keys to the congregation's health are missional outreach, self-confidence and awareness, and diocesan backing. Using these keys as the definition of congregational health, and looking at three rural low-income congregations in the Diocese of Northwestern Pennsylvania, one can find a different picture of health. The three congregations that were chosen to be examined are St. Joseph Episcopal Church in Port Allegan, Emanuel Episcopal Church in Emporium, and Church of the Holy Trinity in Houtzdale.

Methods

What is low-income? The National Census Bureau states that in 2019, 11.8 percent of the United States population lives below the poverty line. That same year the national median household income was \$60,293 per year.⁵⁶ So, in 2019 half of the United States families made less than \$60,000 a year, and a little over one-tenth of the population was living below the poverty line. When looking at classifying the communities that congregations were found in as low-income, the poverty level must be higher than the national average. While the median household income has to fall below the national average. All the congregations considered for this study are communities found in the poverty level higher than 16 percent, and the median household income was below \$50,000.

What is rural? When it comes to classifying rural towns and communities, there are no set numbers that are being used. The United States Census Bureau, in August of 2017, stated that "the term 'rural' means different things to different people."⁵⁷ The article also said that "about 60 million people, or one in five Americans, live in rural America."⁵⁸ This number means that a significant amount of individuals live in areas of low population density. In the book *Discovering Hope: Building Vitality in Rural Congregations*, they classify rural as farmland and small cities and towns of fewer than 10,000 people.⁵⁹ All the congregations considered for this study had fewer individuals than 6,500. The counties in which these congregations reside had a population of fewer

⁵⁶ U.S. Census Bureau, "QuickFacts: United States." *Census Bureau QuickFacts* (2010): Accessed August 20, 2019. <https://www.census.gov/quickfacts/fact/table/US/PST045219>.

⁵⁷ U.S. Census Bureau, "What Is Rural America?" *The United States Census Bureau* (2008): May 23, 2019, <https://www.census.gov/library/stories/2017/08/rural-america.html>.

⁵⁸ U.S. Census Bureau, "What".

⁵⁹ Poling-Goldenne and Shannon Jung, *Discovering*, 17-19.

than 115,000 people. In the Diocese of North Western Pennsylvania, that narrowed the congregations' list down to nine, that were both low-income and rural, and had backing from the Diocese that will be discussed later in this chapter.

From those nine congregations, three congregations were chosen to be part of the study. As we have learned in the first chapter, the Episcopal church only makes ASA and the congregational income available to the public. I had wanted to look at whether or not the congregations claimed they did any missional outreach, which is found on page five of the parochial report. That was not available without asking for every one of the nine congregations' full parochial report, I decided on a different method, something that could be used by the public. I compared the congregations ASA to the size of the town in which the congregations were found. Currently, 0.9 percent of the United States population claims to be Episcopalian, based on a study done by the Pew Research Center.⁶⁰ When taking the ASA of each congregation and comparing it to the population of the town, all but one of the congregations had a higher percent. The top three congregations were Church of the Holy Trinity at 3.1 percent, St. Joseph's Church, and Emmanuel Episcopal Church at 1.1 percent. It is also important to note reports from the Barna Group and Pew Research Center that at least half of churchgoers attend two or fewer times a month.⁶¹ This means that every congregation on the list is doing better than the national average, yet not one would have passed the family size classification.

⁶⁰ Pew Research Center, "Religion in America: U.S. Religious Data, Demographics and Statistics," *Pew Research Center's Religion & Public Life Project*, accessed Jan 11, 2020, <https://www.pewforum.org/religious-landscape-study/>.

⁶¹ The Barna Group, "New Statistics on Church Attendance and Avoidance." *Barna Group* (2008): Accessed January 5, 2020, <https://www.barna.com/research/new-statistics-on-church-attendance-and-avoidance/> and Pew Research Center, "Attendance at Religious Services - Religion in America: U.S. Religious Data, Demographics and Statistics," *Pew Research Center's Religion & Public Life Project*: Accessed January 11, 202, <https://www.pewforum.org/religious-landscape-Study/attendance-at-religious-services/>.

