

The Effectiveness and Trustworthiness of Faith-Based and Other Service Organizations: A Study of Recipients' Perceptions

ROBERT WUTHNOW
CONRAD HACKETT
BECKY YANG HSU

Drawing on a new community study of more than 2,000 residents of low-income neighborhoods, we examine information about the kinds of service organizations respondents have contacted for assistance and the perceptions of these respondents about the effectiveness and trustworthiness of those organizations. We compare contact with and perceptions of faith-based organizations, nonsectarian organizations, government agencies, hospitals, and churches and employ a method that takes account of respondents' varying portfolios of service providers. The results indicate that the recipients of faith-based organizations resemble those of the public welfare department in the extent of financial need and scope of family problems, and differ significantly from recipients of help from congregations. The results also indicate that recipients' evaluations of the effectiveness and trustworthiness of their portfolio of service organizations are lower when they have sought assistance from public welfare agencies and higher when they have sought assistance from congregations, but are not significantly affected by having contacted faith-based or nonsectarian organizations.

Considerable interest in faith-based organizations (FBOs) that provide social services to the needy in their communities has been generated since passage of the charitable choice provision of the 1996 welfare reform legislation and in conjunction with the formation of the Health and Human Services Center for Faith-Based and Community Initiatives under the Bush Administration (Cnaan 1999; Diulio 2002; Pipes and Ebaugh 2002; Chaves 1999). Proponents of government funding for FBOs argue that these organizations play a special role in the provision of community services and should therefore be encouraged. As President Bush observed: "Charities and faith-based groups fill needs that no welfare system, no matter how well designed, can possibly fill . . . In times of personal crisis, people do not need the rules of a bureaucracy; they need the help of a neighbor" (2002). Yet, in view of tax dollars being devoted to government programs that in turn provide support to FBOs, questions have been raised about the relative effectiveness of FBOs compared with public or nonsectarian organizations (NSOs). A major foundation-funded effort has been initiated to monitor research on these and related questions. However, relatively little research thus far has sought to examine the effectiveness of FBOs.

The few attempts that have been made to assess the effectiveness of FBOs have focused either on specific organizations already presumed to be particularly effective or on specific outcomes that are easily measurable, such as recidivism or responses to drug treatment. For instance, Berrien, McRoberts, and Winship (2000) examined the Ten Point Coalition in Boston during a period when crime statistics fell and argued that there were features of the coalition of clergy and police that made it a likely contributor to the decline (see also Orr et al. 1994; Winship forthcoming). A more quantitative approach is illustrated by Desmond and Maddux (1981), who studied heroin

Robert Wuthnow is the Gerhard R. Andlinger '52 Professor of Sociology and Director of the Center for the Study of Religion at Princeton University, Wallace Hall, Princeton University, Princeton, NJ 08544. E-mail: wuthnow@princeton.edu
Conrad Hackett is a graduate student in sociology at Princeton University, Wallace Hall, Princeton University, Princeton, NJ 08544. E-mail: chackett@princeton.edu
Becky Yang Hsu is a graduate student in sociology at Princeton University, Wallace Hall, Princeton University, Princeton, NJ 08544. E-mail: byang@princeton.edu

addicts in San Antonio and concluded that those who participated in religious programs recovered more often than those in conventional treatment or correctional facilities (see also Richard, Bell, and Carlson 2000; Barrett, Simpson, and Lehman 1988). Similarly, Johnson, Larson, and Pitts (1997) have suggested positive effects of religious programming on recidivism among former inmates. The review of the literature on FBO effectiveness by Johnson, Thompkins, and Webb (2002) concurs that the research thus far has been limited in scope.

However, the question of service agency effectiveness is more complicated than is sometimes recognized. One of the leading arguments in the nonprofit organizations literature suggests that nonprofits exist particularly to provide services that cannot be easily or economically measured: aesthetic appreciation provided by arts organizations, worship provided by religious organizations, and love and companionship provided in nursing homes are examples (Weisbrod 1988). From this perspective, a readily measured outcome, such as recidivism among juvenile delinquents or successful recovery from surgery, may be more atypical than typical. What the typical service agency provides is likely to be more complex and difficult to measure, such as emotional and spiritual support, reassurance, information about parenting and child rearing, or helpful referrals to other agencies. Another complication is that studies purporting to measure the effectiveness of FBOs must carefully consider which comparison groups are at issue and whether selection factors may introduce biases among the recipients seeking assistance from different kinds of organizations. Although random assignment of subjects to different programs is a logical solution to this problem, it is not one that can be accomplished for most kinds of service needs in real life. Yet another complication is that people in need of assistance are likely to have multiple needs and for this reason seek help from multiple organizations, relying as it were on a portfolio of service suppliers just as they do on income packaging to meet their economic needs (Anderson-Khleif 1978; Duncan 1984; Harris 1993, 1996; Knox and Bane 1994; Edin and Lein 1997). Thus, measures of the effectiveness of one kind of organization must take into account the full portfolio of organizations from which recipients may be obtaining assistance.

Our approach addresses these methodological considerations by focusing on how recipients of service organizations view their experiences with these organizations. Specifically, we take into account the factors that influence the kinds of organizations from which recipients seek assistance and then examine recipients' perceptions of the effectiveness of the organizations from which they have sought assistance. We also examine recipients' perceptions of the trustworthiness of the people they dealt with at these organizations. We resolve the problem of comparison groups by soliciting information from people who sought assistance from different kinds of organizations and from people living in the same neighborhoods who did not seek assistance from any service organization. Finally, our approach handles the matter of people seeking help from multiple organizations by asking respondents to rate the effectiveness and trustworthiness of all the organizations from which they sought assistance and by including these responses in our analysis of the data.

We begin by noting that studies of care giving have paid relatively little attention to recipients, whereas extensive research has been devoted to the motives and backgrounds of volunteers and other caregivers, including the role of religion in these motives and backgrounds (Cnaan 2002; Park and Smith 2000; Musick, Wilson, and Bynum 2000; Rotolo 2000; Piliavin and Charng 1990; Smith 1994; Monsma 1996; Wineburg 1993). Despite researchers' interest in congregations as caregivers, relatively little attention has been paid to the recipients of this care giving (Uslaner 2002a; Chaves 2001; Hodgkinson et al. 1993). Several studies have nevertheless emphasized the importance of considering the perceptions of recipients of care giving. For instance, Ben-Sira (1980) examined the correlates of patients' evaluations of physicians' services in psychosomatic terms and Greenley and Schoenheer (1981) studied organizational factors affecting clients' satisfaction with human services organizations. We believe recipient evaluations are of particular importance because there is evidence that perceptions alter the real outcomes in health (Price and Leaver 2002), mortality (Phillips and King 1988), and in neighborhood disorder (Jang and

Johnson 2001). Some writing argues that recipients' perceptions may be influenced by the religious identity of care-giving organizations (Cnaan 1999), but little research has been done to substantiate this claim and some qualitative research suggests that recipients' perceptions of FBOs may not be as positive as might be expected (Snow and Anderson 1987).

