THE SUPPORTING HEALTHY MARRIAGE EVALUATION

FINAL IMPLEMENTATION FINDINGS

OPRE Report 2012-12
August 2012

Supporting Healthy Marriage

The Supporting Healthy Marriage Evaluation: Final Implementation Findings

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Authors: Jennifer Miller Gaubert, Daniel Gubits, Desiree Principe Alderson, and Virginia Knox

Submitted to: Nancye Campbell, Project Officer
Office of Planning, Research and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

Project Directors: JoAnn Hsueh and Virginia Knox, MDRC
16 East 34th Street
New York, NY 10016

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Overview

The Supporting Healthy Marriage (SHM) evaluation was launched in 2003 to test the effectiveness of a skills-based relationship education program designed to help low-income married couples strengthen their relationships and, in turn, support more stable and more nurturing home environments and more positive outcomes for children. The evaluation is led by MDRC, in collaboration with Abt Associates and other partners, and is sponsored by the Department of Health and Human Services.

The SHM evaluation includes a rigorous random assignment research design that compares outcomes for families who are offered SHM's services with outcomes for a similar group of families who are not offered SHM services but can access other services in the community. The evaluation also includes this implementation study documenting how eight local programs delivered SHM's services. The SHM program offers a voluntary, yearlong package of relationship and marriage education services for low-income married couples who have children or are expecting a child. The model has three complementary components: group workshops based on structured curricula; supplemental activities to build on workshop themes; and family support services to address participation barriers, connect families with needed resources, and reinforce curricular themes. This report presents final findings from the SHM implementation study, the characteristics of couples who enrolled, and their participation in the program.

Key Findings

- **Local programs implemented the SHM model in adherence with established guidelines.** Program designers and evaluators consider the implemented programs a fair field test of the SHM model. The core marriage education workshops were implemented consistently across program locations, but there was more variation in implementation of the other two program components.

- **Couples engaged in SHM services and continued participating over time.** Ninety-one percent of couples participated in at least one program service. On average, couples completed 27 hours of services across the three components, and those who initiated attendance remained engaged for approximately eight months.

- **Multiple strategies supported the implementation process.** Written curricula, protocols, and performance benchmarks established expectations for the content, frequency, and quality of SHM services. Technical assistance teams held programs accountable for working toward their goals, and they offered assistance to improve programs' performance over time.

- **Couples who enrolled are a diverse and relatively disadvantaged group.** Most couples who enrolled in SHM had low or modest income; many are Hispanic; and more than half reported thinking that their marriage was in trouble in the past year.

- **SHM services were implemented in diverse agency settings.** Host agencies include community-based organizations, private for-profit entities, a hospital, and a university. Within the broad parameters of the program model, these agencies played an important role in shaping implementation.

While this study was not designed to directly test how different implementation strategies affect program performance or participation rates, the experiences of the SHM programs indicate that multiple implementation strategies can be employed to address challenges that low-income families face in staying connected to long-term, voluntary programs. A companion report, *The Supporting Healthy Marriage Evaluation: Early Impacts on Low-Income Families*, shows that the program produced a pattern of small, positive effects on multiple aspects of couples' relationships.

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Executive Summary

The Supporting Healthy Marriage (SHM) evaluation was launched in 2003 using a rigorous research design to test the effectiveness of one possible approach to improving outcomes for lower-income parents and children: strengthening marriages as a foundation for supporting stable, nurturing family environments and the well-being of parents and children.[1] The Department of Health and Human Services, Administration for Children and Families (ACF), sponsored the evaluation as part of its family-strengthening research agenda. The evaluation is led by MDRC in collaboration with Abt Associates, Child Trends, Optimal Solutions Group, and Public Strategies as well as academic experts Thomas Bradbury, Philip Cowan, and Carolyn Pape Cowan.

SHM is motivated by two strands of research. One growing body of research shows that parents and children tend to fare better on a range of outcomes when they live in low-conflict, two-parent families; parent-child relationships are more supportive and nurturing when parents experience less distress in their marriages; and children are less likely to live in poverty when they grow up in two-parent families. A different strand of research points to the potential effectiveness of preventive, skills-based relationship education curricula for improving the quality of marriages. To date, this research has focused primarily on middle-income couples. Collectively, these findings have motivated policymakers to test strategies that could improve relationship stability and quality for low-income parents and, thereby, improve outcomes for parents and their children.

This report from the SHM implementation study documents how eight local programs implemented this new model for services.[2] It presents final findings on the implementation and participation outcomes that the local programs achieved. Because SHM was a new model for services, examining the following questions was a central task of the implementation study:

- Could programs successfully implement the SHM model as intended?

[1]Throughout this report, the terms "low-income," "low-to-modest income," and "lower-income" are used to refer to couples with family incomes that are below 200 percent of the federal poverty level.

[2]The eight programs that were selected to participate in the SHM evaluation are located in Orlando, Florida; Wichita, Kansas; the Bronx, New York; Oklahoma City, Oklahoma; Bethlehem and Reading, Pennsylvania; El Paso and San Antonio, Texas; and Seattle and Shoreline, Washington. The Pennsylvania and Texas programs each offered services in two locations. In the implementation and impact analysis, these programs are each considered one site, and the research samples from both locations are combined. Variations in program implementation at each location are discussed throughout the report.

- To what extent would low-income married couples participate in this voluntary program during the 12-month period in which they were eligible to receive services?
- What supports would help encourage their participation?
- What service variations would develop in local programs as they implemented a structured model that allowed for some local innovation?
- What role could technical assistance and accountability mechanisms play in supporting performance goals for implementation and participation?

This report explores these questions and describes the characteristics of couples who enrolled in the SHM program and the program's operating costs. A companion report presents the impact results of SHM after 12 months of follow-up and shows that the program produced a consistent pattern of small, positive effects on multiple aspects of couples' relationships.[3]

The SHM Program Model

In eight locations across the United States, the SHM evaluation is testing a voluntary, yearlong program for low-income, married couples who, at study entry, had children or were expecting a child. The program included three complementary components described in Box ES.1. The program's central and most intensive component was a series of *relationship and marriage education workshops* offered for the first four to five months of enrollment in the program. Longer than most marriage education services and based on structured, research-based curricula previously used with middle-income couples, the workshops were designed to help couples enhance the quality of their relationships by teaching strategies for managing conflict, communicating effectively, increasing supportive behaviors, and building closeness and friendship. Workshops also wove in strategies for managing stressful circumstances commonly faced by lower-income families (such as job loss, financial stress, or housing instability), and they encouraged couples to build positive support networks in their communities. The eight local programs selected one of four curricula for their workshops.[4]

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[3]JoAnn Hsueh, Desiree Principe Alderson, Erika Lundquist, Charles Michalopoulos, Daniel Gubits, David Fein, and Virginia Knox, *The Supporting Healthy Marriage Evaluation: Early Impacts on Low-Income Families;* OPRE Report 2012-11 (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, 2012).

[4]The local programs used one of four curricula adapted for use in SHM: Within Our Reach (WOR); For Our Family, For Our Future (FOF); Loving Couples, Loving Children (LCLC); and the Becoming Parents Program (BPP). Appendix G describes the four curricula.

Box ES.1

The SHM Program Model: Three Complementary Components

Relationship and marriage education workshops. The core SHM service, workshops were typically conducted with a range of 3 to 20 couples in a group setting in weekly sessions lasting 2 to 5 hours each. Longer than many marriage education services, SHM workshops typically lasted 6 to 15 weeks, for a total of 24 to 30 hours of curriculum.

Supplemental activities. These events built on and complemented the workshops, providing couples additional opportunities to learn and practice relationship skills and to build support networks with other married couples.

Family support services. Family support coordinators were the main link between couples and the program. They maintained contact over time, facilitated participation in the program by linking couples to needed community services, and worked in one-on-one settings to reinforce themes presented in the workshops.

Complementing the workshops was a second component, which consisted of *supplemental activities* — educational and social events that were intended to build on and reinforce lessons from the curricula. The third component, *family support services,* paired couples with a specialized staff member who maintained contact with them and facilitated their participation in the other two program components. Because programs sought to keep couples engaged in services for one year, family support staff helped to meet family resource needs by connecting participants with other needed services, which also helped address participation barriers and relationship stressors. Staff also reinforced the workshop themes and skills in their one-on-one meetings with couples.

Implementation of the SHM Program

The SHM model operated in diverse agency settings

The eight local programs that participated in this evaluation demonstrated that the SHM model can be implemented in a variety of contexts. Even as programs adhered to a common model, host agencies played an important role in shaping daily operations. The program settings can be divided into three groups:

- **Embedded within community-based multiservice organizations.** Programs in Pennsylvania, Shoreline, Texas, and Wichita operated within longstanding community-based organizations that had deep connections to low-income neighborhoods. In all four locations, SHM was embedded within

an array of services, and programs drew on agency resources as they developed recruitment and referral networks. To increase accessibility, all four programs delivered services in more than one location in their communities.

- **Located in large local institutions.** Programs in the Bronx and Orlando operated in hospital and university settings, respectively, which offered name recognition, connections to recruitment and referral partners, administrative support, and attractive, newly renovated office space. The agency setting heavily influenced hiring decisions: Orlando hired master's-degree students from the university's counseling and social work programs as family support coordinators, and the Bronx hired clinically trained psychologists as workshop facilitators.

- **Operated by stand-alone for-profit entities.** Programs in Oklahoma City and Seattle operated as for-profit organizations with marriage education as their sole or primary service.[5] Not embedded in larger social service settings, their stand-alone structure lent flexibility in shaping services according to their vision.

Each of the local SHM programs implemented the full model: multiple strategies supported implementation

ACF and the SHM research team sought to evaluate well-implemented tests of the SHM model, and final analysis presented in this report shows that the local programs operated the three SHM program components in adherence with guidelines. Though some programs achieved more robust services than others, designers and evaluators consider the implemented programs a fair field test of the SHM model. Multiple strategies, described below, supported the local programs throughout their implementation process.

- **Beginning with small-scale pilots before launching full-scale operations.** Local programs began offering SHM services in small-scale pilots that lasted from 1 month to 10 months. By the time full-scale operations and the formal impact evaluation began, the programs had worked through many early implementation challenges, and pilot tests likely contributed to higher levels of implementation quality during the early months of full operations. Still, it took time to reach a steady state of implementation for all three program components. Programs focused first on launching workshops and family support services to help ensure that couples participated. Supplemental ac-

[5] All services were provided at no cost to couples in all the SHM programs.

tivities began last, and programs offered a limited number of activities at first, with the goal of scaling up as more couples enrolled over time. Many programs did not begin offering a full calendar of supplemental activities until the second year of the evaluation.

- **Building support for couples' participation directly into the program model.** Several elements of the SHM model emphasized making services accessible and attractive to low-income married couples. For example, services were offered on weeknights and Saturdays to accommodate work schedules, and programs supported participation by offering reimbursements for transportation and child care costs as well as modest incentives. Perhaps most importantly, family support coordinators were responsible for maintaining contact with couples throughout the 12 months that they were eligible to receive services from the program. They followed up if a couple missed a workshop or activity, and they connected couples to community resources to address barriers to participation and the stressors that families faced. This combination of regular contact, follow-up, resources, participation supports, and modest incentives was a likely contributor to the engagement and participation rates that programs were able to achieve.

- **Providing written documents to guide service delivery.** Programs began implementation with two important resources: (1) written curricula and participant materials to guide relationship and marriage education workshops and (2) an SHM Toolkit outlining expectations for the content, frequency, and quality of SHM services.[6] These materials provided a starting point for developing job descriptions, training materials, and service delivery protocols, and they formed the basis for performance monitoring by technical assistance providers. The level of specificity varied for each of the three components in the SHM model, which may help explain variations in the consistency of content and engagement that programs were able to achieve across components. Marriage education workshops were the most structured, with written curricula and formal staff training. Family support became more structured over time as technical assistance focused on making the content and frequency of services more consistent. Programs were given very basic guidelines for supplemental activities and were allowed substantial latitude in developing this component, in hopes that activities would reflect local needs

[6]MDRC, *Supporting Healthy Marriage Toolkit: Resources for Program Operators from the Supporting Healthy Marriage Demonstration and Evaluation* (New York: MDRC, 2011). The SHM Toolkit is available online at http://www.mdrc.org/publications/593/full.pdf.

and interests. In a small number of programs, this flexibility yielded a creative and robust approach. Others faced more challenges in developing programming that attracted large numbers of couples, as evidenced by lower overall take-up rates for this service.

- **Placing a continuous focus on performance.** Because little similar work had been undertaken with low-income couples, there was no clear base from which to estimate the level of engagement and participation in SHM services that could be or should be expected. It was important, however, to establish benchmarks for engagement and participation so that program managers and the SHM research team could assess performance on a regular basis and could undertake corrective action in a timely manner, when needed. Local SHM programs operated under performance-based contracts,[7] and continued funding was contingent on achieving benchmarks for recruitment, participation, and quality of program implementation. Benchmarks were set at minimum levels that the SHM developers hoped the programs would be able to achieve.[8] As programs began demonstrating success in achieving the initial benchmarks, additional written implementation guidance was issued, urging them to set more ambitious goals. For example, one of the benchmarks for workshop participation required programs to engage couples in five workshops within six months of enrollment (roughly a third of the total curriculum hours offered). As programs began achieving this goal, they were asked to focus on helping couples complete as many curriculum hours as possible.

- **Offering ongoing technical assistance to support performance goals.** A team of technical assistance providers led by MDRC was closely involved in monitoring performance, holding programs accountable for achieving benchmarks and quality measures, and providing technical assistance to improve services. Technical assistance was delivered using multiple methods and was organized around a continuous process of trial, error, analysis, and retooling to develop effective strategies for meeting performance goals. Each program was assigned a technical assistance representative, or "site rep," who worked with staff as both a monitor and a one-on-one management

[7]Some programs also had funding from other sources, such as state funds or grants from the Office of Family Assistance.

[8]For more information on the performance benchmarks used in SHM, see Jennifer Miller Gaubert, Virginia Knox, Desiree Principe Alderson, Christopher Dalton, Kate Fletcher, and Meghan McCormick, *Early Lessons from the Implementation of a Relationship and Marriage Skills Program for Low-Income Married Couples* (New York: MDRC, 2010).

coach beginning in the pilot and lasting through the end of full operations. Site reps regularly reviewed data on program performance and took responsibility for holding routine telephone check-ins with program managers and staff to review the data and to generate ideas for improving performance in the coming month. In subsequent meetings, managers and site reps analyzed progress: strategies that appeared to be working were kept, and those that did not were thrown out or retooled, and new plans were drafted. In this way, staff were actively encouraged to experiment and were supported in their efforts to test different approaches until they found the ones that worked. Lastly, site reps also made periodic on-site visits to observe staff and to offer feedback on the content and quality of service delivery.

- **Developing a common, Web-based management information system (MIS).** A critically important tool in supporting day-to-day management and technical assistance efforts was a Web-based MIS that was customized for use by SHM programs.[9] The MIS was set up to collect data on couples' characteristics and service receipt. Customized reports allowed managers, staff, and technical assistance providers to assess programs' performance toward benchmarks in real time — for example, tracking weekly workshop attendance and identifying absent couples so that family support staff could place a call offering assistance to help them attend the following week — and to analyze programs' efforts to improve daily operations. The Web-based format facilitated frequent review of performance data, which was routinely discussed as part of staff and technical assistance meetings. Learning to use and maximize the capacities of the MIS was a process that lasted well into full operations. Each program had a part-time MIS coordinator whose role was to train staff, monitor data for accuracy, and run reports. In some locations, the MIS coordinator also played a key role in helping staff interpret results and create more sophisticated reports to make performance tracking easier.

[9]The Oklahoma City program used its own MIS and provided data to the SHM team for purposes of research and technical assistance.

Participation in the SHM Program

Couples participated an average of 27 hours across the three components, and those who initiated attendance remained engaged for about eight months

To understand the implementation of the new program model used in the SHM evaluation, two primary questions that the study sought to answer were whether low-income couples would be interested enough in this type of program to enroll and whether services would be attractive enough to keep them coming over time, despite the day-to-day challenges that often interfere with participation in voluntary programs. At the outset of implementation, SHM had little information about what level of participation one might expect in a program designed to be more intensive and longer-term than most existing marriage education services. One goal of the evaluation, then, was to find out what initial engagement and ongoing participation rates programs would be able to achieve in a model for long-term services that included multiple strategies for supporting participation.