Community and Congregations Demographics

St. Joseph Episcopal Church can be found in the rural community of Port Allegany, Pennsylvania. According to the United States Census Bureau, the population of Port Allegany is 2,157, based on the 2010 census. The city fits well into the image of low-income with a poverty level of 17.6 percent and a median household income of \$46,821.⁶² This clearly shows that St. Joseph sits in the midst of a low-income rural community. The congregation is classified as a mission, and the vicar for almost ten years is the Rev. Joann Piatko. When she was asked to describe the congregation, she said that it is "a small family Church in a rural setting."⁶³ The congregation has an ASA of twenty-two according to the parochial report for 2018. There were forty-five members in good standing at that time. When comparing those in good standing to the population of Port Allegany, 2 percent of the population are Episcopalians in good standing.⁶⁴

Emmanuel Episcopal Church can be found in the rural community of Emporium, Pennsylvania. The population is 2,073 based on the United States Census Bureau in 2010. Emporium has a high rate of poverty rate of 21.3 percent, almost double the national poverty rate. The median household income is \$33,080.⁶⁵ These factors comfortably place Emporium into the classification of low-income rural. The current priest in charge is the Rev. Matthew Ryan. It is important to note that he is not full-time and holds a

⁶² U.S. Census Bureau, "Port Allegany, Pennsylvania," *American FactFinder* (2010): Accessed August 5, 2019, https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml.

⁶³ Diana Moreland, *Rural Small Congregational Life and Vitality Questionnaire*, (St Joseph Church, January 2020,)1.

⁶⁴ Joann Piatko, and Connie Benson. *St. Joseph Church: Parochial Report*, (The Episcopal Church, 2018,)1-2.

⁶⁵ U.S. Census Bureau, "Emporium, Pennsylvania," *American FactFinder* (2010): Accessed August 5, 2019, https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml.

second job in the community, which is typical for small rural congregations. According to the paroral report for 2018, the congregation has seventy-four members in good standing and ASA of twenty-four.⁶⁶ Based on those members in good standing and the population of Emporium, 3.6 percent of the population is Episcopalian in good standing.

Church of the Holy Trinity can be found in the community of Houtzdale, Pennsylvania. The congregation is also a mission, like St. Josephs. The vicar is the Rev. William Ellis, and like the Rev. Matthew Ryan he is only part-time. According to the United States Census Bureau, in 2010, the population was 797. The town's poverty level is 20 percent, with a median household income of \$38,828.⁶⁷ The community in which the congregation is found is low-income and rural. Houtzdale is one of the smallest populations of any of the towns looked at. According to the parochial report for 2018, the congregation has fifty-one members in good standing and an ASA of twenty-six.⁶⁸ This means that 6.4 percent of the population in Houtzdale are Episcopalians in good standing.

Key One

The first key for congregational health is missional outreach. A congregation must be connected to the community in which it resides, which means the missional outreach programs will look different but should be relevant to the community. A congregation also should not overreach trying to be part of too many missional outreach programs and unable to make an impact. The parochial report does ask about outreach, but it focuses

⁶⁶ Matthew Ryan, and Tawniechi Williams, respondent, *Emanuel Episcopal Church: Parochial Report*. (Diocese of Northwestern Pennsylvania, 2018).

⁶⁷ U.S. Census Bureau, "Henderson County, Texas," *American QuickFacts* (2010): Accessed November 8, 2019, <https://www.census.gov/quickfacts/fact/table/hendersoncitytexas,hendersoncountytexas/PST045218>.

⁶⁸ Donna Ellis, respondent, *Church of the Holy Trinity: Parochial Report*. (Diocese of Northwestern Pennsylvania, 2018), 1-5.

on numbers and limits what is outreach. With a questionnaire given to each congregation, I tried to get a little more information.

St. Joseph's Episcopal church reports both in the 2018 parochial report and the questionnaire that they participate in two outreach ministries. The two ministries that St. Joseph has participated in are the community food bank, and food and clothing give away. These two programs help around 728 individuals.⁶⁹ The congregation does not seem to be taking on too many programs, and there is a clear connection between the two programs. These can be seen as signs of health.⁷⁰

Emmanuel Episcopal Church also seems to be hitting the marks of the first key. The congregation reported working with the community food bank and participating in community events. In particular, the congregation is incredibly active with the Red Cross fundraiser each year. Emmanuel staffs the Red Kettle for the Red Cross each year.⁷¹ This can be seen as Emmanuel's missional outreach. The congregation also seems to have one or two programs it is most active in. There seem to be clear signs of the first key and health.

Church of the Holy Trinity is part of two main community missional outreach programs. The programs are the school backpack program and the community food bank. The programs the congregation is part of help about 450 individuals. The congregation seems to be incredibly active with the community in these two outreach programs. This congregation shows markers for the first key. They do not seem to be spreading

⁶⁹ Piatko, *St. Joseph*, 5.

