



**national  
healthy marriage  
resource center**

## **July 2011 Webinar Transcript Questions and Answers**

**OFA Healthy Marriage Program's  
Learning from Evaluations-to-Date**

July 29, 2011

**Operator:** Good day everyone and welcome to the National Healthy Marriage Resource Center July Web Seminar conference call. Just a reminder today's presentation is being recorded.

At this time, I'd like to turn things over to Mr. Rich Batten. Please go ahead, sir.

**Rich Batten:** Thank you, (Vicki). Good afternoon and again welcome to National Healthy Marriage Resource Center's webinar entitled, OFA Healthy Marriage Program's learning from Evaluations-to-Date.

My name again is **Rich Batten** and I'm the National Healthy Marriage Resource Center Program Manager and I'll be facilitating today's webinar.

We're now in the final year of funding and many healthy marriage program grantees are looking to evaluations that they've conducted to get an overall picture of how their participants have fared in terms of knowledge gained and changes in attitudes in behavior.

NHMRC recently commissioned a meta-analysis of Healthy Marriage Program evaluations that address these critical questions.

As our lead speaker will highlight today, participation in the study was completely voluntary and most participating entities used a pre-post design.

Therefore, I feel it important to emphasize up front that the topic of today's presentation is not a declarative statement on effectiveness of health marriage programming. But rather what is the takeaway from this work in the challenge of a call for more stringent evaluation design.

Our guest today will be Alan J. Hawkins, Ph.D., Professor of Family Life of Brigham Young University. He will share his findings from the meta-analysis that I just mentioned and then Dr. Hawkins will be followed by representatives from two healthy marriage programs and their evaluators.

We'll feature the Family Bridges Program with Eiko Venovic and Elisa La Hoz and with Family Bridges Program with the Meier Clinics of Illinois.

And then Ted Strader and Craig McGuire with the coach program, Council on Prevention Education Substances, Inc. and their Healthy Marriage Program in Kentucky.

A few housekeeping notes before we get started. This webinar is being recorded and the recording, all presentation materials, i.e. the PowerPoints that you'll see, including the question-and-answer sessions at the end, will be posted on the NHMRC Web site within about seven to ten business days following today's presentation.

You can also submit questions during the webinar and I'll have Jill Scollan explain that **process. Jill.**

Jillian Scollan: Thank you, Rich and good afternoon everyone. I'd like to direct your attention to the demonstration slide that's currently displayed on your screen.

You should find the question-and-answer pane designation by the letters Q and A at the top left portion of your screen.

You can click on that to open the pane or you can open and then drag that pane off the menu bar to display as a standalone box.

To ask a question this afternoon, we request that you type your question in the top box and then click Ask. You will automatically receive a reply thanking you for your question and letting you know that the question has been forwarded to the facilitator.

This automatic reply allows us to free up your Q&A pane, which enables you to ask another question. **Rich.**

Rich Batten: Thank you, Jill and I will note that while we will receive the question live when you submit it, we will not interrupt the presentations to answer your questions, but will save that to the last 10 to 15 minutes of our webinar. And then I will verbally pose the questions myself to the presenters.

So with that, I'm pleased to welcome our first presenter, Dr. Alan Hawkins, is professor of Family Life at Brigham Young University.

His research focuses on education and policy interventions to help couples form and sustain healthy marriages and relationships.

He is widely cited for his work that examines overall effectiveness of marriage and relationship evaluation.

He has served as a chair of the Utah Healthy Marriage Initiative, Research Director of the Healthy Marriage Resource Center, and a visiting scholar with the Department of Health and Human Services Office of Planning Research and Evaluation working on the Federal Healthy Marriage Initiative.

Professor Hawkins holds a Ph.D. in Human Development and Family Studies from the Pennsylvania State University.

Alan, **take it away.**

**Dr. Alan Hawkins:** Okay. Thanks, Rich and good afternoon everyone.

This is - I'm pleased to be with you and hope that this presentation can be helpful and informative and also encouraging for all the work that the grantees have been doing over the past five years. And I'm so pleased to be here.

Let me acknowledge up front, very skilled help that I received in this from my graduate student, Kaylene Fellows, who is not with us today but I thought a great deal of work and I suspect some of those on the call have interfaced with Kaylene as they've provided data for us to be able to do this meta-analysis.

And let me also thank all of those here on the call who did participate on a voluntary basis with this study to give us a sense of how things have been going with the efforts of the OFA Healthy Marriage grantee programs, so I'm going to talk to you today about this study and summarize the results.

A few of you may have seen some of this at earlier presentations at other conferences elsewhere. So I apologize if there's some repetition there.

In my - in this first slide, what I'd like to do is just kind of give you an overview of what we did. We contacted all of the OFA Healthy Marriage grantees who had funds through the Office of Family Assistance and invited them to participate in what a Meta - what we call a meta-analysis.

And oh, I was also forgot to thank one other person or one other organization and that's the National Healthy Marriage Resource Center that was very interested in doing this study and has been very supportive throughout it.

So we contacted the grantees out there, the resource center contacted them, to see if there would be some initial interest.

And about 50 of the grantees, and there were I think there were about 120 who were contacted, but about 50 of them said that they had some kind of basic outcome data usually a sort of pre-(assessment) and a post-assessment.

A kind of simple basic field outcome data. And also indicated that they would be interested in participating this study to see how things have gone with this significant new set of programming that the Office of Family Assistance has undertaken here in the last five years.

So we contacted those who indicated an interest to participate about, not all of them were able to come through at the end, but about 44 of those 50 grantees volunteered their data. Again, mostly just to basic pre-post data.

And for various reasons, however, about a dozen of those were not the kind of data that gave us this basic pre-post look at what the outcomes of these programs were.

So there are various kinds of things. I would point out I'm not ascribing fault to those programs. It's just that they collected things in a different way that was not usable for our study.

However, out of those 32 grantees that provided us with usable data, a number of them were doing multiple programs or (in) multiple allowable activities.

And so we have data on 51 programs from these grantees. And those programs if you total up all the participants who were involved in those programs, more than a 1000 per program, we come up with more than 50,000 participants who were evaluated in these 51 programs.

Well, I guess I need to start out here as I flash this slide out.

Just reminding people what a meta-analysis is. It takes all of the studies that are out there on a particular topic, in this case, these OFA Healthy Marriage grantee programs.

And with some statistical magic, puts them all together as if they're into one study.

Standardizing the results across the different studies and then being able to look at the overall, the bird's eye view as opposed to each individual program evaluation.