In characterizing participation rates, this report relies primarily on data that SHM program staff recorded in the SHM management information system. In contrast, the SHM early impacts report presents program-control group differences in participation based on sample members' responses to the 12-month follow-up survey.[10] Therefore, the findings on program participation are not identical across the two reports.

A total of 6,298 couples enrolled in the SHM study.[11] Final data show that most couples did participate in all three components of the program. Among all couples who were enrolled in the program group,[12] 91 percent engaged in at least one SHM service within 12 months; 88 percent attended at least one meeting with their family support coordinator; 83 percent attended at least one workshop; and 66 percent attended at least one supplemental activity. Couples spent an average of 27 hours engaged in a combination of SHM services, including completing 17 hours of marriage education workshops. In addition, couples completed 6 hours of supplemental activities and 4 hours of in-person family support meetings.

Looking at the results among couples who ever initiated participation in any SHM activity (91 percent of the program group), participation rates are slightly higher. These

[10]See Hsueh et al. (2012).

[11]Half of the 6,298 couples who enrolled were randomly selected to participate in SHM services and are referred to as the "program group." The other half of the couples who enrolled were assigned to a control group and did not participate in SHM but could access other services in their communities.

[12]Average participation hours are calculated for all program group couples, including couples who attended zero hours of activities.

couples spent an average of 29 hours in SHM services and completed 18 hours of workshops. These couples completed roughly the same number of hours in supplemental activities (6 hours) and in-person family support meetings (5 hours). Once engaged, couples stayed connected to the program for an average of eight months, somewhat short of the model's goal of keeping couples engaged in services for a full year. Couples attended most services within the first six months after enrollment.

Comparing the workshop hours offered in a given location and the hours actually completed provides one gauge of whether couples experienced the program model as intended. As is often the case with programs consisting of multiple sessions, in all the locations, the typical couple attended fewer workshop hours than the total hours offered. Among all program group members, couples completed roughly 60 percent of the workshop hours offered. Among couples who ever initiated participation in SHM workshops, this number increases to 71 percent. These results fall roughly between what was achieved by two similar relationship education programs: Building Strong Families and Supporting Father Involvement.[13]

Couples who enrolled in SHM were a diverse and relatively disadvantaged group

A goal of the SHM evaluation was to test the model in programs that would serve a diverse range of couples. SHM programs succeeded in recruiting couples from a variety of backgrounds:

- **Most couples had low or modest income.** Though a majority of couples had at least one spouse who was employed at baseline, about 82 percent of couples had income below 200 percent of the federal poverty level, and 43 percent of couples had income below 100 percent of the poverty level. In roughly half of couples, both spouses had at least a high school diploma, and 16 percent of couples had at least one spouse with a four-year college degree.

[13]In the Building Strong Families program, which served unmarried couples who were expecting or had recently had a child, program group couples completed an average of 12 workshop hours, or 30 percent of curriculum hours offered. Couples who attended at least one workshop (55 percent of couples) completed an average of 21 workshop hours, representing 55 percent of curriculum hours offered. In the Supporting Father Involvement study, program group couples completed an average of 25 hours, or 79 percent of curriculum hours offered. Couples who attended at least one workshop (91 percent of couples) completed an average of 29 hours, representing 91 percent of curriculum hours offered (32 hours). See M. Robin Dion, Sarah A. Avellar, and Elizabeth Clary, *Implementation of Eight Programs to Strengthen Unmarried Parent Families* (Washington, DC: Mathematica Policy Research, 2010); and Philip A. Cowan, Carolyn Pape Cowan, Marsha Kline Pruett, Kyle Pruett, and Jessie J. Wong, "Promoting Fathers' Engagement with Children: Preventive Interventions for Low-Income Families," *Journal of Marriage and Family* 71, 3: 663-679 (2009). Data for Supporting Father Involvement were provided by Philip Cowan and Carolyn Pape Cowan.

- **Many enrollees are Hispanic.** Overall, 43 percent of couples who enrolled in the study are Hispanic; 21 percent of couples are both white; 11 percent are both black; and 25 percent are couples of another race/ethnicity or couples who differ in racial/ethnic background.[14] Slightly less than 50 percent of couples have at least one spouse who is an immigrant to the United States.

- **Enrollees were, on average, 31 years old and had two children.** About 30 percent of couples were expecting a child when they enrolled in SHM, and most couples had children under age 10 living in their home. Couples in the Oklahoma City and Seattle programs, which targeted their services to expectant parents, served couples who were slightly younger, on average.

- **Couples had been married an average of six years.** The average length of marriage at study entry ranged from three to four years in Seattle and Oklahoma City to nine years in Pennsylvania and Texas. More than a quarter of SHM families were stepfamilies.

- **Roughly 20 percent of enrollees reported experiencing psychological distress, and 20 percent reported facing substance abuse.** The percentage of couples who reported that at least one spouse faced psychological distress, such as symptoms of depression, ranged from 11 percent in Oklahoma City to more than 30 percent in Wichita. The percentage of couples facing substance abuse issues ranged from 12 percent in Orlando to 28 percent in the Bronx.

- **While most couples stated that they were happy with their marriages, more than half also reported thinking that their marriage was in trouble in the past year.** About three-quarters of husbands and wives reported at baseline that they were currently happy with their marriages, but a little more than half reported having thought during the past year that their marriage was in trouble.

When compared with low-income married couples in national samples, SHM couples are more likely to be Hispanic, to be younger, and to report being less happy in their marriages.

[14]The "other/multiracial" category includes couples who are of different race/ethnicity (70 percent), couples in which at least one spouse has more than one race/ethnicity (15 percent), couples in which both of these conditions are true (8 percent), and couples who both self-identified as only Asian, Pacific Islander, Native American, or Other (8 percent).

Participation levels varied somewhat for couples with different characteristics and in different locations

Local programs' rates of engaging couples in any SHM activity hovered fairly close to 90 percent. Programs varied more widely in the total hours of participation that they were able to achieve. The report explores the extent to which variation in participation is associated with differences in how local programs implemented the SHM model or with differences in couple characteristics.

Initial engagement. According to the analysis, couples' likelihood of initiating participation in any SHM services varied in different programs, even when adjusting for variation in couple characteristics. Rates of initial engagement by location ranged from a low of 83 percent in Pennsylvania's Bethlehem location to 96 percent in Shoreline. In comparison, rates of initial engagement for couples with different demographic, economic, and family characteristics fall within a relatively smaller range, from 87 percent to 94 percent. Only two characteristics — women's age and presence of a stepchild in the household — are significantly associated with initial engagement.

Hours of participation. As with initial engagement, program location is also associated with the average number of hours that couples participated in SHM services, even when adjusting for variation in couple characteristics. For example, couples in Oklahoma City and Texas's San Antonio location attended the most hours (33 on average), and couples in Pennsylvania's Bethlehem location attended the fewest hours (19). Oklahoma offered services from pregnancy through the child's first birthday, slightly longer than the 12 months for the other SHM programs, whereas Bethlehem operated a 9-month SHM program. For couples with different demographic, economic, and family characteristics, hours of SHM services completed range from 23 to 30. Characteristics that are significantly associated with hours of participation include race/ethnicity, husband's age, wife's age, education, and presence of a stepchild in the household.

Taken together, these analyses suggest that how local programs implemented SHM — not just differences in the characteristics of enrolled couples — appears to have influenced the extent to which couples engaged in SHM services and participated over time.

Summary

Each of the eight local SHM programs implemented the full SHM program model, and their experiences indicate that multiple implementation strategies can be employed to address challenges that low-income families face in staying connected to long-term voluntary programs. While the SHM study was not designed to directly test how different implementation strategies affect program performance or participation rates, three factors stand out as particularly rele-

vant. Family support services played an important role in encouraging couples' ongoing participation by maintaining contact with couples, addressing barriers to participation, and reinforcing themes presented in the workshops. Offering assistance with transportation and child care costs, as well as modest incentives, may have also encouraged couples' participation. Finally, programs were held accountable for working toward performance goals, and they received continuous technical assistance and support to help them meet those goals. Early impact results from the SHM project are presented in a companion report,[15] and future reports will examine longer-term impacts.

For further information, visit the SHM Web site: www.supportinghealthymarriage.org.

[15]Hsueh et al. (2012).

Chapter 1

Introduction to the Supporting Healthy Marriage Evaluation

This report presents final implementation findings from the Supporting Healthy Marriage (SHM) evaluation, begun in 2003 as part of the Department of Health and Human Services, Administration for Children and Families (ACF), family-strengthening research agenda. SHM is a rigorous evaluation of a couples-based intervention designed for lower-income married couples with children.[1] The evaluation is motivated by two distinct but related strands of research showing that:

- Parents and children tend to fare better on a range of outcomes when they live in low-conflict, two-parent families;[2] children are less likely to live in poverty when they grow up in two-parent families;[3] and, parent-child relationships are generally more supportive and nurturing when parents experience less distress in their marriages.[4]
- Preventive, skills-based relationship education curricula have been shown to be effective for strengthening the quality of marriages.[5]

Collectively, these findings have motivated policymakers to test strategies that could improve relationship stability and quality for low-income parents and, thereby, improve outcomes for parents and their children. Yet, as of 2003, virtually all prior evaluations were conducted with middle-class and predominantly white research samples and resulted in sparse information about how low-income parents — and, more importantly, their children — were ultimately affected by these interventions. This left open questions about whether such services could also be effective for low-income families with diverse racial and ethnic backgrounds.

To address these questions, ACF contracted with MDRC and its research partners — Abt Associates, Child Trends, Optimal Solutions Group, and Public Strategies as well as academic experts Thomas Bradbury, Phillip Cowan, and Carolyn Pape Cowan — to conduct

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[1]Throughout this report, the terms "low-income," low-to-modest income," and "lower-income" are used to refer to couples with family incomes that are below 200 percent of the federal poverty level.

[2]Beach (2001); Schultz, Cowan, and Cowan (2006); Neff and Karney (2004); Whisman (2001); Grych (2002); Cummings and Davies (2002).

[3]McLanahan and Booth (1989).

[4]Lindahl, Clements, and Markman (1997); Erel and Burman (1995).

[5]Blanchard, Hawkins, Baldwin, and Fawcett (2009); Hawkins, Blanchard, Baldwin, and Fawcett (2008); Reardon-Anderson, Stagner, Macomber, and Murray (2005).

the SHM evaluation as one part of its family-strengthening research agenda. The project developed, implemented, and tested a voluntary yearlong relationship skills program that was designed to help low-income married couples with children strengthen their couple relationships and, in turn, support more positive outcomes for parents, more stable and nurturing home environments, and more positive outcomes for their children. Using a random assignment research design, half of the couples in the study sample were assigned to the program group, which could access SHM services, and the other half of the sample were assigned to the control group, which could not access SHM services but could receive other services available in the community. This design ensures that any differences between the research groups when couples first entered the study are due to chance and that any systematic differences that later emerged are most likely due to the program being studied.

The primary objectives of the SHM evaluation are (1) to determine the extent to which program services improve the stability and quality of marriages, other aspects of family functioning, as well as adult and child well-being; (2) to understand who is more likely or less likely to benefit from the program; and (3) to document how the eight local programs implemented the SHM model, the services that couples received, and how couples viewed the program. This report fulfills the last objective.[6] The data presented here are informative in two key ways. First, by examining the extent to which programs were able to engage couples in SHM, the report helps readers better interpret the study's early impact findings, presented in a companion report titled *The Supporting Healthy Marriage Evaluation: Early Impacts on Low-Income Families.*[7] Second, the report also seeks to provide useful information to those interested in strengthening their own programs or launching new services similar to SHM.

As shown in the time line in Appendix Figure B.1, early planning and site selection activities took place between late 2003 and mid-2006. Service providers who expressed interest in launching SHM programs were invited to participate in an implementation planning process that began in 2006. Programs launched pilot operations throughout 2007, and, after demonstrating their ability to achieve pilot benchmarks for performance, eight programs were selected for the full evaluation beginning that same year.[8] Recruitment of couples ended in December 2009, with a total of 6,298 couples being enrolled in the study, half of whom were offered SHM services. The period in which the programs operated for the evaluation ended on December 31, 2010.

[6]The report draws on multiple data sources as described in Appendix A.
[7]Hsueh et al. (2012).
[8]For the pilot and full evaluation start dates, see Miller Gaubert et al. (2010).

The SHM Program Model[9]

The Supporting Healthy Marriage (SHM) program offered a voluntary package of services designed to serve low-income married couples with children. In designing the model, input was sought from academic scholars and experts from the field of relationship and marriage education. Based on prior research, the experts advised using existing research-based curricula as starting points and adapting them for use with low-income couples. They also advised that programs should build in ways to address circumstances, such as job loss or housing instability, that can create stress in relationships and act as barriers to participation. Because federal healthy marriage funds that targeted married couples could be used for relationship skills activities but not for other direct services, the program model accomplished this goal by linking couples to existing community resources. Experts also recommended that programs provide transportation, child care, and emergency assistance; offer modest incentives to encourage participation;[10] and offer services at convenient locations and on evenings and weekends. Finally, acknowledging that behavior change takes time and repetition, experts advised offering multiple ways for couples to practice skills and extending services over a 12-month period.

The result is a program model that consists of three main components to be delivered over a 12-month period, with the most intensive services occurring in the first four to five months of the program. As shown in Figure 1.1, the three components of the program model are curriculum-based relationship and marriage education skills workshops, supplemental activities, and family support services.

- **Curriculum-based relationship and marriage education skills workshops in small groups.** Workshops constitute the central service component of the program. Local programs selected one of four curricula that were adapted specifically for this study. (See Box 1.1).[11] Each curriculum incorporated multiple themes and activities designed to help couples decrease negative interactions (by emphasizing communication skills and conflict management) and increase supportive interactions (by encouraging supportive behaviors, shared goal setting, working as a team, and spending time together as a couple and a family in order to build closeness and positive connections), as well as to build a greater understanding of marriage. The curricula vary, however, in the emphasis placed on each of these skills. Workshops al-

[9]This section draws on Knox and Fein (2009) and Miller Gaubert et al. (2010).

[10]SHM guidelines stated that incentives should be modest — for example, $300 per couple over time for workshop attendance — and could include gift cards or small items relating to the theme of a workshop or activity.

[11]SHM was a 12-month program, except in Pennsylvania, where the program lasted for nine months, and in Oklahoma and Seattle, where the program extended to the first birthday of the couple's infant.

Box 1.1

Marriage Education Curricula Used in Local SHM Programs

Four curricula were used by local SHM programs:*

Within Our Reach (adapted from the Prevention and Relationship Enhancement Program, or PREP) is the curriculum used by the SHM programs in Pennsylvania, Texas, and Wichita. See Stanley and Markman (2008).

For Our Future, For Our Family (adapted from Practical Application of Intimate Relationship Skills, or PAIRS) is the curriculum used by the SHM program in Orlando. See Gordon, DeMaria, Haggerty, and Hayes (2007).

Loving Couples, Loving Children (adapted from Bringing Baby Home) is the curriculum used in the Bronx and Shoreline SHM programs. See Loving Couples Loving Children, Inc. (2009).

Becoming Parents Program (based on PREP and adapted from an earlier version of Becoming Parents) is the curriculum used by SHM providers in Oklahoma City and Seattle. See Jordan and Frei (2007).

NOTE: *For information on how curricula were selected and adapted, see Knox and Fein (2009).

