



**national  
healthy marriage  
resource center**

## **Bringing Marriage and Relationship Education to the Community**

**Lessons learned**

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## Summary

In 2006, 125 demonstration grants were funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance, to deliver marriage and relationship education (MRE) in communities across the United States. Thirty-two grantees were charged with delivering multiple activities to a variety of target populations. These programs, for the most part, were new endeavors for the organizations involved.

Marriage and relationship education is a relatively new prevention program, uncommon in many social service agencies. These demonstration grants provided an opportunity for community-based organizations to offer a combination of MRE activities including: a public awareness campaign; relationship education for high school students; MRE for unwed expectant couples, married couples, singles, engaged couples or divorcing/distressed couples; marriage mentoring; or programs designed to reduce the disincentives to marriage. These innovative service providers offer diverse programming to reach broad audiences and many of them implemented a public advertising campaign to increase awareness of MRE and engage their community in a healthy dialogue about the role of marriage in families.

Marriage and relationship education providers serving multiple audiences through creative strategies demonstrate that:

1. MRE plays a role in serving families in a variety of communities. Programs successfully serve high school age youth, military couples, couples of various races and ethnicities, married couples, distressed couples, engaged couples, singles, and prison populations.
2. Despite a lack of familiarity with MRE, people in their communities attend MRE and recommend it to others. Word-of-mouth is an effective recruitment technique for many programs.
3. A public awareness campaign is an essential part of a broad-reaching MRE strategy. Public advertising activities such as billboards, radio and television public service announcements (PSAs), radio and television interviews, as well as social media campaigns talking about healthy relationships, MRE and marriage, give credibility to their programming.
4. Flexible programming is necessary to meet the needs of varying target audiences in a community. Providers may offer one-day programs, multi-week sessions, and weekend activities. MRE programs partner with government agencies, faith-based organizations, social service providers, schools, and a variety of other organizations. Having more than one service to offer someone who called to inquire about their program has proved to be beneficial to many providers in engaging the community.
5. MRE services are emerging as an important part of holistic, family-oriented services offered in communities to men, women and young people.

6. Service providers must plan strategically to reach diverse populations and target their message to meet the needs of their community.

The purpose of this report is to summarize the work of MRE service providers implementing multiple, broad-reaching MRE-related activities in a community. This document was developed by the National Healthy Marriage Resource Center through funding by the Office of Family Assistance (OFA). It reflects the collective experiences and lessons learned from programs offering multiple healthy marriage education activities in communities across the United States.

## Background

The Deficit Reduction Act of 2005, which reauthorized the Temporary Assistance for Needy Families program managed by the Department of Health and Human Services' (HHS) Administration for Children and Families (ACF), included \$150 million to support demonstration programs that offered healthy marriage and responsible fatherhood programs. The healthy marriage demonstration program awards were announced in September 2006. The Office of Family Assistance (OFA) awarded 125 five-year grants to state and community-based organizations. The funded healthy marriage programs focused on particular allowable activities which included:

1. Public advertising campaigns on the value of marriage and the skills needed to increase marital stability and health.
2. Education in high schools on the value of marriage, relationship skills, and budgeting.
3. 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.
4. Pre-marital education and marriage skills training for engaged couples and for couples or persons interested in marriage.
5. Marriage enhancement and marriage skills training programs for married couples.
6. Divorce reduction programs that teach relationship skills.

7. Marriage mentoring programs, which use married couples as role models and mentors in at-risk communities.

8. Programs to reduce the disincentives to marriage in means-tested aid programs if offered in conjunction with any of the other seven activities.

Many grantees were restricted to deliver services under one or two allowable activities. However, Priority Area 1, 2 and 3 grants were awarded to 32 programs to implement multiple (five or more) allowable activities to offer their communities healthy marriage messages and education services. The names and locations of the Priority Area 1, 2, and 3 grantees are provided in *Appendix A*.

These grantees serve diverse audiences with distinct purposes (in accordance with the allowable activities) and conduct public advertising campaigns to increase awareness of MRE. The grantees vary in their organizational structure, service goals, strategies and level of experience delivering healthy marriage education. Some programs operate in rural areas while others deliver services in more suburban or urban settings. *Appendix B* and *Appendix C* provide an overview of the community settings where services are delivered and which activities are most commonly implemented. As demonstration projects, these programs had few examples after which to model their programs and relied upon their own innovation to develop approaches for delivering healthy marriage messages and services to a variety of audiences.

