Religiosity – seen as attending religious services or being brought up in an observant home – has been shown in a large number of studies to be associated with better health outcomes. But little research has been conducted to test the effectiveness of what has been termed intentional or programmatic religion – the engagement of religious groups and aspects of faith in services intended to resolve social problems. The few studies that have been done on faith-based social services typically do not cover enough organizations to support quantitative analysis, and they focus on small geographic areas and narrow services.

These studies also generally neglect to control for differences in who providers serve and how; for variation in the economic and governmental contexts in which they operate; and for the separate effects of individual religiosity and programmatic religion, all of which may affect results. No comparative study has examined how changes in organizational effectiveness relate to the many ways in which faith may affect service providers. In short, hard evidence has been lacking that would enable policymakers to know what’s at stake in deciding whether to make human service systems more, or less, accessible to faith-based organizations (FBOs) – a topic of considerable debate in policy and legal circles.

A religious connection may interact with many aspects of service organizations. Religion may influence the leaders and staff organizations recruit, the people they serve, their location and connection with the community, and the ways in which they deliver services. To understand the influence of faith on organizational effectiveness, we need to trace how faith affects organizational activities or capacities, and how these alter effectiveness. Because the research to date has so little to say about how faith influences organizational effectiveness, it is critical to design a study that uncovers these connections between faith, organizational behavior, and service effectiveness.

The purpose of the Roundtable’s comparative effectiveness study is to understand whether and in what ways faith-based social service organizations make contributions to human service systems. Whom do they serve? What services do they provide? How well do they perform their services? Does their performance differ, and in what ways, from that of secular organizations attempting to solve similar client problems?

The Roundtable study is using a variety of methodologies to assess the roles performed by secular and faith-based social service providers, as well as their effectiveness, in providing social services to troubled individuals. We are examining the many ways in which religion and religious institutions have been involved in these selected service programs. We are also comparing how providers that have religious affiliations or incorporate religious affiliations differ from other service providers in terms of their professionalism; organizational size, capacity, and growth; types of services provided (i.e., other than their religious elements); sources of funding; connections with communities; interactions with clients and their families; types of persons served; and many other aspects of the service organizations’ activities, resources, and roles.

Based on this extensive field research—which includes intensive surveys of service organizations
and clients—a taxonomy of service programs is being developed with respect to the roles performed by religion and religious institutions in their operations and their interactions with clients. The resulting taxonomy of service organizations is then being used to structure a clinical trial designed to estimate the relative effectiveness of selected service providers from each of the major types of faith-based and secular providers. Program effectiveness in the clinical trial is being measured by standard indicators of desired program outcomes for clients. By measuring outcomes of clients involved in the clinical trial, the study will be able to estimate in a rigorous manner the impact of using different types of faith-based service providers compared to secular providers. A report on the results of the clinical trial is expected to be released in early 2008.