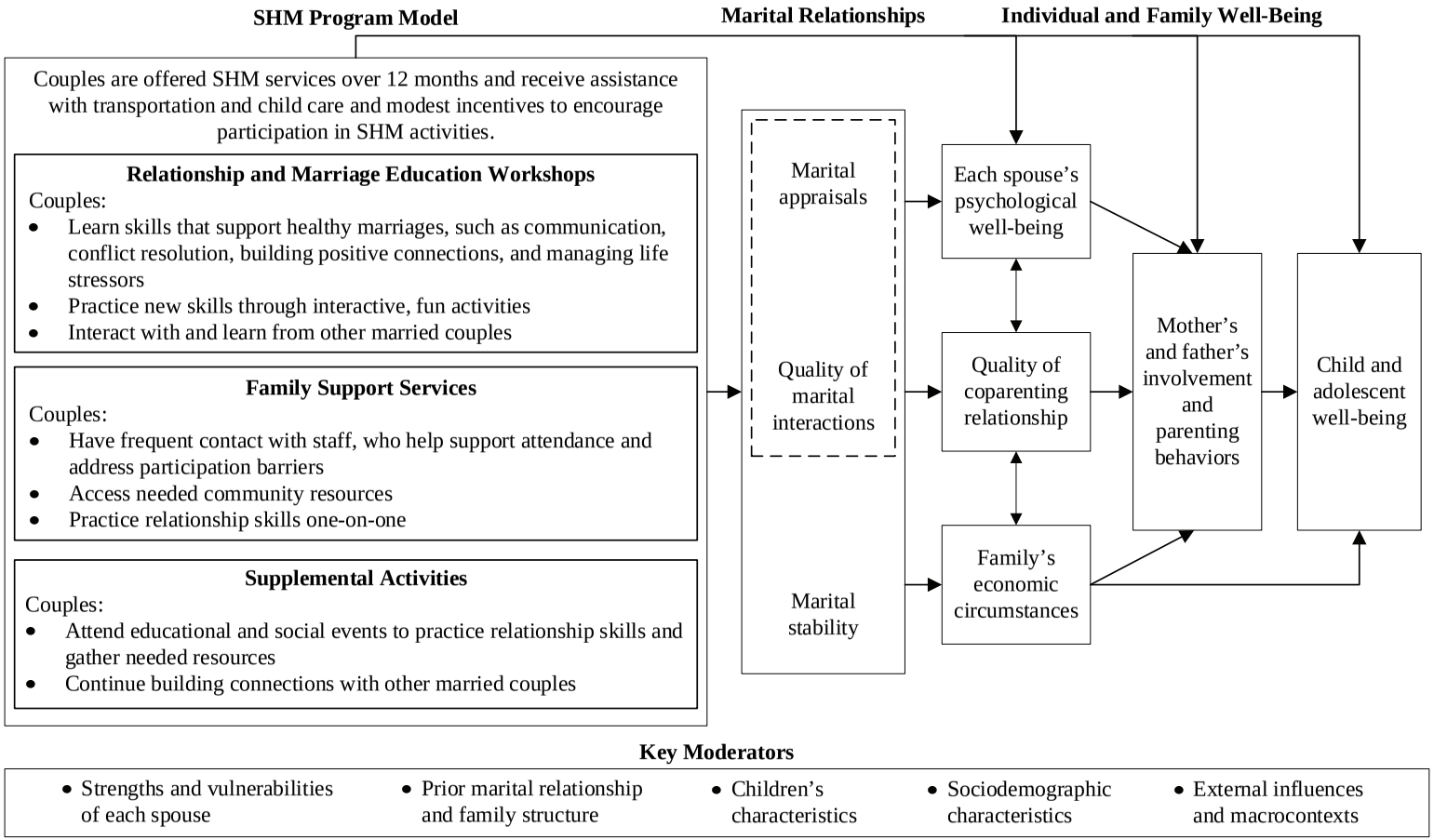
so wove in information on managing stressful circumstances commonly faced by lower-income families (such as job loss, financial stress, or housing instability), and they encouraged couples to build positive support networks in their communities. The curricula used a mix of teaching styles, combining presentation and lecturing styles with discussions, group and couple activities, time for individual reflection, and videos or other ways to demonstrate skills. Longer than many relationship education workshops, SHM offered between 24 and 30 hours of curriculum in small-group settings over a period of 6 to 15 weeks.

- **Supplemental activities.** The SHM program model (Figure 1.1) used supplemental activities to offer couples additional opportunities to attend educational and social events, to practice skills from the workshops, and to build supportive networks with other married couples in the program. Activities reinforced curriculum themes while offering a range of events from seminars on financial management and parenting issues to date nights and family outings. After the workshops ended, supplemental activities were the primary SHM service component and were offered until a couple's one-year anniversary of enrollment in the program.

The Supporting Healthy Marriage Evaluation

Figure 1.1

The SHM Program Model and Theory of Change



- **Family support services.** Pairing couples with specialized staff members, family support services were included in the model (Figure 1.1) and had three goals: to maintain contact with couples to facilitate their participation in the other two program components; to help couples reduce family stressors and address family needs by linking them to community resources; and to reinforce key workshop themes in one-on-one meetings with couples. Each couple was paired with a staff person who was responsible for maintaining contact between the couple and the program. Staff also arranged child care and transportation assistance when the couple was attending SHM services, and they provided emergency assistance, which also helped to address participation barriers.

With many potential pathways for improving marriage quality and stability, the SHM developers hypothesized that, as a result of participating, couples would begin to think, feel, and behave differently in their relationships at home. Couples would share more positive and fewer negative interactions and would resolve their conflicts in more productive ways, helping them to feel closer emotionally. Lastly, the developers hoped that couples would gain a fuller understanding of each other's values and perspectives and would work more collaboratively as a team in managing daily life and parenting.[12]

To be eligible for SHM, couples had to be low-income,[13] married,[14] over age 18, and parents of a child under age 18 living in their home. Couples had to understand one of the languages in which SHM services were offered (English or Spanish), and there could be no indication of domestic violence in the relationship.[15] During the pilot and evaluation periods eligibility criteria remained constant, with the exception of income. After experiencing difficulty identifying sufficient numbers of couples who met the income criteria, three urban programs — in the Bronx, Seattle, and Shoreline — were allowed to recruit families with slightly higher incomes. This change took place early in the full evaluation phase.[16] To illustrate how the SHM model was intended to work, Box 1.2 presents the story of Angela and Ronaldo, a fictitious couple who experienced a "typical path" through an SHM program.

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[12]Detailed discussions of SHM's theory of change appear in Knox and Fein (2009) and Hsueh et al. (2012).

[13]"Low-income" was defined as having annual family income of less than $50,000 — slightly more than 200 percent of the federal poverty level for a family of four. Couples were not required to provide proof of income at random assignment.

[14]Couples were not required to provide proof of marriage at random assignment.

[15]Programs were required to work with local domestic violence service agencies to develop enrollment screening tools and response protocols.

[16]The Bronx, Seattle, and Shoreline programs were allowed to recruit families with up to $60,000 in family income.

Box 1.2

An Illustration of How SHM Was Intended to Work

Angela and Ronaldo are a married couple in their thirties who have two daughters. Angela is employed and in school; Ronaldo is recently unemployed. They are happy in their marriage, but Angela is worried that they fight too much, and she wants them to set a better example for their girls. Because she and Ronaldo are committed to their family, Angela is interested in hearing more when she meets an SHM recruiter at a local health clinic.

At home, Angela describes the program to Ronaldo. They can attend free workshops to learn skills for managing conflict and communicating better, and the program offers help with transportation and child care. Ronaldo wonders whether it is a therapy group, but he thinks about how it might benefit his daughters, and he agrees to see what it is like.

The couple goes to enroll. The SHM program seems interesting, and the incentives for attendance convince Ronaldo to sign up. They meet their family support coordinator, a young guy who puts Ronaldo at ease. His job is to connect them to community resources and to make participating easier. The support coordinator asks about their goals, and he gives Ronaldo a referral to an employment services center. The next week, he sends Ronaldo and Angela a text reminder about their upcoming workshop.

At the first session, they feel welcomed when the facilitators — a woman and man who both speak Spanish — make a point to talk to them personally. They eat dinner with other couples and staff, and then the workshop begins with an ice-breaker: couples are asked to share one thing that they enjoy about their marriage. The facilitators introduce the skills that couples will learn, and they begin with an active listening strategy called "speaker-listener." Ronaldo and Angela pick a topic and take turns expressing their thoughts while the other listens and repeats back to be sure that they understand. Next, the facilitators teach "time out," a strategy for cooling down during disagreements so that couples avoid saying things that will make things worse. Later, at home, they use the skill while discussing finances, and they have a more constructive talk than usual.

At the next workshop a facilitator works individually with each couple, acting as a "communication coach" while they talk through a conflict. Ronaldo and Angela find the practice useful, and, as they attend more workshops, they feel encouraged to hear that other couples have challenges similar to theirs.

The support coordinator sends weekly reminders about workshops and activities, and they meet one-on-one to check in. When Ronaldo mentions that Angela has been too busy with work and school to help around the house, the coordinator helps them use "speaker-listener" to talk it out. He offers a referral to a food bank, and they accept, hoping to take strain off their budget. One week, they miss a workshop because Angela has a conflict. The next week, the support coordinator arranges a taxi so that Angela can come straight from work.

(continued)

Box 1.2 (continued)

When the workshops end, Ronaldo wishes that there had been more focus on parenting and how best to support his daughters. The support coordinator invites Angela and Ronaldo to a supplemental activity about parenting strategies, and they attend. At a date night event on "creating fun and friendship," the group brainstorms ideas for inexpensive family activities. Each couple receives a gift basket with pasta, spaghetti sauce, and candles for a date night at home. Angela and Ronaldo leave excited and talk about how to carve out more fun time together and as a family. As SHM activities wind down, they sometimes still have difficulty talking about challenging issues, but they find that they use SHM skills more than they expect, and the couple feels closer to one another than they have in a long time.

Implementation of the SHM Program

Agencies with diverse backgrounds operated local SHM programs

As shown in Figure 1.2, eight organizations, located in seven states, were selected to implement the SHM model and to participate in the full evaluation.[17] Five of these organizations had previous experience offering marriage education services. All saw the goals and objectives of SHM as fitting within their overall organizational mission to meet the needs of low-income families in their communities.

Because the evaluation sought to understand whether a common model could be implemented successfully in different contexts and with different populations, all eight programs were required to adhere to SHM's implementation guidelines. Host agencies did, however, play an important role in shaping the character of daily operations, and their settings can be divided into three groups:

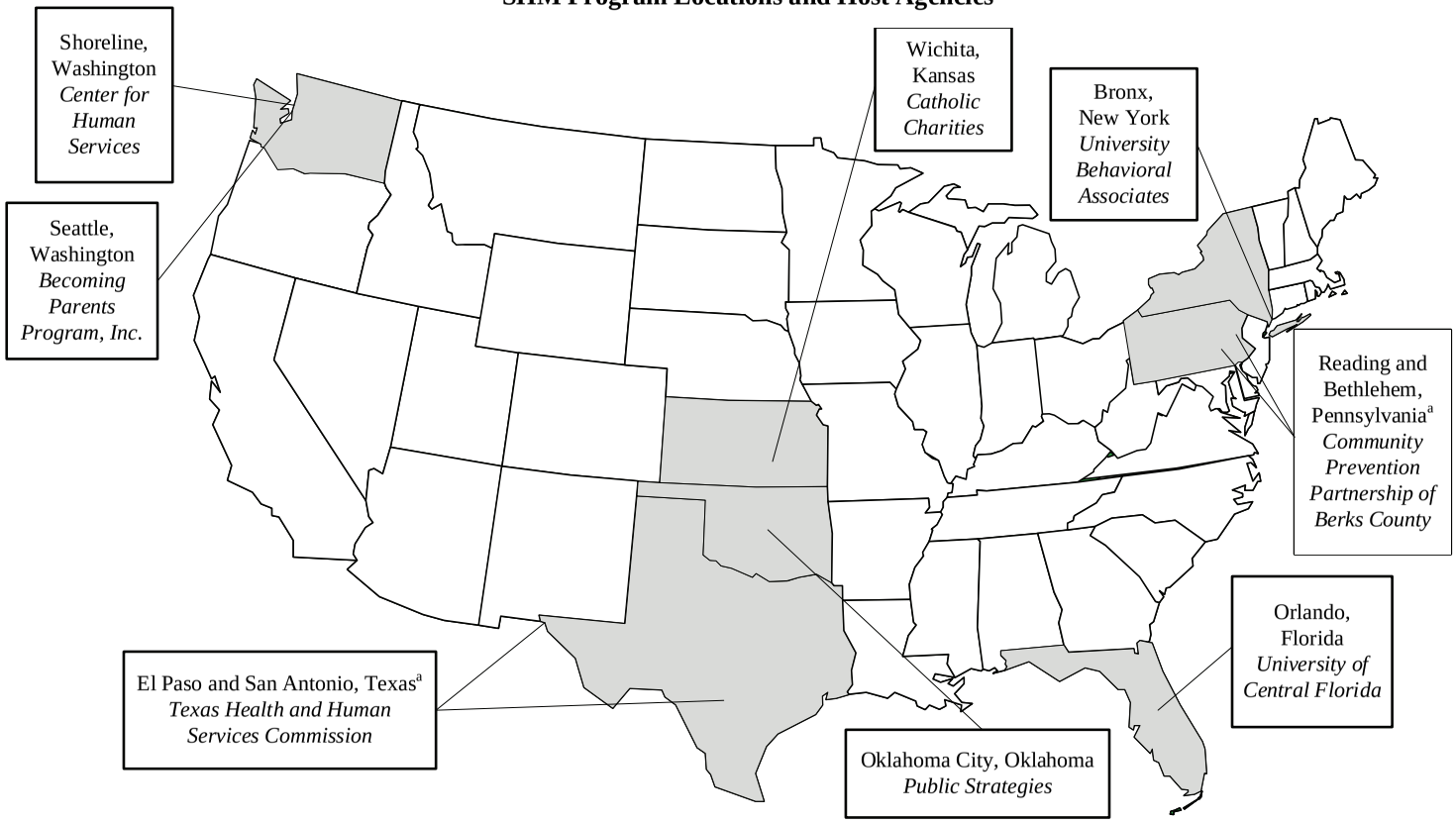
- **Embedded within community-based multiservice organizations.** Programs in Pennsylvania, Shoreline, Texas, and Wichita operated within longstanding community-based organizations that had deep connections to low-income neighborhoods. In all four locations, SHM was embedded within an array of services, and programs drew on existing client bases and partner agencies for recruitment and resource referrals. To increase accessibility, all

[17]Characteristics of the eight programs are summarized in Appendix Table B.1. The Pennsylvania and Texas programs offered services in two locations each — in Bethlehem and Reading, Pennsylvania, and in El Paso and San Antonio, Texas. In the implementation and impact analysis, each state is considered one program, and the research samples from both locations are combined. In some instances, implementation varied at the two locations, and such variations are discussed throughout this report.

The Supporting Healthy Marriage Evaluation

Figure 1.2

SHM Program Locations and Host Agencies



NOTE: [a]The Pennsylvania and Texas programs offered SHM services in two locations but are treated as single sites for the analysis.

four programs delivered services at more than one location in their communities, holding workshops in local churches or satellite offices. One program — Pennsylvania — delivered family support services through home visits, in keeping with the practices of its host agency. Three programs used the Within Our Reach curriculum, and the fourth (Shoreline) used the Loving Couples, Loving Children curriculum.

- **Located in large local institutions.** Programs in the Bronx and Orlando operated within the well-established settings of a hospital and a university, respectively. Colocation in these agencies offered name recognition, connections to referral and resource partners, and attractive, newly renovated office space and administrative support. These programs worked within existing institutional criteria for procurement and hiring, which imposed some constraints. Their institutional contexts also influenced staffing decisions: Orlando recruited master's-degree students from the university's counseling and social work programs as family support coordinators, and the Bronx hired clinically trained psychologists as workshop facilitators, most of whom had a doctorate degrees. The Orlando program used the For Our Future, For Our Children curriculum, and the Bronx program used the Loving Families, Loving Children curriculum.

- **Operated by stand-alone for-profit entities.** Programs in Oklahoma City and Seattle operated as for-profit organizations with marriage education as their sole or primary service.[18] Both had prior experience in marriage education: Seattle was managed by the Becoming Parents Program curriculum developer, and Oklahoma City ran another large relationship program and managed the state's healthy marriage initiative. Seattle drew on its connections to public health services, hiring nurses with backgrounds in prenatal care as facilitators and family support workers. Oklahoma hired staff with diverse backgrounds, many from the private sector. Not embedded in larger social service settings, their stand-alone structures lent these programs flexibility in shaping services according to their vision. Both sites were unique in targeting expectant parents or parents of newborns, and both used the Becoming Parents Program curriculum.