In addition to these demonstration grants, OFA also funded the National Healthy Marriage Resource Center (NHMRC). The mission of the NHMRC is to be a first stop for information, resources, and training on healthy marriage for experts, researchers,

policymakers, media, marriage educators, couples, and individuals, program providers, and others.

The NHMRC convened the Priority Area 1, 2, and 3 grantees (and others) in roundtables, webinars and other technical assistance activities during the grant period. This provided an opportunity for the NHMRC to document emerging lessons learned, identify trends across communities and service populations, and facilitate peer learning.

This report draws from the varied approaches to service delivery and aims to summarize what is known from program experience (emphasizing the expertise gained from the Priority Area 1, 2, and 3 grantees). The goal of this report is to summarize promising strategies and share lessons learned about the delivery of multiple marriage and relationship education (MRE) activities in a broad-scale initiative. These grantees are leaders in offering MRE to the public as a prevention strategy to strengthen families across the nation. Their experience can inform the field of MRE as it grows and develops as part of a comprehensive approach to working with families.

## Broad-Reaching Healthy Marriage Programs

MRE is a relatively new service for many social service organizations. Its roots are in pre-marital preparation and marriage enrichment. These psycho-educational programs were evaluated throughout the 1980s and 1990s, at a time when research on family structure was identifying the benefits to children raised by their married, biological parents. This research base laid the foundation for programs that could be delivered on a broad scale, to diverse families throughout the life course. The OFA healthy marriage demonstration grants provide an opportunity for many program approaches to

be implemented across the country.

The Priority Area 1, 2, and 3 grantees were able to design creative strategies to reach a broad target audience and augment MRE services with public advertising efforts. These grants are innovative in their approach yet common themes emerged across their efforts. These trends mirror much of what is known about implementing multiple activities through a broad-reaching initiative. Several themes, where emerging promising practices and lessons learned can help inform the field of healthy marriage and relationship education, are summarized in this report under the following headings: 1) Program Design, 2) Partnerships, and 3) Program Management. Related experiences of the Priority Area 1, 2, and 3 grantees in each category are highlighted.

## Lessons Learned

### Program Design

Program design includes strategies for determining the set of MRE services a program will offer, to whom those services will be offered, curriculum selection, and the marketing and outreach strategy. Broad-reaching initiatives offer services to a variety of populations (i.e. married couples, expectant couples, singles, youth, and various racial and ethnic communities) in distinct geographic settings (rural, suburban, urban, etc.). These services must be framed in such a way that they spark a meaning for the population they intend to reach. For example, marriage education may be viewed differently by engaged couples who see it as a fun way to spend time with their future spouse and build a foundation for their marriage, whereas couples in distress may be looking for strategies to resolve sensitive issues. Designing a program

that is relevant to the local community, as well as specific target populations, is crucial to success.

In general, service providers reported that an ability to design a **program which offers services to a variety of populations in multiple ways** is advantageous. Offering multiple activities provides more options and reaches more of the community. Furthermore, implementing a variety of activities allows programs to serve individuals and couples of differing backgrounds and at different stages of life. For example, the Priority Area 1, 2, and 3 grantees chose activities which involved offering distinct services for youth, singles, and couples, as well as tailored programming for particular audiences such as military families and participants speaking languages other than English. When a potential participant calls to learn about the MRE services offered, the service provider can assess what is

### Frame #1

The First Things First website ([www.firstthings.org](http://www.firstthings.org)) is an example of how programs implemented services for a variety of populations.



best for the caller and refer him/her to the right workshop. This strategy is also effective when providing information about services online (see Frame #1). MRE curricula are available for a variety of audiences including individuals, youth, engaged couples, married couples, couples in distress, etc. The nature of implementing MRE services to multiple audiences makes it logical to utilize more than one

curriculum in order to reach specific populations. Programs may even be designed to offer the community multiple curricula options. However, **it is not always necessary to offer a wide variety of curricula to reach different populations (ages/backgrounds of participants, etc.) and, in fact, may be less cost effective.** Some programs experienced challenges managing a number of curricula and found that they did not need to provide such diversity in curricula to be

### Frame #2

The California Healthy Marriages Coalition (CHMC) is a statewide initiative that joins together a network of coalitions made up of community- and faith-based organizations to deliver a variety of MRE services across the state. CHMC was set up with the objective to saturate California with healthy marriage and relationship education programs and to strengthen families through MRE.

The breadth of its partner coalitions, both geographically and in areas of focus, enables CHMC to reach diverse populations across the state. In order to effectively serve such diverse groups, it was important for CHMC to offer their partners choices of curricula to use.