We regard recipients' evaluations of the effectiveness of service organizations as a function of both personal characteristics and the characteristics of organizations. We hypothesize that a number of personal characteristics of potential recipients need to be considered because they influence the likelihood of seeking assistance in the first place and of seeking assistance from particular kinds of organizations. Many of these hypotheses are straightforward. For instance, we hypothesize that among people with lower incomes, those with the lowest incomes will be more likely to seek assistance than people with moderate incomes, and we hypothesize that women and lower-income families with children will be more likely than men or families without children to seek assistance because of the special needs of single-parent (generally mother-only) families. We also hypothesize that people who have informal sources of support (from family members, friends, and neighbors) will be less likely to seek assistance than those without such sources. We further hypothesize that people who mention a greater number of needs or problems (such as being out of work, unable to pay bills, or experiencing emotional depression) will be more likely to seek assistance than those with fewer problems. As for seeking help from particular kinds of agencies, we hypothesize that church involvement will be one of the main reasons for people seeking help from FBOs or directly from congregations instead of from NSOs or public agencies and, to the extent that this is the case, we are especially interested in the comparison between FBOs and congregations since one of the criticisms of government funding for FBOs is that FBOs may serve only a church clientele rather than the larger community (Smith and Sosin 2001). We are also interested in this comparison because popular treatments of faith-based initiatives often fail to draw a clear distinction between specialized FBOs that are set up as separate 501(c)3 organizations to provide social services and the kinds of assistance that people may receive directly from congregations. In addition, we hypothesize that service seekers choose different kinds of organizations because of having different needs (e.g., spiritual, emotional, health, financial, and other needs). The factors that influence which kinds of organizations people seek assistance from are important to include, then, in models predicting effectiveness ratings. For instance, having financial problems may influence both the kind of organization from which one seeks help and the likelihood of feeling that one actually has obtained the desired assistance.

The organizational characteristics of interest for present purposes are whether the organization is faith based, nonsectarian, or public. We also include congregations and hospitals for additional comparisons. We distinguish between faith-based and nonsectarian organizations on the basis of whether the organization includes an explicit religious identity or goal in its mission, is under the auspices of a religious organization, and is regarded by its director as a faith-based organization. Following popular discussions, we hypothesize that seeking help from FBOs will be associated with more positive perceptions of effectiveness than seeking assistance from public service agencies, taking into account the characteristics that lead people to seek assistance in these ways. This hypothesis is consistent with arguments in discussions of charitable choice that suggest that recipients will have been able to exercise more discretion in their choice of FBOs than of public agencies and therefore will have been able to locate help that is more appropriate to their needs (Weissbourd 2000). This hypothesis, it should be noted, would predict that FBOs will not necessarily be evaluated more positively than NSOs. An alternative hypothesis would suggest that FBOs would also be evaluated more positively than NSOs because of special advantages associated with religious beliefs and practices, such as prayer or providing spiritual counseling and referrals to churches.

Besides effectiveness, we also focus on recipients' perceptions of the trustworthiness of the people they had dealings with at service organizations. Previous research has shown that trust is an important form of social capital and that levels of trust are generally lower in low-income

communities than in middle-class communities (Uslaner 2002b; Putnam 2000). Some research has also suggested the importance of examining trust in the context of relationships between caregivers and recipients (Hillman 1998). If trust is reinforced by service agencies, it may encourage people to conform to the expectations of the service agencies, to seek assistance again when they need it, and possibly to feel more confident about themselves (Tyler and Degoe 1996). We hypothesize that FBOs may be more likely than other kinds of service organizations to be perceived as trustworthy because of such norms as honesty, compassion, altruism, and personalized care being associated with religious teachings (McAllister 1995; Ilchman, Katz, and Queen 1998). Following the literature on social bonding and interpersonal communication, we hypothesize that seeking assistance from congregations would more likely be associated with higher trust scores than seeking assistance from FBOs because congregations generate more informal bonding and communication (Ellison and George 1994; Molm, Takahashi, and Peterson 2000; Schoenbach et al. 1986). An alternative hypothesis suggests that seeking assistance from FBOs and congregations would be less likely to encourage favorable perceptions of trustworthiness than seeking assistance from hospitals or public welfare agencies at least insofar as perceptions of trustworthiness are elevated by dealing with professionally trained service providers, such as doctors and social workers, rather than volunteers who might be more common at FBOs and congregations.

Our geographically focused survey examines the links between religious involvement and social services, aiming to fill a methodological gap in the literature on low-income communities. Many studies on low-income populations use either national-level statistics (Bianchi 1999; McLanahan 1985; Lichter, McLaughlin, and Ribar 1997; Moffitt 1992; Winkler 1994), ethnographies (Furstenberg 1993; MacLeod 1987; Rossi and Wright 1993), or focus on a large metropolitan area (Wilson 1987; Testa et al. 1993). In contrast, fewer studies concentrate on mid-sized urban areas, as we do, where populations are growing at a faster rate than larger metropolitan areas in the United States (U.S. Census Bureau, Census 2000 Brief).

In sum, the central questions guiding our analysis are: What factors lead people to seek assistance from the various kinds of service organizations? What factors lead recipients to evaluate the effectiveness of some organizations higher than the effectiveness of others? And what factors are associated with recipients regarding the personnel of some service organizations as more trustworthy than the personnel of other organizations?

DATA AND METHODS

We analyze data from the Lehigh Valley Trust Survey, which was conducted between January 16 and March 20, 2002, among 2,077 respondents in the Lehigh Valley in northeastern Pennsylvania. The objective of the survey was to obtain information from a representative sample of lower-income residents in a sufficiently concentrated geographic area so that contacts with specific service agencies could be examined. To achieve this objective, the target population was defined as the 15 inner-city Census tracts with the lowest median household incomes according to the 1990 U.S. Census (tract-level data from the 2000 Census were not available at the time of the study). The population, consisting of Tracts 4, 5, 8, 9, 10, 11, 13, 18, and 19 from Lehigh County and Tracts 105, 109, 110, 112, 113, and 143 from Northampton County, included 50,773 persons living in 18,819 households. Median 1989 household income was \$18,819, 17.9 percent were receiving public assistance, 10 percent were unemployed, 8 percent were African American, and 28 percent were Hispanic. The field research was conducted by Schulman, Ronca, and Bucuvalas Inc., a Manhattan-based survey research organization, which conducted interviews in Spanish as well as in English. Households with listed telephone numbers were contacted and the "last birthday" method was used for random selection of adult respondents age 18 and over within each household. Up to 13 callbacks were made to reach households, a screening procedure was used to delete nonhousehold numbers and respondents no longer living in the designated Census tracts, and a \$5 incentive was provided. The response was 48.6 percent. The interviews averaged

21 minutes in length and included questions about personal and household needs, types of assistance sought, organizations contacted for assistance, ratings of the trustworthiness and effectiveness of these organizations, preferences for and attitudes toward kinds of service providers, community involvement, religion, and standard demographic variables. Characteristics of respondents indicate the extent to which they were economically disadvantaged compared to the population of the Lehigh Valley as a whole. For instance, median family income of those surveyed was \$26,364, compared with \$49,848 for the larger MSA; the unemployment rate was 9.2 percent, compared with 4.6 percent; the percentage with incomes below the poverty line was 36.4 percent, compared with 9.5 percent; and the proportion of households with children that were headed by single parents was 46.8 percent, compared with 25.4 percent.¹