⁷⁰ Moreland, *St Josephs*, 2.

⁷¹ Diana Moreland, *Rural Small Congregational Life and Vitality Questionnaire*, Emanuel Episcopal Church, (January 2020,) 2.

themselves to thin with too many projects. They also seem to be connecting to a need in the community.⁷² They seem to show signs of health.

All three of the congregations have a missional outreach. Each congregation has one or two programs. It is clear that they all show seem to signs of health.

Key Two

The second key to a healthy congregation is self-confidence and awareness. For a congregation to have self-confidence and awareness, it must both see its strengths and weaknesses. When you ask a congregation the question "Would you consider the congregation healthy? Why or why not?" you can get a primary picture of whether a congregation has the second key.

St. Joseph's Episcopal Church, in particular, the Rev. Piatko, when asked about the congregation's health, responded, "I consider them to be a healthy and happy congregation. I feel blessed that I have been their priest, pastor, and friend for almost ten years."⁷³ It is clear from the information available that St. Josephs seems to have self-confidence. However, this statement does not clearly show that the congregation is aware of its areas of weakness. A congregation must be mindful of the weaknesses. I would say that this is not apparent at any point in the questionnaire. This led to the understanding that the congregation does not fully hit the mark for the second key.

Emmanuel Episcopal Church was also asked the same question about health. The response was different from St. Joseph's. Emmanuel responded by saying;

Overall, we consider Emmanuel to be "*healthy*" because we have a terrific parish family that is very joyful and eager to help and actively participates. However,

⁷² Ellis, *Holy Trinity*, 1-5.

⁷³ Moreland, *St Josephs*, 2.

there is a great deal of concern regarding the long-term viability of the congregation.⁷⁴

The congregation's response to the questions can be seen as a perfect example of both being self-confident and aware. The congregation seems to see itself as healthy. They know that they are making a difference by being eager to help out in their community. This self-confidence, however, does not seem to make them blind to the potential weakness. Emmanuel has a concern for the long-term future and is aware that there may be things that need to be done if they are to stay healthy. The congregation hits the marker for the second key based on the information available.

Church of the Holy Trinity, like Emmanuel, seems to hit the mark for key two.

When asked about the health of their congregation the Rev. William Ellis, he responded;

I feel that our congregation is relatively healthy both physically and spiritually, there may be a bit of "I'll let someone else do it" that sometimes drives me a bit crazy. I have spoiled the congregation with my being the person who has maintained the physical plant, but I am trying to back off and urge others to step up and take some more responsibility.⁷⁵

From the available information, it can be seen that the congregation is self-confident; they see themselves as healthy both physically and spiritually. There also seems to be an awareness that the congregation has let others do things versus taking responsibility, showing there is an area of work needed.

All the congregations seem to be self-confidence though not all of them have shown a clear sense of awareness. Knowing that you have an area to work on does not

⁷⁴ Moreland, Emanuel, 2.

⁷⁵ Moreland, Diana. *Rural Small Congregational Life and Vitality Questionnaire*. Church of the Holy Trinity, January 2020

make one unhealthy. No one is perfect, and that is also true of institutions. You cannot make anything better without knowing what work needs to be done.

Key Three

The third key to congregational vitality is Diocesan backing. When looking at these three congregations, it can be assumed that they have Diocesan backing. Diocesan backing does not necessarily mean financial support, but more that the Diocese considers the congregation to be an essential part of the Diocese. Proof that shows that the Diocese of Northwestern Pennsylvania backs its rural congregations is found in its congregational assessment. The Diocese uses a sliding percentage scale based on the congregation's size and budget.⁷⁶ It is set up similar to the United States tax structure. This allows the smaller congregations to cover better their necessary expenses, which is harder for those in rural low-income areas than larger parishes in financially better regions. More proof of Diocesan backing came as I reached out to the Diocese about research for these congregations; the Diocese was very willing to help out. The Diocese also has a large percentage of rural and small congregations, which make the small congregations necessary for the functioning of the Diocese.

All three congregations seem to have at least two of the keys. The congregations do still have places to improve, but they are not as unhealthy as the ASA, and pledges would make one think. If we only look at the capitalistic model for measuring health, these congregations would not be seen as healthy. It is clear that in these rural

⁷⁶ Episcopal Diocese of NWPA, *Assessment Funding*, (Diocese of Northwestern Pennsylvania, April 19, 2018)

communities, the church is doing something successful as all three of the town's beat out the national average for Episcopalians. These congregations have grown into mustard bushes and have allowed birds to rest on them. These congregations are doing important work—the next step is how do we find workable ways to measure the health of these congregations.