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successful. Furthermore, some programs found that curricula that were once thought to be a good

## Frame #2 cont.

CHMC found that some “Teach-Out-Of-The-Box” (TOOB) MRE curricula are appealing, cost effective and allow service providers to implement programs immediately. However, preliminary data collected by CHMC is showing that programs using TOOB curricula may not have as strong an impact on relationships as other curricula and/or are not capturing the attention of the participants for the program’s entirety. In the long run, CHMC found that a curriculum which requires a more in depth training for facilitators might be more effective.



fit were not as effective as expected (see Frame #2).

The same can be said for targeting services too specifically. For example, services targeting stepfamilies may not appeal to the target audience because these families do not want to be treated “differently” or did not identify themselves as anything other than a family. Although MRE service providers may have services for particular audiences, it is not always beneficial to create a distinction.

Offering services to a variety of populations enables programs to saturate more of the community. Developing a strategy for how and when to begin delivering services is critical.

***Focusing on one activity or service delivery for one population at a time can help programs establish credibility within the community and create a solid foundation for future***

***programming.*** Most of the Priority Area 1, 2, and 3 grantees implemented services for various populations gradually. There was a progression over time to reach a “community saturation” model versus implementing a number of activities at the same time. The MRE service itself needs to meet the needs of the community. Program operators have offered weekend retreats, multi-week programs, short half- or one-day programs, one-on-one services and a variety of program models. Regardless of the format or the curriculum, ***programs must be relevant and meet people where they are.***



For working adults, evening and weekend services are ideal. In communities where seasonal work is commonplace, MRE can be offered during the day in the off-season. The issues of where (to offer MRE) and when (time of day, year and duration) may also inform the need for support services such as child care, transportation, or refreshments.

In a broad-reaching MRE program, priorities may shift, and ***the program design may need to be reframed once the community begins to access services.*** For example, one program moved from offering “high-intensity” services that reach fewer participants to offering “lower-intensity” services that reach considerably larger numbers and broader groups of people. This restructuring led to considerable growth in number of participants served by this program. The original plan proposed

to serve 900 couples over five years, and after restructuring, the program nearly reached that number in one year. In designing services and outreach strategies, MRE programs need to listen to the needs of the community and seek feedback on services, marketing messages, etc., to determine the effectiveness of their strategy.

**Implementing public awareness campaigns is a crucial component to broad-reaching MRE programs.** Since healthy marriage and relationship education is a relatively new field, and may be unknown in many communities, a vehicle to introduce the idea of MRE and to educate the community can help remove stigma attached to participating in these services. Campaigns also provide an opportunity for programs to educate the community about what MRE services are (as well as what they are not) to dispel some of the community's misconceptions. The Priority Area 1, 2, and 3 grantees indicated that it is not uncommon for communities to be unaware of what MRE services are and to assume that they are similar to couples' counseling and/or services for distressed couples. Public awareness campaigns are crucial to providing accurate information about MRE services and "normalizing" participation. The presence of media messages, billboards, and fliers in a community (such as the one below) adds credibility to a MRE provider.



Implementing public awareness campaigns enable grantees to use images, messages and stories to help frame the concept of MRE and inform the community about the benefits associated with healthy marriage and relationships. In addition to utilizing traditional media outlets, a public awareness campaign provides grantees an opportunity to convey information about healthy marriage in creative ways such as creating video messages, developing social media strategies, writing/performing skits and plays, etc.

Creating the right message and public awareness strategy is not an easy task. **Language matters.** Not everyone is/wants to be married, but they do want a healthy relationship or family. Furthermore, **everyone has a unique frame of reference for relationships and marriage.** Programs working with the broader community should anticipate that not everyone will have the same frame of reference for relationships and marriage. Grantees learned that messages specifically referencing "marriage" were not successful in some urban areas where marriage may not be the reality for many couples. In these areas, programs focus messages on "relationships" and have a much better response. Similarly, community members must connect to the voice or face of the program (see Frame #3). Forest Institute's program, *Operation Us*, found that they were much more successful connecting with participants when radio ads were voiced by someone to whom they could relate.

### Frame #3

Forest Institute's program, *Operation Us*, found that they were much more successful connecting with participants when radio ads were voiced by someone to whom they could relate.



Convening focus groups and/or establishing advisory boards to provide feedback and guidance is one way MRE program operators can test public advertising messages and images. The wrong message, visual image, or voice can negatively impact the program's ability to serve their target audience(s).