Local SHM programs are described in more detail in Appendix I.

[18]All services were provided at no cost to couples in all the SHM programs.

Each of the local SHM programs implemented the full model: multiple strategies supported implementation

ACF and the SHM research team sought to evaluate well-implemented tests of the SHM model, and final analysis presented in this report shows that the local programs operated the three SHM program components in adherence with program guidelines. Though some programs achieved more robust services than others, designers and evaluators consider the implemented programs a fair field test of the SHM model. Multiple strategies, described below, supported the local programs throughout their implementation process.

- **Beginning with small-scale pilots before launching full-scale operations.** Local programs began offering SHM services in small-scale pilots that lasted from 1 month to 10 months. By the time full-scale operations and the formal impact evaluation began, the programs had worked through many early implementation challenges, and pilot tests likely contributed to higher levels of implementation quality during the early months of full operations. Still, it took time to reach a steady state of implementation for all three program components. Programs focused first on launching workshops and family support services to help ensure that couples participated. Supplemental activities began last, and programs offered a limited number of activities at first, with the goal of scaling up as more couples enrolled over time. Many programs did not begin offering a full calendar of supplemental activities until the second year of the evaluation.

- **Building support for couples' participation directly into the program model.** Several elements of the SHM model emphasized making services accessible and attractive to low-income married couples. For example, services were offered on weeknights and Saturdays to accommodate work schedules, and programs supported participation by offering reimbursements for transportation and child care costs as well as modest incentives. Perhaps most importantly, family support coordinators were responsible for maintaining contact with couples throughout the 12 months that they were eligible to receive services from the program. They followed up if a couple missed a workshop or activity, and they connected couples to community resources to address barriers to participation and the stressors that families faced. This combination of regular contact, follow-up, resources, participation supports, and modest incentives was a likely contributor to the engagement and participation rates that programs were able to achieve.

- **Providing written documents to guide service delivery.** Programs began implementation with two important resources: (1) written curricula and par-

ticipant materials to guide relationship and marriage education workshops and (2) an SHM Toolkit outlining expectations for the content, frequency, and quality of SHM services.[19] These materials provided a starting point for developing job descriptions, training materials, and service delivery protocols, and they formed the basis for performance monitoring by technical assistance providers. The level of specificity varied for each of the three components in the SHM model, which may help explain variations in the consistency of content and engagement that programs were able to achieve across components. Marriage education workshops were the most structured, with written curricula and formal staff training. Family support became more structured over time as technical assistance focused on making the content and frequency of services more consistent. Programs were given very basic guidelines for supplemental activities, and were allowed substantial latitude in developing this component, in hopes that activities would reflect local needs and interests. In a small number of programs, this flexibility yielded a creative and robust approach. Others faced more challenges in developing programming that attracted large numbers of couples, as evidenced by lower overall take-up rates for this service.

- **Placing a continuous focus on performance.** Because little similar work had been undertaken with low-income couples, there was no clear base from which to estimate the level of engagement and participation in SHM services that could be or should be expected. It was important, however, to establish benchmarks for engagement and participation so that program managers and the SHM research team could assess performance on a regular basis and could undertake corrective action in a timely manner, when needed. Local SHM programs operated under performance-based contracts,[20] and continued funding was contingent on achieving benchmarks for recruitment, participation, and quality of program implementation. Benchmarks were set at minimum levels that the SHM developers hoped the programs would be able to achieve.[21] As programs began demonstrating success in achieving the initial benchmarks, additional written implementation guidance was issued urging them to set more ambitious goals. For example, one of the benchmarks for workshop participation required programs to engage couples in five workshops within six months of enrollment (roughly a third of the total curricu-

[19]MDRC (2011). The SHM Toolkit is available online at http://www.mdrc.org/publications/593/full.pdf.

[20]Some programs also had funding from other sources, such as state funds or grants from the Office of Family Assistance.

[21]For more information on the performance benchmarks used in SHM, see Miller Gaubert et al. (2010).

lum hours offered). As programs began achieving this goal, they were asked to focus on helping couples complete as many curriculum hours as possible.

- **Offering ongoing technical assistance to support performance goals.** A team of technical assistance providers led by MDRC was closely involved in monitoring performance, holding programs accountable for achieving benchmarks and quality measures, and providing technical assistance to improve services. Technical assistance was delivered using multiple methods and was organized around a continuous process of trial, error, analysis, and retooling to develop effective strategies for meeting performance goals. Each program was assigned a technical assistance representative, or "site rep," who worked with staff as both a monitor and a one-on-one management coach beginning in the pilot and lasting through the end of full operations. Site reps regularly reviewed data on program performance, and took responsibility for holding routine telephone check-ins with program managers and staff to review the data and to generate ideas for improving performance in the coming month. In subsequent meetings, managers and site reps analyzed progress: strategies that appeared to be working were kept, and those that did not were thrown out or retooled, and new plans were drafted. In this way, staff were actively encouraged to experiment and were supported in their efforts to test different approaches until they found the ones that worked. Lastly, site reps also made periodic on-site visits to observe staff and to offer feedback on the content and quality of service delivery.

- **Developing a common, Web-based management information system (MIS).** A critically important tool in supporting day-to-day management and technical assistance efforts was a Web-based MIS that was customized for use by SHM programs.[22] The MIS was set up to collect data on couples' characteristics and service receipt. Customized reports allowed managers, staff, and technical assistance providers to assess programs' performance toward benchmarks in real time — for example, tracking weekly workshop attendance and identifying absent couples so that family support staff could place a call offering assistance to help them attend the following week — and to analyze programs' efforts to improve daily operations. The Web-based format facilitated frequent review of performance data, which was routinely discussed as part of staff and technical assistance meetings. Learning to use and maximize the ca-

[22]The Oklahoma City program used its own MIS and provided data to the SHM team for purposes of research and technical assistance.

pacities of the MIS was a process that lasted well into full operations. Each program had a part-time MIS coordinator whose role was to train staff, monitor data for accuracy, and run reports. In some locations the MIS coordinator also played a key role in helping staff interpret results and create more sophisticated reports to make performance tracking easier.

What Did It Cost to Operate SHM Programs?

This report describes a multicomponent program model for SHM, consisting of a series of 6 to 15 group workshops surrounded by two other components — family support services and supplemental activities — and accompanied by a significant level of management attention to the quality of program implementation and the engagement and retention of couples over time. ACF funded these services, including infrastructure development, staffing, and program operations. Some programs also received funds from other local, state, and federal sources.[23] Per participating couple, the estimated cost of operating local SHM programs is $9,100, ranging from $7,400 per couple in Wichita to $11,500 per couple in Oklahoma City. This calculation is based on costs that the local programs incurred while providing SHM services to couples during a steady state of implementation.[24]

To understand whether a particular future replication of this program would cost a similar amount, it is important to understand the context within which these SHM programs operated. Costs may be somewhat higher for these programs than for a typical marriage education program because SHM sought to test fairly intensive services over a longer period of time. Moreover, given a context in which all enrollees counted for purposes of the impact analysis, staff were asked to make continuing attempts to engage and reengage all program group couples throughout the 12 months that they were eligible for services. To that end, programs devoted substantial resources to family support staff and to offering and administering transportation, child care, and emergency assistance as well as incentives — strategies that future programs

[23]ACF funding was administered through a contract with MDRC and provided the bulk of day-to-day operating funds. Programs in Texas and Oklahoma also received funding from state agencies; and the Bronx, Wichita, Orlando, and the El Paso location in Texas received five-year grants from the Office of Family Assistance within ACF, which covered between 30 percent and 40 percent of operating costs. These additional funds are included in the cost estimate presented here. Most programs also received support from their host agencies, for example, through contributions of space; the value of "donated" or "in-kind" support is not included in the cost estimates presented here.

[24]"Steady state of implementation" is defined as the period beginning six months after full program operations began and ending six months before local programs ended their SHM services. This period lasted between 12 months and 26 months, depending on the program. This period was used to derive each site's operating cost per participant-month. To estimate the average steady-state cost, this cost per participant-month was applied to couples' average months of participation over the site's entire demonstration period.

might also employ in seeking to maximize engagement and participation in services. Lastly, average costs for the SHM programs might be higher than costs in other settings because relationship education services for low-income married couples were brand new in most locations where SHM operated. While some SHM host agencies provided administrative or other support, others had to build their program infrastructures from the ground up. Future programs that are embedded in larger organizations could experience economies from shared space or administrative systems.

Given limitations in available expenditure data, the SHM cost estimates are approximations. Per-couple costs include the following: management and staff time spent recruiting study participants for the program and control groups and for operating the three program components; administrative positions; facilities rental; equipment, supplies, and communications; staff training and other consultant services purchased by local programs; curriculum materials for workshops; and transportation, child care, emergency assistance, and incentives provided to couples. Also included are licenses for the management information system (MIS), staff training on the MIS and technical assistance provided by the MIS purveyor, and monitoring of workshops and technical assistance provided to local programs by curriculum developers.[25] The inability to accurately separate some costs from other line items means that the following are not included in the per-couple cost calculations: technical assistance provided by MDRC and other partners, a portion of which focused on ensuring that programs were compliant with the research tasks required by the study; initial development and customization of the MIS; and upfront training for workshop facilitators who were hired during the pilot period.

In addition to these per-couple operating costs, the local programs spent between roughly $500,000 and $1,500,000 on start-up costs over a period of 7 to 16 months, depending on the program. Start-up costs include acquiring and outfitting office space, recruiting and training staff, recruiting couples to participate in pilot programs, and delivering all the pilot services.[26] Costs varied considerably because some programs had to purchase all equipment and furniture, acquire new office space, or undertake renovations.

[25]Costs for Oklahoma City are estimated from the program's budgeted costs, while costs in the remaining sites are based on actual expenditures reported on monthly invoices to MDRC.

[26]The start-up cost calculation excludes Oklahoma City and Texas. Oklahoma had only a brief start-up period because it was already operating its program, and available cost data do not include the Texas state funds that largely paid for the start-up phase in the two Texas sites.

The Structure of This Report

The remainder of this report is organized as follows.

- Chapter 2 describes the couples who participated in SHM and compares their characteristics with those of low-income married couples nationally.
- Chapter 3 presents data on couples' participation in the SHM program.[27]
- Chapter 4 examines SHM's core service — relationship and marriage education workshops — and describes couples' participation and the curriculum content they received.
- Chapter 5 explores the components that complemented the core workshops: supplemental activities and family support services.
- Chapter 6 describes the supports that couples received to promote their participation in SHM, such as child care and transportation assistance and modest financial incentives.
- Chapter 7 concludes the report by discussing factors that may have contributed to the participation rates achieved by local programs and their ability to deliver the SHM model across locations. Detailed profiles of each program are included in Appendix I.

[27]In characterizing participation rates, this report relies primarily on data that SHM program staff recorded in the SHM management information system. In contrast, the SHM early impacts report presents program-control group differences in participation based on sample members' responses to the 12-month follow-up survey (Hsueh et al., 2012). Therefore, the findings on program participation are not identical across the two reports.

Chapter 2

Who Was Served by the SHM Program?

Chapter 2 begins by summarizing the locations at which the Supporting Healthy Marriage (SHM) programs recruited couples, and then it describes the demographic characteristics of the couples who voluntarily enrolled in the program.[1] The chapter compares the SHM sample members with low-income married couples in two national survey samples, exploring the question of whether couples who enrolled in SHM are similar to low-income married couples generally.

Recruitment and Characteristics of Couples in the SHM Program

SHM recruited couples from a variety of sources, including community organizations and referrals from enrolled couples

Recruiting couples into the SHM evaluation was a substantial effort; to reach the goals needed for the study, the eight local programs each had to enroll approximately 35 to 40 couples per month. Locating low-income married couples was not a straightforward task for most programs, since this is not a group traditionally targeted by social services. Most of the programs went through a period of trial and error before settling on a set of recruitment strategies that were consistently productive. Recruiting married couples with incomes below $50,000 remained particularly challenging in the urban areas of the Bronx, Seattle, and Shoreline; those programs were allowed to recruit couples with up to $60,000 in family income.

Key elements of programs' outreach strategies included developing marketing materials, such as flyers and brochures, to develop name recognition and spread the word about the program and creating referral partnerships with local community organizations that served low-income married women or men. These partners provided SHM program information to their clients and, more important, often allowed SHM staff to do direct outreach to their clients — for example, making presentations in scheduled workshops or setting up an information table staffed by an SHM recruiter in the organization's waiting area. Recruiters also staffed information booths at community events and other locations where low-income families were likely to gather, such as back-to-school events, health fairs, and food banks. Over time, as couples participated in the program and had positive experiences with it, they referred friends and family to SHM in increasing numbers.

[1]Figure 1.2, in Chapter 1, identifies the eight organizations in seven states that were selected to implement the SHM model and to participate in the full evaluation.

Appendix Table C.1 summarizes the locations where SHM programs recruited couples, and it shows that approximately one-fifth of SHM couples were referred by other SHM couples.[2] Another one-fifth of couples were recruited from government and social service agencies, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Couples were also recruited from hospitals and health clinics, faith-based organizations, churches, and educational settings such as Head Start.

Couples in the SHM evaluation are a diverse group: most are low-income, and many are Hispanic and have immigrant backgrounds

To interpret the implementation and impact findings in the SHM evaluation, it is helpful to understand the characteristics of families who enrolled. While literature indicates that such characteristics as income, marital quality, and previous marriages are associated with the likelihood of separation,[3] it is unknown how these factors might influence couples' responsiveness to an intervention that focuses on relationship and marriage education. Some characteristics that represent challenges to quality or stability in marriages might make couples more likely to respond to the intervention because they have "more room for improvement," while other challenges might be so consequential to the relationship that it is difficult for the intervention to address them. For example, if both spouses have poor communication skills, there may be room for the program to help them, whereas if a spouse has very high psychological distress, it may be that therapy is a more appropriate intervention. The topic of subgroup impacts is explored in the SHM impact report.[4]

It is also helpful to understand how families with different characteristics are distributed across the local programs. In selecting locations, ACF and the SHM team looked to the greatest extent possible for programs that would serve a diverse set of couples. There were two programs, Oklahoma and Seattle, that chose to serve couples who were pregnant or had recently had a child — a target group of particular interest, given the importance of this transition in family life. The other six programs served couples with children under age 18.

The characteristics of couples who enrolled in SHM are shown in Table 2.1 and are

[2]Some programs offered incentives to couples who referred other couples to the program.
[3]Coleman, Ganong, and Fine (2000); Karney and Bradbury (1995); Fein (2004).
[4]Hsueh et al. (2012).

