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RESULTS

Philanthropy in the Faith Community: Mobilizing Faith-Based Organizations for Substance Use Prevention

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Key Points

- The Assistance for Substance Abuse Prevention Center, established by the Health Foundation of Greater Cincinnati, has worked with community partners in the faith community to prevent alcohol, tobacco and other drug abuse.
- Reviving the Human Spirit (RTHS) was a collaborative project that provided resources to help congregations provide substance use prevention and recovery support in their communities, including the adoption of evidence-based practices.
- Slightly more than two thirds of the congregations that participated in follow up interviews reported that their programs were still operating.
- Faith-based programs have many things in common with programs operated by other nonprofits. A few differences appear to be important, such as choosing a practice that aligns with the religious beliefs of the congregation.
- Treatment programs, rather than prevention, may be more appealing to faith-based organizations because of the “redemption narrative.”

The Assistance for Substance Abuse Prevention (ASAP) Center was created in 2000 by the Health Foundation of Greater Cincinnati to strengthen grassroots substance abuse prevention through technical assistance and grantmaking. Over the years, the ASAP Center has worked with community partners in the faith community to prevent alcohol, tobacco, and other drug use. Reviving the Human Spirit (RTHS) was a collaborative project

that provided resources to help congregations provide substance use prevention and recovery support in their communities. The ASAP Center also helped mobilize faith communities that were not involved with RTHS to implement evidence-based prevention programs. The center conducted surveys and interviews to understand the successes and challenges of congregations engaged in community-based substance abuse prevention efforts. This reflective practice article examines lessons learned in the faith community and describes how those lessons will shape the ASAP Center’s future. This article will also introduce the Faith-Based Prevention Toolkit, a resource developed by the ASAP Center, the Coalition for a Drug-Free Greater Cincinnati, and collaborators to help members of the faith community implement and sustain substance abuse prevention activities in their congregations.

The Health Foundation, an independent 501(c)(4) social welfare organization dedicated to improving community health, awards grants to nonprofit and governmental organizations for programs and activities that improve health in Cincinnati and 20 surrounding counties in Indiana, Kentucky, and Ohio. The Health Foundation provides direct support for addiction treatment and created the ASAP Center to carry out prevention activities within the Health Foundation’s Substance Use Disorders focus area.¹ The center operates

¹ For more information about the history of the ASAP Center, its approach to prevention, or its evaluation, see Health Foundation of Greater Cincinnati (2010) or Firesheets, Francis, Barnum, and Rolf (2012).

as an intermediary of the foundation, providing capacity building, grants, and technical assistance to community organizations (e.g., senior citizens clubs, community centers, civic and fraternal organizations, congregations, and after-school programs), to promote evidence-based prevention.

When the ASAP Center was founded, foundation staff, in consultation with community members and prevention professionals, identified the faith community as one of the center's four areas of concentration: Hispanic/Latino, rural, older adults, and the faith community. The center's founders recognized that congregations play an important role in the lives of many people in the region and that there is potential to engage community members in prevention efforts by leveraging the existing infrastructure of the faith community. In order to meet the needs of a wide variety of faith-based organizations, the center developed a two-pronged approach to work within its faith community area: encouraging shared learning through the RTHS project and providing prevention support directly to congregations and faith-based organizations.

Supporting Shared Learning Through RTHS

The ASAP Center formed RTHS in collaboration with regional and national partners, including the Coalition for a Drug-Free Greater Cincinnati, League Ministry Consultants, and the Urban Minority Alcoholism and Drug Abuse Outreach Program. RTHS created a network of professionals and members of the faith community that provided support for the development of prevention and recovery ministries. This group came together to implement the Faith Partners model for Substance Abuse Team ministries.² The ASAP Center provided funding, coordination, and support to the RTHS collaborative and its members.

Since its founding in 2000, more than 2,000 individuals representing 215 faith-based organizations have participated in RTHS activities, including 38 congregations that started Substance

² See www.faithpartners.org.

Congregations play an important role in the lives of many people in the region and there is potential to engage community members in prevention efforts by leveraging the existing infrastructure of the faith community.

Abuse Team ministries. These included a variety of faiths and denominations, including Church of God, Episcopalian, Baptist, Catholic, Jewish, Muslim, Presbyterian, Seventh day Adventist, and Non-Denominational Christian. Congregational team leaders participated in leadership workshops, facilitated networking meetings, and hosted and attended conferences and workshops as part of their involvement in RTHS. In 2006, the ASAP Center conducted the Congregational Substance Abuse Team Ministry Survey (Health Foundation of Greater Cincinnati, 2006) – a survey of RTHS participants who were serving as congregational team leaders. The survey was mailed to the 29 congregational team leaders who were active in RTHS at the time. Twenty responded, for a response rate of 69 percent. The participants reported an increase in knowledge of prevention approaches as a result of their involvement with RTHS, as well as increased awareness of community resources that support prevention. The majority of those who responded to the Substance Abuse Team ministry survey (n = 18, 72 percent) reported that they were using or were planning to use evidence-based approaches in their congregations' ministries.

