

Building Healthy Relationships

The Work of Local Grantees in Supporting Low-Income Married Couples



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Introduction

Family and child well-being is vital to the health of America's neighborhoods and communities. Recognizing this fact when reauthorizing the Temporary Assistance for Needy Families (TANF) program in 2005, Congress appropriated \$150 million to support demonstration programs in the areas of healthy marriage and responsible fatherhood. Managed by the Department of Health and Human Services' (HHS) Administration for Children and Families (ACF), these initiatives were designed to have a broad reach, including marriage and relationship education services for married and engaged couples.

In September 2006, ACF's Office of Family Assistance (OFA) provided five-year grant awards to state and community-based organizations to promote healthy marriage and responsible fatherhood. The healthy marriage programs focused on one or more of these eight allowable areas:

- Public advertising campaigns on the value of marriage and the skills needed to increase marital stability and health.
- Education in high schools on the value of marriage, relationship skills, and budgeting.
- Marriage education, marriage skills, and relationship skills programs that may include parenting skills, financial management, conflict resolution, and job and career advancement for non-married pregnant women and non-married expectant fathers.
- Pre-marital education and marriage skills training for engaged couples and for couples or persons interested in marriage.
- Marriage enhancement and marriage skills training programs for married couples.
- Divorce reduction programs that teach relationship skills.
- Marriage mentoring programs, which use married couples as role models and mentors in at-risk communities.
- Programs to reduce the disincentives to marriage in means-tested aid programs if offered in conjunction with any of the other seven activities.

Of the 116 healthy marriage grants funded under this initiative, 21 focused on marriage enhancement and skills training for married couples. These grantees primarily, though not exclusively, worked with low-income couples who, research shows, are less likely to sustain marriages and reap the benefits that marriage typically confers. Grantees were required to provide a minimum of eight hours of instruction. Of particular importance were primary skill areas such as: improved communication; trust; improved ability to resolve conflict; and strengthened commitment to increasing marital stability and satisfaction. Additionally, programs were to:

- Help couples apply the marriage skills they were taught;
- Encourage couples to maintain strong attendance so they could complete the program; and/or

- Offer opportunities for “booster” sessions or other methods to introduce new information, reinforce information previously provided, and provide opportunities for additional support (U.S. Department of Health and Human Services, 2006).

Once funded, grantees were to track and report on changes in a number of outcome areas aligned with the initiative’s original intentions and scope. These included improvements in healthy marriage skills (i.e., communication, conflict resolution, abuse prevention, budgeting/financial); improvements in attitudes toward marriage or commitment to marriage; and improvements in couples’ overall relationship with their partners.

This report provides a detailed snapshot of these grantees, the clients they served from 2006 through 2011, and the structure, curriculum, and characteristics of their programs. Across these topic areas, the report also examines the challenges encountered by grantees and the policies designed to overcome them. Where possible, the report also describes evaluation strategies and outcomes in critical areas to better assess the effect of these programs on individuals and families. Given the importance of stable families for economic success and child well-being, the work of these grantees can provide important insights for practitioners, researchers, and government agencies.

For this report, the OFA technical assistance (TA) team examined multiple data sources, including semi-annual progress reports of all 21 grantees. The TA team also requested additional information from all of the grantees, of which 14 responded. These grantees verified information from existing documents and provided additional information on demographics (e.g., race, ethnicity, age, employment, education, marital history), curriculum selection, recruitment methods, incentives to support recruitment and retention, challenges and barriers to successful implementation, use of supplemental family support services, program evaluation activities, and details on program activities (e.g., format, facilitation, languages spoken, professional staff development). In addition, five of these 14 grantees submitted more detailed information through information collected during the grant period. The purpose of this data request was to obtain information on outcomes in areas such as attitudes toward marriage, communication skills, conflict resolution skills, abuse prevention, budgeting and finance skills, and relationship improvement.

Overview of Grantees

OFA awarded grants to 21 organizations to provide marriage enhancement and skills training programs to low-income married couples from 2006 through 2011. These grantees spanned 14 states and exhibited many differences based on organizational size, range of services, and primary racial and ethnic group served. Four of these organizations were subsequently included in a demonstration project to rigorously test their programs using an experimental design with couples who were randomly assigned to program and control groups.¹

¹ The Office of Planning, Research and Evaluation funded the Supporting Healthy Marriage project, which is evaluating healthy marriage education and related services for lower-income married couples with children.