The Supporting Healthy Marriage Evaluation

Table 2.1

Demographic and Socioeconomic Characteristics of Couples in the SHM Evaluation Sample at Baseline

Characteristic[a]	Program Location								
	Bronx	Orlando	Wichita	Oklahoma City	Pennsylvania	Seattle	Shoreline	Texas	Overall
Demographic characteristics									
Average age (years)	35.6	31.5	31.2	27.5	33.2	27.0	32.4	33.5	31.4
Both spouses born in the United States (%)	69.2	50.9	89.2	66.9	13.9	70.9	38.4	32.1	54.2
Race/ethnicity (%)									
Both spouses Hispanic	41.7	40.2	6.6	23.7	88.3	9.2	50.6	92.0	43.4
Both spouses African-American, non-Hispanic	36.0	13.6	11.5	8.5	1.9	14.0	3.2	0.6	11.2
Both spouses white, non-Hispanic	0.9	17.7	46.4	40.4	1.9	27.0	22.4	1.5	20.5
Other/multiracial	21.3	28.4	35.6	27.0	7.9	49.7	23.8	6.0	24.8
Socioeconomic characteristics									
Education level (%)									
Neither spouse has at least a high school diploma	26.2	7.6	12.0	13.5	34.8	17.0	31.5	23.7	20.3
Only one spouse has at least a high school diploma	33.9	20.4	31.6	25.5	34.2	33.6	27.7	29.6	29.3
Both spouses have at least a high school diploma	39.9	72.0	56.4	61.0	31.0	49.4	40.8	46.7	50.4
At least one spouse graduated from a 4-year college	19.0	29.6	17.0	NA	7.8	18.9	20.8	18.3	16.2
Income (%)									
Men's annual earnings									
$0	23.2	5.6	10.5	2.0	9.3	10.5	8.4	3.8	8.9
$1 - $14,999	26.6	25.4	35.8	25.3	28.4	35.1	27.5	29.8	29.0
$15,000 - $24,999	18.0	30.3	24.0	26.9	32.4	21.4	26.0	34.8	26.8
$25,000 or more	32.2	38.6	29.6	45.8	30.0	33.0	38.2	31.7	35.3
Women's annual earnings									
$0	34.9	28.7	27.4	23.4	34.3	25.9	42.5	49.4	33.3
$1 - $14,999	25.4	43.5	53.3	42.4	44.8	47.7	43.3	31.9	41.3
$15,000 - $24,999	11.9	18.6	12.3	17.5	15.8	14.2	7.7	12.0	13.8
$25,000 or more	27.7	9.3	7.0	16.8	5.2	12.2	6.5	6.8	11.6
Income 100% to less than 200% of FPL	29.8	58.9	34.7	40.2	37.1	33.9	40.8	37.8	39.4
Income less than 100% of FPL	42.0	30.3	55.5	24.9	51.9	51.8	41.4	49.2	42.8
Either spouse employed at baseline	67.8	87.5	72.5	92.8	83.3	68.0	83.1	91.3	81.4

(continued)

Table 2.1 (continued)

Characteristic[a]	Program Location								
	Bronx	Orlando	Wichita	Oklahoma City	Pennsylvania	Seattle	Shoreline	Texas	Overall
Family characteristics									
Expecting a child (%)	8.6	8.5	14.0	79.0	7.7	98.1	12.9	7.9	30.4
Age of children in household (%)									
Prenatal to 1 year, 11 months	37.0	62.2	48.7	99.3	35.6	99.7	49.5	38.6	60.4
2 years to 9 years, 11 months	62.1	69.8	73.2	41.8	75.3	34.1	71.4	75.6	62.6
10 years or older	45.9	27.6	35.5	11.9	47.2	9.5	30.4	43.6	30.8
Average number of children in the household	2.0	2.3	2.4	1.2	2.5	1.2	2.2	2.4	2.0
Married at the time of random assignment (%)	68.8	98.1	89.4	96.4	71.2	50.7	73.5	89.4	80.9
Average number of years married	7.4	5.6	5.1	3.9	9.1	2.8	6.9	9.0	6.2
Either spouse married previously (%)	29.7	28.3	43.8	20.2	34.9	23.2	26.2	35.5	30.2
Stepfamily (%)	40.2	25.2	42.8	13.9	30.8	16.5	20.6	25.5	26.4
Marital appraisals (%)									
Men report being happy or very happy in marriage	74.9	82.2	74.2	90.9	77.7	88.9	76.1	77.2	80.5
Women report being happy or very happy in marriage	70.5	78.9	65.0	88.1	70.1	91.2	70.0	65.4	75.1
Men's report of marriage in trouble in past year	62.9	57.7	69.0	35.0	51.3	44.4	56.9	66.3	55.2
Women's report of marriage in trouble in past year	64.4	58.5	74.4	33.4	52.5	46.8	58.7	70.7	57.1
Selected stressors and strengths (%)									
Either spouse has psychological distress	23.8	18.9	32.6	10.6	30.3	17.0	26.2	32.5	23.5
Either spouse reports substance abuse problem	28.1	12.3	21.9	13.7	18.5	24.2	24.2	25.7	20.8
Either spouse indicates religion is important	88.5	90.0	89.8	88.1	95.8	76.7	82.2	93.1	88.2
Sample size: couples in program and control groups	799	801	760	1,001	677	678	782	800	6,298

SOURCE: MDRC calculations based on the SHM Baseline Information Forms.

NOTE: [a]Appendix Table D.1 explains how these characteristics are defined.

summarized as follows:[5]

- **Race and ethnicity.** Most local programs enrolled a racially and ethnically diverse group of couples, with the exception of Texas and Pennsylvania, where couples are primarily Hispanic (92 percent and 88 percent, respectively). Two programs (Wichita and Oklahoma City) enrolled greater numbers of white couples than other programs (46 percent and 40 percent, respectively, compared with an average of 21 percent), and the Bronx enrolled substantially more African-American couples than other programs (36 percent, compared with an average of 11 percent). The number of couples identifying themselves in the "other/multiracial" category ranged widely across programs, from 6 percent in Texas to 50 percent in Seattle.[6] In 54 percent of couples, both spouses were born in the United States, ranging from about 14 percent in Pennsylvania to 89 percent in Wichita.

- **Socioeconomic status.** While most of the SHM couples had low incomes, there was some diversity in their educational attainment and socioeconomic status. In about half of couples, both spouses had a high school diploma at random assignment, and 16 percent of couples had at least one spouse who graduated from a four-year college. About 30 percent of couples in Orlando had at least one spouse with a four-year college degree, but only 8 percent of couples in Pennsylvania are in this category. A majority of couples had at least one spouse who was employed at the time of random assignment, ranging from 68 percent in the Bronx and Seattle to 93 percent in Oklahoma City. Despite these employment rates, about 82 percent of SHM couples had incomes below 200 percent of the federal poverty level, and 43 percent had income below 100 percent of the federal poverty level. About 9 percent of husbands and one-third of wives had no earnings in the past year.

[5]This analysis includes data for all 6,298 couples who enrolled in the evaluation — both program and control group couples. On enrolling in the Supporting Healthy Marriage (SHM) evaluation, and before being randomly assigned to the program group or the control group, all study participants completed a Baseline Information Form and a self-administered questionnaire. The forms included questions about demographic characteristics, employment and income, family structure, relationship quality and expectations, and mental health. Definitions of each data category are provided in Appendix D.

[6]Couples are categorized as Hispanic, white, or African-American if both spouses self-selected that race/ethnicity. The "other/multiracial" category includes couples who are of different race/ethnicity (70 percent), couples in which at least one spouse has more than one race/ethnicity (15 percent), couples in which both of these conditions are true (8 percent), and couples who both self-identified as only Asian, Pacific Islander, Native American, or Other (8 percent).

- **Age.** The average age of individuals across SHM programs was 31 at study entry. All the couples who enrolled were parents or expectant parents, and they had an average of two children. About 30 percent were expecting a child, and many had young children. Oklahoma City and Seattle targeted new and expectant parents, so all the families in these programs were either expecting a child or had an infant. These couples were therefore younger, on average, than couples in the other programs.

- **Marital and family characteristics.** The characteristics of couples' marital relationships varied considerably across local SHM programs. Couples who volunteered for SHM were typically several years into their marriages — just over six years overall. The average length of marriage ranged from three to four years in Seattle and Oklahoma City to nine years in Pennsylvania and Texas. More than a quarter of SHM families were stepfamilies, with proportions ranging from 14 percent in Oklahoma City to 43 percent in Wichita. About 81 percent of the couples were married when they enrolled in the evaluation.[7] All the couples had at least one child under 18 in their household or were expecting a child.

- **Marital quality.** Close to 80 percent of husband and wives in SHM reported being happy with their marriages, but a little more than half reported thinking in the past year that their marriage was in trouble. Compared with couples in the other programs, more husbands and wives in Oklahoma City and Seattle reported that they were happy. One reason that people reported both that they were happy with their marriage and also that their marriage was in trouble may be that these questions had different time references. Respondents were asked both to rate their current happiness and to indicate whether they thought that their marriage was in trouble at any time during the past year.

- **Stressors and strengths in the relationship.** Personal challenges such as depression and substance abuse are likely to place stress on a relationship and may influence marital quality. About one-fourth of SHM couples had at least one spouse who was experiencing psychological distress, ranging from 11 percent in Oklahoma City to more than 30 percent in Wichita, Pennsylvania,

[7]This information comes from the SHM 12-Month Follow-Up Survey. At the time of enrollment, SHM programs asked couples whether they were married but did not ask for proof of marriage. Some programs, such as Seattle's, asked couples whether they considered themselves married, rather than whether they were legally married, while other programs placed more emphasis on legal marriage as an eligibility requirement.

and Texas.[8] Similarly, about one-fifth of couples had at least one spouse who reported having a substance abuse problem, ranging from 12 percent in Orlando to 28 percent in the Bronx.[9]

In summary, through continual, varied recruitment efforts in their communities — including maintaining effective partnerships with key referral agencies — SHM programs achieved the goal of recruiting a relatively disadvantaged and diverse group, which should enable the study to provide evidence about whether couples with varied backgrounds benefit from this type of program model. As expected, because the Oklahoma City and Seattle programs chose to serve expectant parents, they enrolled couples who were younger and had younger and fewer children than couples in other programs. Couples in these two locations also reported being happier with their marriages and having lower rates of psychological distress than couples in other programs. The Pennsylvania and Texas programs enrolled more Hispanic couples than other programs. Couples in these two programs were also married the longest (about nine years). However, most programs served couples who vary in demographic and marital characteristics, including their racial and ethnic backgrounds, levels of economic disadvantage, and levels of relationship distress.

Comparison of SHM Couples and National Samples of Couples

Compared with national samples of low-income married couples with children, SHM couples are slightly younger, less likely to report being happy in their marriage, and more likely to be Hispanic

Although the SHM evaluation did not attempt to recruit a nationally representative sample of study participants, comparisons between the SHM sample members and low-income couples in the United States can provide helpful context. Two national surveys that collect relationship information are the Survey of Marriage and Family Life (SMFL)[10] and the National

[8]Psychological distress is measured using a slightly adapted version of the K6 Mental Health Screening Tool (Kessler et al., 2003). See Appendix D for additional information on this measure.

[9]Substance abuse is measured using three questions about alcohol use from the CAGE Questionnaire (Ewing, 1984) and three questions adapted from the CAGE to measure drug use. See Appendix D for additional information on this measure.

[10]Data in the SMFL were collected by Paul Amato, Alan Booth, David Johnson, and Stacy Rogers. The SMFL sample consists of 2,100 individuals who were married, living with their spouse, and age 55 or younger; one individual per household was interviewed. The sample is weighted to represent the 2000 U.S. population of married individuals under 55. Descriptive characteristics of low-income married couples with children in the SMFL (defined as all married couples in the SMFL who had a child under age 18 and who had family incomes that were less than 200 percent of the federal poverty level) are shown in Appendix Table C.2. This information was drawn from unpublished calculations conducted by Paul Amato solely for the purposes of this report.

Survey of Families and Households (NSFH).[11] Appendix Table C.2 compares demographic and relationship information for SHM couples and for SMFL and NSFH couples who had children under age 18 and family incomes of less than 200 percent of the federal poverty level.[12] The national surveys use measures similar to those used in SHM for adult age, child age, length of marriage, education, marital quality, and race/ethnicity.[13]

- **Age.** Compared with the two national samples, the SHM sample members were slightly younger. On average, people who enrolled in SHM were 31 years old, compared with an average of 37 in the SMFL and 34 in the NSFH.

- **Marital and family characteristics.** Compared with the SMFL and the NSFH samples, couples in the SHM sample had younger children in their households. SHM couples had been married only 6 years, on average, compared with 13 years for the SMFL sample and 11 years for the NSFH sample.[14]

- **Education level.** The distribution of education level is significantly different among the SHM sample than among the NSFH sample. Couples in the SHM sample had overall higher levels of education: 52 percent had a high school diploma or GED certificate, compared with 44 percent in the SMFL sample and 40 percent in the NSFH sample. Fewer couples in the SHM sample had less than a high school education (23 percent, compared with 33 percent of the NSFH sample).

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[11]The NSFH is a longitudinal data set collected by the University of Wisconsin; for more information, see http://www.ssc.wisc.edu/nsfh/. The NSFH sample includes 13,007 households; of these, 9,637 are part of the main cross-section, and the rest are an oversampling of African-Americans, Puerto Ricans, Mexican Americans, single-parent families, families with stepchildren, and cohabiting or recently married couples. The NSFH includes three waves of survey interviews, with the first wave taking place in 1987 and 1988. Interviews were attempted with both spouses, and the sample is weighted to represent the U.S. population. In Appendix Table C.2, descriptive characteristics of low-income married couples with children in the NSFH are shown. This information is drawn from unpublished calculations conducted by the authors of this report. The sample for these calculations included all married (spouse-present) couples in Wave 1 who had a child under age 18 and who had family incomes of less than 200 percent of the federal poverty level in the NSFH.

[12]Because data for the national surveys were collected during different time periods than data for the SHM baseline survey (collected between 2007 and 2009), it is helpful to compare SHM couples with couples in both the 2000 SMFL and the 1987 NSFH.

[13]Only statistically significant differences are discussed in the text.

[14]The programs in Oklahoma and Seattle targeted couples who were pregnant or had newborns when they entered in the study. Therefore, these couples were younger and had been married for fewer years, on average, than couples in the other six SHM programs. For the other six programs, the average age at random assignment was 33, and the average number of years married was 7.

- **Race and ethnicity.** The distribution of race/ethnicity among the SHM sample members differs significantly from the distribution among the SMFL and the NSFH samples. Nearly 50 percent of SHM couples are Hispanic, compared with 33 percent in the SMFL and 18 percent in the NSFH. This can be explained in part by the program locations and by the timing of the surveys; the Hispanic population in the United States increased from 9.0 percent in 1990 (soon after the NSFH was collected in 1988) to 12.5 percent in 2000 (when the SMFL was collected) to 15.1 percent in 2007 (when SHM started enrolling couples).[15] Most of the differences, however, are likely due to high concentrations of Hispanic families in SHM program locations.

- **Marital quality.** The distribution of marital happiness is significantly different for the SHM sample compared with the SMFL and the NSFH samples. Couples in the SHM sample were less likely to report being happy with their marriages than couples in the national samples, and a higher percentage of SHM couples reported having thought that their marriage was in trouble during the past year. Only 29 percent of men in the SHM sample reported being very happy with their marriages, compared with 48 percent of men in the SMFL and 47 percent of men in the NSFH. Approximately 55 percent of men in the SHM sample reported thinking that their marriage was in trouble during the past year, compared with 32 percent of men in the SMFL and 24 percent in the NSFH. Results for women are similar.

While it is not possible to know based solely on demographic and marital characteristics whether couples who enrolled in SHM are more likely or less likely than other low-income couples to experience marital instability or to benefit from a program like SHM, the differences noted suggest that the typical SHM couple may be more vulnerable to relationship instability than the average low-income couple in the United States. Marital research shows that couples who are unhappier in their relationships are at greater risk of marital disruption.[16]

However, couples who enrolled in SHM are also different from low-income couples who did not enroll, in that they chose to volunteer for this program, perhaps signaling a particularly high level of commitment to improving their relationships. Thus, the relatively high levels

[15]The percentages for the 1990 and the 2000 Hispanic populations are from the U.S. decennial censuses (Web site: http://www.census.gov/population/www/socdemo/hispanic/files/Projections.xls). The percentage for 2007 was calculated from population totals published in Grieco (2010) and is from the 2007 American Community Survey (Web site: http://www.census.gov/prod/2010pubs/acs-11.pdf).

[16]Relationship happiness is highly predictive of later divorce or separation among married couples (Karney and Bradbury, 1995).

of marital trouble among SHM couples could indicate that couples who are in some marital distress are particularly likely to volunteer for a program like SHM.

Summary

The eight SHM programs recruited a diverse group of lower-income couples, which will facilitate investigation of how well SHM worked for different types of families. Across programs, 43 percent of SHM couples are Hispanic; 21 percent are white; and 11 percent are African-American. Most programs enrolled a group of couples who are racially and ethnically diverse, though two locations — Texas and Pennsylvania — enrolled a majority Hispanic population. Wichita and Oklahoma City enrolled larger proportions of white couples, and the Bronx enrolled substantially more African-American couples than other programs. On average, husbands and wives were 31 years old on study entry, had been married for six years, and had two children living in the home, the majority of whom were younger than 10. About 82 percent of couples had incomes below 200 percent of the federal poverty line, and SHM couples reported being unhappier in their marriages and were more likely to characterize their marriage as being in trouble than two national survey samples of low-income couples.