The Lehigh Valley was selected as part of a national study of community organizations initiated in 1995 when qualitative interviews with directors of approximately a dozen service agencies in the area and an equal number of recipients were completed. Further interviews with agency directors were conducted in 1997 and in 1999, at which time interviews were also conducted with a random sample of clergy in the area. With a total population of 616,000, the Lehigh Valley is the fourth largest metropolitan area in Pennsylvania (after Philadelphia, Pittsburgh, and Scranton) and similar in size to approximately 50 other medium-sized cities, including Austin, Charlotte, Gary, El Paso, Mobile, Omaha, and Syracuse. The Lehigh Valley thus provides opportunities to examine service delivery under circumstances that have not been present in most previous studies: unlike large metropolitan areas, the community includes a relatively self-contained system of service provision that makes it possible to examine contacts between lower-income residents and specific service organizations and, judging from interviews with agency directors and recipients, this system of agencies has done reasonably well overall in meeting the service needs of the community. The Lehigh Valley study also permits comparisons to be made among recipients and nonrecipients of a variety of service organizations, unlike studies concerned only with recipients of public welfare (Friedlander and Hamilton 1996; Harris 1996).

At the time of the survey, there were 25 service organizations that provided nearly all the social services to low-income residents of the Lehigh Valley. One of these was a government agency (public welfare department), two were hospitals, 11 were FBOs, and 11 were NSOs. The classification of organizations into these categories was based on interviews with agency directors. The FBOs and NSOs included local branches of well-known national agencies and smaller organizations concerned with the needs of specific neighborhoods. Both categories included large and small organizations. The average number of respondents who had sought assistance from each FBO was 44 and from each NSO was 68, whereas the average number of respondents who had sought assistance from each hospital was 410 and from the public welfare department was 415. For each of the 25 organizations, respondents were asked: "Please tell me if you or someone in your household contacted it for assistance during the past two years." In those instances where the organization had more than one location, respondents were asked to indicate the location at which they had sought assistance. At the end of the list, respondents were also asked to indicate if they had sought assistance from any other service organizations in the community and if they had "been in contact with a religious organization in the area, such as a church, synagogue, mosque, or temple, for assistance in the past two years."²

For each organization that a respondent indicated having contacted for assistance, the respondent was then asked: "How would you rate (name of organization) in terms of its effectiveness in meeting your needs—would you give it a grade of A, B, C, D, or F for its effectiveness?" and "Thinking about the people you dealt with at (name of organization), did you feel you could trust them a lot, some, only a little, or not at all?" Thus, for both questions, respondents were free to think about effectiveness and trust in their own ways. To take consideration of the fact that respondents typically had sought assistance from more than one organization (the mean among the 1,157 respondents who had sought assistance was 2.5), we computed the mean effectiveness score and the mean trust score for each respondent who had sought assistance from any

organization. These scores serve as the main dependent variables in the analysis after having examined the correlates of seeking assistance from different kinds of organizations.

The independent variables we examined include female, African American, and Hispanic (each treated as dummy variables), age in years, family income in thousand dollars, years of education, number of children in the household, and annual church attendance (calculated as total number of times per year). We also included a list of family problems that respondents or someone in their household might have experienced in the past two years: "being laid off from work or losing your job," "being seriously ill or hospitalized," "being in trouble with the police," "being the victim of a crime," "being seriously depressed," "having too little money to buy enough food," "falling behind in your rent or mortgage payments," "falling behind in your gas, electric, or phone bills," "having a problem with alcohol or drug abuse," or "some other serious problem, difficulty, or decision" (these items were treated both separately and combined into a four-point scale), and an index that gave respondents one point each for having been helped a lot when they may have faced problems or difficulties by "members of your extended family," "people in your neighborhood," and "friends from outside your neighborhood." In models for effectiveness and trust, we also include as a control variable the total number of organizations from which each respondent had sought assistance on grounds that a larger number might indicate a more successful search and therefore elevate effectiveness and trustworthiness scores or, alternatively, indicate a failed search and thus depress these scores. In models for mean trust scores, we included as controls items asking about generalized trust (a Likert-type statement, "Most people can be trusted"), self-trust ("I have a great deal of confidence in myself"), and local trust ("People in your neighborhood who you do not know well," ranging from "trust them a lot" to "trust them not at all"). Finally, in some models we included items asking respondents the type of assistance they had sought if they had been in contact with any service agency: "financial assistance, such as a loan, welfare, or assistance paying your bills," "food or shelter, such as groceries, meals, food stamps, or temporary housing," "legal assistance, such as with police matters, divorce, or child custody," "employment assistance, such as finding a job or job training," "medical assistance, such as medical treatment, finding a doctor, or transportation to the doctor," "emotional assistance, such as counseling, support, or help overcoming an addiction," "child-related assistance, such as day care, baby sitting, or tutoring," and "spiritual assistance, such as prayer, clergy visits, or religious instruction." In preliminary analyses of the data, we also examined measures of distance between each respondent's address and the address of each service organization (based on GIS data) and contextual data on Census tracts (such as median family income, poverty status, and ethnic composition), but these factors were not significant and thus are excluded from present consideration.

For the analysis, we calculated log-odds ratios from logistic regression models for the questions about contact with organizations, including separate models for having contacted any organization and for each of the four kinds of service organizations and for congregations. For mean effectiveness and mean trust scores, we computed ordinary least squares regression models differing in terms of how many of the independent variables were included. To determine if mean effectiveness and mean trust scores were affected by the kind of organizations the respondent had contacted, we included dummy variables for each of the four kinds of service organizations and for congregations. Thus, the principal test of whether FBOs differ from other organizations in terms of perceived effectiveness and perceived trustworthiness is whether having contacted the various kinds of organizations is significantly related to mean effectiveness and mean trust scores. Descriptive information on the variables used in the analysis is shown in Table 1.