Table 1. List of Grantees

	Organization	Program Name	Location
1.	AVANCE-Corpus Christi	Healthy Marriage Program/Fortilacion Familia	Corpus Christi, TX
2.	Avance – Austin	AVANCE Healthy Marriage for Bastrop County	Austin, TX
3.	Avance – Houston	Healthy Marriage Demonstration Project	Houston, TX
4.	Catholic Charities	Marriage for Keeps	Wichita, KS
5.	Child Inc.	Healthy Marriage	Austin, TX
6.	Children's Aid Society in Clearfield County	Healthy Marriage Demonstration Grants	Clearfield, PA
7.	Community Services for Children, Inc.	GROWTH (Great Relationships Offer Ways to Happiness)	Allentown, PA
8.	COPEs(Council on Prevention and Education: Substances)	Jefferson County Healthy Marriage Initiative	Louisville, KY
9.	Cornerstone of Hope Church	Enriching Marriages in Indiana Project (EMIP)	Indianapolis, IN
10.	Creciendo Unidos/Growing Together	Healthy Marriage Demonstration for Married Low-income Hispanic Couples	Phoenix, AZ
11.	El Paso Center for Children	El Paso Healthy Marriage Initiative	El Paso, TX
12.	Family Service	Family Service Healthy Marriage Program	Lawrence, MA
13.	Fountain of Life International Ministries	Fountain of Life International Ministries Healthy Marriage for Low-Income Program	Miramar, FL
14.	Granato Counseling Services	FIT Relationships	McLean, VA
15.	Laugh Your Way America, LLC	Hispanic Multimedia Marriage Seminar	Stevens Point, WI
16.	National Association of Marriage Enhancement (NAME)	Hispanic Healthy Marriage Demonstration Project	Phoenix, AZ
17.	Northwest Marriage Institute	Healthy Marriage Demonstration Grant for the Northwest Marriage Institute	Vancouver, WA
18.	Nueva Esperanza	Marriages of Hope Project	Philadelphia, PA
19.	SGA Youth & Family Services	Family Smart	Chicago, IL
20.	University Behavioral Associates	Supporting Healthy Marriage Program	Bronx, NY
21.	University of Central Florida	Together Project (reporting on two different programs)	Orlando, FL

By early 2011, these grantees had served individuals for nearly five years. Reviewing their semi-annual reports for the period of October 2010 to March 2011, the data show many mature programs delivering services to couples and exhibiting at least moderate to significant success based on the high rate of program completion among participants. During this service period, for example, the grantees served 3,694 individuals, with 3,486 – or 94% – completing services. Programs served an average of 217 participants during the time, with 205 completing services. While these reports only reflected enrollments at mid-year, five of the grantees had already met their yearly targets by this reporting period. In addition, when asked to identify the total number of participants served since 2006, grantees reported serving 12,593 couples and 2,073 individuals.

Table 2: Descriptive Statistics, October 2010-March 2011²

Descriptive Statistic	Number Served (N=17)	Number Completed (N=17)
Total	3,694	3,486
Max	510	508
Min	48	14
Average	217	205
Median	174	155
Std. Dev.	161	165

In addition to descriptive information, grantees also reported on areas where participants were most likely to show progress as a result of participation. Among participants during this six-month period, 86% made progress on the topic of abuse prevention, while 83% achieved gains in communication skills. Elsewhere:

- 79% demonstrated gains in conflict resolution skills;
- 77% expressed greater satisfaction with their relationships; and
- 76% reported progress in their attitudes toward marriage.

This progress was typified by success stories and testimonials provided by participants. As one individual noted, “My wife and I would argue a lot before the program started – to the extreme. I would definitely recommend this program to any couple who has problems.” Another noted that a six-week class helpfully examined many issues that were potential obstacles to success.

“The 6-week classes have enlightened us to answer questions that we have wondered about for years but never had anyone to ask....Through these classes, we have discovered that having a thriving marriage is possible in these days, contrary to what we see and hear in society! It was an encouragement to be among couples who share the same relationship issues and are able to take the educational tools attained from the classes to enhance their relationship to new levels.”

Grantees said several factors were instrumental in their success, including staff training; staff participation in OFA-sponsored webinars and community events; creation of evaluation instruments; and developing and maintaining partners such as schools, community centers, domestic violence shelters, and family crisis centers. About half of grantees administered pre-

² Only 17 of the 21 grantees submitted PART data for this reporting period.

and post-test questionnaires to participants, while several conducted extensive post-workshop interviews with participants. All grantees provided domestic violence training to staff, and most had an agreement with a domestic violence prevention agency. Most grantees also said that they had active dissemination efforts through national and local staff presentations; radio, newspaper and newsletter advertisements; web-based marketing; and outreach through partner organizations.

Despite these successes, grantees reported continuing challenges. Some participants viewed jobs as a priority over workshop attendance, particularly in the current economy, while other grantees cited staff turnover, limited community resources and lack of participant transportation as challenges. In some cases, grantees said, couples expected the program to quickly resolve relationship issues when they instead required more time and effort. Several also said that their enrollment targets were too high and reported difficulty in locating meeting facilities due to budget cuts. These agencies said they attempted to address the challenges in several ways, by stepping up recruitment and retention efforts, adding weekend classes, and developing new relationships with local agencies and schools.