Chapter 3

Overview of Participation in the SHM Program

To understand the implementation of the new program model used in the Supporting Healthy Marriage (SHM) evaluation, two primary questions that the study sought to answer were whether low-income couples would be interested enough in this type of program to enroll and whether services would be attractive enough to keep them coming over time, despite the day-to-day challenges that often interfere with participation in voluntary programs. At the outset of implementation, SHM had little information about what level of participation one might expect in a program designed to be more intensive and longer-term than most existing marriage education services. One goal of the evaluation, then, was to find out what initial engagement and ongoing participation rates programs would be able to achieve in a model for long-term services that included multiple strategies for supporting participation.

Chapter 3 presents SHM's final participation data, which indicate that couples did receive a substantial "dosage" of SHM services in all eight programs, although less than the levels set out in the program model and implementation guidelines.[1] The data presented in this chapter describe how many couples initiated services, how many hours couples attended and the services that they received, whether couples participated for the full 12-month period during which they were eligible to receive services, whether particular subgroups were more likely to participate, and how SHM couples felt about the program. All participation outcomes in this report measure joint attendance by both members of the couple and do not include participation by one spouse only. Programs stressed the importance of couples' attending together, and couples did attend together most of the time.

In characterizing participation rates, this report relies primarily on data that SHM program staff recorded in the SHM management information system. In contrast, the SHM early impacts report presents program-control group differences in participation based on sample members' responses to the 12-month follow-up survey.[2] Therefore, the findings on program participation are not identical across the two reports.

[1]Chapter 1 discusses the SHM program model (Figure 1.1) and the eight local programs (Figure 1.2).
[2]See Hsueh et al. (2012).

Participation Rates and Duration

Over ninety percent of program group couples engaged in at least one SHM activity

The final data in Table 3.1 show that, among all couples randomly assigned to the program group, 91 percent engaged in at least one SHM service within 12 months. Specifically, 88 percent attended at least one meeting with their family support coordinator; 83 percent attended at least one workshop; and 66 percent attended at least one supplemental activity.

Program group couples completed 27 hours of services, on average

Among all couples enrolled in the program group, couples spent an average of 27 hours engaged in a combination of SHM services.[3] Of the three SHM program components, couples spent the most time participating in relationship and marriage education workshops, completing an average of 17 hours of curricula. Program group couples attended an average of 6 hours of supplemental activities, ranging from 3 hours in Wichita to 10 hours in Shoreline. In addition, program group couples completed an average of 4 hours of in-person family support meetings, ranging widely across programs from 1 hour in the Bronx to 8 hours in Oklahoma City.

Looking at the results among couples who ever initiated participation in any SHM activity (91 percent of the program group), participation levels are slightly higher. These couples spent an average of 29 hours in SHM services, ranging from 23 hours in the Bronx to 35 hours in Oklahoma City. Couples completed an average of 18 hours of curricula, and they spent 11 additional hours in supplemental activities (6 hours) and family support services (5 hours).

Of the three components, workshops were the only services with a clearly structured series of weekly sessions offered to each couple. Following SHM implementation guidelines, each program offered a workshop series lasting 28 hours, on average.[4] Comparing the workshop hours offered in a given location and the hours actually completed provides one gauge of whether couples experienced the program model as intended. As is often the case with programs consisting of multiple sessions, in all the sites, the typical couple attended fewer work-

[3]As noted in Table 3.1, average hours are calculated for all program group couples, including couples who attended zero hours of activities.

[4]The SHM curricula ranged in length from 24 hours to 30 hours. Programs were also given performance benchmarks that were aimed at achieving minimum levels of participation in each activity within couples' first few months of enrollment. Programs were asked to engage couples in at least two workshops within four months of enrollment, and five workshops within six months of enrollment. Technical assistance helped focus programs on achieving these minimum goals while emphasizing the importance of engaging couples in as many workshop hours as possible. SHM's performance benchmarks are discussed in detail in Miller Gaubert et al. (2010).

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Table 3.1

Summary of Participation in All SHM Program Activities Within 12 Months of Enrollment

	Program Location								
Participation Measure	Bronx	Orlando	Wichita	Oklahoma City	Pennsylvania	Seattle	Shoreline	Texas	Overall
Ever participated in (%)									
Any SHM activity	86.5	90.8	89.2	94.4	87.2	88.1	95.6	91.5	90.6
Marriage education workshops	83.0	83.0	84.7	81.9	81.0	78.9	88.5	85.2	83.3
Supplemental activities	65.2	72.8	58.6	62.6	56.1	63.8	78.5	70.6	66.2
Family support meetings	81.7	88.5	84.2	93.8	84.6	84.3	93.8	90.5	88.0
Average hours spent by all program group couples in[a]									
Any SHM program activity	19.6	27.1	26.5	33.2	20.2	26.8	28.0	29.3	26.7
Marriage education workshops	15.2	16.4	19.5	20.6	13.5	13.9	13.3	19.1	16.7
Supplemental activities	3.1	6.2	2.7	4.9	3.6	8.7	10.2	7.1	5.8
Family support meetings	1.4	4.6	4.3	7.6	3.1	4.2	4.5	3.1	4.2
Average hours spent by SHM participants in									
Any SHM program activity	*22.7*	*29.9*	*29.7*	*35.2*	*23.2*	*30.5*	*29.3*	*32.0*	*29.4*
Marriage education workshops	*17.5*	*18.1*	*21.9*	*21.8*	*15.5*	*15.8*	*13.9*	*20.9*	*18.4*
Supplemental activities	*3.6*	*6.8*	*3.0*	*5.2*	*4.1*	*9.9*	*10.6*	*7.7*	*6.4*
Family support meetings	*1.6*	*5.0*	*4.8*	*8.1*	*3.6*	*4.7*	*4.7*	*3.4*	*4.7*
Average months active in program[b]	*4.7*	*7.5*	*6.8*	*11.7*	*6.7*	*7.9*	*7.8*	*7.7*	*7.8*
Sample size: couples in program group	399	401	379	497	337	337	390	398	3,138

(continued)

Table 3.1 (continued)

SOURCE: The SHM management information system.

NOTES: Couples are counted as "ever participated in any SHM activity" if they attended at least one workshop, supplemental activity, or family support meeting together within 12 months of enrollment (91 percent of the program group). This group is referred to as "SHM participants."

Measures in italic type do not include the full program group; they include only "SHM participants."

[a]Average hours are calculated for all program group couples, including couples who attended zero hours of activities. For marriage education workshops, total possible hours vary by program location.

[b]This measure begins at enrollment and ends with the last activity that the couple completed. This measure is not limited to activities attended within 12 months of enrollment, and it is calculated only for couples who attended at least one SHM activity of any type. The program length in the Oklahoma City and Seattle programs was longer than 12 months for couples who enrolled during pregnancy, as these programs ran from enrollment to the first birthday of the infant on whom program eligibility was based. The Pennsylvania program length was 9 months, rather than 12 months.

shop hours than the total hours offered. Among all program group members, couples completed roughly 60 percent of the workshop hours offered. Among couples who ever initiated participation in workshops, this number increases to 71 percent. These results fall roughly between what was achieved by two similar relationship education programs: Building Strong Families and Supporting Father Involvement.[5]

While the data show that programs were largely able to engage couples in services initially, these findings also demonstrate the difficulty of achieving very high rates of ongoing participation when operating a voluntary program at scale. Even with the family support services and participation supports and incentives (described in more detail in Chapters 5 and 6), programs faced challenges in maintaining couples' attendance in workshops. Why is this the case? It may be that a curriculum lasting 28 hours is overly ambitious and that couples will rarely be able or willing to complete this many hours. It may also be possible that this simply reflects the challenges of scheduling conflicts and attrition for busy parents; if programs had offered, for example, 14 hours of workshops, couples who began to participate may still have attended only two-thirds of the curriculum. Questions remain about the best ways to encourage participation in long-term services, as is discussed further in Chapter 7.

Most couples participated for fewer than 12 months

The SHM model was designed to engage couples for a 12-month period — longer than most other marriage education programs.[6] This design was influenced in part by marriage education experts who advised the SHM team that offering the program and the opportunity to reinforce key skills and concepts over a longer period might extend a program's benefits.

While couples did not stay engaged in SHM for 12 months, programs did succeed in engaging them for an extended period. Couples who participated in at least one activity stayed engaged for almost eight months, on average (Table 3.1), and Table 3.2 shows that couples attended the bulk of SHM services during the first six months after enrollment. The marriage education workshops were designed to end after a maximum of 15 weeks; some series were as

[5]In the Building Strong Families program, which served unmarried couples who were expecting or had recently had a child, program group couples completed an average of 12 workshop hours, or 30 percent of curriculum hours offered. Couples who attended at least one workshop (55 percent of couples) completed an average of 21 workshop hours, representing 55 percent of curriculum hours offered. In the Supporting Father Involvement study, program group couples completed an average of 25 hours, or 79 percent of curriculum hours offered. Couples who attended at least one workshop (91 percent of couples) completed an average of 29 hours, representing 91 percent of curriculum hours offered (32 hours). See Dion, Avellar, and Clary (2010) and Cowan et al., (2009). Data for Supporting Father Involvement were provided by Philip Cowan and Carolyn Pape Cowan.

[6]Pennsylvania's program was nine months, rather than twelve. Couples in Oklahoma and Seattle were eligible for services until their infants turned 1 year old. Since couples in these locations enrolled during pregnancy, they could attend services for longer than a year.

Table 3.2

SHM Participation Over a 12-Month Period

Time Period After Enrollment	Average Hours Spent in Marriage Education Workshops	Average Hours Spent in In-Person Family Support Meetings	Average Hours Spent in Supplemental Activities
1 month - 6 months	*17.5*	*3.5*	*3.9*
7 months - 12 months	*0.9*	*1.2*	*2.5*

SOURCE: The SHM management information system.

NOTES: Couples are counted as "ever participated in any SHM activity" if they attended at least one workshop, supplemental activity, or family support meeting together within 12 months of enrollment (91 percent of the program group). This group is referred to as "SHM participants."

Measures in italic type do not include the full program group; they include only "SHM participants."

short as 6 weeks. Couples typically completed the workshop series on this schedule. Those who continued attending workshops after the first six months were doing so either in makeup sessions or had started their workshop series a number of weeks or months after enrollment.

Couples also attended the majority of family support meetings within the first six months after enrollment, as reflected by the number of hours shown in Table 3.2, though many continued to have some contact with their family support coordinator through the twelve months of the program. During the last six months of the program, couples spent the most hours in supplemental activities, as was intended by the program design — although, as discussed in Chapter 5, couples participated less in this component than developers intended.

Other than in Oklahoma City, most SHM programs were not successful at keeping couples engaged in services for 12 months. It may be that the program model was not designed in a way that fully supported or facilitated that goal, despite the success in Oklahoma. In particular, programs that are designed with sequential components often experience drop-off when enrollees are expected to move from one component to another. Many staff reported challenges in finding “enough things for couples to do” in the later months of the program, noting that participation appeared to naturally taper off once couples completed the workshops and that it often took considerable effort to transition couples to other activities. Nonetheless, all programs continued inviting couples to supplemental activities throughout the 12 months, reached out to couples who stopped attending, and sometimes saw couples return after spells away from the program.

Variations in Participation Levels

Participation levels varied somewhat for couples with different characteristics and in different locations

Local programs' rates of engaging couples in any SHM activity hovered fairly close to 90 percent (ranging from 87 percent to 96 percent; Table 3.1). Different locations varied more widely, however, in the total hours of participation that they were able to achieve. This raises the question of whether such differences are associated with variations in local program implementation strategies or with differences in couples' characteristics. Appendix Tables E.1 and E.2 investigate these possibilities.

Initial engagement. According to the analysis, couples' likelihood of initiating participation in any SHM services varied in different programs, even when adjusting for variation in couple characteristics. Rates of initial engagement by location ranged from a low of 83 percent in Pennsylvania's Bethlehem location to 96 percent in Shoreline. In comparison, rates of initial engagement for couples with different demographic, economic, and family characteristics fall within a relatively smaller range, from 87 percent to 94 percent. This consistent range suggests that, in general, programs were able initially to engage couples with different characteristics and varying barriers equally well. Only two characteristics — women's age and presence of stepchild in the household — are significantly associated with initial engagement.[7] Notably, earnings and family income relative to the poverty level are not significantly associated with couples' engagement in the program, which may indicate that the supports offered by the program helped couples overcome some income-related barriers.

Hours of participation. The average number of hours that couples participated in SHM services varied more than initial engagement rates. As with initial engagement, program location is also associated with the average number of hours that couples participated in SHM services. Average hours ranged from 19 hours in Pennsylvania's Bethlehem location to 33 hours in Oklahoma City and in Texas's San Antonio location. Oklahoma City offered services from pregnancy through the child's first birthday, slightly longer than the 12 months offered by other SHM programs, whereas Bethlehem operated a 9-month SHM program. Even after taking differences in couples' characteristics into account, the differences in hours of participation by program remain statistically significant.[8] In comparison, for couples with different characteristics, hours ranged from a low of 23 to a high of 30, as seen in Appendix Table E.2. Characteris-

[7]Statistical significance is indicated by daggers in the rightmost column of Appendix Table E.1.

[8]Statistical significance is indicated by the daggers at the right-hand side of the "Local program" row in Appendix Table E.2.

tics that are significantly associated with hours of participation include race/ethnicity, husband's age, wife's age, education, and presence of a stepchild in the household.

In summary, SHM couples who initiated participation attended about 29 hours of any SHM activities over eight months, on average. After adjusting for observable couple characteristics, local programs differed in the extent to which couples ever engaged in services and in the number of hours that they participated. Taken together, these analyses suggest that how local programs implemented SHM — not just differences in the characteristics of enrolled couples — appears to have influenced the extent to which couples engaged in SHM services and participated over time.

Couples' Reactions to the SHM Program

Many couples reported that the program was helpful; conflicts with work or school were the most commonly reported reasons for not attending

The SHM 12-Month Follow-Up Survey asked all program group couples how helpful the program was to them and what their favorite thing was about the program. Results are shown in Appendix Table F.1. On a scale of 1 ("not very helpful") to 10 ("very helpful"), the average helpfulness reported was 8.4, with very little variation across programs. The most common favorite things that couples reported about the programs were the marriage education groups, spending time with other couples, and "the whole thing." Other couples responded that their favorite thing was the subject matter, their family support coordinator, or spending time with their spouse. These responses were echoed in one-on-one interviews in which couples shared their thoughts about participating in SHM.[9] One participant said about the workshops:

> It really engaged me, and I liked the fact that [we were] around other couples where we don't have any couple friends. . . . I was never really around other couples like that. . . . And the fact that everyone was so willing to share their experiences and was so open and so excited about the program . . . was mirrored in my thoughts as well, 'cause I was excited too, so it was, like, contagious. And I just wanted more of it.

Another said:

> In some way, for me, I saw it as a school because it helped me. Everything that happened in there was good. I was able to use it. . . . I sat in there to learn

[9]Appendix A presents details about the interviews that were conducted with SHM couples.

> something that I was interested in doing. And what I was interested in doing was getting along better with my family.

One participant talked about workshops as an opportunity to learn from other couples and to hear that they were not alone in the challenges that they faced in their relationship:

> Well, the first thing you see is that you think you're the only one going through this . . . you think you're the only one with this problem. And . . . you come and see everyone in the room has the same problem, but they're going about it . . . each person is going about it a different way. You see yourself in their shoes, but you wouldn't think the way they do.

As shown in Appendix Table F.2, the survey also asked people who attended the program "never" or "sometimes" why they did not attend. Forty-five percent of respondents said that they did not attend because of a conflict with work or school. Trouble finding transportation was a problem for 11 percent of couples overall and for about 17 percent of couples in Seattle and Shoreline. Trouble finding child care was also a problem for about 11 percent of couples overall and for about 18 percent and 24 percent of couples in Seattle and Wichita, respectively. Other common reasons for nonattendance included family issues and not having enough time. As Chapter 6 discusses, all SHM programs provided substantial support to reimburse couples for transportation and child care costs incurred while participating in the program. Despite these supports, some couples appear to have faced logistical barriers that could not be solved by financial assistance alone.