In 2009, the ASAP Center hired an independent evaluator to document lessons learned from RTHS. The mixed-methods evaluation included information gathered from a variety of sources, including a review of existing quantitative and qualitative survey data (including the previously mentioned 2006 ministry survey), interviews with key stakeholders, observation, and a review

of the ASAP Center's project and grant files. The evaluation offered a glimpse into the unique rewards and challenges of working with the faith community. Fourteen RTHS participants representing 12 congregations participated in the evaluation. Most (69 percent) of the participants reported that they were no longer involved with RTHS; however, the majority of them (77 percent) reported that their congregation's team ministry was still active. In fact, the average participant had been involved in his or her ministry for more than five years.

Partners reported that they initially planned to focus on the entire spectrum of activities (from prevention to recovery support), but that limited time and energy compelled them to "choose" a focus on either prevention or recovery support.

Common themes emerged throughout the analysis of the interviews. Most respondents described their work with RTHS as challenging and rewarding. Respondents noted that it had been difficult to start substance abuse ministries in their congregations, but more than half (54 percent) described their ministries as "successful" or "partially successful" in meeting their goals. The congregational team ministries fostered through RTHS offered a wide variety of activities in the community, including special educational programs about substance use, regular recovery support meetings (such as Alcoholics Anonymous or Narcotics Anonymous), individual counseling, addiction screening, and pamphlets and educational information.

While there were many successes in RTHS, there were also challenges. As with most collaborative

projects, it has been difficult to keep members engaged in the larger group over time. Many participants stopped attending after establishing ministries in their own congregations. In general, RTHS members were able to find common ground and learn from one another; however, theological differences among individuals and congregations (for example, differing beliefs about alcohol) did cause some tension within the collaboration. Congregations also struggled to sustain their ministries with volunteer resources. In interviews, RTHS partners reported that they initially planned to focus on the entire spectrum of activities (from prevention to recovery support), but that limited time and energy compelled them to "choose" a focus on either prevention or recovery support. At the time of the 2010 evaluation, fewer than one third (31 percent) of the RTHS participants were providing both prevention and recovery support activities; the rest (69 percent) were providing only recovery support in their congregation.

The tendency to allocate limited resources to treatment before prevention is not unique to the faith community; in fact, it is a trend we see throughout all aspects of health care. However, we suspect that this tendency may have even deeper roots in the faith community. Many RTHS participants described being extraordinarily compelled by the redemptive narrative of recovery support, and noted that there are many parallels to their spiritual beliefs. Several members noted during their interviews that preventing addiction is, quite simply, not as exciting as treating addiction. Unfortunately, because many members of the RTHS collaborative elected to focus on recovery support instead of prevention, it became increasingly difficult for the ASAP Center's faith-based prevention partners to engage in the group. Over time, most opted to work with the center, but not participate in the collaborative.

Prevention Support for Faith-Based Organizations

The ASAP Center provides grants, training, and technical assistance directly to congregations implementing evidence-based prevention approaches in their communities. It provides workshops and training on two evidence-based

frameworks: Lifestyle Risk Reduction, developed by the Prevention Research Institute (2008), and the Search Institute's 40 Developmental Assets (1997). Staff follows up with congregations to help them identify the best ways to incorporate prevention into existing activities and events. In addition to training and technical assistance, the center offers small grants to help organizations implement new practices, purchase materials, or implement programming.

The ASAP Center has provided support and funding to organizations that represent a wide variety of faiths, denominations, and backgrounds. Over the past decade, it has provided small grants to 15 faith-based organizations. Most of the grants provided were for asset-building activities and initiatives. Projects ranged from Leaders of Tomorrow, a year-round alcohol and other drug prevention program for youth ages 10-17 throughout the Cincinnati area, to Cornerstone ARK (Asset Responsible Kids), a youth drama group that integrates skill building, alcohol and other drug information, and leadership training (Assistance for Substance Abuse Prevention Center, 2003). Each center grantee develops an individualized reporting plan for its work, which allows the center to understand its partners' progress. A review of these grant reports revealed that the majority of the projects were successfully completed at the time that the funding period ended, and that 87 percent of the projects continued after the center's funding ended.