RESULTS

The results in Table 2 show the characteristics of respondents that were associated with having contacted any service organizations and particular kinds of organizations for assistance in

TABLE 1
DESCRIPTIVE STATISTICS

	Mean	SD
<i>Independent Variables</i>		
Female	0.61	0.49
African American	0.08	0.27
Hispanic	0.27	0.44
Age	45.05	18.05
Income (thousands)	30.39	20.71
Education	12.63	2.90
Kids	0.78	1.14
Problems	1.10	1.07
Informal support	2.52	1.74
Church attendance	26.09	26.39
Agencies contacted	1.33	1.69
General trust	3.15	1.40
Local trust	1.16	1.09
Self-trust	1.36	0.74
Public welfare	0.20	0.40
Hospital	0.34	0.47
Congregation	0.12	0.33
Nonsectarian organization	0.22	0.42
Faith-based organization	0.16	0.36
Financial aid	0.16	0.36
Food/shelter aid	0.14	0.35
Legal aid	0.05	0.21
Job aid	0.11	0.31
Medical aid	0.23	0.42
Emotional aid	0.08	0.28
Child-related aid	0.06	0.23
Spiritual aid	0.13	0.34
Job problem	0.20	0.40
Medical problem	0.23	0.42
Police problem	0.04	0.20
Crime victim	0.09	0.28
Depression problem	0.21	0.41
Food problem	0.19	0.39
Rent/mortgage problem	0.12	0.32
Utilities problem	0.22	0.42
Alcohol/drug problem	0.04	0.21
Other serious problem	0.13	0.34
<i>Dependent Variables</i>		
Any agency contact	0.56	0.50
Public welfare	0.20	0.40
Hospital	0.34	0.47
Congregation	0.12	0.33
Nonsectarian organization	0.22	0.42
Faith-based organization	0.16	0.36
Mean effectiveness rating	3.14	0.87
Mean trust rating	3.38	0.72

TABLE 2
LOG-ODDS RATIOS FROM THE LOGISTIC REGRESSION OF VARIOUS TYPES
OF AGENCY CONTACT ON SELECTED INDEPENDENT VARIABLES

Independent Variable	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
	Any Contact	Public Welfare			Nonsectarian Organization	Faith-Based Organization
Female	0.132	0.449**	0.176 [†]	−0.038	0.196	0.169
African American	0.147	0.341	−0.244	−0.109	0.577**	0.707***
Hispanic	0.493***	0.675***	0.470***	−0.204	0.986***	0.330*
Age	−0.007*	−0.001	−0.002	−0.018***	0.000	0.000
Income	−0.007*	−0.044***	0.001	0.006	−0.010**	−0.025***
Education	0.040*	−0.048 [†]	0.024	0.105***	0.053*	0.041
Kids	0.222***	0.417***	0.029	0.132*	0.210***	0.291***
Problems	0.717***	0.729***	0.419***	0.537***	0.597***	0.625***
Informal support	0.087**	−0.011	0.115***	0.084*	0.023	0.073 [†]
Church attendance	0.006**	−0.005 [†]	0.004*	0.028***	0.002	0.008**
Constant	−1.272***	−1.509***	−2.020***	−4.597***	−3.230***	−3.337***
−2 log likelihood	2484	1532	2526	1333	1886	1525
Degrees of freedom	10	10	10	10	10	10
Nagelkerke <i>R</i> ²	0.217	0.365	0.088	0.180	0.213	0.215

N = 2077.

[†]*p* < 0.10; **p* < 0.05; ***p* < 0.01; ****p* < 0.001 (two-tailed tests).

the previous two years. Having sought assistance from any service organization was more common among Hispanics, younger people, those with lower family incomes, the better educated, those with a larger number of children, those with more family problems, those who had received more support from informal sources, and those who attended church more often. The fact that Hispanics were more likely to seek assistance is probably a local phenomenon associated with the sizable number of Hispanic immigrants to the community in recent years and the presence of two NSOs that focus specifically on the needs of this population. The positive relationship between education and seeking assistance is unexpected, but needs to be interpreted in light of the fact that income also has a significant effect in the model, which suggests that people with more cultural capital or information, net of income, are more likely to seek assistance. By far the strongest determinant of assistance-seeking behavior is the index measuring the number of family problems respondents have experienced. The positive relationship with having received assistance from informal sources is interesting. It suggests that informal support does not substitute for needing support from formal sources, but that seeking informal support probably indicates having experienced greater or more urgent need.

Having sought assistance from the public welfare department is positively associated with being female, Hispanic, and lower income, having more children, and having experienced more family problems. It is worth noting that the *R*² for having sought this kind of assistance is stronger than for any of the other kinds, suggesting that the factors that qualify people for public assistance are probably more clearly defined than those that encourage people to seek assistance from various kinds of nongovernmental agencies. Contacting hospitals for assistance is positively associated with being female (marginally significant) and being Hispanic, attending church more often, having more family problems, and having sought assistance from friends and neighbors. Contacting congregations for assistance is associated with being younger, having more education, having more children, having more family problems, receiving more informal assistance,

and attending church regularly. Contacting NSOs is associated with being African American, being Hispanic, having lower income, being better educated, having more children, and having more family problems. And contacting FBOs is associated with being African American, being Hispanic, having lower income, having more children, having more family problems, receiving more informal assistance (marginally significant), and attending church more often. Of the various factors, then, the index of family problems is the variable that most consistently predicts seeking assistance from each kind of service organization. Lower levels of income distinguish those who seek help from public welfare, NSOs, and FBOs from those who seek help from congregations and hospitals. Number of children is associated positively with seeking help from each kind of organization except hospitals.

Several of the findings about FBOs are worth underscoring. First, they do attract people who attend church more often, and this distinguishes them from NSOs; however, this relationship is not strong, and it is weak in comparison with the coefficient for congregations. In short, FBOs do not attract only those who are faithful churchgoers and they do not seem to be reaching the same kinds of recipients as churches. Second, FBOs appear to be about as likely to attract people with serious family problems as NSOs or the public welfare department (and somewhat more so than churches). Third, FBOs are about as likely as the public welfare department to draw people with low incomes and are notably more likely to do this than churches (or NSOs). Thus, it appears that FBOs are not merely catering to people who have fewer or less serious needs than those who go to government agencies. Finally, there appears to be some division of labor in the Lehigh Valley at least between NSOs, which appeal strongly to Hispanics, and FBOs, which appeal more distinctively to African Americans.

The models in Table 3 include the same dependent and independent variables as Table 2, but permit inspection of the ways different kinds of family problems may encourage people to seek assistance from the various kinds of agencies. The data show that seeking assistance from the public welfare department is most strongly associated with having job problems, food problems, utilities problems, and medical problems. Not surprisingly, medical problems are the strongest predictor of seeking assistance from hospitals, but depression and alcohol-related problems are also associated with seeking this kind of assistance. Seeking assistance from congregations is associated with having medical problems. Contacting NSOs for assistance is most strongly associated with job problems and utilities problems. And contacting FBOs is most associated with utilities problems, food problems, depression problems, medical problems, and job problems. In terms of their overall profile, then, FBOs are the kind of private organization that most closely resembles the public welfare department. The kinds of needs that cause people to seek help from FBOs also appear to be rather different from those encouraging people to contact congregations for assistance.

