

Prevention Works!

Incorporating Faith-Based Organizations in Prevention Strategies

Program managers must seek the partnership of faith-based organizations in the design and implementation of comprehensive prevention strategies that effectively meet the needs of a community. By incorporating a spiritual dimension, successful strategies can draw on the strength and influence of faith-based organizations to address problems associated with substance abuse.

The impact of spirituality in alcoholism and drug abuse prevention has been well documented. In particular, research conducted by Dr. Herbert Benson at Harvard Medical School has shown a direct correlation between religious practices and health status, both physical and mental (*Faith & Healing*, Summer 1996).

Guidelines for Strategic Development

What does it take for a faith community/public health partnership to work? According to Dr. David Satcher, U.S. Surgeon General, "It takes mutual trust, respect, and cooperative training/sharing concepts about medicine and about living." Building on existing links between the faith and health communities, prevention practitioners must look for partners among faith communities at the denominational, clergy, and lay levels.

At the 1998 conference, *Strengthening Parent Support Systems: An Interfaith Approach*, the Reverend Dr. James Shopshire of Wesley Theological Seminary offered a five-step approach for involving faith communities in substance abuse efforts:

1. Cultivate regional and national partnerships between denominations and Federal agencies. Programs such as the Robert Wood Johnson Foundation's Project Neighborhood bring together health care providers, educators, economists, and law enforcement personnel to collaborate on solutions to problems associated with substance abuse.
2. Facilitate interfaith coalitions for drug abuse prevention among parenting, religious, and other groups. The Center for the Application of Prevention Technologies (CAPT), Faith Partners, and the Johnson Institute Foundation are sponsoring a 3-year demonstration project called Congregational Teams. This program is aimed at informing, strengthening, and mobilizing congregational leadership and religious networks to prevent substance abuse in Minneapolis-St Paul, Minnesota, and Austin, Texas.
3. Form geographic clusters that facilitate crossing denominational and racial/ethnic barriers. The Alameda County Health/Faith Initiative in San Francisco, for example, brings together diverse religious institutions, community resources, and larger health and social service systems to enhance the scope of public health efforts in the African-American and Latino communities.
4. Organize groups to participate in monitoring substance abuse policy and enforcement in the community and in society. Health-faith partnerships can have an impact at every level in a community, including policymaking and law enforcement. Prevention activities that involve policy awareness can help mobilize and guide community efforts.
5. Develop support groups among parents who are struggling and who need help with parenting. As the foundation of the family and the role models for youth, parents strongly influence both the positive and negative behaviors of their children. Parents who do not have adequate parenting skills need help to acquire the appropriate education and training. Parents who rely on faith as a foundation for parenting skills may find support at religious functions or in church-related community functions. By focusing efforts on parenting skills, programs such as the National Families in Action directly affect the lives of children.

Sources

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