

2012

Faith-based Organizations and Their Contributions to Society

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FAITH-BASED ORGANIZATIONS AND THEIR CONTRIBUTIONS TO SOCIETY

by

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B.S., Southern Illinois University, 2009

A Research of Paper
Submitted in Partial Fulfillment of the Requirements for the
Master of Science Degree

Department of Rehabilitation Administration
in the Graduate School
Southern Illinois University Carbondale
December 2012

RESEARCH PAPER APPROVAL

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November 9, 2012

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CHAPTER I

Introductions

As we look at Faith-based organizations, it is important to first discuss what are Faith-based organizations? Addressing their purpose and how they differentiate from other organizations will help gain a clearer understanding of Faith-based organizations. First it is important to look at FBOs (Faith-based organizations) and how they are defined in governmental terms. A major portion of President Bush's term in office focused on his advocacy for the "charitable choice" concept and how it addressed the collaboration between faith-based and governmental organizations (Wilson, 2003). He wanted the government to ensure that they did not discriminate in providing government funds to religious organizations. Public agencies and Faith-based organizations share a common goal. The commonality is evident in the government's desire for effective social services and the religious organization's ability to change and improve lives (Wilson). Wilson states in his article, "the church and other Faith-based groups are simply organized vehicles through which our government can insure community involvement" (p. 32). President Obama called for a Council on Faith-Based and Neighborhood Partnerships in which religious and secular non-profits would come together and address receiving government service grants or contracts and that would provide training on how to partner successfully with the government (Wright, 2009). Wright explains that, "President Obama's focus was also to train larger FBOs and community groups to mentor smaller religious groups and to work more closely with state and local government to

encourage the efforts of faith-based groups” (p. 5). President Obama has four priority areas for FBOs:

- Improving interfaith relations both at home (America) and abroad
- Strengthening the role of fathers in society
- Reducing poverty and
- Developing policies aimed at reducing the number of abortions (Wright).

Although President Obama operates his FBO campaign different than President Bush did, he has an interest for FBOs and their role in society. According to Joshua Dubois, who worked with President Obama on religious issues and outreach for President Obama’s campaign, “the big picture is that President Obama believes faith-based and smaller secular neighborhood organizations can play a role in American renewal” (Wright, 2009, p.7).

FBOs not only are related to governmental policy, but they also have roles in the communities they serve. FBOs usually operate in an origin of a specific faith or religion that influences their decisions and the mission/vision of the organizations. One example, Catholic Charities, which is considered a ministry and is explained on the organization’s website that, “our Catholic values, teachings, and traditions provide the foundation for the work we do in the Catholic Charities” (www.catholiccharitiesusa.org/). Examples of Catholic Charities’ community programs are:

- The Philadelphia Family Service Center in Philadelphia, PA, which serves inner-city neighborhoods and offers programs that are flexible and responsive to the needs of each family that is served (Catholic Charities of USA, 2012).

Paths of HOPE: Catholic Charities Prosperity Programs in Phoenix, AZ, was developed to reduce poverty in America. This program helps families in accessing resources through financial education, personal development, planning and mentoring (Catholic Charities of USA).

In Fischer's (2003) article addressing Faith-based non-profits, he asserts that, "non-profits, in particularly religious non-profits, have played a key role in American society" (p. 13). Over a course of time, many non-profit organizations have made efforts to help the poor, fight slavery, improve working conditions, and revitalize the inner city (Fischer).

Another difference in some Faith-based organizations is what they may give attention to when helping consumers. In terms of treatment, FBOs may view other factors that secular (non-religious or non-spiritual) organizations may not give credit to. A secular organization may take a different approach on dealing with consumers and their needs. The previously mentioned article provides examples of executive directors and their thoughts concerning Faith-based non-profits. One in particular comments, "a secular agency is dealing with the mental and physical aspects of human beings. Then they always leave the spiritual undone... You've dealt with the physical addiction and you've tried to engage the person psychologically, but you've not touched the soul, you've not touched him" (Fischer, 2003, p. 92). Many forms of treatment involving FBOs may pay greater attention to a client's spiritual life and may use this towards rehabilitation.

The faith component of Faith-based organizations may be different than secular counterparts, but the leadership view and structure may be different as well. In his article *Faith-*

Based Leadership: Ancient Rhythms or New Management, Dantley states (2005) that “in comparison to non-Faith-based leaders, a Faith-based leader is to envision schools/agencies from an entirely different perspective” (p. 13). Dantley also states that Faith leaders do not attribute to their charisma being the sole factor in establishing the sense of hope and reform (pg.15).

Faith-based organizations that are non-profit may also present clients with more affordable treatment and services compared to other organizations with greater financial higher cost. Both paid and volunteer workers can help faith-based and community groups to provide service to individuals with a lower cost (Parsons & Fulmer, 2007). Another important factor mentioned is “community organizations like FBOs have built strong connections and trust with the people they support” (Parsons & Fulmer, p. 4).