In Table 4, we see how the specific kinds of assistance that people have sought relate to the kinds of organizations from which they have sought assistance. The results are most easily made sense of by examining which kind of organization is the most strongly associated with each kind of need. For instance, seeking assistance from the public welfare department is most strongly associated with seeking financial assistance, followed by FBOs and NSOs. For food and shelter, the strongest associations are with public welfare, followed by NSOs and FBOs. None of the organizations are significantly associated with seeking legal aid. For aid in finding jobs, the strongest association is with NSOs (probably because one organization in particular specialized in this). Not surprisingly, hospitals are most closely associated with seeking medical assistance. Emotional assistance is most closely associated with seeking help from FBOs, followed by NSOs and hospitals; child-related assistance with FBOs; and spiritual aid with churches, followed by hospitals and FBOs. It is apparent from these results that FBOs differ fairly dramatically from churches: whereas seeking assistance from churches is associated only with seeking spiritual assistance, FBOs are associated with seeking financial assistance, food and shelter, emotional help, and child-related assistance as well. The R^2 for public welfare is again highest, suggesting that public welfare agencies specialize rather strongly in drawing people with financial needs and

TABLE 3
LOG-ODDS RATIOS FROM THE LOGISTIC REGRESSION OF VARIOUS TYPES
OF AGENCY CONTACT ON SELECTED INDEPENDENT VARIABLES INCLUDING
HOUSEHOLD PROBLEMS

Independent Variable	Model 1	Model 2	Model 3 Hospital	Model 4 Congregation	Model 5	Model 6
	Any Contact	Public Welfare			Nonsectarian Organization	Faith-Based Organization
Female	0.114	0.412**	0.162	−0.013	0.184	0.155
African American	0.137	0.341	−0.203	−0.132	0.532**	0.702***
Hispanic	0.548***	0.717***	0.590***	−0.117	0.991***	0.354*
Age	−0.009**	−0.001	−0.008*	−0.018***	0.002	0.001
Income	−0.006*	−0.040***	0.000	0.007†	−0.008*	−0.023***
Education	0.040*	−0.048†	0.024	0.103***	0.049*	0.041
Kids	0.230***	0.427***	0.057	0.148*	0.198***	0.300***
Informal support	0.074*	−0.002	0.101***	0.070†	0.023	0.077*
Church attendance	0.006**	−0.006*	0.003	0.027***	0.002	0.007**
Job problem	0.622***	0.710***	0.117	0.128	0.444**	0.365*
Medical problem	1.070***	0.510***	1.099***	0.496**	0.343*	0.406**
Police problem	0.525	−0.464	−0.018	0.502	0.091	0.049
Crime victim	0.133	−0.042	0.057	−0.070	0.337†	0.238
Depression problem	0.280*	0.330*	0.304*	0.217	0.298*	0.459**
Food problem	0.459**	0.709***	0.158	0.384†	0.252	0.456**
Rent/mortgage problem	−0.082	−0.157	0.047	0.104	0.235	0.085
Utilities problem	0.503**	0.637***	−0.173	0.164	0.703***	0.524**
Alcohol/drug problem	0.522†	0.254	0.584*	0.479	−0.051	0.459
Other serious problem	0.781***	0.777***	0.416**	0.692***	0.325†	0.413*
Constant	−1.090**	−1.445**	−1.704***	−4.366***	−3.158***	−3.324***
−2 log likelihood	2448	1497	2458	1328	1876	1507
Degrees of freedom	19	19	19	19	19	19
Nagelkerke <i>R</i> ²	0.237	0.386	0.130	0.185	0.219	0.228

N = 2077.
†*p* < 0.10; **p* < 0.05; ***p* < 0.01; ****p* < 0.001 (two-tailed tests).

in need of food and shelter. In contrast, FBOs and NSOs are more diverse in the kinds of needs that draw people to seek assistance from them.

Turning next to the results for effectiveness (shown in Table 5), we see in Model 1 that mean effectiveness scores tend to be lower among African Americans (marginally significant), higher among older people, higher among people with higher income, lower among people with more family problems, higher among people with informal sources of support, and higher among people who attend church more often. Mean effectiveness scores are unrelated to gender, being Hispanic, level of education, number of children, and the number of organizations from which assistance was sought. These results suggest that perceptions of effectiveness are most affected by one’s resources (especially income) and by the extent of one’s problems, that is, the harder a person’s problems are to address, the less likely that person is to say the organizations from which he or she sought assistance were effective. This of course makes sense and provides some reassurance about what we are measuring with the effectiveness ratings. It is also interesting that some of the other variables that influenced the likelihood of respondents seeking assistance do not affect the effectiveness ratings given by those who did in fact seek assistance. For instance,

TABLE 4
LOG-ODDS RATIOS FROM THE LOGISTIC REGRESSION OF VARIOUS TYPES
OF AGENCY CONTACT ON SELECTED INDEPENDENT VARIABLES INCLUDING
TYPE OF AID SOUGHT

Independent Variable	Model 1 Any Contact	Model 2 Public Welfare	Model 3 Hospital	Model 4 Congregation	Model 5 Nonsectarian Organization	Model 6 Faith-Based Organization
Female	−0.082	0.222	0.096	−0.089	0.031	−0.044
African American	−0.101	0.323	−0.469*	−0.168	0.543*	0.710**
Hispanic	0.244	0.639***	0.384**	−0.413*	0.928***	0.121
Age	−0.004	0.007	0.000	−0.023***	0.007	0.005
Income	−0.001	−0.023***	0.006†	0.008†	0.000	−0.014**
Education	0.019	−0.069*	−0.019	0.053†	0.036	0.021
Kids	0.092	0.283***	−0.073	0.106	0.100	0.182**
Problems	0.433***	0.355***	0.097†	0.287***	0.213**	0.246***
Informal support	0.049	−0.103*	0.081*	0.017	−0.029	0.014
Church attendance	0.009**	−0.011**	−0.001	0.021***	−0.003	0.002
Financial aid	10.107	1.620***	0.384*	0.047	0.603***	0.758***
Food/shelter aid	9.634	2.319***	−0.465*	−0.154	1.168***	1.037***
Legal aid	9.934	−0.147	0.365	0.121	0.382	0.036
Job aid	10.756	−0.079	0.707***	−0.061	1.576***	0.389†
Medical aid	11.360	1.625***	1.880***	0.276	0.129	0.268
Emotional aid	9.974	−0.136	0.588**	0.441†	0.675**	0.689**
Child-related aid	9.531	0.189	0.259	−0.300	0.333	0.525*
Spiritual aid	10.585	−0.207	1.313***	2.078***	0.795***	1.054***
Constant	−1.835***	−2.295***	−1.762***	−3.519***	−3.503***	−3.370***
−2 log likelihood	1384	1046	2085	1160	1590	1311
Degrees of freedom	18	18	18	18	18	18
Nagelkerke R^2	0.679	0.619	0.336	0.319	0.388	0.363

$N = 2077$.

† $p < 0.10$; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$ (two-tailed tests).

Hispanics and those with more children were more likely to seek assistance, but neither group gave significantly higher or lower effectiveness ratings. And, while receiving informal assistance from friends and family was associated with a greater likelihood of seeking formal assistance, it is nevertheless associated with perceiving the formal assistance one did receive as more effective.

Model 2 in Table 5 shows the relationships between effectiveness scores and having sought assistance from various kinds of organizations. We see that having sought assistance from the public welfare department is associated with a significant reduction in mean effectiveness ratings, whereas having contacted a hospital or congregation is associated with a significant increase in mean effectiveness scores, and, relatively speaking, contact with FBOs and NSOs is associated with average effectiveness scores (i.e., no significant positive or negative relationship). As seen in Model 3, these relationships remain when the previously considered demographic variables are included in the equation.