Participant and Program Characteristics

This monograph also includes more detailed information on a subset of 14 grantees that voluntarily provided additional information and verified the accuracy of available data. The goal of this more in-depth review was to examine programs' experiences and outcomes in order to provide greater insights when other individuals and organizations design similar programs in the future. The TA team sought details on the demographic characteristics of enrolled couples, the curricula selected by grantees, program recruitment strategies, incentives, program design strategies, additional services provided, program successes and challenges identified by program managers, lessons learned, and evaluation outcomes. Table 3 shows the organization name of each of these programs.

Table 3. Organizations Reporting Additional Data

Organizations			
1.	AVANCE – Corpus Christi	8.	Family Service
2.	AVANCE– Austin	9.	Fountain of Life International Ministries, Inc.
3.	Catholic Charities	10.	National Association of Marriage Enhancement
4.	Child Inc.,	11.	Northwest Marriage Institute
5.	Children's Aid Society in Clearfield County	12.	Nueva Esperanza
6.	Council on Prevention and Education: Substances (COPES)	13.	Universal Behavioral Associates
7.	Creciendo Unidos/Growing Together	14.	University of Central Florida

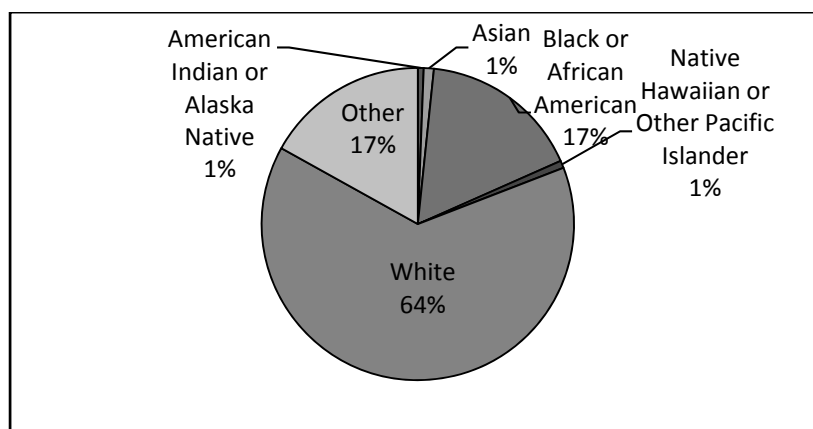
Participant Characteristics

The demographic characteristics of the participants varied significantly across programs. These variations reflect the diverse communities in which they reside and the rich life experiences these participants bring to the Healthy Marriage programs.

Race

Grantees reported on the percentage of participants who belonged to specific race categories (i.e., American Indian, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, and Other). Agencies provided the information for both individuals in the relationship and noted when couples were from different races. Overall, most participants (64%) reported themselves as White, while 17% listed themselves as African American or Black, and 17% listed other. American Indians or Alaska Natives, Asians and Native Hawaiians, and Other Pacific Islanders each represented 1% of participants.

Figure 1. Percentage of Participants by Race



Significant variation was evident among grantees, however. The proportion of African American couples ranged from 0% (Creciendo Unidos) to 67% (Fountain of Life International Ministries, Inc.). Three agencies had a client base that was at least 42% African American. The share of white participants ranged from a low of 3% to 100%. Compared to other grantees, AVANCE – Austin had the largest share of Native Hawaiians or Other Pacific Islanders (15%).

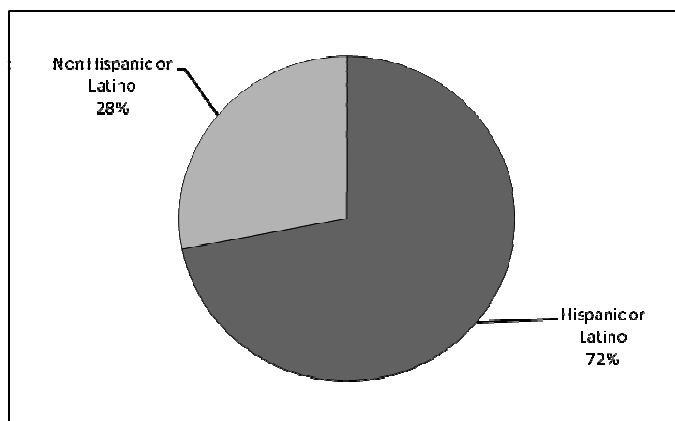
Ethnicity

Grantees also reported on the ethnicity of participants, specifically the percentage of people who considered themselves Hispanic or Latino compared to non-Hispanic or Latino. Because race and ethnicity are not mutually exclusive categories, some couples reported themselves as belonging to both a specific race and ethnicity. For instance, a participant might report him or herself as being both white and Hispanic. The vast majority of individuals (72%) reported their ethnicity as Hispanic or Latino while the remaining 28% reported being non-Hispanic or Latino.