Another characteristic of many Faith-based organizations in American communities is their connection to the church. FBOs are often extensions of the church and therefore strive to be in unison with the mission of a given church (Fischer, 2003). Many *mega churches*, meaning churches in which attendance and membership is in the thousands, have developed separate nonprofit 503 (c) (3) corporations to utilize the human and financial resources for community development efforts (Moon, 2007). These efforts have or may include “developing child care facilities and schools, building new housing units, outreach to underserved communities through job/career, food distribution, counseling services” and [many other services to the community] (Moon, para. 45). Faith-based organizations have had an impact in society although they may go unrecognized. They are also related to some major sectors in society, and one is the field of rehabilitation. FBOs and the rehabilitation field may have much more in common than realized.

Purpose of Research

The purpose of the research is to view Faith-based organizations and their impact in society, their relation to the government and the services they provide. This paper will view how Faith-based organizations are related to rehabilitation services, their involvement relating to persons with disabilities and their contributions to reducing social concerns in America. Limitations of the research and recommendations for service will also be discussed. The goal of this paper is to support the mission of Faith-based organizations in working towards recovery, in developing programs that will offer individuals enhancement for various areas of their lives, and in simply helping to improve the quality of life.

Research Questions

To address the various functions, assets and benefits of Faith-based organizations, these research questions will be addressed:

1. How are the efforts of Faith-based organizations and the purpose of the rehabilitation field related?
2. What contributions have Faith-based organizations and Faith-based treatment made to persons with disabilities?
3. What contributions have Faith-based organizations made in alleviating social concerns in America?

Definitions

The important terms in this paper addressed are:

Disability: (A) A physical or mental impairment that substantially limits one or more of the major life activities of such individual;

(B) A record of such an impairment; or

(C) Being regarded as having such an impairment (Americans with Disabilities Act, 1990).

Faith-based organizations/agencies: An organization, with or without nonprofit status that provides social services and is either religiously-motivated or religiously affiliated (Goldsmith, Eimicke, & Pineda, 2006).

Faith-based treatment and Faith-based program: Presence of implicit or explicit religious and/or spiritual content underlying program activities (Neff, Shorkey, & Windsor, 2006).

Social issues/concerns: Social issues can be defined as problems or matters, which affect a person, a group of persons or the whole society in general, either directly or indirectly. Social issues in society thus, have a very wide scope (Dogra, 2010).

CHAPTER II

Faith-based Organizations and Rehabilitation

Research Question # 1: How are the efforts of Faith-based organizations and the purpose of the rehabilitation field related?

The relationships and similarities that will be addressed in this section between Faith-based organizations and rehabilitation include:

- Both are helping sectors to the public and provide assistance in growth and improvement for the lives of individuals they serve
- Faith-based drug/alcohol treatment centers, Faith-based mental health and behavioral services, and Faith-based long term treatment facilities

The field of rehabilitation has the primary focus of helping individuals move towards self-reliance and independence. In reference to governmental aspects, the first major legislative work that focuses on anti-discrimination for persons with disabilities is the Rehabilitation Act of 1973. The Rehabilitation Act prohibits discrimination on the basis of disability in programs conducted by Federal agencies, financial assistance, in employment and in the employment practices of Federal contractors (U.S. Department of Justice [DOJ], 2009). The sections of the Rehabilitation Act include: Sections 501, 502, 503, 504, 508. Each of these sections explains the terms, Federal guidelines, and mandates for Federal contractors concerning accessibility for persons with disabilities. A list of the specific functions of each section's mandates is included in the U.S. Department of Justice, *A Guide to Disability Rights Laws* (DOJ).

The Rehabilitation Act is one of the most important components of the rehabilitation sector insuring that persons with disabilities are given equal access and opportunities. The field of rehabilitation obviously advocates for the advancement of persons with disabilities whether it is through laws, rehabilitation facilities, or education.

Faith-based organizations could also be considered to be a helping sector like the field of rehabilitation. With a faith component at the core, one of the main goals is to bring improvement into the lives of people they serve. FBOs and their missions may range from simply meeting their consumers immediate needs (food, shelter, clothing, etc.) to their spiritual needs or to change negative behavior of an individual by connecting that person more closely with a Higher Power or Supreme Being (Goldsmith, Eimicke, & Pineda, 2006). Whether the goal is to meet immediate, spiritual or behavioral needs, the purpose of many FBOs is to assist individuals in bringing growth and advancement in their lives.

Although it has been difficult to locate a wealth of research on Faith-based organizations and rehabilitation combined, it is possible to find linkage between both of their missions. One area in particular that links rehabilitation and Faith-based programs together are Christian drug and alcohol treatment centers. Many of these facilities focus on an individual's recovery with an addition of spiritual or religious practices. Some individuals, depending on their beliefs may seek out a Faith-based recovery center for help. There are national facilities such as The Salvation Army Rehabilitation Program for individuals seeking drug and alcohol treatment. The Salvation Army provides drug and alcohol treatment but individuals may also receive help with legal problems, homelessness, and unemployment (www.salvationarmyusa.org/).