Models 3 through 6 provide reassurance that these differences among kinds of organizations are not simply a function of the kinds of assistance for which recipients had sought help. These models also suggest that effectiveness ratings are most likely to be lowered by seeking financial aid or assistance with finding a job, whereas they are likely to be higher among people who had

TABLE 5
OLS REGRESSION OF RESPONDENTS' MEAN AGENCY EFFECTIVENESS
RATINGS ON SELECTED INDEPENDENT VARIABLES

Independent Variables	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
Female	0.018		0.033		0.018		0.022
African American	-0.162 [†]		-0.138		-0.131		-0.132
Hispanic	0.099		0.121 [†]		0.133*		0.097
Age	0.005**		0.005**		0.005**		0.005*
Income	0.004**		0.002		0.002		0.002
Education	0.002		-0.003		0.001		-0.001
Kids	0.019		0.032		0.025		0.025
Problems	-0.138***		-0.126***		-0.115***		
Informal support	0.097***		0.089***		0.087***		0.088***
Church attendance	0.002*		0.001		0.001		0.001
Agencies contacted	0.005		-0.042		-0.043		-0.042
Public welfare		-0.329***	-0.169*		-0.232**		-0.172*
Hospital		0.171**	0.177*		0.181*		0.185*
Congregation		0.234***	0.270***		0.297***		0.278***
Nonsectarian org.		-0.015	0.083		0.110		0.077
Faith-based org.		0.001	0.098		0.094		0.105
Financial aid				-0.234***	-0.114 [†]		
Food/shelter aid				-0.034	0.181*		
Legal aid				-0.193*	-0.103		
Job aid				-0.254***	-0.182**		
Medical aid				0.055	0.089		
Emotional aid				-0.011	-0.016		
Child-related aid				0.085	0.150 [†]		
Spiritual aid				0.173**	-0.056		
Job problem						-0.237***	-0.140*
Medical problem						-0.007	-0.057
Police problem						-0.129	-0.093
Crime victim						-0.168 [†]	-0.183*
Depression prob.						-0.137*	-0.115 [†]
Food problem						-0.053	-0.009
Rent/mortgage prob.						0.113	0.133 [†]
Utilities problem						-0.178*	-0.066
Alcohol/drug prob.						-0.028	-0.064
Other serious prob.						-0.194**	-0.174*
Constant	2.619***	3.114***	2.687***	3.212***	2.649***	3.356***	2.659***
Adj. <i>R</i> ²	0.112	0.057	0.135	0.040	0.149	0.060	0.138

N = 1030.

[†]*p* < 0.10; **p* < 0.05; ***p* < 0.01; ****p* < 0.001 (two-tailed tests).

sought spiritual assistance. Models 7 through 9 largely suggest the same conclusions, showing that the relationships for the various kinds of organizations remain significant when the various kinds of problems are included in the equations and that job problems, rent and utilities problems, and depression are associated with lower effectiveness ratings. In addition, being a victim of crime also appears to be associated with lower effectiveness ratings.

TABLE 6
OLS REGRESSION OF RESPONDENTS' MEAN AGENCY TRUST ON SELECTED
INDEPENDENT VARIABLES

Independent Variables	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
Female	0.030		0.036		0.024		0.030
African American	-0.192*		-0.180*		-0.168*		-0.170*
Hispanic	0.002		0.001		0.004		-0.009
Age	0.002		0.002		0.002		0.002
Income	0.000		-0.001		-0.001		-0.001
Education	0.014 [†]		0.012		0.016 [†]		0.013
Kids	-0.011		-0.004		-0.005		-0.006
Problems	-0.045*		-0.040 [†]		-0.031		
Informal support	0.056***		0.053***		0.051***		0.053***
Church attendance	0.001		0.001		0.001		0.001
Agencies contacted	-0.006		-0.028		-0.025		-0.029
General trust	0.044**	0.056***	0.042**	0.058***	0.043**	0.057***	0.043**
Local trust	0.115***	0.148***	0.117***	0.152***	0.119***	0.148***	0.118***
Self-trust	0.059*	0.054 [†]	0.057 [†]	0.065*	0.052 [†]	0.057 [†]	0.059*
Public welfare		-0.141**	-0.063		-0.131 [†]		-0.069
Hospital		0.088 [†]	0.098		0.108 [†]		0.099
Congregation		0.094 [†]	0.119 [†]		0.134 [†]		0.118 [†]
Nonsectarian org.		0.027	0.092		0.098		0.089
Faith-based org.		-0.068	-0.016		-0.030		-0.015
Financial aid				-0.107*	-0.041		
Food/shelter aid				0.067	0.188**		
Legal aid				-0.151*	-0.127 [†]		
Job aid				-0.141**	-0.119*		
Medical aid				0.015	0.021		
Emotional aid				-0.023	-0.040		
Child-related aid				-0.030	0.026		
Spiritual aid				0.075	-0.019		
Job problem						-0.166**	-0.112*
Medical problem						0.024	-0.001
Police problem						-0.158	-0.115
Crime victim						-0.090	-0.111
Depression problem						-0.034	-0.020
Food problem						-0.079	-0.054
Rent/mortgage problem						0.035	0.042
Utilities problem						0.007	0.066
Alcohol/drug problem						0.075	0.069
Other serious problem						-0.038	-0.033
Constant	2.706***	2.963***	2.721***	2.990***	2.689***	3.051***	2.719***
Adj. R^2	0.122	0.103	0.128	0.099	0.137	0.101	0.128

$N = 1019$.

[†] $p < 0.10$; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$ (two-tailed tests).

Table 6 presents the results for mean trust scores examined in relation to the same sets of variables as for mean effectiveness scores, but also including measures of generalized trust, local trust, and self-trust. Model 1 shows that being African American is associated with giving lower mean trust scores, as is having a greater number of family problems. Level of education is

marginally related to giving higher trust scores. Having received informal assistance from friends and family is associated with higher trust scores, as is each of the broader measures of trust.

In Model 2, which includes the broader measures of trust, having sought assistance from the public welfare department is associated with lower mean trust ratings, and having sought assistance from a hospital or church is marginally associated with higher trust ratings. In Model 3, though, it appears that these differences in mean trust ratings are largely a function of other factors, especially being African American and having received assistance from friends and family. Models 4 through 6 show that mean trust scores vary only slightly with having sought different kinds of assistance, and the same is true in Models 7 through 9 when different kinds of problems are examined. Having sought financial aid and having had job-related problems appear to be associated with lower mean trust ratings, although these relationships are reduced when the demographic factors are included in the models.

DISCUSSION

These results provide some support for assertions in the literature suggesting that FBOs have a significant place to play in social service delivery, but suggest caution about other assertions. The arguments that gain greatest support are those suggesting that FBOs attract a diverse constituency of people with serious needs and that they play a positive role in addressing those needs. Our results show that the same kinds of needs that propel people to seek assistance from public welfare departments also encourage them to seek assistance from FBOs. These needs are more diverse than those that encourage people to seek help from congregations and, despite the fact that churchgoers are more likely to seek assistance from FBOs than people who attend religious services infrequently, church going is not strongly associated with who seeks assistance from FBOs. In addition, mean effectiveness and trustworthiness scores are relatively high for FBOs in comparison with those for the public welfare department, and seeking assistance from FBOs is not related to lower effectiveness scores as is the case with seeking assistance from public welfare. On the other hand, there is little support in these results for the hypothesis that FBOs may be more effective than NSOs, at least not in terms of how they are perceived by recipients.