CONCLUSION

A Fresh Narrative: Constructive Principles for Nurturing Congregational Health in Light of the Kingdom of God

We do Jesus an injustice by reducing His life and ministry to such a sad story as church attendance and membership rolls⁷⁷

Neil Cole is one of many individuals realizing that our focus on attendance and membership rolls does not give us a clear picture of where God is working. In his book *Organic Church: Growing Faith Where Life Happens*, he talks about where people seek and find God. We know that Jesus said that “where two or three are gathered in my name, I am there among them” (Matt. 18:20, NRSV). Size past two or three does not make God more or less there.

If we only focus on individuals in the area that have growing populations, we are missing people. The United States reports that one in five individuals live in a rural area; if we do not consider these areas important, a fifth of our population will not have the opportunity to learn about Christ.⁷⁸ When we look at the three keys to healthy congregations, a different picture comes to light from that of ASA and budget. In this picture, there is hope for the Kingdom of God. The question becomes, what do we do with these keys, and how do we support those congregations that might be considered the least of these?

Missional outreach is the first key to congregational health. Callahan says, “in our time, a major mission outreach includes persons in the congregation and persons in the

⁷⁷Neil Cole, *Organic Church: Growing Faith Where Life Happens*. 1st ed, (A Leadership Network Publication, San Francisco: Jossey-Bass, 2005,) xxiii.

⁷⁸ U.S. Census Bureau, "What".

community sharing their gifts, strengths, and competencies in “hands-on” ways.”⁷⁹ What this means is that missional outreach will be specific to each community and congregation. What is essential is that the gifts of the individual in the congregation are used, it addresses a real problem in the community, and it involves those outside the congregation.

The current parochial report attempts to ask the question about missional outreach. On page five, it inquires the congregation about “outreach ministries and volunteer activity.”⁸⁰ However, it limits what is outreach/activities by creating specific categories and focusing on the numbers reached. When Emmanuel Episcopal Church answered the questionnaire, the congregation brought up a missional outreach program that did not find itself on the parochial report.⁸¹ Like Callahan talks about in his book, congregations should have one maybe great outreach ministry.⁸² It not about the number but the impact that the congregation can make with its given gifts and the needs of the community. It also is vital that more than the congregation is involved in it. The outreach program with the Red Cross was this.

The questions on the parochial report need to be a more open ended to allow for the different types of missional outreach. It also needs to make the information that a congregation has a missional outreach available to the public.

Self-confidence and self-awareness are the second keys to congregational health. Steinke states in his book *Healthy Congregations: A Systems Approach* that “health is wholeness. Health means all the parts are interacting to function as a whole. Health is a

⁷⁹ Callahan, *Twelve*, 62.

⁸⁰ The Episcopal Church, *2018 Report*.

⁸¹ Ryan, *Emanuel*, 5. and Moreland, Emanuel, 1-2.

⁸² Callahan, *Twelve*, 54.

continuous process; the ongoing interplay of multiple forces and conditions.”⁸³ He goes on to talk about how in organic systems health and disease function together. For a congregation to be healthy, it must have a positive outlook, but it must also be able to reflect on the areas it needs work. When Emmanuel Episcopal Church was asked, “would you consider the congregation healthy? Why or why not?”⁸⁴ the congregation responded that, “Overall, we consider Emmanuel to be “*healthy*.”⁸⁵ The congregation then went on to explain it had concerns for the future. In this way, the congregation showed that it was self-confident but also self-aware. Holy Trinity gave a similar response.

When it comes to creating and measuring a healthy congregation, the second key is essential. Congregations must continuously reflect on what makes them healthy and what they need to work on. Just like individuals, when we reflected on what we are doing well at and what we need to work on, we have the energy to continue doing the good and take steps to improve what we need to work on. Two things can be done to help measure this health in congregations. A question should be added to the parochial report asking, “what is one thing your congregation is great at, and what is one thing your congregation needs to work at?” The second part is that Diocese needs to set aside time to asks congregations to reflect on where they are successful and where they need work. If this practice becomes routine, it will become apparent when the congregation needs help, and when the congregation is healthy.

The final key to congregational health is Diocese backing. The Rev. Keucher gives the example of a Bishop who allowed two parishes to use non-traditional methods

⁸³ Steinke, *Healthy*, xi.