Another national Faith-based alcohol and drug treatment program, Teen Challenge USA, provides youth, adults and families with comprehensive Christian faith-based solutions, with biblical principles, to drug and alcohol problems (<http://teenchallengeusa.com/>).

These examples are rehabilitation centers that are considered “faith-saturated”, meaning that their faith or religion is central to their mission and to the services they provide (Goldsmith et al., 2006). One of the most popular programs is the AA (Alcoholics Anonymous) program in which individuals find a Higher Power and go through a 12 steps program towards recovery. The twelve steps program has also been used for other addictions as well. For example, a program called Pathways to Recovery, located at Bellevue Medical Center in New York City, uses this method for their Methadone Treatment Program. The clients in this program were people who have battled drug addiction, who have overcome and have been in this program as leaders helping other people. For these individuals, their progression to a leadership role in helping others with their recovery validated the spiritual transformation they believed as underlying their own recovery process (Glickman, Galanter, Dermtis, & Dingle, 2006). The article included narratives of the individuals of the program, the majority of them viewed their Higher Power to help them in the program was God. The general outcome of the program was positive for the lives of these individuals. They have gained a new understanding of their lives and are giving back. For them, they believe that their ability to help others has become proof that they will continue to go forward in their recovery (Glickman et al.).

Other areas, in which rehabilitation and Faith-based programs or organizations can be connected, are mental health or behavioral health services. An adequate definition of behavioral health refers to the blending of substance abuse and mental health disorders prevention and

treatment for the purpose of providing comprehensive services (USLegal Definitions, 2012). DeKraai, Bulling, Shank, and Tomkins (2011) presents interesting information concerning behavioral health and Faith-based organizations. The article includes several recommendations including churches and ministries using lay counseling for individuals who have behavioral or mental health concerns who may visit or attend their services. Lay counselors generally have limited professional training, but have a strong desire and ability to care for other people. Lay counseling can occur within congregations or as outreach to a variety of types of individuals in need including prisoners, to persons who are homeless, or to others in need. So that lay counselors are able to handle counseling sensitive issues and information of visitors, adequate professional training should be provided. There are also FBOs that provide outpatient services for mental health rehabilitation. Lutheran Family Services of America, Samaritan Counseling Centers, and Catholic Social Services are examples of large organizations associated with denominations or faith groups that deliver outpatient mental health and substance abuse services that meet licensure and accreditation standards (DeKraai et al.).

Besides outpatient facilities, there are other Faith-based organizations that offer long-term rehabilitation such as hospitals or long-term care facilities. In an article that addresses behavioral health care and Faith-based organizations, DeKraai et al. (2011) explains, “this level of care is offered in accredited facilities that can be affiliated with specific denominations or faith groups. The hospital is seldom seen as a ministry of a specific congregation. It is more likely a business extension of a large faith group that includes opportunities for ministry”

(p. 260). An example of these types of facilities includes Our Lady of Peace of Louisville, Kentucky which is a psychiatric hospital that treats patients with emotional behavioral/psychiatric disorders and/ or chemical dependencies (<http://www.jhsmh.org/>). Another facility affiliated with Our Lady of Peace, Frazier Rehab focuses on physical or occupational rehabilitation and offers Physical Medicine Rehab, Rehab Nursing, Pulmonary Rehab, Speech-Language Therapy, and other variations of rehabilitation services (<http://www.jhsmh.org/>). Facilities such as these have a faith affiliation but may not include faith or religion in their service delivery, although this is an option. From the discussion and literature provided, rehabilitation and Faith-based organizations definitely have similar desires for the service and outreach toward individuals and their health. These services are available to various people including persons with disabilities. FBOs and treatment can be a great asset to assisting persons with disabilities and their needs.

Faith-based Organizations and Persons with Disabilities

Research Question # 2: What contributions have Faith-based organizations and Faith-based treatment made to persons with disabilities?

The contributions of Faith-based organizations and Faith-based treatment made to persons with disabilities that will be addressed in this section include:

- Contributions in mental health concerns
- Contributions of Faith-based treatment relating to spirituality and disabilities, Faith-based treatment and psychiatric disabilities, Faith-based treatment and individuals with chronic illnesses
- Contributions in helping people with disabilities in emergency situations.