Our results suggest that FBOs have a distinct role to play in service provision apart from that of congregations and, in this respect, raise considerations about the role of congregations. If churches do not serve the more acute needs that FBOs do, they nevertheless appear to play an indirect role in meeting the needs of lower-income residents. Insofar as financial and health problems raise spiritual and emotional needs, congregations play a role in addressing these needs. And, insofar as people include congregations in the portfolio of organizations from which they seek assistance, their perceptions of the effectiveness and trustworthiness of service organizations are likely to be more positive. Why this might be the case is suggested by the results for informal assistance. As the literature on social capital suggests, this kind of assistance appears to reassure people that human nature is good and provides networks that fill the gaps left by assistance received from formal organizations.

An interesting byproduct of this research is the information it provides about who seeks help from different kinds of service organizations and from congregations. An assumption about congregations that has been reinforced in recent years is that they focus heavily on providing food and shelter to the needy. Yet the evidence here suggests that the needs that most influence whether lower-income residents will seek help from churches are medical. This does not mean that people may not also have received food and shelter from churches, but these needs were more likely to have encouraged people to seek assistance from FBOs and NSOs than directly from churches. This is another finding that points to the importance of distinguishing between FBOs and churches in policy discussions about faith-based initiatives.

The results about perceptions of trustworthiness are mostly consistent with the findings of other studies, especially those that show lower levels of trust among African Americans and

persons with lower incomes and suggest a positive relationship between informal social support and trust, although the present results differ from other studies that suggested trust to be very positively affected by level of education. Perceptions of the trustworthiness of service providers do seem to be a function of the needs that lead people to seek assistance in the first place, judging from the fact that people with difficult-to-address economic and job-related needs gave lower mean trustworthiness scores to the organizations from which they sought assistance. The relationships among the various measures of trust are also interesting. They suggest that recipients of service organizations bring strong predispositions to trust or distrust these organizations that are rooted in generalized expectations about the trustworthiness of human nature and in more specific expectations about the trustworthiness of people in the neighborhood and self-trust. At the same time, these relationships suggest that experiences with service providers who are perceived as being trustworthy may also reinforce these broader expectations about trust. There is, however, no evidence in these data that FBOs are perceived as more trustworthy than other kinds of service organizations once the characteristics that lead people to seek assistance from different kinds of organizations are taken into account.

The results presented here are, of course, limited to one community. Even within this community substantial variation in the programs of local FBOS exists. This variation suggests that FBOs in other communities may function differently. We believe the information provided by clients and potential clients is valuable as *one* measure of agency effectiveness, but we recognize that “objective” measures of effectiveness (such as recidivism and drug recovery rates, school performance, job skills, and medical outcomes) are also desirable.

Further research is needed to see if our results hold for other communities and for other portfolios of service agencies. In such research, it appears valuable to elicit the responses from the recipients of these agencies and to consider the fact that they seek assistance from multiple sources. We especially encourage researchers to pay greater attention to recipients in future research, since many studies have examined the relationships between religion and care giving and volunteering, but hardly any have bothered to obtain information from recipients. The effectiveness of FBOs also needs to be examined, taking into consideration the diverse needs they address and by making comparisons with other kinds of organizations. Further research is needed to determine if some FBOs outperform secular service agencies (and, if so, why) or if the norm is for FBOs to adopt professional styles of service delivery that are largely indistinguishable from those of secular organizations.

NOTES

1. The sample was drawn from prelisted telephone numbers within each Census tract (91 percent of households had telephones), rather than through random-digit dialing, which increased the likelihood of finding working residential numbers; the 13-callback design involved four more callbacks than in most national surveys; and the \$5 incentive contributed both to an increased response rate and obtaining addresses for most households, which were then linked to GIS data to examine whether distance had a significant effect on respondents' choices of service agencies (it did not). The racial and ethnic composition of the sample closely resembled that of the Census data. Median household incomes in the sample were approximately 10 percent higher than would have been estimated from the Census data. It should also be emphasized that the sample did not include institutionalized persons.
2. We asked respondents who said they had contacted a congregation for assistance to provide the name and address of the congregation; within the time constraints of the interview, we were not able to obtain more detailed information about the congregations, such as size or exact denominational affiliation.

REFERENCES

- Anderson-Khleif, S. 1978. *Income packaging and lifestyle in welfare families*. Rep. Family Policy Note 7. Cambridge, MA: Joint Center for Urban Studies for MIT and Harvard University.
- Barrett, M. E., D. Simpson, and W. Lehman. 1988. Behavioral changes of adolescents in drug abuse intervention programs. *Journal of Clinical Psychology* 44:461–73.