Obviously, each program evaluation in and of itself is very important and says something important. But there's also something I think very unique and valuable about recognizing that all of these programs are in essence, trying to accomplish the same kinds of goals - to help couples and individuals form and sustain healthy marriages and relationships.

And are doing so under a particular funding stream. And so, this overall perspective, I think can (also) be very valuable.

Well, here on the slide then you can see what the overall program impact (is). This means taking all 51 of those programs and combining all of the different outcomes that they measured.

And I'll show you what those are in a moment. And to get a sense of how successful were these programs.

These - the effects here are represented with the statistic called (D). It's called the effect size. Let me just remind you quickly what that is.

That registers essentially the growth or the change from pre-test to post-test of these measured outcomes and the grantees program measured.

And this first statistic (D) equals .40 indicates in technical language, that the post-test scores on average were 4/10 of a standard deviation higher than they were at the pre-test. And so you see that kind of movement.

The overall effect then suggests that there is significant, and what Meta-analysts would call moderate change from pre-test to post-test overall in all of these programs and in all of the outcomes measured.

And that includes 46 different programs. That's what (K) refers to there is the number of programs contributing to that effect size.

A few of the programs followed their participants for a few months and would try to get a follow-up outcome assessment.

They struggled to be able to do this for various reasons and we only felt that there were about eight programs out there that were able to do this and get most of those participants to respond again.

And those - so only about eight of those programs. But when they did, it suggested that the effects might even be a little bit stronger.

Point five is a moderate and a very average kind of effect size in these kinds of programs.

But we have to be very cautious. This is a very select group that we're able to get pretty good follow-up data. And so I have to be very cautious interpreting that number.

We also had the opportunity to - many programs have asked these data separately for the men and women in their program. But we found no evidence where that was available that there were gender differences in terms of these outcomes for the programs.

Let me give you one other way to interpret an effect size.

If you have an effect size of  $d$  equals .40, what that suggests is that about 66% of program participants at the post-test scored above the average or the mean of the pre-test. And by definition, you've got 50% of program participants scored above and below the mean at the pre-test.

So this does show that they're some movement upwards in terms of the success that these programs meeting the outcome goals that they had.

So that's the overall findings, but we have some other ways of looking at these data as well.

And we look at them for instance by allowable activity. Some of the grantees that were doing work in all of these allowable activities. Others were doing just work in just one or maybe two of them.

And so we looked at these effects by allowable activity and see for the most part, well in all instances, significant effects and in most cases moderate about the same size as the overall effect that we had.

The one exception is as you can see for those serving premarital engaged couples, the effect overall effect size was smaller. We're pretty sure that this is due to the reality what statisticians would call a ceiling effect.

They're already very happy and reporting very positive kinds of measurements at their pre-test in the, if you will, the sort of pre-honeymoon stage.

And so it's kind of hard to push people up who are in this category. Though we did see a good movement in terms of being able to help them with communication skills.

You also noticed that they were very few grantees reporting to us data in the allowable activities. I think the six and seven divorce reduction and a marriage mentoring which is unfortunate. It'd be nice to get even more data in those categories, but we're not able to do that.

In addition, we also broke these data down and looked at them across all of the programs, but looked at them by the particular relationships outcome that was being assessed.

And these were the most common kind of outcomes being assessed a relationship quality or relationship satisfaction. Communications skills of various kinds were very commonly assessed.

Many programs would also assess a sense of relationship confidence. This was due particularly of those serving unmarried and co-habiting couples and unmarried parents and in those areas.

Many programs also assessed whether or not there was aggression in their relationship.

These are all self reports by the way. Some programs, particularly those serving youth would ask questions about their knowledge about unhealthy relationships and unhealthy relationship dynamics.

And a few programs also, particularly those serving parents would ask about co-parenting kinds of things including some father involvement measures.

So as you can see here, particularly as we look at the pre-post effect sizes for these different outcomes.

Again you get pretty solid modest, but significant outcomes here for each of these outcomes.

Some of them are a little bit small. The relationship aggression one (D) equals .26 for the pre-post effect side.

But 19 programs were in that analysis and I'm encouraged by that that we can - it appreciate that we can reduce issues around relationship aggression from pre-test to post-test as a result of these Healthy Marriage Programs that are being conducted in your communities.

So also get some nice effect sizes for communication skills, which we know are very important to the long-term health of a relationship.

So again, I'm encouraged by those findings as well.

And then we did one other thing that might be of interest to some of the grantees.

While most of the programs would do the basic kind of field evaluation where they would assess individuals as they come into a program and then assess them at the end when they leave the program.

There were a handful of grantees that employed another methodology, which is called a retrospective pre-post analysis or evaluation.

That's where instead of asking participants to rate themselves as they begin the program, they wait until the program is done and at the end, they ask them two questions. Where do you think you were when you began the program on the outcome, your relationship quality, your communication skills, etcetera?

And then, the second question immediately after is, now having gone through the program, where do you think you are now?

And so that - it is in essence it has them retrospectively recall where they were at a pre-test.

Some evaluators think that particularly in programs where participants tend to overestimate their skills coming into a program that these are good ways to really assess effectiveness of a program.

And it's very possible, as a matter of fact, I think there's some pretty good evidence that people overestimate their communication skills, for instance at the beginning of a program.

And so this may actually show a better results if you ask this way. And indeed that's what our analysis shows, is that you get really very pretty strong outcome results if you look at the six programs that measured the success of their program through this retrospective pre-post design.

Though there are only about six of them and so again, we have to be a little bit cautious.

But it is an interesting possibility that measuring this way might be a more accurate assessment of change that goes on though there are other evaluators who argued that this is not the best way to measure, but I don't think we'll get into that argument here this afternoon.

Just a few other things then as we looked at these data that you might be interested in.

We had programs tells us the length of their contact hours, instructional hours, what we might call program dosage.

And we looked at programs that had the minimum dosage for these programs at eight hours and compared to them to those that had more modest moderate doses, what we call medium dosage from 9 to 20 hours.

And a few programs that had high dosage at 20 plus hours. And what we found was a not quite a statistically significant or reliable difference, but one that suggested that the medium dosage programs out

there did get a slightly higher effects for the various outcomes that they measured.

So again, this is not quite statically significant, but it's suggestive.

Notice also with the four programs that had much higher dosage, there's no evidence that the higher dosage is going to give you more impact on a program.

It's difficult to interpret these numbers directly without acknowledging that there might be other differences between the programs other than just the number of instructional hours.