In addition to the above contributions, this section includes information on how a person's own spirituality can affect disability and closes with a few recommendations for improving the relationships between Faith-based organizations and persons with disabilities. People dealing with mental health concerns may find support and encouragement in Faith-based communities or organizations as opposed to being in a hospital setting and being seen as a *mental patient* (Corrigan, 2004). Some feel strongly about faith communities or churches, believing they are the appropriate places to deliver services, even mental health services. In an article that discusses African American and Faith-based economic development, it provides examples of individuals providing their support of Faith-based organizations and mental health programs conducted in churches. One comment in particular includes, "the church is the backbone in the urban community. The church is an opportunistic place to deliver the services to the community. You should treat the whole person, attitude, socially, health, skills and economically, mental, family and other service needed by the community. The church is the proper place to do that" (Gipson, 2001, p. 31). There are studies and research conducted that display results proving that minorities turn to Faith-based organizations and churches rather than mental health care facilities. Although churches are not considered specifically Faith-based organizations, some churches may offer various programs catering to individuals' needs. Specifically in Chicago, a study was done with results showing that African Americans tend to turn to the church, which for them, was a better avenue to receive mental health services (Matthews, Corrigan, Smith, & Rutherford, 2003).

Another area for Faith-based treatment is the effects of *spirituality* on mental health or mental illnesses. From studies and research that has been conducted and information from

patients and mental health religious professionals, it is believed spirituality and religion often play a key role in the recovery process from serious mental illnesses (Mohr, 2011). For many people who have mental illnesses, spirituality and religion may strengthen their self-esteem and may alleviate distress and bring a sense of hope (Mohr). It is possible for some who go through spiritual or Faith-based treatment, to be empowered, and to gain a sense of ultimate purpose in the midst of dealing with disabilities and disturbing life events (Wong-McDonald, 2007).

It has also been stated that many persons with psychiatric disabilities view Faith-based treatment using spiritual activities as a large and effective component of their recovery process (Wong-McDonald, 2007). Research from various studies includes examples of mental health facilities that offer this type of treatment. Particularly, one community health center offers group treatment called “Spirituality Group”. Lead by two mental health professionals, the aim of the treatment is to enhance the recovery process. The article reports that all 20 participants reached their personal goals, in comparison to 57% of a group who did not participate. Often, persons in recovery using a spiritual context may begin to view the world, which leads them to fresh motivation and a new direction in life (Mohr, 2011). Interventions such as prayer were beneficial for these individuals in recovery; they were able to find greater solutions from a spiritual perspective (Wong-McDonald). Another health facility offers “Spirituality Matters Group” in which schizophrenia patients are given treatment that uses one’s own spiritual beliefs for coping with one’s illness and hospitalization. From results, patients were satisfied with the group, which suggests its therapeutic value (Mohr). According to research results done by Revheim, Greenberg, and Citrome (2010), “a cross-sectional comparison of 20 self-attendees to the spiritual group *versus* 20 non-attendees shows that attendees are more hopeful and report

more positive religious and spiritual coping with their symptoms and disabilities” (as cited in Mohr, p. 556). Of course when dealing with treatment or rehabilitation of a spiritual nature, there is much to consider and it is not as simple as it may sound. Mohr makes a valid point in stating, “integrating spirituality into the care of people with severe mental disorders has to consider the cultural context of the psychiatric service and the characteristics of spirituality/religion of each patient as well as pathological specificities” (p. 561).

Another area that Faith-based treatment can be positively effective is dealing with clients who have chronic illnesses or major health concerns. More specifically, healthcare professionals that serve congregations or community organizations more directly can be beneficial to individuals who need assistance. Persons with disabilities or chronic illnesses are present many places included churches and congregations. An interesting study was done on Faith Community Nurses, their roles and what medical assistance they provide to their congregations. This is a fairly new area of research; however it may be worth more investigation in how their services can be beneficial to persons with chronic illnesses or disabilities. FCNs (Faith Community Nurses) are registered nurses who are volunteers that provide general medical services to congregations (McGinnis, 2007). They may work in programs coordinated and supported by health care systems or in independent programs supported by individual congregations. Their approach to healthcare is not just physical, but it’s considered “wholistic”, paying attention to all aspects of health mind, body and spirit (McGinnis). According to results of surveys taken by FCNs, they believed they helped improve the quality of life to their congregations by providing healthcare resources and helping them to navigate through health care systems (McGinnis). With the difficulty of access to health care or rehabilitation facilities, for some individuals with

disabilities, FCNs could be very helpful in meeting healthcare needs and providing knowledge. Also in addition to providing healthcare services for congregant members, FCNs could also assist in providing services to community members who attend or visit their congregations, or when churches host community health fairs or related events.

Aside from Faith-based treatment, a person's own spirituality can contribute to the improvement or coping of dealing with a disability. Speech related disabilities and *spirituality* have not been given much attention, although there are few studies that have been done. One study in particular by Norton (2009) focuses on speech related disabilities and spirituality, and how spiritual practices affect children with speech related disabilities. Black and Latino first graders are interviewed and placed in focus groups in which children eat lunch, listened to music, discussed spiritual matters, and did other various child centered activities (Norton). The interview that was specifically discussed is an interview with a first grader named Gabe with a speech impediment. During the interview Gabe is asked several questions about spirituality.