All programs reported some percentage of their couples as Hispanic/Latino. Five organizations reported proportions of Hispanic/Latino participation above 90% while one organization was at

83%. In addition, three organizations reported approximately 50% of their couples as Hispanic/Latino while the remainder reported 20% or less.

Figure 2. Percentage of Participants by Ethnicity



Age

Participants self-identified themselves across a range of ages, with the lowest at 17 and the highest range defined as at age 46 or more. Among grantees who reported their participants' age, all served at least one client in the 26-35 age range, the 36-45 category and the category of 46 years old and older. In the case of 17-25 year olds, 13 of the 14 grantees (93%) served participants in that age group.

Education, Employment, & Poverty Level

Among grantees reporting education information, more than two-thirds served couples that had a high school diploma, GED or less. Two grantees served a majority of college educated participants. The majority of programs reported that their participants are employed in either full-time or part-time/seasonal work. However, as one Texas agency reported, the likelihood of living close to or below the poverty level is quite high even for those holding jobs. "The majority of the participants are employed with 50% of them earning less than \$25,000 per year," the agency noted. All 14 programs, as stipulated by their OFA grant, used some type of poverty measure to determine program eligibility. With just one exception, grantees used a percentage of the Federal Poverty Guideline (e.g., 100%, 200%, or 250%). The other agency limited eligibility to those earning 80% or less of the median neighborhood income.

Marital and Fertility History

Most couples were in their first marriage, although about one-third of either one or both partners had been previously married. At one agency, however, 75% of participants had been previously married prior to their current marriage. Almost all programs reported that the vast majority of the couples live together. Approximately two-thirds of couples had at least one child together, although some had a child from a previous relationship or marriage as well.

Program Characteristics

Curriculum

All marriage education grantees selected at least one curriculum to increase the likelihood that couples will experience long-term marital satisfaction and stability. These curricula focus on critical areas such as communication skills, conflict resolution, and a strengthened commitment to marriage. Each program considered a curriculum appropriate for its specific population while meeting the goals of marriage enhancement and skills training. As noted in Table 4, most programs used an existing curriculum although seven developed their own to best meet participants' needs. One curriculum, *PREP Within Our Reach*, was used by five programs. This curriculum is an adaptation of the original *PREP (Prevention and Relationship Enhancement Program)*, with a modification for use in programs serving low-income married couples (Stanley & Markman, 2008).

Table 4. Marriage Skills-Training Curricula

Organization Name	Developed Curriculum	PREP	Other **
AVANCE-Corpus Christi	✓		
AVANCE - Austin	✓		
Catholic Charities , Inc.		✓	
Child Inc.		✓	✓
Children's Aid Society in Clearfield County		✓	
Council on Prevention and Education: Substances (COPEs)	✓		
Creciendo Unidos/Growing Together	✓		
Family Service			✓
Fountain of Life International Ministries		✓	✓
National Association of Marriage Enhancement	✓		
Northwest Marriage Institute	✓		
Nueva Esperanza	✓		
University Behavioral Associates			✓
University of Central Florida		✓	✓

** Other includes PAIRS (1 organization); 8 Habits of a Successful Marriage (1); Love's Cradle (1); PREPARE/ENRICH (1); and Loving Couples Loving Children (1).

With this diversity of curricula, grantees reported differing amounts of time spent delivering coursework. Hours varied across programs, with some providing as little as 8 or 9 hours and others offering 30 or more hours of instruction. Several programs modified their curriculum over the 5-year grant period:

- Creciendo Unidos initially proposed using only one of its curricula but received permission in year two (2007-2008) to use all three to meet couples' needs;
- University of Central Florida used *PAIRS* for several years and then received permission to change to *PREP* due to a change in the program model;
- Family Service, Inc. translated material into Spanish to make the curriculum more culturally sensitive and comprehensible to couples;
- Child Inc. added *8 Habits of a Successful Marriage* in Year 3; and
- COPES changed its delivery format in Year 2, enabling them to offer two shorter formats (20 and 16 hours) than the 40-hour program designed previously.

“We have developed a sophisticated tracking system that identifies each person/couple who learned about the program and which source brought in couples that are most likely to complete the program.”

Recruitment and Incentives

Program managers reported using four primary recruitment techniques: participant referrals, agency or partner organization referrals, direct or face-to-face recruitment at clinics and partner sites, and a variety of public media forms (e.g., radio, flyers, newspapers and magazines). The most effective approach appeared to be participant referral, where positive word-of-mouth from current or former participants results in the enrollment of other couples.