- Ben-Sira, Z. 1980. Affective and instrumental components in the physician-patient relationship: An additional dimension of interaction theory. *Journal of Health and Social Behavior* 21:170–80.
- Berrien, J., O. McRoberts, and C. Winship. 2000. Religion and the Boston miracle: The effect of black ministry on youth violence. In *Who will provide? The changing role of religion in American social welfare*, edited by M. J. Bane, B. Coffin, and R. Thiemann, pp. 266–85. Boulder, CO: Westview Press.
- Bianchi, S. 1999. Feminization and juvenilization of poverty: Trends, relative risks, causes, and consequences. *Annual Review of Sociology* 25:307–33.
- Bush, G. W. 2002. *Remarks on the welfare reform agenda*, pp. 295–329. Washington, DC: Weekly Compilation of Presidential Documents.
- Chaves, M. 1999. Religious congregations and welfare reform: Who will take advantage of “charitable choice”? *American Sociological Review* 64:836–46.
- . 2001. Religious congregations and welfare reform. *Society* 38:21–27.
- Cnaan, R. 1999. *The newer deal: Social work and religion in partnership*. New York: Columbia University Press.
- . 2002. *The invisible caring hand: American congregations and the provision of welfare*. New York: New York University Press.
- Desmond, D. and J. Maddux. 1981. Religious programs and careers of chronic heroin users. *American Journal of Drug and Alcohol Abuse* 8:71–83.
- Duncan, G. J. 1984. *Years of poverty, years of plenty: The changing economic fortunes of American workers and families*. Ann Arbor, MI: Survey Research Center Institute for Social Research University of Michigan.
- Edin, K. and L. Lein. 1997. *Making ends meet: How single mothers survive welfare and low-wage work*. New York: Russell Sage Foundation.
- Ellison, C. and L. George. 1994. Religious involvement, social ties, and social support in a Southeastern community. *Journal for the Scientific Study of Religion* 33:46–61.
- Furstenberg, F. 1993. How families manage risk and opportunity in dangerous neighborhoods. In *Sociology and the public agenda*, edited by W. J. Wilson, pp. 231–358. Newbury Park, CA: Sage Publications.
- Greenley, J. and R. Schoenherr. 1981. Organization effects on client satisfaction with humaneness of service. *Journal of Health and Social Behavior* 22:2–18.
- Harris, K. M. 1993. Work and welfare among single mothers in poverty. *American Journal of Sociology* 99:317–52.
- . 1996. Life after welfare: Women, work, and repeat dependency. *American Sociological Review* 61:407–26.
- Hillman, A. 1998. Mediators of patient trust. *Journal of the American Medical Association* 280:1703–04.
- Hodgkinson, V., M. Weitzman, A. Kirsch, S. Noga, and H. Gorski. 1993. *From belief to commitment: The community service activities and finances of religious congregations in the United States. Findings from a national survey*. Washington, DC: Independent Sector.
- Ilchman, W., S. Katz, and E. Queen, II, editors. 1998. *Philanthropy in the world's traditions*. Indianapolis, IN: Indiana University Press.
- Jang, S. J. and B. Johnson. 2001. Neighborhood disorder, individual religiosity, and adolescent use of illicit drugs: A test of multilevel hypotheses. *Criminology* 39:109–43.
- Johnson, B., D. Larson, and T. Pitts. 1997. Religious programming, institutional adjustment and recidivism among former inmates in prison fellowship programs. *Justice Quarterly* 14:145–66.
- Johnson, B., R. B. Tompkins, and D. Webb. 2002. *Objective hope: Assessing the effectiveness of faith-based organizations: A review of the literature*. Philadelphia, PA: Center for Research on Religion and Urban Civil Society at University of Pennsylvania.
- Knox, V. and M. J. Bane. 1994. Child support and schooling. In *Child support and child well-being*, edited by I. Garfinkel, S. McLanahan, and P. Robins, pp. 285–309. Washington, DC: Urban Institute Press.
- Lichter, D., D. McLaughlin, and D. Ribar. 1997. Welfare and the rise in female-headed families. *American Journal of Sociology* 103:112–43.
- MacLeod, J. 1987. *Ain't no makin' it: Leveled aspirations in a low-income neighborhood*. Boulder, CO: Westview Press.
- McAllister, D. 1995. Affect-and-cognition-based trust as foundations for interpersonal cooperation in organizations. *Academy of Management Journal* 38:24–59.
- McLanahan, S. 1985. Family structure and the reproduction of poverty. *American Journal of Sociology* 90:873–901.
- Moffitt, R. 1992. Incentive effects of the U.S. welfare system: A review. *Journal of Economic Literature* 30:1–61.
- Molm, L., N. Takahashi, and G. Peterson. 2000. Risk and trust in social exchange: An experimental test of a classical proposition. *American Journal of Sociology* 105:1396–1427.
- Monsma, S. V. 1996. *When sacred and secular mix: Religious nonprofit organizations and public money*. Lanham, MD: Rowman & Littlefield.
- Musick, M., J. Wilson, and W. Bynum. 2000. Race and formal volunteering: The differential effects of class and religion. *Social Forces* 61:1539–70.
- Orr, J., D. Miller, W. C. Roof, and J. G. Melton. 1994. *Politics of the spirit: Religion and multiethnicity in Los Angeles*. Los Angeles, CA: University of Southern California.

- Park, J. and C. Smith. 2000. "To whom much has been given . . .": Religious capital and community voluntarism among churchgoing protestants. *Journal for the Scientific Study of Religion* 39:272–86.
- Phillips, D. and E. King. 1988. Death takes a holiday: Mortality surrounding major social occasions. *Lancet*:728–32.
- Piliavin, J. A. and H.-W. Charng. 1990. Altruism: A review of recent theory and research. *Annual Review of Sociology* 16:27–65.
- Pipes, P. F. and H. R. Ebaugh. 2002. Faith-based coalitions, social services, and government funding. *Sociology of Religion* 63:49–68.
- Price, J. and L. Leaver. 2002. Beginning treatment. *British Medical Journal* 325:33–35.
- Putnam, R. D. 2000. *Bowling alone: The collapse and revival of American community*. New York: Simon & Schuster.
- Richard, A., D. Bell, and J. Carlson. 2000. Individual religiosity, moral community and drug user treatment. *Journal for the Scientific Study of Religion* 39:240–46.
- Rossi, P. and J. Wright. 1993. The urban homeless: A portrait of urban dislocation. In *The ghetto underclass: Social science perspectives*, edited by W. J. Wilson. Newbury Park, CA: Sage Publications.
- Rotolo, T. 2000. A time to join, a time to quit: The influence of life cycle transitions on voluntary association membership. *Social Forces* 78:1133–61.
- Schoenbach, V., B. Kaplan, L. Fredman, and D. Kleinbaum. 1986. Social ties and mortality in Evans County, Georgia. *American Journal of Epidemiology* 123:577–91.
- Smith, D. 1994. Determinants of voluntary association participation and volunteering. *Nonprofit and Voluntary Sector Quarterly* 23:243–63.
- Smith, S. and M. Sosin. 2001. The varieties of faith-related agencies. *Public Administration Review* 61:651–70.
- Snow, D. and L. Anderson. 1987. Identity work among the homeless: The verbal construction and avowal of personal identities. *American Journal of Sociology* 92:1336–71.
- Testa, M., N. M. Astone, M. Krogh, and K. Neckerman. 1993. Employment and marriage among inner-city fathers. In *The ghetto underclass: Social science perspectives*, edited by W. J. Wilson, pp. 79–91. Newbury Park, CA: Sage Publications.
- Tyler, T. and P. DeGoey. 1996. Trust in organizational authorities: The influence of motive attributions on willingness to accept decisions. In *Trust in organizations: Frontiers of theory and research*, edited by R. Kramer and T. Tyler, pp. 331–56. Thousand Oaks, CA: Sage Publications.
- Uslaner, E. 2002a. Religion and civic engagement in Canada and the United States. *Journal for the Scientific Study of Religion* 41:239–54.
- . 2002b. *The moral foundations of trust*. New York: Cambridge University Press.
- Weisbrod, B. A. 1988. *The nonprofit economy*. Cambridge, MA: Harvard University Press.
- Weissbourd, R. 2000. Beyond "villages": New community building strategies for disadvantaged families. In *Who will provide? The changing role of religion in American social welfare*, edited by M. J. Bane, B. Coffin, and R. Thiemann, pp. 219–37. Boulder, CO: Westview Press.
- Wilson, W. J. 1987. *The truly disadvantaged: The inner city, the underclass, and public policy*. Chicago, IL: University of Chicago Press.
- Wineburg, R. J. 1993. Social policy, community service development, and religious organizations. *Nonprofit Management and Leadership* 3:283–97.
- Winkler, A. 1994. The determinants of a mother's choice of family structure. *Population Research and Policy Review* 13:283–303.
- Winship, C. Forthcoming. End of a miracle? Crime, faith, and partnership in Boston in the 1990's. In *The public influence of black churches*, edited by R. D. Smith.