Gabe talks about disability in relating to him and others:

“My mother also always tells me that God doesn't put on us more than we can bear. I told my brother not to worry about his father's seizures. That's nothing to be embarrassed about. God made us all and will help take care of us. All of us have something. I have my speech impediment, each of us have something. Don't be embarrassed. Instead just try to make sure that he is okay” (Norton, 2009, “Drawing on Spirituality to Negotiate Disability,” para. 2).

Gabe believes that people who have faith in God are taken care of by God, and God also helps them with their disability so it is not a hindrance (Norton). Gabe also explains to the author how his belief in God helps him to communicate with a speech impediment:

Nadjwa: "When we saw *Finding Nemo*, you said "Nemo had a little fin but that never stopped him." You said "Some people just take faith they got to trust the Lord." You were talking about how God helps you sometimes. Then I started thinking does God help you when you talk and people asked you to repeat yourself?"

Gabe: "Yes God helps me. I think it gets easier as I get older...Like when you keep on telling them over and over they might get it. I will just try to break it down." (I couldn't understand this last sentence)

Nadjwa: "Can you say that last part again? *Gabe*: (Speaking slowly and enunciating) I will just try to break it down. Break it down more...One of the biggest lessons I learned was how to teach people to understand me...first my mom and my sister did not know how to understand me. But as the months got better they got good. Mom used to say, "Why you be sad? The same thing happened to me." When she was young she used to stutter" (Norton, 2009, "Teaching Others to Work with Your Speech Related Disabilities," para. 1-4).

Furthermore, Gabe speaks about how he deals with other children or people who make fun of his speech impediment and others who have difficulty understanding him. He uses his spiritual practices to cope with people who tease or make fun of him. It is expressed in the article that sometimes it may be challenging for people who are spiritual when it comes to dealing with others who belittle or marginalize them. Gabe chooses to talk to God about issues with other students instead of telling the teacher. It is possible that Gabe has learned that there is not a quick answer in dealing with others teasing him (Norton). Although the information presented focuses on children with speech related disabilities, it is possible that others who have the same disability may find spiritual practices beneficial. This information may also be valuable to parents who have children with speech-related abilities; providing with ideas and suggestions for their children. Of course this does not suggest that this is the ultimate solution to dealing with speech related disabilities, it is another avenue to helping people with disabilities on how to cope.

Faith-based organizations or churches can also make contributions in emergency situations, and assist persons with disabilities who have limited access. Faith-based and community-based organizations are useful associates in serving people with disabilities during a pandemic or other emergency, and they also can help congregations welcome people with disabilities (Campbell, Gilyard, Sinclair, Stenberg, & Kailes, 2009).

For those who believe that Faith-based organizations have not made enough contributions to persons with disabilities, they may consider what steps can be taken for greater contributions. In the article, *Faith in Access: Bridging Gaps between Religion and Disability*, several suggestions are given on how congregations and religious establishments can include persons with disabilities. Suggestions provided include:

1. Choose *Religion and Disability* as a conference theme for annual conference meetings.
2. Incorporate topic sessions about faith and disability at other annual meetings.
3. Outline partnerships with programs such as the American Association on Mental Retardation's (AAMR) Religion & Spirituality Division.
4. Support members throughout the disability community to include the spiritual community in their research efforts, and
5. Distribute a position paper on engaging the religious community about disability concerns (Anderson, 2006).

Although these few suggestions may require much effort, they are definitely appropriate to connect members of congregations, etc to persons with disabilities. With the proper information and training provided, FBOs may provide adequate services to persons with disabilities. FBOS

can make contributions to society at large, including today's social concerns that American society is faced with today.

Faith-based Organizations and Social Concerns

Research Question: #3 What contributions have Faith-based organizations and Faith-based programs made to the social concerns in America?

The contributions of Faith-based organizations to the alleviation of social concerns addressed in this paper are:

- Faith-based Neighborhood Partnerships and their partnerships with community organizations, Faith-based organizations partnering with reentry programs, The Health and Human Services Center for Faith-Based and Neighborhood Partnerships and its efforts
- Faith-based programs focusing on AIDs knowledge and awareness, and Faith-based treatment and substance abuse

In addition to contributions listed, this section also included information and research on various social issues. America is presented with social concerns and unresolved issues that continue to affect citizens on a daily basis. Faith-based organizations can be influential in helping to decrease some of the concerns and problems presented in the US. In governmental terms, studies and reports have provided information on FBOs and the government partnering up to deal with some of America's social concerns. Under Faith-Based Neighborhood Partnerships, the federal office coordinates with faith-based and community organizations on social service outreach and work to utilize these organizations' efforts to advance the administration's policies. In addition to the previously mentioned priority areas, a few of the issues of focus are:

poverty, HIV/AIDS and Ex-offender re-entry programs (Oregon Commission on Children & Families, 2012).