Direct recruitment at other organizations in clinics or waiting rooms, as well as referrals from partner organizations, were two other mechanisms viewed as very effective by the grantees. Challenges remained, however, as one official noted: “This [recruitment] has been a science in and of itself. We have developed a sophisticated tracking system that identifies each person/couple who learned about the program and which source brought in couples that are most likely to complete the program.”

Most of these 14 grantees used some incentives – either monetary or in-kind – to increase attendance among participants. Monetary rewards typically consisted of gift cards, travel reimbursement (cab/bus fare or gas mileage), and stipends. In-kind incentives included items such as meals and child care. At one agency, books and materials were used as incentives. In some cases, programs were able to tap community partnerships or corporate contributions for non-grant sources of funding such as door prizes and gift baskets. All of the programs that used incentives advertised these benefits through marketing strategies such as flyers, web-based messaging, and face-to-face recruitment and community presentations. Incentives generally were tied to attendance. For example, a program might offer an incentive for each session attended (child care or travel stipend) or for completion of the program. In some cases, incentives were tied to completion of certain tasks such as the initial interview. The estimated dollar value of these incentives varied significantly from \$80 - \$480/couple.

Program Design

These 14 grantees offered programs in different class sizes and formats. Most programs enrolled 10-14 couples in a group at any one time, although four organizations relied on a larger group design serving up to 35-45 couples. One organization used both small and large groups ranging in size from 12 to 40. All programs used a group delivery format that varied among weekly, day-long or full weekend retreat sessions. Many grantees used a combination of these formats (e.g., couples begin with a 6-hour session on a Saturday and then complete the program by attending twice weekly sessions of 2 hours each).

All programs except one offered supplemental activities to build on the program's core themes. These activities typically became "booster sessions" to reinforce skills covered earlier in the program. The most common booster session topics included additional communication skills, parenting, stress, blended families, infidelity, and a more in-depth examination of finances. Some booster sessions were for the couple, while others allowed children to participate. One program described its booster sessions as such:

The topics offered at these workshops were an extension of the core elements of the curriculum such as parenting, finances, and social support. These boosters gave couples an opportunity to spend quality time together and meet other couples while receiving information they may have not received elsewhere.

Organizational Support

In addition to booster sessions, two programs offered family support services in areas such as employment, child care, and housing through a specialized staff person. The agencies assigned each couple a Family Support Coordinator (FSC) to assess family barriers across different domains of family and individual well-being. The FSCs not only would refer couples to outside agencies for support, but also provide direct assistance wherever possible – such as with job searches, practice interviews, and resumé development. It is noteworthy that both organizations had external funding through the Supporting Healthy Marriages evaluation and received permission to use these funds for such coordinating services.

Two organizations also provided resources and services outside of the marriage enhancement and skills training program. Examples of these include prenatal and parent-child education programs, parenting classes, kinship support services, early childhood education services, afterschool programming, marriage counseling, homeless services, and food supports.

Program Staff

Every program employed both men and women personnel in a variety of capacities (e.g., as facilitators, recruiters, support staff), and all but two programs had bilingual staff. Spanish was the most common language after English, although Fountain of Life also had staff who were fluent in Creole and Twi, two languages spoken by the ethnic Haitian population in southern Florida. With the exception of Northwest Marriage Institute, each program used a team of one man and one woman for most sessions unless special arrangements were needed due to scheduling conflicts. At three sites, facilitators also were past program recipients. All facilitators had knowledge of the curriculum plus some additional specific training in areas such as domestic

violence protocols. Many facilitators were professionals with advanced degrees in fields such as marriage and family counseling or psychology.

Program Implementation and Outcomes

Identifying and Overcoming Challenges and Barriers

While implementing their healthy marriage programming, grantees cited frequent challenges with attendance by program participants. Organizations cited 18 different challenges, falling into three general categories: personal challenges, financial stressors, and programmatic barriers. Financial stressors such as child care costs and transportation were the two most common barriers to steady participation, followed by work conflicts and socioeconomic factors. In some cases, these concerns prompted participants to relocate to a different area, as one official explained further:

Because this population tends to be transient, families would frequently move out of the service area making it impossible for them to participate. This increased when couples lost jobs during the recent economic recession, and left the area to find work or live with other family.

Several programs also cited conflicts related to work schedules as hindering regular attendance. Given the challenging economy, many participants had more than one job, making it difficult to follow a set course schedule. For example, one program stated that:

The biggest barrier to participation was couples' fluctuating work schedules. Many of the couples worked more than one job, which made it difficult for them to commit to a 6- to 12-week workshop without jeopardizing their job. Additionally, many of the low-income couples' financial needs were such that they would take any opportunity to work overtime or side projects, which interfered with their ability to commit to and complete the workshops.