⁸⁴ Moreland, Emanuel, 2.

⁸⁵ Moreland, Emanuel, 2.

to call new rectors. He said that when the bishop was asked why he responded: “Those are important institutions.”⁸⁶ The Rev. Keucher clearly states that good leadership is essential to healthy congregations, and that includes the Diocesan and Church wide levels. The congregation that brought me to the Episcopal church had a great leader. The rector that pushed the congregation to be more than they had been. When the rector retired, the congregation called a new rector. This rector did not continue to drive the congregation forward, and it fell back to its old ways. The problem arose between the new rector and the congregation. When the bishop was asked to help mediate, the bishop would not and washed his hands of the situation. The congregation lost income, property and even became a mission. If the Diocese had backed the congregation by merely being a mediator, the thing could have turned out differently.

This story did not need to happen for the Diocese to reflect on whether it was backing its congregations. The Diocese should also have its leadership reflect on whether every congregation is considered vital to the Diocese’s work as part of the congregations’ reflections. The Diocese should also ask congregations how they feel the Diocese sees them and supports them.

How can we change our narrative? We know that ASA does not give a clear picture of congregational health. It often has a negative impact on how rural low-income congregations are seen. The Standing Committee on Small Congregations called for changes to the parochial report, saying, “the Parochial Report has not changed in tone or content. It remains a document of numbers of members, confirmations, deaths, transfers, receptions, services, and dollars budgeted.”⁸⁷ Changes have been made since the report,

⁸⁶Keucher, *Back*, 45.

⁸⁷The Episcopal Church, *Standing*, 296.

but it still limits the image of health to ASA. The shift to what is health must happen at all levels. Jesus says, “Repent, for the kingdom of heaven has come near” (Matt 3:2, NRSV). It can be seen in more places than we can imagine, and rural congregations are part of that, they “matter! They are the church!”⁸⁸

⁸⁸ Poling-Goldenne and Shannon Jung, *Discovering*, 19.

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APPENDIX
Questionnaires

Rural Small Congregational Life and Vitality Questionnaire

For Ma Thesis
by Diana Moreland

1. Please, list the name(s), and connection with the congregation of those filling out this questionnaire.

Rev. Joann Piatko, Vicar at St Joseph's Episcopal Church in Port Allegany

2. How would you describe the congregation?

A Small Family church in a rural setting.

3. How does the congregation serve its members, outside of Sunday Worship? Please list all that has been held in the last year and what regularity they are held (weekly, monthly, during lent) ... (examples; bible studies, lent soup dinners, small gatherings...)

We are a very close congregation and are involved in everyday life events; both good and difficult. We have a great coffee hour, picnic, special breakfasts, Patron St Feast celebration. Scripture studies at the church and during advent and Lent/in the community.

4. Where are new members coming from in the congregation? Births? Individuals moving to the area? Those from the area?

Our newest members have come by invitation from current members and are from the community

5. How is the congregation connected to the overall community it is located in?

They are connected as Port Allegany is a small community and everyone knows everyone. We have involvement in community food banks (2) and 60+ food giveaway (1) a clothing gives away. We also as able participate in area events.

Rural Small Congregational Life and Vitality Questionnaire

For Ma Thesis
by Diana Moreland

6. What community service or outreach ministries does the congregation participate in? Where are they held? What impact does it have on the community? Are people outside of the congregation helping with the service/outreach?

See above. The impact is positive and much appreciated by the community.

7. How does the congregation care for the spiritual needs of those receiving help through the outreach ministries?

We have a successful prayer group and coordinate with each other.

8. In what ways can you see the congregation helping to grow the relationships of those connected to the congregation and its members with God?

By word and example, by inviting others to participate

9. Would you consider the congregation healthy? Why or why not?

I consider them to be a healthy and happy congregation. I feel blessed that I have been their priest, pastor and friend for almost 10 years.

Rural Small Congregational Life and Vitality Questionnaire

For Ma Thesis
by Diana Moreland

1. Please, list the name(s), and connection with the congregation of those filling out this questionnaire.

Fr. Matt Ryan (Priest-in-Charge), Joe Holjencin (Senior Warden) Tawnie Williams (Treasurer), Dave Reed (Vestry Member), Sue Markum (Vestry Member), Barb Ryan (Preacher's Wife), Dave Guloiem, Sis Miller, Kevin Couchman and Nancy Couchman (Parishioners)

2. How would you describe the congregation?

A very close-knit parish family that supports one another in fellowship and faith.