Summary

The participation results presented in this chapter suggest that low-income married couples of diverse backgrounds are interested in participating in relationship and marriage education services. The SHM programs were able to engage both men and women — an issue that they had foreseen as a potential challenge but that was overcome by emphasizing to couples the importance of attending together, as well as by other hiring and implementation strategies that are explored in later chapters. Programs also kept couples engaged in services over time; program group couples completed an average of 27 hours of program activities — mostly in relationship and marriage education workshops, the program's core service. Couples attended about 60 percent of the total workshop hours offered (when including those couples who did not attend at all). Participating couples exited the program about eight months after enrollment, on average, rather than staying engaged for the full twelve months that were offered. Couples in different locations participated for different amounts of time, in a manner that reflects more than differences in their demographic characteristics, suggesting that how local programs implemented SHM may have influenced the extent to which couples participated.

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Chapter 4

Relationship and Marriage Education Workshops in the SHM Program

Chapter 4 describes implementation of the relationship and marriage education workshops — the core component of the Supporting Healthy Marriage (SHM) program model and the service in which enrolled couples spent the most hours.[1] It begins by introducing the curricula used in the workshops, the topics they addressed, and how curricula were adapted for use with low-income couples. The chapter then presents data on couples' participation in the workshops and examines factors that may have contributed to participation rates, including quality of services, staff hiring, and organization of workshop logistics.

Selecting and Adapting Curricula for the SHM Workshops

The primary objective of the SHM workshops was to help couples reinforce or learn new skills in areas that research indicates are associated with satisfying and enduring marital relationships. Based on prior research, the SHM research team developed a list of core topics that workshops should cover, grouping them into two areas:

- **Content to enhance two key relationship skills and behaviors.** Workshop topics would support couples in enhancing key skills that were identified as being essential to healthy marriages: (1) managing conflict and improving communication and (2) promoting positive connections and supportiveness. Couples would learn strategies for constructive communication, managing conflict, and problem solving, as well as ways to increase such supportive behaviors as active listening, validating one another's feelings, friendship, and intimacy.

- **Topics of particular relevance to low-income married couples.** Workshop topics would include parenting and stepparenting, building support networks in the community, understanding the priorities and values that each spouse holds for the relationship, managing stress, and understanding how a stable and happy marriage supports children. The topics would be presented using activities, illustrations, and anecdotes that reference personal and environmental influences that low-income couples face.

[1]Chapter 1 describes the three components of the SHM program model (Figure 1.1).

The research team also developed criteria for how curricula should be delivered to appeal to couples with varying literacy levels and diverse learning styles. Workshop presentations should be interactive, fun, and as little like a traditional classroom experience as possible. The workshops should incorporate multiple teaching methods, minimize lecture and didactic presentation, alternate presentation time with group and couple activities, and provide multiple opportunities for couples to practice skills through role-playing.

With these content areas and criteria in mind, the SHM research team sought out existing research-based curricula and identified four that came closest to covering all these areas:[2]

- *For Our Future, For Our Family* (FOF), adapted from Practical Application of Intimate Relationship Skills, or PAIRS (See Gordon, DeMaria, Haggerty, and Hayes, 2007.)
- *Loving Couples, Loving Children* (LCLC), adapted from Bringing Baby Home (See Loving Couples Loving Children, Inc., 2009.)
- *Within Our Reach* (WOR), adapted from the Prevention and Relationship Enhancement Program, or PREP (See Stanley and Markman, 2008.)
- *Becoming Parents Program* (BPP), based on PREP and adapted from an earlier version of the Becoming Parents curriculum (See Jordan and Frei, 2007.)

All four developers agreed to adapt their existing materials to meet the SHM criteria, but they were given substantial discretion in the emphasis that they placed on the core topics and in their pedagogic methods. Characteristics of each curriculum are shown in Table 4.1. All curricula focused the majority of content on developing couples' skills and behaviors in managing conflict, improving communication, and increasing supportiveness toward one another, though the curricula varied in the emphasis placed on each topic. The curricula also used a mix of teaching styles, combining presentation and lecturing styles with discussions, group and couple activities, time for individual reflection, and videos or other ways to visually demonstrate skills. Developers were asked to design 30 hours of curriculum content for SHM. Final curricula varied slightly in length due to adjustments made by developers and by local programs to accommodate different ways of scheduling their workshop series. On average, 28 hours of curricula were offered. The LCLC curriculum offered fewer hours — 24 total — than the average. Local programs were given additional LCLC modules to use as supplemental activities, and they were encouraged to organize this component around curriculum-based materials as a way of "making up the difference."

[2]Appendix G describes the four curricula used in the SHM programs. For further information on how curricula were selected and adapted, see Knox and Fein (2009).

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Table 4.1

Characteristics of Relationship and Marriage Education Curricula

Characteristic of Curriculum[a]	FOF	LCLC	WOR	BPP
Topic covered in curricula[b] (%)				
Managing conflict/improving communication[c]	47.3	42.6	25.0	23.2
Building positive connections/supportiveness[d]	33.3	34.5	52.0	38.2
Parenting[e]	3.5	7.6	0.0	16.8
Building support networks[f]	2.8	0.0	6.5	2.4
Understanding strengths/weaknesses[g]	8.6	7.6	13.6	5.5
Managing life stressors[h]	3.2	11.6	6.5	9.8
Understanding marriage[i]	3.5	0.0 [i]	3.9	3.7
Use of specific teaching method[j] (%)				
Presenting/lecturing	24.2	14.3	36.0	60.2
Facilitator-led discussion	29.0	42.9	13.6	7.0
Group activity	10.6	1.2	11.4	12.5
Couple activity	27.6	21.0	30.5	9.8
Individual reflection	5.9	0.8	5.8	4.0
Demonstration or video	2.6	19.8	2.6	6.1

NOTES: [a]Relationship and marriage education curricula are as follows: FOF = For Our Future, For Our Family; LCLC = Loving Couples, Loving Children; WOR = Within Our Reach; BPP = Becoming Parents Program.

[b]Topics are represented as a percentage of total time spent on all topics in the final version of each curriculum. Topics are not mutually exclusive and therefore do not sum to 100.

[c]"Managing conflict/improving communication" covers strategies for constructive communication, conflict resolution, and problem solving.

[d]"Building positive connections/supportiveness" covers increasing supportive behaviors, and promoting emotional connection, friendship, and intimacy.

[e]"Parenting" includes information on child development, discipline, and coparenting.

[f]"Building support networks" covers community resources, making social connections, and extended family relationships.

[g]"Understanding strengths/weaknesses" covers topics like personality differences, families of origin, and such mental health issues as depression and substance abuse.

[h]"Managing life stressors" covers self-care when under stress, fatigue, and physical health.

[i]"Understanding marriage" covers defining a healthy marriage, working toward shared goals, and empirical information on the benefits of marriage and the costs of separation and divorce.

While all the curricula focused between 60 percent and 80 percent of their content on the same topics — managing conflict, improving communication, and increasing supportiveness — there were some important differences in their content and modes of delivery. The starkest difference is that three of the curricula (FOF, LCLC, and WOR) were designed for couples whose children were of any age under 18, while the fourth (BPP) was designed specifically to assist couples who were expecting a child. Such differences in emphasis lent each curriculum a unique set of characteristics, outlined below, that helped shape couples' workshop experiences.

- **FOF.** The For Our Future, For Our Family workshop curriculum (used in the Orlando program) emphasized creating a nurturing environment within the couple's relationship that would support them in developing emotional and physical closeness — which the curriculum developer saw as an essential first step in allowing couples to feel secure in expressing their emotions. A core FOF activity was developing a "relationship road map" designed to help couples strengthen the positive aspects of their relationships and reduce negative interactions. Couples in FOF workshops experienced a combination of teaching styles, with time being divided roughly equally between presenting and lecturing, group discussion, and couple activities. Developers emphasized that FOF facilitators should create an emotionally safe space in the workshop, showing empathy for, openness to, and validation of participants' emotions.

- **LCLC.** The Loving Couples, Loving Children workshop curriculum (used in the Bronx and Shoreline programs) emphasized three main aspects of successful relationships, which, according to the developer, taken together help couples build a "sound relationship house": building strong friendship, with strategies for increasing positive and decreasing negative interactions; minimizing the damage caused by conflicts by teaching skills for managing disagreements; and fostering spouses' individual dreams and aspirations. Couples in LCLC workshops experienced more group discussion relative to other curricula as well as more video presentations, which were used as a springboard for group discussion and gave examples of couples using LCLC skills. Developers emphasized that LCLC facilitators demonstrate empathy and validation of couples' experiences; a nonjudgmental attitude and clear respect for couples; constant emphasis on facilitation rather than lecturing, allowing insights to arise from the groups; and the ability to create group cohesion and a warm and caring atmosphere.

- **WOR.** The Within Our Reach workshop curriculum (used in Wichita, Pennsylvania, and Texas) dedicated the most time to building supportiveness between couples and emphasized helping couples productively manage conflict so that harmful arguments would be avoided. Couples were presented several core techniques for positive communication, including the "speaker-listener," in which spouses actively listen to one another expressing thoughts and emotions; and "XYZ statements," which helped couples frame a potentially critical comment in a constructive way. WOR workshops also emphasized three types of safety within the relationship: personal safety (both spouses can trust in the absence of violence); emotional safety (both spouses feel strong positive bonds, mutual support, and emotional validation); and commitment safety (both spouses trust the relationship has a secure future). WOR workshops used more presentation and lecturing styles than FOF or LCLC workshops. Developers emphasized that WOR facilitators should adhere carefully to curriculum content and reiterate key lessons for each session. To personalize delivery, facilitators also should show appropriate use of self-disclosure, stories, and humor.

- **BPP.** The Becoming Parents Program workshop curriculum (used in Oklahoma City and Seattle) is based on the Prevention and Relationship Enhancement Program (PREP). Some BPP content about relationship skills overlapped with WOR, and the developers added a focus on preparing expectant couples for the arrival of a newborn. BPP included more parenting content than the other three curricula, covering such topics as preparing for birth, the transition to parenthood, and infant care. Also included as a core concept was self-care, emphasizing that no individual can be healthy in a relationship unless also caring for her or his own needs. Thus, workshops emphasized managing stress and creating a healthy lifestyle. The BPP curriculum relied primarily on presenting and lecturing, with a smaller proportion of couple activities than in the other curricula. As in WOR, developers emphasized that BPP facilitators should carefully adhere to curriculum content, maintain a focus on couples and partnership in group learning, and demonstrate respect and caring for group processes.

While all the developers undertook adaptations to ensure that curricula adequately covered the core topics specified in the SHM model, no curriculum was adapted specifically for racial or ethnic groups except for translating materials into Spanish. Developers encouraged facilitators to incorporate culturally relevant anecdotes and examples, though core concepts and exercises remained the same regardless of the local programs' demographic makeup. In

interviews, a number of couples noted that the workshop content did seem relevant regardless of race or cultural background. For example:

> It's good with the bigger group because it would allow us to see the differences in others.
>
> But we shared. . . . similarities. No matter what race or cultural background you came from, we all share the same thing, you know. And it was so ironic.
>
> * * *
>
> As the weeks progressed, it was getting interesting. Especially knowing that you're [there with] other couples. Who, you might think that everybody is different, but when you look at it for the most part, most of the marriages are the same. Like, people have the same issues, the same problems, no matter what type of background they're from or [their] financial, educational, or ethnic background.

The adaptation and translation process was longer for some curriculum developers than others, and, for some, materials continued to be refined through the first year of the evaluation. Language translations of the LCLC and WOR curricula experienced delays through the first year of the evaluation phase, and Spanish-speaking facilitators reported doing the best that they could to translate materials themselves, as a temporary measure, and to come up to speed quickly once translated materials were received. Consequently, couples in these early Spanish-language workshops experienced more "on the fly" translation and, possibly, more uneven content than their counterparts in English-speaking workshops.[3]

Promoting Participation in SHM Workshops

Programs engaged more than 80 percent of couples in at least one workshop

Table 4.2 shows that, across programs, 83 percent of program group couples attended at least one workshop within 12 months of enrollment, ranging from 79 percent in Seattle to 89 percent in Shoreline. Couples who attended at least one SHM activity completed an average of 8 workshops and 18 hours of curriculum, the vast majority of which were delivered in a group workshop setting. Average curriculum hours completed ranged from 14 in Shoreline to 22 in

[3]The four programs offering services in English and Spanish are Oklahoma City, Pennsylvania, Shoreline, and Texas. (See Chapter 1, Figure 1.2, for the locations of all the SHM programs.)

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Table 4.2

Participation in Relationship and Marriage Education Workshops Within 12 Months of Enrollment

Participation Measure	Program Location								
	Bronx	Orlando	Wichita	Oklahoma City	Pennsylvania	Seattle	Shoreline	Texas	Overall
Marriage education curriculum[a]	LCLC	FOF	WOR	BPP	WOR	BPP	LCLC	WOR	
Ever participated in any SHM activity (%)	86.5	90.8	89.2	94.4	87.2	88.1	95.6	91.5	90.6
Ever participated in marriage education workshop (%)	83.0	83.0	84.7	81.9	81.0	78.9	88.5	85.2	83.3
Average number of workshops attended by SHM participants	*7.4*	*8.2*	*8.9*	*6.5*	*8.1*	*4.8*	*7.3*	*10.7*	*7.7*
Average length of workshop (hours)	*2.4*	*2.2*	*2.5*	*3.4*	*1.9*	*3.3*	*1.9*	*1.9*	*2.4*
Average hours attended by SHM participants									
Group workshop[b]	*17.5*	*16.7*	*21.7*	*21.8*	*15.0*	*13.8*	*13.4*	*20.6*	*17.8*
One-on-one makeup session[c]	*0.1*	*1.4*	*0.2*	*0.0*	*0.5*	*2.0*	*0.5*	*0.3*	*0.6*
Total hours[d]	*17.5*	*18.1*	*21.9*	*21.8*	*15.5*	*15.8*	*13.9*	*20.9*	*18.4*
Number of workshop hours completed, by range[e]									
None	17.0	17.0	15.3	18.1	19.0	21.1	11.5	14.8	16.7
1% - 20%	2.3	8.5	5.3	6.2	12.2	11.9	10.5	10.1	8.2
21% - 40%	10.8	7.5	5.3	4.4	10.1	11.0	8.7	6.5	7.8
41% - 60%	7.0	3.5	10.8	4.2	11.0	9.2	17.7	4.8	8.3
61% - 80%	11.5	12.0	21.9	7.0	23.7	16.0	22.8	14.8	15.7
81% - 100%	51.4	51.6	41.4	60.0	24.0	30.9	28.7	49.0	43.3
Sample size: couples in program group	399	401	379	497	337	337	390	398	3,138

(continued)

Table 4.2 (continued)

SOURCE: The SHM management information system.

NOTES: Couples are counted as "ever participated in any SHM activity" if they attended at least one workshop, supplemental activity, or family support meeting together within 12 months of enrollment (91 percent of the program group). This group is referred to as "SHM participants."

Measures in italic type do not include the full program group; they include only "SHM participants."

[a]Relationship and marriage education curricula are as follows: LCLC = Loving Couples, Loving Children; FOF = For Our Future, For Our Family; WOR = Within Our Reach; BPP = Becoming Parents Program.

[b]This includes workshops that couples attended as part of their regularly scheduled group as well as group makeup sessions.

[c]"One-on-one" means that the couple met with their family support coordinator or workshop facilitator for a makeup session.

[d]Group workshop and one-on-one makeup session hours may not add to total hours due to rounding.

[e]The denominator is all couples in the program group, not only those who ever attended a workshop.

Wichita and Oklahoma City. About 43 percent of couples completed 81 percent to 100 percent of the curriculum hours offered, on average.[4]

Workshop quality, facilitators, and logistics supported couples' participation in workshops

Engaging participants in services is a challenge common to many types of voluntary programs. As indicated above, SHM programs were able to achieve solid participation initially and, over time, to keep those couples engaged in a large number of workshops, although not the full number of hours offered. Multiple factors likely contributed to their achievement. The following section discusses the role of three factors: quality of workshops, hiring decisions, and structuring workshop logistics.

Overall, curriculum developers considered SHM workshops to be of high quality and implemented with fidelity

After providing initial training in the curriculum, the curriculum developers monitored and assessed workshop facilitators in multiple ways. Developers for all four curricula considered workshops to be implemented as intended, by and large, and all developers stated that the SHM programs offered a fair test of their curricula. The majority of facilitators were determined to be conducting groups at a level deemed "satisfactory" or better, although, for individual programs, the quality ranged from uneven in some programs to strong mastery by most facilitators in others.