The Future of the ASAP Center's Faith-Based Work

As the ASAP Center enters its second decade, its faith-based work is taking a new turn. Moving forward, the center will take a less active role in Reviving the Human Spirit, which has narrowed its focus to emphasize recovery ministries in the region under the leadership of the Alcoholism Council. The center will focus more time and energy on supporting substance abuse prevention activities in individual congregations and faith-based organizations, and on helping faith-based partners connect to other prevention efforts in the community – activities that are consistent with the ASAP Center's original purpose and goals.

To support this effort, it has partnered with the Coalition for a Drug-Free Greater Cincinnati to develop the Faith-Based Prevention Toolkit, a collection of resources that will equip congregations to incorporate prevention activities. The toolkit was inspired by what was learned in the last 10 years of work with the faith community and informed by the success that congregations experienced when they implemented the Faith Partners model in their recovery ministries. The toolkit will provide the tools, resources, and structure to help congregations implement evidence-based prevention practices. The toolkit will be available through the Coalition for a Drug-Free Greater Cincinnati in the fall of 2012.

Advice for Faith-Based Philanthropy

The ASAP Center's experience providing faith-based organizations with capacity-building support has led to many learnings about faith and philanthropy. While the advice is somewhat anecdotal, it is based on these experiences and it is our hope that it will guide future philanthropy work in faith-based organizations.

In our experience, faith-based organizations are natural partners for facilitating change in a community and can be excellent grantees. In fact, faith-based organizations often have a unique advantage over secular organizations in facilitating change: a congregation's core beliefs can generate a shared sense of purpose that is hard to find in secular organizations.

Have faith in faith-based organizations. We have noticed that many of our peers in philanthropy are leery of working with faith-based organizations. Faith-based organizations are a critical part of any community's infrastructure, and we believe it is important to include them in social change efforts. In our experience, faith-based organizations are natural partners for facilitating change in a community and can be excellent grantees. In fact, faith-based organizations often have a unique advantage over secular organizations in facilitating change: a congregation's core beliefs can generate a shared sense of purpose that is hard to find in secular organizations. With so much mutual understanding, large cultural shifts can occur and sustain over time. The ASAP Center's faith-based partners have been very successful in implementing substance abuse prevention and recovery support activities, allowing us (and the Health Foundation of Greater Cincinnati) to expand our reach beyond those who interact with more traditional social service organizations. We have found that faith-based organizations are very committed to their efforts; if a person feels called to a ministry of substance abuse prevention (or any other cause), he or she will usually remain passionate and committed for years. Our faith-based partners have sustained their efforts long after the ASAP Center's funding ended, which means that the people in their communities continue to receive substance abuse prevention and support services long after our grant funds have been spent.

Faith comes first. It is important to remember that faith-based organizations are faith-based first, and "service providers" or "grantees" second. Any activities they take on must be consistent with their core faith and their mission in the community. At times, religious beliefs can conflict with the practices or activities associated with a program; in those cases, it is critical that funders allow faith-based organizations to remain true to their beliefs while still supporting work that is consistent with the funder's strategies and goals. For example, an evidence-based practice that promotes low-risk drinking guidelines would not be an appropriate project for a community where members believe alcohol consumption is sinful. However, that same community could

implement a different evidence-based program that teaches parents how to talk to their children about drinking. At times, finding mutually agreeable approaches can take a little bit of patience and creativity on the part of both the funder and faith-based partner. However, the results can be quite rewarding.

Relationships are key. Many different faiths operate on the concept of "discipleship" – a personal relationship between a more experienced believer and a spiritual "seeker" that helps both to grow and mature. It is helpful to model this approach when working with faith-based organizations. Rather than waiting for potential partners to approach us, the ASAP Center proactively builds relationships in the faith community. We provide coaching to help potential partners through every step of the grant process: developing an idea, seeking funding, planning and implementation, and evaluating their work and reporting on their projects. Like spiritual discipleship, it is a time-intensive approach to grantmaking but well worth the effort. Not only does it help facilitate successful prevention projects, it also allows our partners to develop new skills that they can use to teach others. This fits with the "teach a man to fish" philosophy that resonates deeply with people of faith.

The faith community isn't a homogeneous group. It is tempting to paint our work in the faith community with a wide brush. Initially, it seemed logical to group faith-based organizations together, but we have learned that this isn't always a practical or meaningful way to approach the work. It is important not to make assumptions about an organization or congregation, but instead to think of faith-based organizations as partners that can provide a unique insight into what communities need. Over the past decade, we have supported congregations from a wide variety of faiths and perspectives. Even within one religion or denomination there are differences in beliefs, doctrines, perspectives, and needs. For example, we found that there were large differences between the needs and perspectives of people attending rural Christian churches and those who attend urban Christian churches. Each congregation has a unique set of strengths and challenges; in order to

be successful in faith-based philanthropy, it is important to understand and build on each congregation's strengths. Very often, philanthropists use specific strategies, create logic models and timelines, and use processes that may be perceived by congregations as well-intentioned "outsiders" attempting to do something to them rather than partnering with them to find solutions. While the ASAP Center is strategic in its work, we do not let strategy or procedures create barriers to developing relationships with the people who will do the work. Instead, we encourage each congregation to find solutions that work for its community.