But it is suggestive that this medium dosage might be about the right amount. And average dose, if I remember correctly, was about 12 hours from all of the grantees.

In addition, we also have asked about participant education levels.

Most of these grantee programs were serving less educated and lower income samples overall, not exclusively, but in many instances this was their target population and we wanted to get a sense and understanding.

Was that a difference in how these programs might have success?

And our answer to this seems to be that, yes. Education level does make a difference in terms of the overall outcomes of these programs.

Those programs that had a greater number of those who are high school graduates or even non-high school graduates. So those programs that targeted and had more individuals with less education, (pardon) and you're going to have to stand on your head to understand that one.

But those with lower educated samples seemed to produce higher effects. Perhaps because maybe this material is newer to them. Maybe there's more room for growth or maybe these programs, again, especially helpful for those who have not had opportunities to higher education elsewhere to learn and think about these things.

So we found that was interesting, those programs that are serving higher educated samples. Their effect size was - were still significant, but they were small and these .19, so we found that to be quite interesting, as well.

And a final moderator that we looked at - well no, I guess I didn't include that one. That's all right. We had one other one but I haven't included it here.

Well let me just summarize and then I think we need to talk about some limitations to this study.

So overall, looking at these 51 programs from these 32 grantees, and this included more than 53,000 participants. We found overall, that there were modest positive program effects.

And that the size of these effects are in line with similar studies that have been done over programs that - these are private programs, not programs funded by the Office of Family Assistance. They really seem to be very similar to programs targeting, for instance, more educated samples and that sort of thing.

We saw moderate, positive program outcome effects in each allowable activity that was tested. And some were a little bit stronger than others. But one of the ones I was encouraged with was, that as we target youth, which I think is more and more important, we help them get a sense of what a healthy relationship is and the importance and the value of the institution of marriage.

We have some evidence that these youth feel like there is something of value being accomplished in those programs and are self-reporting improvements there.

We also got positive program outcome effects for each measured outcome - relationship quality, communication, confidence, less aggression, co-parenting, etcetera.

We found that moderate dosage programs tended to have higher effects than lower dosage programs and even the higher dosage programs though there were a small number of those.

And that programs that had larger proportions of participants who did not have a high school education, or (stop) just of high school, had stronger outcomes.

So that's our summary, but I think we have to be careful and cautious as researchers always are about our results because there are some significant limitations to the study.

And so let me conclude by just acknowledging those.

First of all, not all grantees participated in this study. Only about 32 of a 120 possible grantees participated and Meta-Analysis actually works on the assumption that you find every study, published and unpublished, that contribute to the overall effect. And we do not appear to have done that.

Meta-Analysis also has some techniques, which I have not concluded here that allow you to make estimates or guesstimates of what things might be if other undiscovered studies were, for some reason, discovered.

And while we could find no evidence of bias from the missing studies here in this meta-analysis, still we have to acknowledge that we don't have the complete picture, but that we're seeing an evaluation given the data that were given to us voluntarily by minority of the grantees involved in this funding stream.

We also have to acknowledge that we have looked only at these one group pre-post studies. In other

words, there were only, if I can remember, only two controlled group studies that were - that submitted data to us and that's not enough really to analyze separately.

But we used their data, we just excluded the control group data from - we just used the treatment data in those two studies.

But there's some evidence that just looking at one group pre-post, you know, treatment group pre-post studies, overestimates the effects a little bit.

And so that's a possibility and one might interpret it as that the effect size that we've seen would likely be an upper limit. We wouldn't expect to see effects any higher than that.

If we were actually comparing treatment groups to control groups just to get a sense of the effects, the program success.

We have to acknowledge, also, that these are immediate program effects for the most part. And we were not able - or the grantees out there were not very successful in getting follow-up data from their participants.

Many were nobly tried and actually were quite creative, but without being able to incense participants and to participate in follow-ups, in these follow-up evaluations. They just weren't able to get a lot.

And so given that there was a good deal of attrition from the programs and (this) many participants did not respond to follow-up requests for data, there's a possibility that we, again, we were overestimating the true effects because those effects may diminish over time.

Although, there're some studies that actually suggest that effects like these will get stronger over time.

And so it's kind of hard to know exactly what's happening. Obviously, we wish we could correct those kinds of things, but that will come with time.

We also need to acknowledge that there was many different ways that the grantees collected data that led to some tough choices on our part. So that could introduce a little bit of error into our study as well.

We - one hope that we might have is that as we go through these next few years, with new funding stream that's available, that we might be able to work as a group to standardize some of these data collection procedures and find the best ways to be able to collect data immediately after a program but also perhaps be able to follow them down the road a little ways.

And also to even consider possibilities of being able to compare treatment group data with some kind of control group data.

Those are really significant challenges but things that we might want to think about as we move forward and really try to establish the effects of what's going on.

I want to acknowledge here at the end that there are some ACF studies with randomized control trial designs and good effective control groups, and with large samples.

And they will be telling us a lot as well over the next few years about the effectiveness of these kinds of programs.

So in that sense, perhaps what's - the work that I've done here, it just supplements some of those more rigorous analyses.

Nevertheless, I think there's some things, you know, that we can draw from this. I think, at least initially, we can be encouraged that there are some positive results and it suggests to me reasons to continue to experiment and to try to do these programs even better.

And as a researcher to encourage those in the field who are doing so, to do the very best that they can to document their success so that we can show our success and justify the significant funding that is being allocated to these programs.

Rich, I think that's all that I have. Oh, I've got a minute to spare but it'll give you an extra minute.

**Rich Batten:** A minute to transition here. Well thank you, Alan. I really appreciate that and I will mention - I apologize to some of you, I think, who have the most up-to-date version of Apple software.

Apparently Microsoft and Apple haven't coordinated on their updates so you may not have been able to see the slides. We will have those available online in about a week on the National Healthy Marriage Resource Center Web site.

I also want to mention that we are also in the process of producing a write up. It will be available on PDF form of this meta-analysis.

And one other - just a highlight is that we've - the Healthy Marriage Resource Center is working with Alan and his students and staff to help update and develop a profile of state and federal government supported efforts from 1990 to 2010 to help individuals and couples form and sustain healthy marriages and relationships.

So we're looking to do a profile document and successful piece on the Web site that was looked from state-to-state what has been done with federal and state funding to further this cause.

So Alan and his staff may be contacting some of you grantees about what you know about what's happening in your state.

Next we'll hear from two Healthy Marriage Program directors and their evaluators. They've each been asked to discuss their research design, overview of major findings, and to address challenges in conducting evaluations and how they address those.