In addition to learning what messages connect to the community, programs should **develop relationships with local media and key stakeholders when implementing a public awareness campaign**. Although a national syndication may own a media source, the staff members at the local level coordinate when advertisements and public service announcements are run in the community. Community leaders or media personalities are another resource for establishing credibility of MRE services. This strategy, however, can be a risky one if the champion of an MRE campaign encounters personal relationship turmoil during the life of the project.

### Partnerships

No one program can meet all the needs of the families it serves. Partnerships are integral to the success of broad-reaching healthy marriage programs. In order to serve large geographic areas, it is necessary to develop relationships and alliances with government, businesses, and community- and

faith-based organizations. Partnerships are framed differently by program leaders, and partners have a variety of roles and responsibilities depending on the program's design and needs.

Many broad-reaching programs are eager to partner in any capacity with organizations willing to collaborate. This was true for the Priority Area 1, 2, and 3 grantees, however, after some time, programs were able to step back to see the bigger picture and the specific role of partners. ***It is important to be selective about choosing partner organizations and ensure that the mission and goals of potential partners align with those of the healthy marriage program.*** Grantees learned that they had to create a "win-win" situation and collaborate in order for a partnership to be successful and to maximize funding.

***MRE can be a gateway service.*** That is, enrolling participants in MRE may provide an opportunity for organizations to enroll participants in other programs. ***Individuals, couples and families participating in MRE services are often in need of additional supports.*** Priority Area 1, 2 and 3 grantees found that the services most sought out through referrals to other agencies included:

- Domestic violence
- Parenting
- Anger management
- Drug, alcohol and pornography addiction
- Counseling and mental health services
- Financial service

Other common needs include affair recovery, job readiness training, divorce recovery, men's groups, and classes that go deeper into an issue than an MRE workshop does. In general, MRE programs that are embedded in organizations that already provide other services have an easier time directing participants to additional services than stand-alone MRE programs. Stand-alone programs

found success in building partnerships for referrals (see Frame 4). MRE program design should consider what resources the target audience needs.

#### Frame #4

*ANTHEM Strong Families* is a program offering relationship skills to individuals and couples in north Texas. While the program does not provide additional services, it has formed strong partnerships with other community organizations to provide a more holistic approach to services. Habitat for Humanity, Child Protective Services, Texas Juvenile Justice, *Teenage Pregnancy and Parenting Teens (TAPPS)*, Head Start, and Parkland Hospital are among the program's partners.

Many MRE providers start with established relationships to identify early partnerships (other community service providers, marriage and family therapists, etc.). Although these can be beneficial partnerships, it is important to establish partnerships across diverse community sectors (i.e. military, business, media). There is value in leveraging "existing influence in the community" across various sectors. The greater the variety of partners, the greater the opportunity to diversify funding and referral streams; these are two important elements of broad-reaching programs.

Examples of diverse partnerships that have supported the efforts of healthy marriage programs include:

- Media: Local media outlets can provide free, discounted, and/or optimally timed advertisements for a program's services.

- Faith Community: Churches and other faith-based groups may have experience working with couples and families and are familiar with specific needs of the community. In fact, many already offer marriage/couple-related services. Houses of worship may also be able to provide volunteers, facilities, child care, or advertisements in weekly bulletins.

- Community and Cultural Centers: Programs targeting specific cultural groups find it helpful to identify partner organizations that already have an existing relationship with the community. These organizations are trusted by the community, and MRE programs can add to the services already being provided (see Frame #5).

#### Frame #5

*Family Bridges* targets a variety of populations in the Chicagoland area. Hispanics are one of the program's target populations, and efforts have been made to connect with agencies that have a history of serving the Hispanic community. *Family Bridges* has learned that instead of trying to bring the community to them, it is much more effective to offer services in "hub organizations" where the movers and shakers within the Hispanic community are already providing a variety of services.

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## Frame #5 cont.

The *Hispanic Bible School* (HBS) is one of Family Bridges' partners. The program has contracted with HBS to deliver services to the Hispanic community. The HBS employs a dedicated staff person as well as facilitators who serve as the "mouth piece" for *Family Bridges*. This has been an effective strategy as HBS is able to reach its network of approximately 4,000 Hispanics regarding marriage and relationship education services. This is a network that the *Family Bridges* program may not have been able to reach without the support of this partnership.



- Government: From the Department of Corrections to Women, Infants and Children (WIC), MRE programs have served current government clients in correctional facilities and health clinics.
- Universities: Universities may be interested in conducting an evaluation on program outcomes and/or provide access to young adults as potential participants. Students could also be utilized as staff interns.