The issues mentioned above may be difficult for Faith-Based Neighborhood Partnerships to completely solve, however programs and recommendations have been established in efforts to bring relief to these current issues. President Obama's Advisory Council on Faith-Based and Neighborhood Partnerships, makes recommendations for action on certain areas. One area in particular is the area of poverty and in President Obama's administration the program is titled, *Economic Recovery and Domestic Poverty*. There are three main recommendations that include several objectives for *Economic Recovery and Domestic Poverty*.

Recommendations include:

1. A set of principles of partnership for an inclusive economic recovery. These principles focus on building a partnership between faith-based communities and neighborhood organizations; through partnerships the focus is establishing proposals to strengthen social services nonprofits during economic recovery.
2. A series of changes that would increase access to income-enhancing benefits for those most in need. Some benefits include Earned Income Tax Credit; SNAP (the Supplemental Nutrition Assistance Program); and various child nutrition programs.
3. The Economic Recovery will focus on providing greater job-training to prepare for a new economy. Partnerships between education and training institutions with faith and community based organizations to better serve job seekers with

employer needs (President's Advisory Council on Faith-Based and Neighborhood Partnerships, 2010).

AIDS/HIV was not only a focus of concern for the Bush Administration, but President Obama also made an important place for AIDS/HIV in his administration as well. President Obama's program for HIV/AIDs is titled the *National HIV/AIDS Strategy for the United States*. Several recommendations are made including, encouraging facilities and nontraditional sites like community centers, mental health centers, or faith institutions to get trained and offer HIV screening and referrals and engage faith communities, businesses, schools, community-based organizations, social gathering sites, and all types of media outlets to take responsibility for affirming nonjudgmental support for people living with HIV and high-risk communities (The White House Office of National AIDS Policy, 2010). A recent update to the National AIDS policy is available to review (www.aids.gov).

The last focus listed is the existence of reentry programs for individuals who are incarcerated. Offender reentry refers to the return of offenders from incarceration back into the community and to persons released from state or federal prisons or discharged from parole, and those under probation (Bureau of Justice Assistance [BJA], 2007). One program in particular titled *InsideOut Dad*, is a reentry program for inmates who are fathers and has shown much success (President's Advisory on Faith-Based and Neighborhood Partnerships, 2010). The focus of the curriculum is to connect inmates to their families, restore broken relationships and to prepare men who are currently incarcerated for living life outside of the prison (President's Advisory on Faith-Based and Neighborhood Partnerships). In addition to Reentry programs like *InsideOut Dad* a guide entitled *Reentry Partnerships* was created. *Reentry Partnerships* focuses

on Faith-based organizations and the justice system working together to assist individuals returning to society after incarceration. This guide was formed for state government officials and representatives of faith-based and community organizations who want to reduce recidivism and help people returning home lead productive law abiding lives (BJA).

For some individuals, it may be difficult to find resources or even information on the partnership of government agencies and Faith-based organizations. In order for resources or information to become available, there are programs or additional resources developed. One in particular is The Health and Human Services Center for Faith-Based and Neighborhood Partnerships also known as The Partnership Center. The Department realizes that secular and faith-based nonprofits need to cooperate so that communities in need receive effective services, otherwise they will not reach the services they need (U.S. Department of Health and Human Services [HHS], 2012). The Partnership also works to put the forth primary goals and concerns addressed by President Obama's administration that have been mentioned previously, with an emphasis on strengthening the role of community organizations in the economic recovery, promoting health families, and supporting maternal and child health (HHS).

With the support of the government, the most important aspect of Faith-based organizations is the impact on social concerns in American communities. Some areas that FBOs are placed in are areas that are suffering from violence, homicide and poverty. Violence has taken a great toll of the minority communities with reports of daily horrific events that have resulted in numerous casualties. Unfortunately in many of these communities children have either witnessed violence or have been the victims. The Center for Disease Control and Prevention reports that:

“homicide is the second leading cause of death among youth aged 10-24 years in the United States. Violence is a cause of nonfatal injuries among youth. In 2009, a total of 650,843 young people aged 10-24 years were treated in emergency departments for nonfatal injuries sustained from assaults” (Centers for Disease Control and Prevention, 2011, para. 1).

Often Faith-based organizations are purposely placed in urban communities and focus more towards issues surrounding poverty. Part of this may be due to the greater emphasis President Bush placed upon FNPs (Faith-Based Non Profits) in the fight against poverty and many of FNPs operate at the area of the greatest need in the community stricken by poverty and violence (Fischer, 2003).

Another major issue in some American communities is the high use of drugs, which has unfortunately been the cause of many deaths in the United States, especially in minority communities. There are other ethnicities that may have great struggles with drug use, but African Americans seem to be at greater risk for initiating cocaine and marijuana use at earlier ages (Cooley-Strickland et al., 2009). Besides drug use and violence, poor school performance in children is another concern that should be addressed. This may be a result of the unfortunate events that youth in certain areas are exposed to. Studies have been done on this subject and they lead to suggest that community violence and other factors effect concentration and low achievement levels. Greater exposure to violence events over time may lead to greater academic difficulties and lowered concentration (Cooley-Strickland et al.).