Also we've asked them to make some recommendations to you who are conducting or are anticipating conducting evaluations of Healthy Marriage Programs.

So first we'll hear from two gentlemen from COPES, the Council on Prevention Education Substances, Inc. Healthy Marriage Program in Kentucky.

With us is Ted Strader the program director and Craig McQuire. McQuire, excuse me.

Mr. Strader is trained in chemical dependency treatment, prevention and family relations. He has consulted on personal and family life skills, violence prevention, and alcohol and drug prevention with national associations, federal and state agencies, hospitals, schools and the military.

Mr. McQuire is President of Craig McQuire Associates in Ohio, a private research and consulting firm.

Welcome, gentlemen.

**Ted Strader:** Thank you, Rich. I appreciate it. And I appreciate Dr. Hawkins and his presentation as well.

I guess my job is to talk a little about COPES first. You said a lot about the name.

We've had a history of substance abuse prevention, but we've done all of that work through family strengthening approaches. So working with marriages and couples, we've been working with marriage and couples for about 30 years.

COPES has published the Creating Lasting Family Connections curriculum series about seven or eight different curriculum modules to work with parents, and youth, and couples to accomplish relationship skills.

And to increase protective factors in families for both the individuals, the couples, and the children.

CLFC is recognized on the National Registry of Evidence Based Programs and Practices. We're very proud of that as due to conducting research and working with evaluators that we were able to do that.

And we were lucky enough to be among the listeners today for receiving one of the five-year Healthy Marriage Initiative Grants. So my first shout out is to everyone out there who's been working on grants and who fought their way into the office today having binged on writing grants for the last few weeks.

Congratulations on that if you've been engaged in that. I know we have. I know Rich and others have. So I'm happy to be here with you today and glad you're here with us.

**Rich Batten:** I can hear everybody sipping coffee as they're listening to this.

**Ted Strader:** I thought I heard a few snores in there, Rich.

Okay. Well good. I'm excited about - and that's not to diminish our presentation. That's just all that hard work for the last few weeks.

But COPEs, with the Healthy Marriage Grant, we were using our Creating Lasting Family Connections Marriage Enhancement curriculum and that's an adaptation from the broader model CLFC and it was pared down just as Dr. Hawkins was talking about session length and duration of the programming.

Ours was in that range of between 10 and 20 hours. We would do - we were right at the 20-hour level. We had ten sessions but we also did a weekend retreat version, which was about 16 hours in duration.

We were targeting, in our Healthy Marriage Grant, we were targeting people who had recently been released from prison and who had received substance abuse treatment while in prison, or outside of prison, and their spouses.

So the - it could be male or female reentry person and their partners was who we were targeting in our programming.

In terms of what we were trying to accomplish, we were very much in line with what you heard from Dr. Hawkins' presentation. We were targeting nine different objectives.

We wanted to impact - communication skills; conflict resolution skills; intra-personal skills, that's skills within oneself to understand oneself; then emotional awareness skills; and then the ability to express that emotional awareness from within to another person; then inter-personal skills, the skills between two people or more.

And then our hope was to help people increase relationship management skills. All with the intent to increase relationships satisfaction and to deepen the commitments between partners in a relationship.

And ultimately it was our belief - sorry, if you've been working on those logic models this week. It was our belief that that in turn would improve family and especially child well being in a family. Were there children in a family or were there to become children in a family, so that's pretty much what we targeted.

I think Craig, you're going to join me now and talk about our research design and methods.

**Craig McGuire:** Sure. Thank you, Ted.

What we started from with the very beginning, we knew we wanted to do something much more than collecting process data and even outcome data.

So from the very beginning, when we decided to set up a research design that did two things. One was the inclusion of a comparison group so that we had a group of individuals who were similar to those participating in the program that did not participate in the program so that we could compare those data that we would collect from the comparison groups to the participants.

The second thing that we did is in addition to doing a pre-post, we also did a three to six month follow-up survey, both with the comparison group and the participant group.

Again, really because from the very beginning we knew we wanted to try the best we could with the limited resources we had to see not only what we could learn about the (CLFC) program, but how we could feed that back and contribute back to the field.

That really required a lot of work up front because - so that we could do the (analysis) - it makes the analysis in the end on the back-side, much easier.

But what it required were a couple of different things. First of all we did measure these nine scales, as Ted talked about.

And it's not just as easy as picking nine scales that you think sound good, it really required a fairly lengthy process to really dissect the curriculum CLFC, into what are the things that CLFC is attempting to change.

What specific behaviors and what specific attitudes and skills is this particular program attempting to change?

And then from there, to go out and hopefully find in the public domain, established skills that measure very closely the same things that your program is attempting to change.

And the second large scope of this project again was the comparison group. It required a lot of program project staff time to be able to administer these surveys because it was a whole different group of individuals who - they were not necessarily serving, but yet still had to do all of the logistics and the coordination with in order to administer again not just one survey, but three surveys over a long period of time.

And that also is (somewhat) speaking to the third major scope of work of this up front is that three month follow-up.

You can imagine the challenges that were spoken about earlier of trying to retain information about where and how to locate these individuals three to six months after they have left your program.

In our case it was a little - I'm not going to tell you it was easy but we were working with a very captive audience and by that what I mean is, we were working with returning offenders.

So they were in the justice system on parole, and under supervision, and other things that we had a way

to at least know where they were, you know, three to six months later.

So what we did, after we had all the data collected, basically, our results were very pleasing because we were able to show on each of those nine scales positive and statistically significant results.

So if you look back up to the prior slide, they have there the nine scales and you can see that we had positive results on each of those.

And then when we took the next step, and we looked at husbands and wives, we could see that the change in the husbands and wives were fairly close to each other.

So that was very good news for us as well because what it tells us is that there is no gender bias or differentiation in the program, at least, in this implementation of the program.

So we were able to show that both males and females were receiving equal benefits.

Let me just back up one bullet and say that when we were looking at the comparison group, we saw that those relationship skills remained relatively constant over time, but we did see them improve for the CLFC group again in each of those nine scales.

And then lastly, what we were able to do, again because of the three month follow up - three to six months' follow up - we did see that the pre - that those skills rose and they increased between pre and post-test.

And that in some cases there were slight increases three to six months out.

But what we were really interested in knowing is whether or not the individuals retained those skills and were able to integrate them into their daily lives as they moved out of the program and back into the community.