- Wedding/bridal industry: Bridal fairs and wedding planning services are effective ways to reach engaged couples. Many programs have created special marketing messages and booth materials specifically for bridal fairs and events. Frame #6 describes a partnership between one grantee and the local bridal industry.

## Frame #6

The VOW Healthy Marriage Education Initiative in Longview, Texas forged a partnership with the bridal industry which has opened many doors for them. In addition to recruiting couples by attending various bridal shows, the program developed a vendor discount program that creates a win-win situation. Approximately 40 bridal vendors offer program graduates a discount on products and services, and the program gives the vendors free advertising by including them on marketing materials.

Other specific partnerships that work well in select communities are: Americorps, local Head Start centers, and Workforce Development Boards.

There are elements of managing an effective partnership that are like having a healthy relationship. **Both partners need to have clear expectations about their roles, and ongoing, clear communication is essential.** Effective partnerships require that expectations should be set forth in writing and revisited regularly. Quarterly partner meetings are one strategy implemented by some grantees to provide necessary oversight. In addition to monitoring

partners' performance, convening all partners on a regular basis gives the MRE programs an opportunity to learn about any common challenges that partners are experiencing, provide helpful technical assistance and celebrate partners' successes.

***Dissolving a partnership is difficult, but sometimes necessary.*** Not all partners are willing (or able) to adhere to the requirements established by the funder or the policies put in place by the program. Programs have to accept that not all of their community partners will be part of the program for the duration of the grant. Although ending a partnership may be difficult, grantees recognize that a quick termination or reframing of the partner relationship may be necessary.

Finally, partnerships change over time. This may be due to financial arrangements, shifting service priorities, staff changes, etc. Successful MRE providers have to actively manage current partnerships and ***continuously seek and establish new partnerships.***

## **Program Management**

MRE programs offer core relationship topics such as communication, commitment, problem solving, empathy, team work, expectations, and self-awareness. The curricula are skill-based and teach strategies to resolve conflict, understand your partner, work together, and better comprehend the underlying values of each partner. How these skills are taught, however, varies by program. Some are more didactic, some emphasize life experience, and some use humor to bring couples together. These may be four hours or forty hours in duration. The federally funded grant programs are required to deliver eight hours of curricula. The field of MRE has not yet determined what "dosage" of curriculum

is necessary to make long-term, positive impacts on participants. Program operators feel that a short (two to four hour) introduction to MRE would benefit higher performing couples, whereas, other couples may need ongoing weekly sessions with one-on-one case management.

Although the duration of MRE can vary, most programs operate either a one-day, eight-hour program or a multi-week program that meet for one and a half to two hours per week (for couples). Services for youth are typically weekly workshops for one to one and a half hours each. Services must accommodate the schedules and lifestyles of community members. ***How much curriculum to deliver should be driven by workshop format, program goals, and community interest.*** Program operators have used participant surveys and obtained general feedback to learn what the best days and times are to offer services. A variety of formats (i.e. one day, multi-week, weekend retreats, etc.) were explored to determine what works best for whom. Allowing for ***flexibility in how the activities are implemented encouraged the development of program designs framed specifically for the communities being served.***

Broad-reaching programs serve diverse populations, yet across programs, MRE service providers have found that using former participants and "word of mouth" to connect with target population is effective in recruiting new participants. This is especially useful in reaching the right people with the right program. Finding culturally and linguistically relevant curricula and materials for these populations can be a challenge, however, programs can overcome this by making adaptations to curricula content. Service providers have reported that this impacted their ability to recruit and retain participants.

To reach different target audiences many MRE

providers implement a combination of direct service delivery and oversight of partners/coalitions. Direct services require staffing the program appropriately – from one or two employees to a full-time staff of 10 or more. Additionally, staff may be local, working in the same facility, or spread out throughout an entire state or across several communities. Some MRE providers partner for service delivery and utilize volunteers, contractors, and/or existing service providers to assist with program operations. Each strategy has common benefits and challenges as presented in the table below.

Some MRE practitioners experienced a sharp learning curve in effectively managing and maintaining partners or coalitions. For example, Priority Area 1, 2 and 3 grantees found that establishing a Memorandum of Understanding (MOU) or another type of formal written agreement with service delivery partnerships was crucial to setting clear expectations and accomplishing the overall goals of the program. Other MRE programs have found that partnerships in which the direct services provided to the community are attached to a financial reimbursement result in more

effective and efficient service delivery. The financial incentive encourages partners to deliver services regularly and establishes a level of accountability to which the grantee can hold partners.