Some personal challenges also were evident such as lack of trust for the partner, divorce, family commitments, incarceration, and – to a lesser degree – immigration, mental health challenges, pregnancy, family illnesses, and substance abuse. Additionally, one of the programs serving predominantly Hispanic and Latino couples said cultural bias and even mistrust of the program purpose and process led to poor attendance rates. A lack of interest by some couples – specifically husbands who were difficult to engage – was another issue related to attendance. In contrast to personal and economic barriers, programmatic challenges appeared to have little effect on attendance.

When confronted with attendance challenges, grantees undertook a variety of initiatives. Where appropriate, grantees referred participants to partner agencies for help with employment assistance, mental health services or other high-need services. Agencies also made weekly phone calls to couples, provided gas cards to offset travel expenses, and offered make-up sessions for couples that could not attend class. In addition, many grantees made a special effort to ensure the curriculum was culturally competent and that marketing efforts were effective to target men. Organizations also sought to overcome barriers by arranging for travel reimbursements, allowing the use of their own vehicles for transportation, and providing child care through other mechanisms.

Completion Rates by Program

The most direct way to monitor participant ‘success’ on a regular basis is to analyze the required semi-annual reports of each grantee. For this analysis, the report uses data provided by grantees from October 2010 through March 2011, as they began the final year of their grants. As a result, the information reflects the performance of mature programs with extensive experience in serving participants. As noted in the table below, most programs had high numbers of individuals who had completed the program curriculum. For this analysis, information was available from 17 of the grantees. During the 6 month reporting period, 3,486 participants completed the program curriculum.

Table 5. Number of Participants Served and Completed – October 2010-March 2011

Organization Name	Served	Completed*
Avance - Houston	86	42
Avance-Corpus Christi Chapter	48	14
Catholic Charities	106	84
Child Inc.	250	246
Children’s Aid Society In Clearfield County	96	102
Community Services For Children	174	174
Cornerstone Of Hope Church	510	508
COPEs	56	58
Creciendo Unidos/Growing Together	198	198
Family Service	58	58
Fountain Of Life International	484	484
Granato Counseling Services	176	155
National Association of Marriage Enhancement (NAME)	438	400
Northwest Marriage Institute	450	450
Nueva Esperanza	308	304
University Behavioral Associates	118	83
University of Central Florida	138	126
TOTAL	3,694	3,486

*It is possible for an organization to have a higher number completed than served due to the lag in reporting periods

Program Evaluation and Outcomes

While healthy marriage programs collected detailed data on outcomes, their evaluation efforts varied greatly because they were not funded to conduct rigorous evaluations of program services. Programs generally administered some type of follow-up or post-test survey at various points such as: completion of the program; completion of a booster session; three or six months after program completion; or one year or more after completion. Some conducted pre-tests as well as post-tests. Five grantees used an internal evaluator while five others have an external evaluator.

To examine this issue in greater detail, the TA team sought pre- and post-test data on outcomes from all 21 grantees serving low-income married couples. Three grantees – COPES, Inc., Family Services, Inc., and SGA Youth & Family Services – submitted valid data that could be used to assess change before and after program participation. Two other programs, Creciendo Unidos and University Behavioral Associates, submitted data collected from participants after they completed the program.

Among the grantees with pre- and post-program data, all three reported gains in participants' communication skills and relationships with their partners. Two of the three agencies documented progress in attitudes toward marriage, and conflict resolution skills. One cited gains in budgeting and financial skills.

The two grantees with only post-participation data also found that participants perceived gains as a result of the programs. As noted in Table 6, more than 90% of participants achieved progress in communications skills, conflict resolution skills, attitudes toward marriage, and improved relationship with partners.

Table 6. Percent of Respondents Reporting Improvements in Each Domain

Program	Attitudes Towards Marriage	Communication Skills	Conflict Resolution Skills	Abuse Prevention Skills	Budget and Financial Skills	Relationship Improvement (Co-Parent)	Relationship Improvement (Significant Other)
Creciendo Unidos	96.9%	96.1%	100%	N/A	N/A	N/A	95.8%
University Behavioral Associates	93.1%	94.2%	94%	91.5%	79.2%	N/A	96.1%

Policy and Program Implications

Grantees working with low-income married couples posted their share of successes while also encountering several challenges. How agencies dealt with these challenges may prove informative in preparing new grantees to implement similar programs in the future. This report focuses especially on three challenges encountered by grantees and the implications for future policy and programming.