So what we're able to do now, basically, is say with a great degree of confidence and reliability, because of the comparison group that we pulled together, and because of the effort to go out three to six months later and collect a follow-up survey that in this implementation the CLFC program did have a direct and positive impact on relationship skills.

Each of those nine categories of relationship skills, when we break them down nine different ways, we still see that positive and statistically significant impact.

What that allows us also to do, because we measured this was that health in our leads in order to say that those skills lead to greater commitment on the part of these couples, commitment towards the relationship and building that relationship or repairing that relationship, however it needs to be.

And then lastly, that leads us to be able to say that, very proudly, we were able this implement of CLFC, were able to meet the goals that out by the healthy marriage initiative.

There was one other point, but it escapes me now.

So Ted, I'll just give it back to you.

**Ted Strader:** Sure. I'm glad to pick up.

Well, we want to talk about some of the challenges and strategies to overcome those challenges.

I want to make a quick comment regarding the participants. While many of them were in fact parolees, all participation was voluntary. I don't want to be misleading anyway to anyone on that. All participation for program and comparison group was voluntary participation.

The - what was interesting in your one, the biggest challenge was in the first year in our needs assessment.

The prior year in working with the Kentucky Department of Corrections, they led us to believe that about 40% of the males and females that were reentering Louisville from Kentucky prisons were married.

And we thought, well great, they're about 2500 - between 1500 and 2500 men and women reentering the community each year from Kentucky Department of Corrections.

But then, when we got the program up and running, we found out that people that were answering that question in corrections were a little bit different when you ask them if they were actually married or not and returning to a marriage after prison.

That number dropped down to certainly below 10% and maybe down around 5%. So we were like, wow, we're going to have trouble with recruitments and for both the program and the comparison groups.

So there were - we did experience challenges with that. And concretely, we decided to - the original design was to compare the married couples in the program with married couples who were comparison groups, but what that forced us to do was to work with actually a convenience sample, I guess I should describe that.

We also had a fatherhood program funded. And we had a comparison group there comprised of men.

So we were able to - using the same surveys, the exact same surveys that we had used with the married couples. So we were able to do a comparison between the couple's male partner and the males that had taken the same survey during the same time period and used them as our comparison group.

So that was the challenge that we met by using just the male sample comparison group.

We also were challenged with - our original design we had talked about using a 20-session program versus the 10-session, or the weekend retreat format.

Married couples certainly have difficulty making longer-term commitments for both partners with children. And it was very important that we, the challenge of time commitment, and with jobs, and just the stress of reentering a home together with children. So the shortened sessions did help us, we think, dramatically.

Now an interesting thing to talk about, we were told to expect high attrition from all of the needs assessment from talking to corrections, to talking to other providers. And even to talking to the men and women themselves in our needs assessment period, prior to the grant, everyone told us we should expect high attrition, lots of people dropping out, coming and going.

You might start with a couple and they might not finish.

So we were really worried about that. And we thought, gosh, well we hoped to have - we hope to keep attrition to below dropping out to below - we wanted less than 50% to drop out so we can have this study work.

Well it turned out not to be a problem at all. Our recruitment went beautifully well.

And after about three cohorts, the men and women reentering the community were sharing information all the way back to the institutions, the correctional facility, and we had no trouble recruiting or retaining participants, so we were able to complete the study.

So we expected a challenge there that we didn't receive.

I guess then to close out was some lesson learned.

Especially when you want to talk about the future, as Dr. Hawkins was mentioning, the future for the field and maybe in this next round of grants.

It's important to bring the management team together, meaning the staff, the program director, like those of us on this call, along with our staff and evaluators together to design a team approach to conduct program evaluation.

We do that together. That's not done by just an evaluator for someone. A program person can't do it without an evaluator. It really takes teamwork.

And together, and joint decision-making for the staff to become the project director and staff to become aware of the different types of instruments surveys and questionnaires to understand which ones match up with the program that they probably know well.

Many times the implementing team knows the program, but they don't really understand research. Well it's important to learn that with your evaluator and to deeply examine the instruments that you hope to use and to know whether you're going to change knowledge, attitudes, skills, or behaviors, and to talk that through.

Next, to agree up front who's going to do what, when, with whom, where, and how, especially with surveys with us.

We had to do a pre-test, a post-test, and then a follow-up survey three to six months later. Who's going to find people? How we going to create a desire on their part to follow-up for the program group and especially for the comparison groups?

And we found that our network of positive energy and the actual target population themselves were selling both the program and the comparison group for us.

That worked well for us.

Looking at pre-post and follow-up assessments allow evaluators to look at long-term impacts and those are valuable.

Most programs, I don't want to say marriage programs, but when you look at the evaluation across all fields, well lots of programs get very small, if any results.

And then what results they do get, go away quickly over time. Doing a follow-up, you really want to find what impacts last so that makes a big difference with using a pre-post in a follow-up survey it's important and I think essential.

And then for evaluators and program staff to look at those results together regularly throughout a project at least each year if not more often to adapt the program to improve it while you're going.

Although the real powerful evaluation analysis gets done, it may be after a five-year study, there are things you can learn along the way from both your process and outcome measures.

Craig, I'll throw it back to you for closing comment. I think we got about a minute left.

**Craig McGuire:** Yes. Well, and I just wanted to sort of reiterate the importance again of going back to that follow-up survey.

That for us is what really was able to enable us, I guess, to take this to the next level to the next level and to be able to see, you know, what long-term impacts we're having on the lives of these participants.

**Ted Strader:** I know we were real excited to see increases from the not only from pre to post but from post to follow-up. That tells you that the couples working and improving the skills without us over the next three to six months.

That was the most gratifying thing we saw.

**Craig McGuire:** Sure. Rich, I think we're ready to throw it back to you. Thank you so much for the opportunity.

**Rich Batten:** You're welcome and thank you both, Ted and Craig.

To round out our presentations - and let me just say as I make this transition, if you have questions, feel free to post those now or at any time during the presentation in the the Q&A box. And we'll address those at the end of this next presentation.

So to round out things, we'll now hear from the Family Bridges Program operated through the Meier Clinics of Illinois. With us is Eiko Venovic, Psy.D., with Clinical Psychologist and Assessment Coordinator of the Family Bridges Program and Alicia La Hoz who's a Clinical Psychologist and Family Bridges Program Director.

Dr. La Hoz has created research based curricula for corporate settings on conflict resolutions, communications, stress management, and leadership, and she's also been involved in federally funded program evaluations.

She is also a psychologist at Meier Clinic, which offers Christian Mental Health Counseling.