Marriage and relationship education programs are constantly building their reputation and recruiting participants. Even with an effective marketing campaign, **providers have learned that the concept of “if you build it, they will come” does not apply.** Ongoing relationship-building in the community, high quality services, and consistent refinement of program operations are necessary to establish a credible program.

Regardless of the direct service or partner-based strategy, performance measurement and data tracking systems are essential to MRE programs. Like any social service program, accountability and outcome measurement is typically required by funders. It is essential that MRE programs build an understanding of what works by **tracking what was done and documenting accomplishments.** MRE demonstration grantees measure a variety of program outcomes such as number of people

Strategy	Benefits	Challenges
Direct Service Delivery	<ul style="list-style-type: none"> <li>• Tracking participant recruitment/ retention is easier</li> <li>• Monitoring curriculum fidelity is easier</li> <li>• Staff training and oversight is more direct</li> </ul>	<ul style="list-style-type: none"> <li>• Creating the right staffing model can be challenging</li> <li>• Establishing the program in the community can be challenging</li> </ul>
Oversight of Partners/Coalition	<ul style="list-style-type: none"> <li>• Access the established trust/credibility of other organizations</li> <li>• Greater geographic and demographic diversity is possible</li> <li>• Performance-based contracts can clearly define roles and responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Tracking participant recruitment/ retention is more difficult</li> <li>• Curriculum fidelity is more difficult to monitor</li> <li>• Oversight of partner agreements and contract management is challenging</li> </ul>

served and hours of services received. They also gather information about the quality of these services from the participant's perspective and use feedback regarding the materials, program format, and facilitators to improve service delivery.

As the field has matured, more common measures related to skill-building and expected outcomes for various target audiences have emerged.

***Consistent measures across multiple program operators will provide a better understanding of the impacts of MRE on a variety of populations.***

Anecdotal evidence from program operators generally finds that MRE services, while unfamiliar to participants until they attend, are well-received and beneficial to relationship dynamics among couples, and they help singles feel better prepared to make smart relationship decisions in the future. Despite the important role program operators believe their media campaigns played, the effects of this set of services are difficult to measure.

## What Works?

Broad-reaching MRE programs need to start small and build on their success. Learning lessons along the way and responding to the needs of their community are essential to effectively reaching diverse families across large geographic areas. Despite the differing needs of communities, trends emerged that inform a set of lessons learned. Lessons learned include:

- There is no “one size fits all” strategy for reaching diverse target audiences. MRE service providers have to listen to the needs of their community in designing and managing their program.
- Offering multiple services to meet the needs of people who respond to the public advertising

campaign increases the likelihood of engaging them in an MRE service.

- Services can vary in duration from a short one-day program to a multi-week MRE program to meet the multiple needs of those in the community. Service providers believe that diverse offerings include various durations of programming.
- Engaging people in MRE can open doors for other needed services such as parenting education, employment services, and mental health or social services.
- Communities need to understand what MRE is and how they can benefit from it. This is accomplished through a thoughtful media campaign that speaks to the culture and needs of the community.
- Media campaigns add credibility and legitimacy to new programs in a community.
- Effectively managing a broad-reaching MRE program requires flexibility and ongoing evaluation and revision. Partners and priorities may change as providers hone in on the most appropriate services for their locality.

- Partner organizations can be very valuable allies in broad-reaching MRE programs. Partners can be government, social service providers, businesses, media representatives, faith-based organizations, or schools, to name a few. Diverse partners with clear roles and expectations are ideal. A shared goal and written agreement are essential.

These lessons learned can inform future MRE services. Consistent measures across programs can further document the experience of service providers offering multiple MRE services to a variety of audiences. Although the curriculum itself may

vary in teaching style or approach (greater skill versus feeling emphasis), other important program elements such as program duration (condensed timeframe versus multi-week), method, and facilitator could be equally important in program effectiveness.

## Methodology

By capturing the experience of the Priority Area 1, 2, and 3 healthy marriage grantees, the NHMRC led the effort to add to a larger body of knowledge about implementing multiple program activities. Information has been gathered over the past several years through site visits, interviews, roundtables and other technical assistance events provided to all healthy marriage grantees. Lessons learned have also emerged through a review of grantee resources, specific conversations held with particular programs, and products written by the NHMRC documenting effective program strategies.