Barriers to Attendance

Transportation costs, child care expenditures, work conflicts, and even the need to relocate for new jobs all affected the ability of participants to attend programs consistently. Most of these factors are directly related to couples' low economic status. Given the continuing economic challenges faced by lower-income families, programs may need to consider changes to service delivery so that couples do not have to attend as often or can attend in locations closer to where they live and/or work (such as churches, child care centers, even places of employment), thereby reducing travel time and cost.

With many of these families in economic crisis, it also is important for grantees to establish partnerships so that they can refer couples for mental health support, social services, and employment assistance. Increased communication among organizations and a collaborative, cross-agency approach may offer couples greater access to the intensive 'wrap-around' system of care that they need to build a stronger and healthier family and marriage.

Grantees also may need to think about how support services can be incorporated as *core* program components (as opposed to using them in an ancillary way) to help alleviate the financial burden faced by so many couples. With low-income couples facing so many high-priority economic issues – from keeping a job to making mortgage or rental payments, and supporting a family – it may be unrealistic to think that most couples can focus solely on relationship skills at a time when they face other serious challenges.

“Increased communication among organizations and a collaborative, cross-agency approach may offer couples greater access to the intensive ‘wrap-around’ system of care that they need to build a stronger and healthier family and marriage.”

Remarriage and Stepchildren

In addition to cultural, racial, and ethnic variation among couples, programs reported their participants as having diverse marital and fertility backgrounds. While most participating men and women were in their first marriage, one or both partners had been previously married in approximately one-third of all program couples. Couples who marry for a second time and couples who have children from previous relationships are at higher risk for dissolution than couples who have not had children in prior partnerships. As a result, it is important for grantees to address issues that often arise in second marriages such as ties to former spouses, child support payments, stepparenting, and stepchildren. This work may require design changes to existing curricula to best meet the needs of these families.

Culture, Race and Ethnicity

Cultural, racial and ethnic variation among the participants suggests a need for tailoring interventions to address potentially important differences between couples. For example, while several programs served couples who were predominantly of the same race or ethnicity, other programs provided services to couples who were either interracial or interethnic. This finding

matches a growing trend in partnerships between spouses of different races and ethnicities (Passel, Wang, & Taylor, 2010) and may indicate the need for curricula modifications that focus on these issues. Interracial and interethnic couples may face unique challenges to building and sustaining a strong marriage related to societal bias and a general lack of support toward couples who chose to marry someone of a different background (Wong, 2009). Evidence suggesting that interracial and interethnic marriages may be at higher risk for divorce (Bratter & King, 2008) calls for program managers to consider this as a key issue when designing marriage skills and education programs.

Another program area that may benefit from additional attention centers on cultural differences. One organization serving Hispanic/Latino participants reported that two barriers to attendance were cultural bias and a general mistrust of social services. Additionally, this program – unlike many others – did not provide monetary incentives as a means of reducing attrition. The choice to refrain from offering incentives may be related to preferences against receiving “help” or “handouts” from social programs among Hispanic/Latino participants, particularly Hispanic/Latino men. Such issues may impact program development and implementation for Hispanic married couples.

Conclusion

“I can say in all honesty that prior to this program, we were going to split up for good. But here we found out that what we’re going through is not just normal –it’s fixable! Thank you so much! You saved our family.” – Healthy Marriage Program Participant

The Federal government has supported programs to strengthen relationships and marriages since federal Healthy Marriage grants were first awarded in 2006. By 2011, it is increasingly apparent that these programs have produced moderate and longer-term impacts on the individuals and couples receiving services. This report provides particular insight into efforts by grantees specifically focused on low-income married couples in their communities. Through this review, it is clear that the 21 programs focused on this area have achieved many gains for participants. Many programs also have received strong endorsements from participants even as these couples face significant on-going challenges – many of them linked to the current economy.

As illustrated by this report, the progress reported by many grantees is apparent despite the different characteristics, curricula, and recruitment/retention strategies of their programs. For example, couples varied on demographic characteristics including age, prior marriages, and fertility history. Differences in these areas speak to the wide variety of needs and experiences that couples bring to Healthy Marriage programs generally and to the programs included in this review. Grantees also differed in several programmatic dimensions, selecting different curricula or designing their own curricula to serve participants. Nonetheless, many grantees reported similar challenges, particularly financial stressors (low socioeconomic status, transportation, child care costs, and lack of jobs). The majority of grantees appeared to respond proactively to these challenges, offering additional services and supports where possible to meet the increasingly diverse needs of participants. Also, while preliminary, the positive results found among participants’ pre- and post-participation scores in many areas is encouraging and suggests that programs funded by OFA are indeed fulfilling the goal of strengthening marriage.