3. How does the congregation serve its members, outside of Sunday Worship? Please list all that has been held in the last year and what regularity they are held (weekly, monthly, during lent) ... (examples; bible studies, lent soup dinners, small gatherings...)

In addition to those activities listed on the attached "Schedule of Events" we have a very active Prayer and Bible Study Group that meets a minimum of once a month.

4. Where are new members coming from in the congregation? Births? Individuals moving to the area? Those from the area?

Most of the growth that we are experiencing comes from new children being born to those who attend Emmanuel. We have had one new family that joined us in the last year who are longtime residents of the area. In the past we have also had new comers to our area join our parish, but they eventually moved to another town.

5. How is the congregation connected to the overall community it is located in?

We are very involved in Emportum and Cameron County. We volunteer at the local Food Bank, take part in Community Services, volunteer to man the Red Kettle for the Red Cross, participate in local events i.e.; Weekend in the Wilds, Christmas in the Wilds, "Trunk or Treat", etc. We also hold fund raising events to benefit local families who experience loss such as through a fire. Fr. Matt participates in the Cameron County Ministerial Association.

Rural Small Congregational Life and Vitality Questionnaire

For Ma Thesis
by Diana Moreland

6. What community service or outreach ministries does the congregation participate in? Where are they held? What impact does it have on the community? Are people outside of the congregation helping with the service/outreach?

We have had a huge response on the part of our parish to the "Take me to Worship" project over the last couple of years. Our parish has covered the costs associated with maintaining the website for the project locally. We both donate funds and food stuffs to the Cameron County Food Bank. We also donate funds each month to the Cameron County Ministerial Association for use of those in need.

7. How does the congregation care for the spiritual needs of those receiving help through the outreach ministries?

This is an admittedly weak area for us. We have a prayer list that is included in our bulletin each week. This list contains names of many who are not members of our congregation, but who are in some form of need. In addition, our Prayer Group makes Fr. Matt aware of anyone who is in some form of need and he contacts them directly.

8. In what ways can you see the congregation helping to grow the relationships of those connected to the congregation and its members with God?

Primarily through our fellowship activities. We encourage parishioners to bring family members and who may not attend any church on a regular basis. We support each other in times of need and in times when there are events to celebrate. We try to model a welcoming and accepting atmosphere to all who we come in contact with.

9. Would you consider the congregation healthy? Why or why not?

Overall, we consider Emmanuel to be "healthy", because we have a terrific parish family that is very joyful and eager to help and actively participate. However, but there is a great deal of concern regarding the long-term viability of the congregation may be. We have a very active youth ministry, but in many cases the parents of those who participate are not very active in the life of the parish. We remain hopeful that once the seed is planted with these young folks, they will become more comfortable with church and want to continue to participate moving forward.

Rural Small Congregational Life and Vitality Questionnaire

For Ma Thesis
by Diana Moreland

1. Please, list the name(s), and connection with the congregation of those filling out this questionnaire.

Bill and Donna Ellis, Sharon Gregory, Mark Washic, Beth Carey, Chris Sankey, Teresa Kitko, Dawn Dixon, Glenn and Teresa Truax, Bob and Ellie Washic.

2. How would you describe the congregation?

3. How does the congregation serve its members, outside of Sunday Worship? Please list all that has been held in the last year and what regularity they are held (weekly, monthly, during lent) ... (examples; bible studies, lent soup dinners, small gatherings...)

4. Where are new members coming from in the congregation? Births? Individuals moving to the area? Those from the area?

5. How is the congregation connected to the overall community it is located in?

Rural Small Congregational Life and Vitality Questionnaire

For Ma Thesis
by Diana Moreland

6. What community service or outreach ministries does the congregation participate in? Where are they held? What impact does it have on the community? Are people outside of the congregation helping with the service/outreach?

Our outreach is to the School Back pack program, the Community Food Bank, Church Periodical, Episcopal Relief and Development.

7. How does the congregation care for the spiritual needs of those receiving help through the outreach ministries?

8. In what ways can you see the congregation helping to grow the relationships of those connected to the congregation and its members with God?

9. Would you consider the congregation healthy? Why or why not?

I feel that our congregation is relatively healthy both physically and spiritually, there may be a bit of "I'll let someone else do it" that sometimes drives me a bit crazy. I have spoiled the congregation with my being the person who has maintained the physical plant, but I am trying to back off and urge others to step up and take some more responsibility.