To gather information for this report, the NHMRC held group discussions and follow-up interviews with select grantees. National Healthy Marriage Resource Center staff met with two large groups of approximately 35 people each at the annual OFA Healthy Marriage and Responsible Fatherhood Grantee Conference in August 2010. The goal of these group sessions was to discuss their experience and to identify some of the key lessons learned implementing a broad-reaching healthy marriage program. These large group discussions lasted one and a half hours each and were facilitated by NHMRC staff.

Each program was represented by one or two people, typically a senior level staff person (i.e. Program Directors, etc.) and an evaluator, service coordination staff or staff involved with marketing

and public awareness. The attendees varied in their duration with the program/grant; some had written the grant application and were involved at program inception whereas others joined after the program was already established.

During this forum, grantees were encouraged to dialogue with one another about their experience implementing multiple activities. Grantees discussed a variety of topics including, but not limited to:

- the pros and cons of designing a program and implementing multiple activities versus having one area of focus
- lessons learned creating a public awareness campaign
- their experience delivering eight hours of MRE programming
- developing a holistic approach to delivering services
- community partnerships that were particularly useful
- what they found necessary to success that may not have been in their original plan
- the most important lessons they learned implementing their program

In addition to discussions with the Priority Area 1, 2, and 3 grantees, the NHMRC has written grantee program highlights that have provided valuable insight on the strategies, challenges and successes of programs offering multiple MRE services in their community. The NHMRC has produced more than 200 resources for the field of MRE, sharing implementation tips, management strategies, documenting research and evaluations findings and summarizing lessons from MRE service providers. These resources provided the knowledge base on which this report was developed.

## Conclusion

The Priority Area 1, 2, and 3 grantees, as well as other program operators who have shared their experiences with the National Healthy Marriage Resource Center, have demonstrated a demand in many communities in the United States and among populations — from teen to empty-nesters — for MRE. Promising practices in the field and lessons learned are emerging allowing for programs to refine their service delivery strategies and public awareness campaigns and to manage their partnerships more effectively. Further, program providers are learning that MRE can be a “gateway” to other services that will enhance individual and family outcomes.

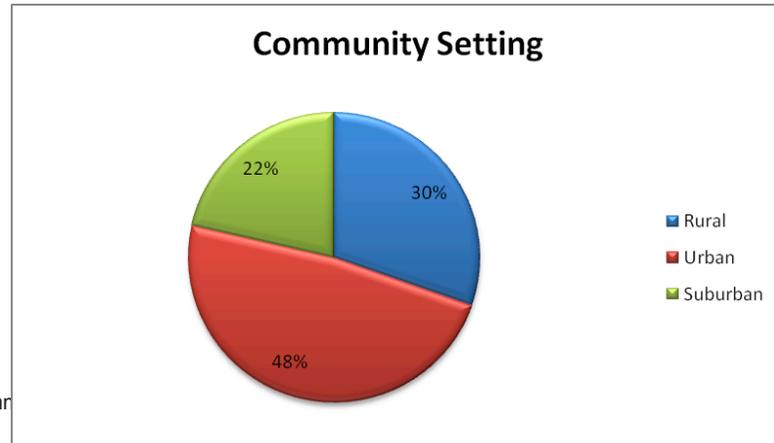
***The National Healthy Marriage Resource Center (NHMRC) would like to thank Leah Rubio, MS, and Courtney Harrison, MPA of the Resource Center for their contributions to this report. The NHMRC would also like to acknowledge Rich Batten ThM, Med, CFLE, Rachel Derrington, MSW, Scott Roby, and Michelle Clune, MTS, of Public Strategies for conducting group discussions with OFA-funded programs to collect information and for summarizing key lessons learned from these discussions. The NHMRC is grateful to the Priority Area 1, 2 and 3 grantees who shared the valuable lessons they have learned implementing broad-based community healthy marriage programs. Federal Project Officers Michele Walters and Rosalind Ginyard were integral to the project’s development and provided guidance and support throughout the process. This is a product of the NHMRC, led by co-directors Mary Myrick, APR, and Jeanette Hercik, PhD, and project manager Rich Batten, ThM, MEd, CFLE.***