In the 1980's, AIDS was still being studied and investigated, and little knowledge was available. Since then, there has been increased knowledge on AIDS and it is the same concerning

other various infections and STD's. In 2007, the numbers of STD's were rising higher in women and minorities according to the Centers for Disease Control and Prevention (Evans, 2009). For both Gonorrhea and Chlamydia, African Americans have statistically had higher rates. It is stated in 2007 the STD rate was higher in black men than those who are white, with a rate that is 26 times higher. This articles goes on to state that the high prevalence of African American communities may be due to social conditions, including a lack of access to good and timely health care and relatively high levels of poverty and incarceration (Evans).

The social concern of the prevalence of AIDs was addressed earlier from a governmental aspect. While the issue of AIDS in communities may be more difficult to reach adults, many congregations and ministries may focus on youth. Parents may not be comfortable with discussing these issues with their children and Faith-based organizations can be an important vehicle to disseminate accurate but sensitive information to youth (Griffith, Pichon, Campbell, & Allen, 2009). In churches or ministries, AIDs is usually treated as a moral issue, but not as a health issue (Griffith et al.). If it is viewed as the latter, this will definitely be a step to programs that are specifically designed to help persons with AIDS. One successful example in particular, is the formation of an HIV/AIDs awareness program that began in 2006, in the city of Flint, Michigan and Genesee County entitled "Your Blessed Health". The goal this project was to increase awareness and knowledge, reduce HIV risk behavior, and foster skill building among African American youth (aged 11-25 years). Some of the results included; youth increased HIV and sexual health knowledge, skills, and awareness of risk in each of the curriculum areas, the percentage of youth correctly able to describe steps involved in using a condom increase slightly and youth confidence in choosing abstinence trended higher (Griffith et al.). This program was

not only beneficial for the youth participating, but also for the leaders who facilitated the program. Results included, “data from pretest and posttest questionnaires and qualitative interview findings indicated that after YBH training for those leading the intervention implementation, faith leaders demonstrated increased sexual health knowledge, improved facilitation skills, and a greater comfort level with discussing sexual health topics” (Griffith et al. p. 210). The programs that were involved able to create a safe, caring environment promoting sexual health among adolescents about topics related to HIV and sexual health (Griffith et al.). There is a great possibility that if more congregations and ministries facilitated programs such as this, this could have a positive effect on surrounding communities and thus lead to a decrease in the percentage of sexually transmitted diseases in those communities.

As mentioned before substance abuse is also another social concern that should be addressed. Can Faith-based efforts assist in reducing this issue? Research has been done on the correlation between alcohol, drug use and an individuals or groups relationship with God. Research conducted from the National Institute for Healthcare Research reports that active spiritual or religious involvement could reduce the risk of alcohol/drug use (Barry, Sutherland, & Harris, 2006). Other case studies have also been done on this subject, including a study done by Koenig, McCullough, & Larson (2001) stating that religion may be a deterrent to alcohol or drug abuse in children, adolescents, and adult populations and that using spirituality to treat substance abuse may result in reducing the likelihood of choosing friends who use or abuse and reducing the likelihood of turning to alcohol or other drugs during times of stress (as cited in Barry et al.).

Exposure to Faith-based organizations or even youth participating in church functions tends to have a more positive effect on youth. Church helps youth develop self-regulating

abilities; thus, helping them refrain from negative behaviors and encouraging them to engage in positive activities (Barry et al.).

CHAPTER III

Summary

The information presented on Faith-based organizations provides research on FBOs and their various contributions to society. FBOs begin receiving heightened attention due to President Bush's focus on Faith-based Initiatives. When President Barrack Obama came into office, even with a presidential change, FBOs still played a role in government affairs. Under President Obama's Faith-based and Neighborhood Partnerships, concerns such as poverty, abortion, and the role of fathers in society, are given attention through programs and recommendations for improvement for these concerns. Interesting literature about FBOs and how they differ from secular counterparts is discussed as well.

The field of rehabilitation has made a great impact on the lives of many people. With its focus on recovery and independence, the purpose of rehabilitation can relate to Faith-based organizations and their efforts. The link between rehabilitation and FBOs are displayed through the various Faith centers and programs such as drug/alcohol treatment centers, mental health facilities and Faith-based methods of treatment. Faith-based methods can be used for behavioral health and mental health services, which have the possibility of leading to effective results. In addition to these facilities and services, FBOs range from outpatient care to long-term care facilities in which individuals may receive a wide variety of rehabilitation services.

Faith-based organizations and their connection to persons with disabilities seem to be a subject that is not thoroughly researched. The information provided takes a brief view at what contributions FBOs have made for serving persons with disabilities.