Dr. Venovic conducts statistical analysis and manages overall areas of assessment for Family Bridges. She is a psychologist at Meier Clinic where she provides services to individuals and families including marriage counseling.

Ladies, take it away.

**Alicia La Hoz:** Thank you. Well, good afternoon everyone. We're excited to present about the Family Bridges Program.

We've had opportunity to provide services in six counties in the ((inaudible)) area because of the community model that we offer.

We basically partner with 12 providers that in turn provide relationship classes to over 400 different organizations in the community including libraries, hospitals, park districts, churches.

And together we've been able to serve or at least have had 40,000 participants that have taken some of the relationship educational workshops that we've offered throughout the five years of the Healthy Marriage initiative funded through ACF.

Having a little bit of trouble passing the slide, so I'm going to go ahead and ask some help with that. Thank you.

We predominantly serve high minority, low-income population. Our programs are offered in English and in Spanish.

And we offer a lot of focus in the cultural component with all our facilitators.

So we look at our model as a relationship school, or relationship university without walls where we would like the opportunity for those in the community to be able to participate and engage in (MRE), or marriage relationship, and have them in classes.

The - our model is definitely a community based model. And when you look at the logic model that we developed for the program, we basically served seven different priority areas throughout these last five years.

Couples, singles, high school students, and also a big public awareness campaign to complement that.

So our outcomes are similar to what have already been reflected in the other purchase - in the other presentations in terms of being about communication, problems solving, self awareness and behavior, relationship, the budget and finances.

Those are the objectives that corresponded to what we wanted to do with the impact of the participants attending.

So we also focused a lot on a community based model. And so we'll spend a lot more time talking about that because that's who we are, we're a community-based model. We're working with ((inaudible)) Provider Organizations and so we - we're really focused on looking at the fidelity of the program.

How is it that we can mirror the Family Bridges Workshops throughout all of these providers and throughout such an expanse of community, and still have consistent programs that are quality based and that we could feel very good about what was being delivered?

So our focus was predominantly more, much more about the community model and so we really focused our resources about 3% of our budget went to evaluation design. And so we really put most of that focus on that aspect.

So if you look at our evaluation model, we looked at basically four components, the contacts.

If we're working in the community, if we're working with several different providers, that have such a wealth of services and focus areas everywhere from prison, prison reentry programs, to high schools, to community based organizations to churches.

How could we look at some of the common denominators that would ensure that the healthy marriage - the delivery of the healthy marriage workshops would be consistent?

So we looked at the context. We looked at different materials that would be culturally sensitive for the population served.

So the input, what were the strategies and the materials in order to address those needs. The process, the idea of how can we work together as a big collaborative to ensure that the forms, that the surveys, that the evaluation tools would be delivered in a consistent way for it to be a quality assurance process.

And then product. What would be the way that we would be able to disseminate those outcomes so that the community could be engaged in that process?

And so if you look at the context, which is the program fidelity aspect, we worked together with the local school here, Wheaton College, the community class every year.

They came in and did a base line assessment, an organizational assessment if you will, of each of our providers a (structured) interview.

It was pretty expensive with 21 different critical areas that corresponded with the activity areas of the (RS) team of the original (RSP), as well as our grant narrative, our proposal.

And so each year we have compiled a very extensive report for each of our providers that corresponds with each of these areas.

That conversation allowed us - it had many benefits. But one for the benefits was definitely was continuing to bring us back to the original intent, the original purpose of the program and ensuring that program fidelity was always in place.

And also we gave each of the providers, we met with them every year to review these - the summary of the structural interview along with specific outcome data that we compiled for each of their organizations.

And so we were able to look at what were some of the common denominators that - or at least make some inferences that actually influenced things as retention, the attrition rate, or satisfaction rates and workshops.

So we're able to look at these common denominators just to have some conversations.

And also look at some of the growth areas as well as some of the strengths for each individual organization and some of the ways that we can continue to grow in areas of deficiency.

So this was very critical. And again, us being a program, a model that was more a community-based model, we felt that this was something that we wanted to highlight.

We'll talk about recommendations later, but definitely this was a very innovative way to bring our cost down to collaborate with the university in order to help us do that with some of the students there.

So one of the next steps in terms of outcomes for this, is that they're going to be working on compiling since we have five years worth of data and this program fidelity aspect. They're going to be compiling some of the critical denominators that we would want to focus in the future as we encourage different community organizations of their implementing healthy and marriage relationship workshops.

What are the critical components or the common denominators that ensure positive outcomes in terms of organizations delivering services?

So this is looking a little bit more at the process, the context, not just the curriculum, or the direct service delivery.

Looking a little bit more at the context that allows or facilitates for an organization to succeed in implementing programs.

So I'm going to go ahead and pass it over to Eiko to talk a little bit more about the input for the program objectives and that's looking more specifically at our outcomes for individuals, participants, and looking at the impact.

We're also interested in understanding what the impact aspect, what are the social and economic impacts that our services have for the counties that we serve.

**Eiko Venovic:** Hi everybody. Okay. When you look at the input here, we had the need to create our own evolution tools.

We have couple reasons why we did that. One of the - first one is that we had limited resources available up there in the market for our target population.

About 85% of our population, we are serving Spanish speakers. And so we had to translate everything that we create in English to Spanish. And that was one of the barriers.

And the second one was that our target populations are unique characteristics in terms of the lower social economics datas and possible lower educational background, and possible reading difficulties.

And so we had to make the survey short and easy to teach each participants how to complete each surveys.

For example, we have a ((inaudible)) scale surveys. The one - the option - the response one will be the highly agreeable, two agreeable, three not sure and so on.

And so we had to train, be able to teach those participants how to fill out the surveys appropriately and so that was one of the reasons.

So what we did was we consulted with our local educators and also consultants and researchers to make

sure that we are developing appropriate and sufficient way of creating the measures.

And after we created draft, we conducted pilot studies to ensure the quality and we had to edit couple times to shorten it, because it was getting longer and longer and we needed to cut short.

And so therefore we have developed: intake (pre-posed) satisfaction surveys; mentoring surveys, which is a six month follow-up survey; exit survey, which is a longer term follow-up survey on average two years.

And also we have been conducting focus groups, which is the qualitative data that we are trying to get right now in progress to evaluate the workshop experiences of couple participants in high school participants.

Also we are focusing on the internal quality control in terms of the facilitator evaluations. We are requiring each facilitators and providers to submit the program summary reports and also curriculum summary reports.