## Appendix A: List of Priority Area 1, 2, 3 Grantees

Active Relationships Center (TX)	High Country Counseling, LLC (WY)
Alliance for North Texas Healthy Effective Marriages (ANTHEM) (TX)	Live the Life Ministries, Inc. (FL)
Auburn University (AL)	Longview Wellness Center, Inc. (TX)
Beech Acres Parenting Center (OH)	Marriage Savers of Clark County, Inc. (OH)
Better Family Life, Inc. (MO)	Meier Clinics Foundation (IL)
California Healthy Marriages (CA)	National Multiple Sclerosis Society (CO)
Cecil County Government (MD)	Northwest Family Services (OR)
Center for Self-Sufficiency, Inc. (WI)	PAIRS Foundation, Ltd. (FL)
Elizabeth's New Life Center, Inc. (OH)	Personal Involvement Center, Inc. (CA)
Family Guidance, Inc. (PA)	St. Louis Healthy Marriage Coalition – (MO)
Family Resources, Inc. (FL)	Teen-Aid, Inc. (WA)
Family Services of Greater Houston (TX)	Texas Health and Human Services Commission (TX)
First Things First, Inc. (TN)	The East Los Angeles Community Union (TELACU) (CA)
Forest Institute of Professional Psychology (MO)	The Hive Creative Group (AL)
Foundation for a Great Marriage (WI)	WAIT Training (CO)
Friendship West Baptist Church (TX)	Weld County Department of Human Services (CO)

## Appendix B: Community settings where services were delivered

Percentage of grantees providing services in various community settings

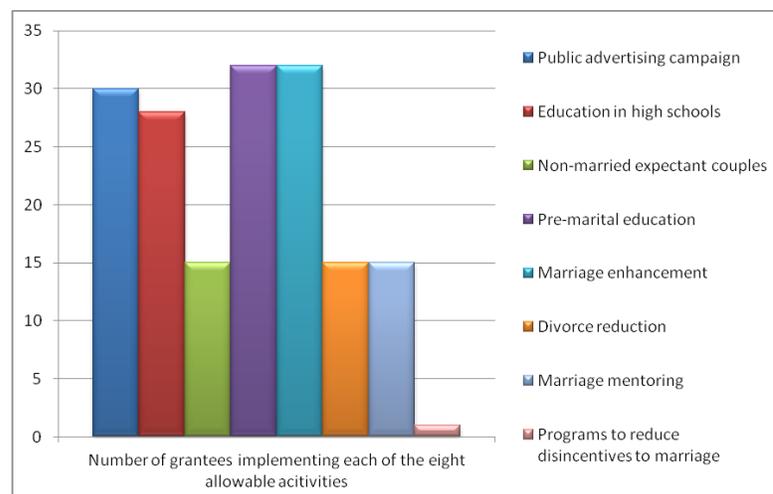


\*Information regarding community setting.

es in more than one

## Appendix C: Number of grantees implementing each allowable activity

Percentage of grantees providing services in various community settings



\* Priority Area 1, 2, and 3 grantees implemented at least five of the eight allowable activities specified under the grant. Information was available for 32 grantees.

## Appendix D: Curricula used by grantees

10 Great Dates	Fragile Families
12 Conversations	Hitched and Happy
5 Love Languages	How to Avoid Marrying a Jerk/Jerkette
7 Habits of Successful Families	Jumpstart Your Relationship: Reclaim Your Well-Being
8 Habits of a Successful Marriage	Keys to a Healthy Marriage
8 Hours to a Lifetime of Relationship Satisfaction	Love Notes
Active Communication	Love U2
Active Living	Love's Cradle
Active Marriage & Best Practices	Marriage Garden
Active Military Life & Resiliency Skills	Married and Loving It
Active Money Personalities	Mastering the Mysteries of Love
Active Parenting for Stepfamilies	PAIRS
Active Relationships	PAIRS Essentials
Active Relationships for Young Adults	PAIRS for Life
Active Romance	PAIRS for Peers
Adventures in Marriage	Parents as Teachers Born to Learn
All About ME	PREP
All4Children	PREPARE
Black Marriage Education	PREPARE/ENRICH
Bridging the Great Divide: Parents and Teens Communicating about Healthy Relationships	PREP-Within My Reach
Bringing Home Baby	PREP-Within Our Reach
Bringing the Pieces to Peace	Ready for Love
Building Hope, Building Twogether	Relationship Enhancement
Caring for My Family	Relationship Smarts
Connections	Relationship Smarts PLUS
Core Communication	Relationship Works
Couple CARE	Relationships and Marriage
Couple Communication	Smart Girls/Passport to Manhood
Designing Dynamic Stepfamilies	Smart Steps for Adults & Children in Stepfamilies
Divorce Busting	Soul Mate
Economics of Family Formation	START SMART
Facilitating Open Couple Communication	Successful Stepfamilies
Family Wellness	WAIT Training
FOCCUS/REFOCCUS	Worldwide Marriage Encounter