As researchers, practitioners, and government leaders learn more about the effectiveness of healthy marriage programs – including the 21 covered in this report – there is considerable potential to expand services from lessons learned by these initial grantees. Among the grantees in this study, most reported a high percentage of participants who completed their programs with improvements in areas such as conflict resolution skills, attitudes toward marriage, and marital satisfaction. Such findings are useful to inform the next generation of programs responding to the needs of couples seeking to strengthen their marriage. Programs that address couples’ diverse histories and needs, as well as their economic circumstances, are likely to become a critical part of an effective strategy to support families as they build and sustain strong, healthy marriages.

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Appendix A:
Healthy Marriage Grantees Program Information Questionnaire



Healthy Marriage Grantees

Program Information

Grantee Name:

Grant Number:

1) General Program Information

- a) What is the title of your organization?
- b) What is the title of your grant project?

2) Demographic Information

- a) What percentage (general) of your program participants are of the following race?
 - i) American Indian or Alaska Native
 - ii) Asian
 - iii) Black or African American
 - iv) Native Hawaiian or Other Pacific Islander
 - v) White
 - vi) Other
- b) What percentage (general) of your program participants are of the following ethnicity?
 - i) Hispanic or Latino
 - ii) Non-Hispanic or Latino
- c) What percent of the program's couples fall into the following racial/ethnic categories?
 - i) Both partners are African American
 - ii) Both partners are white
 - iii) Both partners are Hispanic or Latino
 - iv) Both partners are from different ethnic or racial groups or both partners consider themselves neither white, African American, nor Hispanic
- d) What percentage (general) of your program participants fall in the following age groups?
 - i) 17-19
 - ii) 20-25
 - iii) 26-30
 - iv) 31-35
 - v) 36-45
 - vi) 46+
- e) How does your project define low-income?
- f) If applicable, what poverty level percentage do you use to determine income eligibility? Ex. 150%, 200%, etc?

3) Curriculum

- a) What curriculum do you use? Please indicate if you use more than one curriculum.
- b) Was this curriculum developed by your organization? If yes, why?
- c) How many hours is this curriculum? How many modules/chapters?
- d) Did your curriculum change during the grant period? If so, please identify which curriculum you originally used for the program.

4) Challenges and Barriers

- a) Briefly describe the challenges/barriers to attendance that your target couples experience.
- b) What has your program (grant project) done to alleviate these challenges/barriers?
- c) In what capacity does your organization assist in reducing the challenges/barriers?

5) Incentives and Recruitment

- a) What incentives are given at your program?
- b) When/why are incentives offered? (For attendance? Completion?)
- c) What is the estimated dollar value of these incentives?
- d) Do you advertise your incentives?
- e) What recruitment method works best for your program? Ex. Flyers, radio ads, participant referrals, agency presentations, etc.?

6) Program Details

- a) Do you have access to other resources/services within your organization such as employment training, counseling services, etc?
- b) Do you offer supplemental activities that build on the program's core themes, e.g., educational and social events? If so, please provide an example or two.
- c) Does your organization offer family support services, e.g., employment support, child care resources, housing resources? If so, please briefly describe.

7) Program Evaluation

- a) When do you follow up with your program participants? Ex. Before the program, at 3 months, 6 months, etc., do not follow-up with participants.
- b) Is your program evaluator internal within your organization, or external?
- c) How many couples to date were served in your program?
- d) How many couples to date completed at least 75% of your program? (OFA requirement)
- e) How many couples to date completed 100% of the program?

8) Session Format

- a) What is your Session format? Weekly sessions/weekend retreat?
- b) What is the average number of couples in your group sessions?
- c) How is this curriculum delivered? Ex. Once a week for 10 weeks?

9) Staff Information

- a) Do you have both male and female staff?
- b) Do you have staff members that are fluent in more than one language? If so, which languages?

10) Facilitator Information

- a) How many facilitators teach each session? What is the gender(s) of the facilitators that are used for the sessions?
- b) Are any facilitators graduates of the curriculum you are using?
- c) Do facilitators have any additional training (besides the curriculum)?
- d) Are any facilitators fluent in more than one language? If so, what languages?

11) Participant Snapshots

- a) Generally speaking, are the majority of your participants employed or unemployed?
- b) If they are employed, what percent work
 - i. Full time
 - ii. Part time or seasonal
- c) What is the living arrangement for the majority of your couples?
 - i. Most couples are living together
 - ii. Most couples are living separately
- d) What percent of your participants fall into the following educational categories?
 - i. Less than high school
 - ii. High school degree or GED
 - iii. Some college
 - iv. College graduate
- e) What is the marital history of your participants?
 - i. First marriage for both partners
 - ii. One of the partners has been married before
 - iii. Both of the partners have been married before
- f) What is the fertility history of your participants?
 - i. The couple has at least one biological child together
 - ii. One or both partners has a child from a previous relationship
 - iii. There is no known fertility history for either partner



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