Those are the checklists of detailed teaching components that each curriculum covers so that we ensure the quality of the services.

And also facilitate evaluations. We conducted annually per by the providers so that make sure that we are meeting expectations of high quality services provided.

Also site visits, we do this annually. It's a surprise visit so that selected facilitators of the workshops can be evaluated, their performance, in their workshops.

When you look at the process flowcharts, these - this is the standardized procedures that we have in place for the paperwork.

So each providers are required to follow these procedures when they complete the workshops and also, you know, in order for them to get paid.

They will be faithfully following this. And this will allow us to get a stable and consistent dataset and that would allow us to have a solid outcome measures, the results, that we are looking for and this week ((inaudible)) our working relationships, our great working relationship within the staff especially between the evaluator and the providers.

Along this year, we've been able to strengthen the relationship, working relationships among the providers and the staff here at Family Bridges. And that has been helping us to be accountable with each other in terms of the paperwork.

In terms of the number of participants we have served - the next slide please.

Okay. We have being to date, it says that over 30,000 people - it's safe to say now at this point that about 40,000 people have been served through workshops and events and the breakdown of the activities are shown there.

And so we've been able to provide services to a lot of people in the community. And it is because of the working relationship again we have and be accountable with each other and that's the pretty much the summary of our relationship that we are the community-based and we want to make sure that quality after service is provided is internally controlled and that is what we are trying to do.

In terms of outcomes, you can see that we have been steadily showing a positive results. Here that, for example, you can see 67% of couple participation have shown implementing communication skills.

When you look at the long-term effect on average two years after they complete the workshops, they - ah let's see - 87% of the couple participants have shown the increasement (sic) in communication skills.

It means that even when they are away from the workshops, after two years, they still retain their increased and learned skills and knowledge about relationships and that is very encouraging.

Alicia would be talking about the dissemination about outcomes and summary of lessons learned.

**Alicia La Hoz:** Yes, we're excited about the outcomes and one of the things that we really focused at the beginning is the ethical advocacy to go back to all of the community organizations and stakeholders and be able to report to them what it is that we are doing.

And so, we're really faithful about doing that. We do that in many ways.

Like I mentioned earlier, we give the annual feedback report to each organization with specific outcomes in comparison to the larger program.

We provide an annual report to the community, to stakeholders, during the community forum where we also talk about the specific outcomes and look at the program return and investments and also look at some of the economical and social impact of the program.

We're always looking at ways that we can tell stories, documentaries, and testimonials because much of the statistics are interesting at the end of the day, when we hear the stories that seems to be what tugs at our heart and that's what gets us talking and gets us excited and passionate about that we do.

We're also really active about looking at the case study and how can we look at the program return on investments and we're trying to disseminate those findings in a professional presentation through the Web site.

And also looking a little bit more closely at some specific research questions such as the cultururation and

how our culture, in fact, the marital satisfaction rate and working in collaboration with some students that are working on dissertation data.

So, that's something that's very specific and important for us to be able to - we're going out in the community, we're collecting surveys and we want to make sure that every time we're out there, we give an opportunity to report the findings to those that have been so gracious in opening their doors and allowing us to serve the community in that end.

There's a lot of lessons that we've learned. One of them being is how important it is for us to understand who we are.

The very beginning we were really ambitious. We wanted to do maybe a quasi experimental design and do more extensive surveys, but understanding when we start up looking at it a little bit more closely, we understood that who we are was a community model and how important it was for us to stay true and disciplined in who are.

So we needed to understand what were the components again of the community and what was going to make this effective.

And so we wanted to understand - we needed to understand who we are and develop a design that stayed true to who we are and we also understood how important it is to understand who we serve.

We serve low income and predominantly low income Latino population.

So understanding the cultural dynamics is really important. Our populations could not, you know, it was just difficult for us to give very long surveys when individuals were not necessarily comfortable or even experienced in taking surveys.

So when you have to go back, you know, from the beginning that would have created a lot of barriers in program participation.

The other piece of it was that we understood that there wasn't much in the literature out there about what are some of the - what are some of the things that we understand about Latino marriages? There's just a lack of research out there.

So being able to have survey response at the beginning would give us some ideas of specific recommended areas that we could later pursue for more specific research designs.

And so we thought that it would be better to state the research. So if you will the beginning developed the infrastructure, developed the community model that would allow us in the future to be able to house more rigorous evaluation study.

And also that be backed up by some of the patterns that we see with the larger (dataset) because obviously now we count 30,000 surveys we were able to look at least at some patterns, some concern areas that we want to be able to look at more carefully and so that was a specific area that's important.

Understand who you are as an organization and understand who you serve and develop a model that stays true and honest to that.

The implementation of standardized measures is always so important in being able to provide a lot of training in that aspect.

Listening to partners on the ground, making sure we're part of participant, putting yourself in their shoes as a participant.

If you're a participant and you're marital distressed, do you want to take long surveys? Really thinking that through is important.

Integrating both aspects of qualitative and quantitative data to tell a fuller and complete story, is always more enriching.

Having a lot of quality assurance practices along the way to ensure consistency and so that you feel confident in that what you're gathering in terms of data is reflective of what is happening in the community.

And just one thing has just been wonderful to work with. A plethora of passion-like minded individuals that are doing this work in the community and that you can each invigorate one another and it also allows us to reach so many more participants in the field.

So that's it for me.

**Rich Batten:** Thank you both very much. Thank you, Eiko and Alisha, this great presentation and thank you to all of our presenters this afternoon.

I would remind you if you have a question that you'd like to pose to any of these people, there's instructions on the - your PowerPoint slides now and how to do that. I encourage you to do that.

We'll take a few minutes to interact with questions and then take a brief poll of your experience on this webinar and allow you to finish the rest of this afternoon.

Couple questions. One in regards to - and I'll just address this to most of the programs who presented today.

Did you collect data on education levels of participants and was that consistent with the findings that Alan saw in the meta-analysis?

**Alicia La Hoz:** This is Alicia. Yes, we did collect information about the education levels and yes, that is consistent.

But I would say that most of our population, if not all, is low income so it's difficult for us to have a comparison base. But, you know, 85% is low income so; was difficult for us to compare them to another setting.

**Craig McGuire:** We also collected educational level data as part of the baseline information that we can use. Yes.

**Rich Batten:** So there's a question for Alicia and Eiko. It says, did you have Latinos who couldn't read and how did you handle that with surveys?

**Alicia La Hoz:** Yes. Yes, there's definitely that and in those instances the facilitator would read the items. But we kind of excluded that from the raw information.