Challenge 'serial uniqueness' with networking and shared learning. Each congregation is unique, but they also have many shared experiences and challenges. For example, our qualitative research revealed that all congregations, regardless of size, structure, or faith tradition, have difficulty engaging volunteers to support their work. We also learned that the stigma about substance use disorders creates challenges in many faith communities. We organize networking opportunities and learning groups to help our faith-based partners understand their similarities, share ideas, and solve problems together.

Meet faith-based organizations where they are and be clear about what you can support. Our faith-based partners are usually not prevention professionals. They are caring people who see a need in the community and are looking for a way to address it. Since prevention is a new activity for them, faith-based organizations often come to the table with unclear ideas of what they want to accomplish. We work closely with them to clarify their goals and find approaches that will fit with their congregations. Often, we are able to find shared goals that form the basis for our work together. However, there are times when it becomes clear that the potential partner is interested in work that the ASAP Center does not (or cannot) support. For example, a volunteer may be interested in implementing a program that is not evidence-based, which does not fit with the mission of the center. In those situations, we've learned that it is important to be clear and honest about what we can and cannot support so that congregations can move forward with their work.

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When it is appropriate, we often point organizations toward other sources of funding (including the Health Foundation of Greater Cincinnati) that are a better fit for their interests and goals. And, of course, we always leave the door open for organizations to return if they decide they are interested in activities that are a fit for the center.

Start small and grow. We have observed that prevention activities have a tendency to spread among ministries and congregations as volunteers move into new roles and communities, and many of our faith-based partners expand their work after their grant-funded projects are completed. Unlike many other community organizations, congregations are often doing prevention work as an "add on," and will not require ongoing funding to keep the effort moving. This gives them the luxury of time and allows them to negotiate a pace that fits with their community's needs and comfort level. With this in mind, we encourage our faith-based partners to begin by focusing on smaller, manageable activities and give additional support to help them enhance their efforts as they succeed. As a result, our faith-based partners have adopted evidence-based approaches more fully and holistically than we or they originally planned. Instead of implementing "prevention programs" that target a specific group or provide specific activities within their congregation, many

of our faith-based partners eventually strive to change the culture of their congregations and neighborhoods.

The ASAP Center's approach to supporting the faith-based community is constantly evolving as we learn with and from our faith-based partners. Our faith-based work allows us to reach members of the community who are not served by more "traditional" grantee organizations. While there are some unique aspects to work with the faith community, we have come to believe that our faith-based partners are not at all dissimilar from our other community partners: they are caring, passionate, and dedicated to improving the lives of the people in their communities. We hope that other foundations will take our lessons learned and incorporate them into their work being done with the faith community. We look forward to philanthropy's continued work with this energized and engaging segment of the social infrastructure.

References

- ASSISTANCE FOR SUBSTANCE ABUSE PREVENTION CENTER. (2003). *Celebrating Our Community Strengths*. Cincinnati, OH: Author.
- FIRESHEETS, E. K., FRANCIS, M., BARNUM, A., & ROLF, L. (2012). Community-based prevention support: Using the interactive systems framework to facilitate grassroots evidence-based substance abuse prevention. *The American Journal of Community Psychology*. Retrieved July 1, 2012, from <http://dx.doi.org/10.1007/s10464-012-9506-x>
- HEALTH FOUNDATION OF GREATER CINCINNATI. (2006). *ASAP partner survey report*. Cincinnati, OH: Author.
- HEALTH FOUNDATION OF GREATER CINCINNATI. (2006). *Are we helping congregations address alcohol and other drug use? Results of the 2006 congregational Substance Abuse Team ministry survey*. Cincinnati, OH: Author.
- HEALTH FOUNDATION OF GREATER CINCINNATI. (2010). *Supporting community-based substance abuse prevention*. Cincinnati, OH: Author.
- PREVENTION RESEARCH INSTITUTE. (2008). *Lifestyle risk reduction model*. Retrieved March 5, 2012, from <http://www.primeforlife.org/homepage.cfm?CFID=661554&CFTOKEN=76234380>
- SEARCH INSTITUTE. (1997). *Development Assets Research*. Retrieved March 5, 2012, from <http://www.search-institute.org/research/assets>.
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