Areas of discussion include persons with mental health disabilities and the positive effects of Faith-based treatment and spirituality on these individuals. Spirituality can have positive results on persons with speech-related disabilities as well. Speech-related disabilities not only affect adults but also children. The literature review views a close look at a child and how he uses his spirituality to cope with his disability. This information could be beneficial to children who have similar struggles but also parents who may have children with speech-related disabilities. This body of literature not only discussed persons with disabilities, but also individuals who have chronic illness and how FBOs or community organizations can be resources during emergency situations. Faith-community Nurses can be valuable assets to members and visitors of congregations needing health-care services, advice or information on chronic illnesses or information for persons with disabilities. Recommendations for Faith-based communities/establishments are suggested to further their knowledge and understanding on topics that involve persons with disabilities.

Finally, Faith-based organizations and their connections to social concerns are discussed on a governmental and community levels. President Obama's Faith-based and Neighborhood Partnerships program makes efforts to address social concerns such HIV/AIDS, reentry for ex-convicts and the economic crisis. The programs that are developed for these issues are created to bring relief and possible solutions for the American society at large. For individuals or groups who are seeking resources, The Health and Human Services Center for Faith-Based and Neighborhood Partnerships is available as a resource for access to various needs. Results from Faith-based interventions, treatment, and methods for problems such as HIV/AIDS, other STDs

and drug/alcohol abuse has suggested that these methods can produce positive outcomes for adults but also adolescents.

Limitations and Recommendations

The research presented provides valuable information for Faith-based organizations, community organizations, and individuals or groups who may be seeking resources on FBOS. Limitations presented are the limitations of this specific body of research. First, FBOs that have a rehabilitation factor associated with them such as substance abuse treatment facilities are discussed as valuable; however the research does not present percentage values of the effectiveness of such programs as Teen Challenge, The Salvation Army Rehabilitation Program and Alcoholic Anonymous. Limitations presented are the limitations of this specific body of research. The same is with FBO mental health facilities, in which information is presented, however percentages of effectiveness of these programs is not addressed. Subject matter such as lay counseling and FBO relationships to behavioral health has not been widely researched and needs further investigation for implementation. Facilities such as faith affiliated hospitals and long-term care facilities seem to be great in number, however their effectiveness compared to secular hospital/long-term care facilities is not included in the research. Recommendations for this subject include greater investigation of the effectiveness of these facilities and what changes or improvements they could formulate for enhanced services.

Faith-based organizations and their relations to persons with disabilities is an area that has been vaguely researched. The church's view of mental health disabilities is briefly viewed with, but it is not discussed extensively in the research. This topic could be very valuable for churches or ministries that want to improve their perception of individuals who have mental

health disabilities, increasing their knowledge on how to better serve and care for this population. Spirituality and mental health was addressed, plus spirituality and speech-related disabilities are discussed as well. One limitation is that the research does not look at spirituality and other disabilities such as physical, psychosocial, TBI, and other disabilities besides mental and speech-related.

The information concerning Gabe and his speech-related disability takes an interesting view at how a child may perceive their disability through their spirituality; however it may be helpful to have information from other children besides Gabe. Children and their perceptions may vary according to special circumstances, various types of churches and religions, and backgrounds/cultures. It would have also been interesting to see the responses of an adult with a speech-related disability in a higher education setting.

President Obama's Faith-based and Neighborhood Partnerships efforts has at least made the effort to address issues that affect American citizens. The information presented about these programs presents these issues on a federal level, but does not address whether Americans believe the programs have produced effective results. Research on specific programs and their effectiveness on individuals or groups receiving these services would be beneficial on a community level, but also on a governmental level. Government leaders and officials who are administrators of these programs would be able to see what could be modified or improved for more effective outcomes. Substance abuse and alcohol use in relation to a persons with relationship with God, religion, and church involvement, suggested individuals who participate in these activities and would be more likely to make healthier/wiser decisions compared to those who do not. The research does not address various religions, denominations, or perceptions on a

“relationship with God” and what that means. Also, specific research on practices that are done in these programs such prayer, bible study, scripture memorization, and other spiritual disciplines would be valuable information for individuals seeking treatment.

One last recommendation is related to the Rehabilitation Act and accessibility which was mentioned earlier in the research. When serving persons with disabilities, FBOs need to be aware of accessibility concerns such as provision of ramps, wide openings, and other structural improvements. In order for FBOs, churches, and other ministries to make greater contributions to persons with disabilities, they need to insure that accessibility is provided. By informing themselves on the Rehabilitation Act accessibility mandates, Faith-based organizations can open their doors to a wider range of individuals, which leads to more individuals receiving the help they need. There are resources and information available for FBOs that want to insure inclusion of persons with disabilities in their programs and facilities.

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Bachelor of Science, Therapeutic Recreation, December 2009

Research Paper Title:
Faith-based Organizations and Their Contributions to Society

Major Professor: Carl Flowers