One of the things that we do do - that we did at the very beginning is understand that it was a lot faster if the facilitators would read all of the items of the group exercise. It diminishes the time to 15-20 minutes versus an hour and so implemented that across the board. So all the facilitators read all of the items and just makes it more sufficient of a process than if participants do that individually.

**Rich Batten:** Any final summary statements that any of our presenters even yourself, Dr. Hawkins, I know you've been on hold for some time.

That we'd just like to emphasize and how recapping what you've presented today?

**Dr. Alan Hawkins:** No, I was quite interested in these field - these presentations from these field evaluators who've done marvelous work and I think this is very promising for the field.

**Rich Batten:** We do have another question that just came in for Family Bridges and basically wondering, did you ask the same question of participants at each data collection period? For example, a pre post and follow-up?

Yes, and exit as well. Yes, we did. And at exit interview there's additional questions and little bit more economic indicators. But we repeated it continuously so we were able to compare that across time.

You know, another comment that I would recommend in considering to the audience is that our audience is very non-verbal, at least when I'm looking at the Latino community and the minority populations.

And a lot of the measurement instruments that are out there in the field than to be more verbal in nature world.

These components that they look at - communication, conflict resolutions, tend to be very at least what their looking at - I mean, they're some measures that do but for the most part, they're very verbal. It's very difficult to look at the non-verbal aspect.

And so I would recommend in terms of future research designs to even consider going back and starting again and doing some observational research and coding to actually look at the nuances of the non-verbal pieces.

We're doing a lot of focus groups now and some of the things that we're picking up is a lot of some of the non-verbal pieces that are otherwise not captured by traditional measurement tools.

And so, again, when you have a new population that there's lack of marriage literature out there and you're looking at specific questions and we're putting so much of an emphasis on the marriage enrichment curricula on communication.

And yet what we tend to teach is verbal communication. But when the culture itself is so high and non-verbal and obviously, we all know the non-verbal is huge for most people.

But you all need to see just Spanish speaking soap operas so you can see all the non-verbals that go on.

It's just as augmented, a decibel or two. And I think that it's important for us to capture that and design research designs that are not just survey pre-post. We need to go back a little bit more.

**Dr. Alan Hawkins:** Let me reinforce that. The research out there not just on these ((inaudible)) grantees, but broadly on marriage and relationship education confirms that when you invest in those observational measures, you get stronger outcomes.

We've seen that consistency - consistently in our Meta-analytic studies. It is hard to do in the field. There's no question about that.

If you want to show the results, those observational measures are often the best way to go.

**Rich Batten:** Very good. Any other final comments from any of our presenters?

**Ted Strader:** This is Ted. I would just like to thank you at the National Healthy Marriage Resource Center for your support throughout the five-year period and let's keep it going together and I hope that all of these colleagues continues to succeed in investing our passion in our own lives but also in the lives of other marriages have for all the children in our country and it's just wonderful that we're targeting minorities and low-income populations and making a difference.

And so I thank all of us for our work and let's continue.

**Rich Batten:** With that encouragement and great work. I want to close the webinar and thank you all for participating.

And for those of you who participated by listening in and submitting questions, we would like to take a moment and conduct a brief poll. And that should be live on our screen right now.

And basically I'll read you the questions and if you could respond as soon as possible, that will help us to move forward with those.

If poll question's this, or a statement, I have a better understanding of the overall findings of the meta-analysis of OFA funded Healthy Marriage Program Evaluations. Strongly agree, agree, neutral, disagree, or strongly disagree.

Wait just a minute as those answers can continue to come in.

Okay, let's move on to the next statement.

I have a better understanding of how findings should be interpreted from evaluations. These do not employ a control or comparison group. Again, the range of strongly agree, agree, neutral, disagree, or strongly disagree.

And the next one. I have a better understanding of some of the challenges of evaluating local healthy marriage programs and how those challenges can be addressed.

Thank you. And is there another polling question?

Here we go. I have learned helpful advice to use in evaluating my own healthy marriage program.

Thank you. And that concludes our polling questions.

Thank you for participating in that. Thank you all for participating again.

A recording of today's session will be on the National Healthy Marriage Resource Center Web site at [healthymarriageinfo.org](http://healthymarriageinfo.org).

That is also where a number of questions people came in about where can we get these slides. And the slides and the transcript for this webinar and the audio slides, or audio files, will be posted at [healthymarriageinfo.org](http://healthymarriageinfo.org).

We will be putting a notice of when those are available. But you can always find out our webinar resources like going to the main page of the Web site.

And the easiest way, the quickest way is either do a search for webinars or go to NHMRC Resources, which is one of the tasks at the top. And then click on webinars, and that lists every webinar that we've ever hosted. Right there for your use. And there will be slides available on the PDF format.

I'd also like to draw your attention to the evaluation toolkit featured on [healthymarriageinfo.org](http://healthymarriageinfo.org).

Best way to navigate or to find that is, to go to the home page, [healthymarriageinfo.org](http://healthymarriageinfo.org).

And in the left column there's a tab that says, Online Training. Click on Online Training. It will take you to two of our toolkits. And that is Evaluation Toolkit and then the Facilitator Toolkit.

Facilitator Toolkit is one of our most popular items. It has all kinds of skills, and exercises, and cohesion, and videos to use in helping to facilitate.

But then just recently added is our Evaluation Toolkit, which is the step-by-step tutorial and it goes through six stages of evaluation.

It is designed - it is intended for organizations that are working with a third-party evaluators.

So if you're an evaluator, it's probably not new news or all that strategic for you. But if you're a program out there and you're thinking, okay, I really want to do better in evaluating, really want to interact with an evaluator, and know what I'm talking about, this toolkit is designed for you.

It helps you in conducting your own analysis. You may find the information useful. Encourage you to check it out with the interactive exercises that are there.

There's downloadable supplementary materials and videos for information on creating evaluation design for your own program. So, I do encourage you to check that out and I want to give a shout-out.

Thank you for the work of both the ((inaudible)) group and ICF International in helping to develop that toolkit. So with that, I greatly appreciate your time and energy.

I believe this will be the last webinar for this round of funding for the National Healthy Marriage Resource Center. If you've been a regular participant in these, we thank you for your feedback, your participation, and support.

And again, all of our webinars will be available on [healthymarriageinfo.org](http://healthymarriageinfo.org). Have a great afternoon everyone. Take care.

**Operator:** And that does conclude today's teleconference. Thank you all for joining.

*END*