In assessing workshop quality, each developer had a number of baseline expectations for "satisfactory" facilitation. These included such criteria as whether the curriculum material was being delivered with fidelity to the written materials and whether facilitators were able to encourage couple participation and responded respectfully and thoughtfully to participants' comments. Facilitators would also be able to model working together as a team in delivering the material, would present material in culturally sensitive ways, and would be able to manage conflict and other participant dynamics within the group. The curriculum developers also articulated their sense of what constitutes excellent facilitation quality, which included the ability to "layer in" content from previous sessions, to help couples see how individual concepts and tools fit together — to help couples understand not only the "what" of each exercise but also the "why." Facilitators with skills rated as excellent would also clearly relate curriculum content to couples' lives, including strategies for incorporating new skills into their relationships despite everyday stresses that could stand in the way. They also maintained a sense of partner-

[4]Appendix Table H.1 presents data on the number of workshops that couples completed.

ship in learning, stepping out of the teaching role to acknowledge that each spouse is an expert in the couple's own relationship.

The majority of facilitators in the majority of programs met developers' standards for good-quality facilitation, and some facilitators across programs attained a level of quality defined as "expert." Particularly masterful facilitators not only had command of the curriculum and the intentions behind each piece but also created a sense of partnership in learning such that, as one developer explained, they were "walking alongside couples." Curriculum developers stated that these skills and attributes added a level of depth to workshops and created valuable opportunities for truly engaged learning and real-time application of curriculum skills and content.

Programs received consistent support from curriculum developers

As noted in Chapter 1, programs received substantial technical assistance from both curriculum developers and the SHM research team. From curriculum developers, this support included:

- Initial training for workshop facilitators, with ongoing monitoring via visits to program locations and audio and video recordings
- Ongoing conference calls with managers and/or facilitators to give feedback on facilitation quality and to discuss challenges and questions that were arising in the workshop setting, with coaching from curriculum developers on how to address these issues

From the SHM research team, support included:

- Guidance to programs as they managed the logistics of operating multiple workshops simultaneously
- Support in tracking participation and establishing methods for reengaging absent couples
- Ongoing workshop observations during visits to program locations, with follow-up feedback to managers about quality and fidelity
- Assistance in establishing supervision processes to help managers monitor workshop quality on a routine, day-to-day basis

One-on-one supervision of individual workshop facilitators was typically less routine than for family support coordinators (as described in Chapter 5). Many programs did, however, assemble workshop facilitators at intervals to discuss issues with the curriculum and couples'

participation. Some programs held regularly scheduled joint meetings with facilitators and family support staff at which they reviewed couple attendance, discussed known barriers to participation, and strategized ways to reengage couples or support couples who were facing difficult circumstances.

Programs used various strategies to hire a diverse and flexible team of workshop facilitators

Curricula guidelines had no fixed educational requirements for workshop facilitators; as a result, facilitators across programs had a wide range of backgrounds and prior experience. In some cases, the host agency's organizational background heavily influenced hiring decisions. For example, the Bronx, Shoreline, and Orlando host agencies had backgrounds in therapy and counseling services, and they chose the LCLC or FOF curriculum, both of which are oriented toward exploring relationship issues through group discussion. Assuming that group discussions would include couples' sharing their own experiences, these programs believed that they needed to hire staff with higher levels of education and/or many years of facilitation experience in order to effectively manage these group processes.

In contrast, the majority of staff in Pennsylvania's Reading location had a high school diploma or an associate's degree, but they had extensive experience working in their communities. Pennsylvania and the other programs that selected the WOR curriculum (Wichita and Texas) tended to have fewer formal educational requirements for the facilitators. Though many had a bachelor's or a master's degree, those who had solid facilitation skills, a dynamic presentation style, and connections to the community were equally valued by programs in making hiring decisions. Seattle, in keeping with its public health orientation and emphasis on expectant parents, hired nurses for workshop facilitator positions; Oklahoma City delivered the same curriculum but hired facilitators with a variety of backgrounds.

Whatever their educational backgrounds, many couples spoke positively about their facilitators and about their experiences in the workshops as a whole. For example:

> The atmosphere. . . . The instructors. . . . They make you feel comfortable. . . . You know, it was just the environment. Everything. [It felt] safe and comfortable. I was able to really . . . put some things out there on the table.

The SHM team and curriculum developers strongly encouraged programs to staff workshops with male-female facilitator pairs. In seven of the eight programs, couples experienced workshops led by male-female facilitator pairs most of the time. Seattle was one exception, where couples experienced male-female pairs half the time.

Programs were also encouraged to staff workshops with a combination of full-time staff and facilitators who worked on an hourly basis, to lend both stability and flexibility to workshop staffing. Program developers believed that having full-time facilitation staff would help establish a consistent link between the workshops and other program components and that having some part-time or contracted facilitators would make it easier to cover the many evening and weekend workshops and to provide a group of trained "back-up facilitators" in case last-minute substitutes were needed. All but three programs hired a mix of full-time, part-time, and contracted staff. Orlando, Wichita, and Texas relied exclusively on contracted personnel for workshop facilitation, and all eight programs had relatively large groups of facilitators to draw from to staff workshops. Programs' staffing choices appear to have affected how often facilitators communicated with managers and family support staff about couples' attendance or barriers to participation: in programs with full-time facilitators, these connections were typically more frequent.

Programs structured workshop logistics to promote participation

All programs made efforts to schedule workshops at times when working parents could attend, and they organized workshop schedules so that couples had options to choose from — for example, offering workshops on weekday evenings or on Saturdays.

- All programs offered couples sessions lasting two to three hours for up to 15 weeks on weekday evenings or on Saturdays.
- Orlando, Oklahoma City, the Bethlehem location in Pennsylvania, and Seattle also allowed couples to choose longer Saturday sessions lasting an average of five hours each for a period of six to seven weeks.
- Kansas and the Bronx mixed these two approaches, offering the initial workshop as a long "Super Saturday" session, followed by two-hour evening sessions on weeknights.

Based on attendance data, it does not appear that one particular way of structuring workshop schedules led to higher participation rates, though staff and managers stated that offering multiple choices on weeknights and weekends helped couples find times to attend that accommodated their work schedules. On average, sites began a workshop series every three weeks, and couples typically began their workshop series five and a half weeks after enrollment. The relatively large scale of these programs (most of which had roughly 20 new program group enrollees per month) made it possible to start new workshops frequently, meaning that couples could more easily choose a day and a time that worked best for their schedules.

Some couples expressed that they liked the "homey" and "comfortable" feel of the workshops, which may be due in part to the fact that groups were small, typically ranging from three to seven couples. This allowed for group discussion and more personal contact between the facilitators and couples. As one participant put it:

> The environment is relaxing. . . . They welcome you in. And the pace of it, the facilitators kept it moving. It's just so easy to let the group take it away, but the [facilitators] were like, "Alright! Let's bring it back over here. Let's touch on this; let's touch on that."

Summary

By and large, the local programs implemented the workshop component of the SHM model as curriculum developers intended; most workshop facilitators conducted groups in a manner deemed at least "satisfactory," and all developers stated that the SHM programs offered a fair test of their curricula. Initial engagement in workshops was strong in all eight programs, with some variation. Overall, couples spent the most hours in workshops, compared with the other two SHM components. Across the four curricula, the bulk of the workshop content focused on two main areas: helping couples manage conflict and reduce negative interactions and helping spouses build supportive connections and increase positive behaviors toward one another. The curricula presented these skills using different tools and approaches, with some focused more on discussion and group process and others characterized by more presenting and lecturing styles. It does not appear that one curriculum, staffing pattern, or way of organizing workshop logistics contributed to higher participation rates than others. Local programs made choices consistent with their organizational culture in structuring SHM services to be responsive to the needs of the populations they served.

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Chapter 5

SHM Components Surrounding the Workshops

While the relationship and marriage education workshops described in Chapter 4 were planned as the core of the Supporting Healthy Marriage (SHM) program model, the SHM team expected that a marriage education intervention for low-income married couples would need additional components to support participation and behavior change over time. Chapter 5 describes the two components — supplemental activities and family support services — that complemented the workshops and made SHM a full program. First, the chapter describes the types of supplemental activities offered by the eight local SHM programs, and then it discusses their implementation and couples' participation in these activities. The chapter then describes the multifaceted component of family support services, including its implementation by local programs, how the programs trained and supervised staff to deliver support services, and the amount of services that couples received.[1]

From Educational Workshops to an Educational Program

The SHM model included additional services that were intended to help the local programs achieve two main goals:

- **Keep couples engaged in marriage education activities for 12 months.** Based on the idea that behavior change requires time and repetition, some experts advised extending the SHM program over a full year and giving couples multiple opportunities to absorb new ideas and practice skills presented in the workshops.

- **Address external circumstances that may place stress on relationships or be barriers to participation.** Relative to middle-class couples, low-income couples are likely to face more relationship stressors, such as poverty, underemployment, housing issues, depression, and substance abuse. In addition to directly placing stress on couples and families, these circumstances might also impede full participation in the program.

The supplemental activities and family support services components were designed to meet these goals. Supplemental activities were group activities of various types that were not formally part of the marriage curriculum and were available to couples during the 12 months

[1]Chapter 1 discusses the SHM program model (Figure 1.1) and the eight local programs (Figure 1.2).

that they were eligible to participate in the program. Family support coordinators maintained contact with couples and encouraged their participation in SHM throughout the 12-month period, and they conducted periodic telephone check-ins and in-person meetings. To address additional needs, family support coordinators provided referrals to services in the community. They also generally stayed in touch with couples and provided coaching on key skills and principles from the workshop curriculum.

Reflecting the complementary nature of the SHM model's three components, the supplemental activities and family support services demanded less of a time commitment from couples than did the core workshops. Also, the goals for what couples would learn through these two components were less specific than the goals for the workshops. The SHM research team recommended that programs aim to have couples attend at least five supplemental activities, of which half would have some educational or curricular content. Goals for what couples would gain from family support meetings were not specified precisely but were defined in more general terms — for example, to address family stressors as needed or to reinforce skills and principles from the workshops. In contrast to the workshop component, it was not as clear at the outset of the demonstration exactly how supplemental activities and family support services would be operationalized in each local program.

Supplemental Activities

SHM supplemental activities were group-based activities outside the core marriage education workshop sessions and included couple activities, family activities, and activities designed just for one member of the couple ("Moms' Groups" and "Dads' Groups"). Offered over the full program year, the activities provided opportunities for couples to practice relationship skills learned during the workshops, to learn new skills, and to strengthen connections with other couples and staff. Like workshops, supplemental activities were held on weekday evenings or weekends and typically lasted one to three hours (or longer for larger social events like picnics or family outings). Programs offered two to four activities per month and typically promoted them as a "calendar of events" that would change each month.[2] As with workshops, couples attending supplemental activities often enjoyed a meal together as well as time to socialize with other couples.

Programs offered a wide variety of supplemental activities

The eight SHM programs offered a wide variety of supplemental activities that can be grouped into three categories:

[2]The exception is the Oklahoma program, which offered about 10 supplemental activities per month.

- **Relationship skills and building support networks.** These activities aimed to encourage spouses to spend quality time together as a couple, to build or broaden their social networks with other couples, and to practice skills taught in the workshops. Some events were primarily social, such as family picnics, potluck dinners, and holiday events; others, like date nights, began with a structured activity that reinforced workshop skills, followed by social time either as a couple or with the group. A few programs also held graduation events to mark the end of a workshop series. Some offered reunions several months after the end of a workshop series so that couples could reconnect with members of their workshop group, and they used these opportunities to do "refresher" activities based on the curriculum.

- **Educational presentations.** These activities provided information about community resources and topics that couples faced as common stressors in daily life, such as finances and budgeting, parenting, and legal matters. Programs often engaged presenters from the community, and while an SHM staff member may have referred to curriculum themes when introducing the activity, these events typically were not geared toward reinforcing workshop content but, rather, sought to deliver general information that would be helpful to couples.

- **Structured curriculum reinforcement.** These activities were typically structured using materials provided by curriculum developers and were facilitated in a format identical to the core workshops. Referring to skills or themes covered in the curriculum, these activities often addressed topics that affect relationships but that fell outside the core workshops, such as stepparenting, substance abuse, infidelity, or managing finances.

A participant described his experience of attending activities in a relationship skill-building support network:

> [Our family support coordinator] encourages us to . . . participate more. . . . Not just the . . . workshop, but also game nights, which, in my perspective, now looking at it, it helps a lot, 'cause if you're able to. . . . It's, like, technically a way of encouraging you to spend time together, and you're able to spend time together with other couples. He said there's, like, a "Couples' Night" thing. . . . And you're able to relax and have fun. And not be all tense and everything. I like that.

Programs took longer to fully implement the supplemental activities component than the workshops or family support components

The supplemental activities component had the least amount of written guidance, as SHM program developers hoped that local programs would exercise creativity in shaping this component into one that reflected the needs and interests of their local populations. This required a significant amount of time and effort, however, and while some programs used "off the shelf" activities, others dedicated months to developing and testing activities, learning which ones couples liked and which ones were not well attended. Developing the component from scratch meant that some programs hit their stride quite late in the evaluation, and some struggled to consistently engage large numbers of couples in this component right up to the end of the SHM demonstration period.

By design, the implementation of supplemental activities lagged behind that of workshops and family support services. During early program implementation, supplemental activities were aimed primarily at couples who had completed their workshop series. Consistent with this target group, the SHM team required programs to hold only one supplemental activity before ending their pilots. Subsequently, some programs (the Bronx, Seattle, and Shoreline, in particular) increasingly focused on inviting couples who were currently in workshops to supplemental activities, with the idea that engaging couples in this component earlier would help avoid drop-off after their workshops ended. Implementation of this component lagged in large part because the SHM team and local programs initially focused on putting into place basic structures for recruitment, workshops, and family support services. By 2009, when programs were operating workshops and family support and were managing basic operations with more ease, they turned greater attention to developing a more robust approach to supplemental activities.

Unlike staffing for workshops and family support services, programs typically did not hire staff whose sole responsibility was organizing and running supplemental activities. Instead, they relied on other program staff to contribute to developing and operating this component. After struggling initially to get the component off the ground, however, most programs later reserved the time of designated staff members specifically for supplemental activities, putting coordinators in place and sometimes hiring contract staff to help with facilitation.

Overall, most programs showed improvement in their participation rates in supplemental activities between early and late cohorts of couples.[3] Programs typically did this through

[3]The Seattle, Shoreline, and Texas programs showed statistically significant increases in average number of hours of supplemental activities attended between the cohort of couples enrolled in the first six months of the evaluation period (about one-quarter of the couples in the SHM sample) and the cohort of couples who enrolled after the first six months of the evaluation period. The Bronx, Orlando, Shoreline, and Texas programs

(continued)

a combination of efforts, including dedicating more staff time to planning, facilitating, and marketing events; using data to manage these activities more effectively (for example, identifying couples who had not yet participated in a supplemental activity and making special efforts to encourage their attendance); and increasing assistance for transportation and child care as well as incentives for attendance.

On average, couples attended about six hours of supplemental activities during the program

Couples attended supplemental activities at a lower rate than workshops or family support in-person meetings.[4] Table 5.1 shows that about 66 percent of all program group couples engaged in at least one supplemental activity over 12 months. The 91 percent of couples who participated in one SHM activity of any type completed an average of 6.4 hours of supplemental activities (about three activities). In two programs — Shoreline and Seattle — couples completed roughly 10 hours. As described below, these programs each had unique approaches that may have contributed to higher participation:

- Shoreline based the majority of its activities on structured modules created by the curriculum developer in an effort to compensate for the fewer hours offered in the chosen curriculum, LCLC (24 hours rather than an average of 28). These were offered twice monthly in each of two locations, for a total of four activities per month. Higher participation may have been supported by the program's increasing the number of supplemental activities offered over time to at least four per month, maintaining a predictable monthly schedule of offerings, and by strong management oversight. The program also held bimonthly "date night" events that included a curriculum-based skills review activity followed by dinner or another social activity, and there were quarterly family events.

- Seattle's approach included a number of large-scale events for couples and families that routinely attracted as many as 50 couples at a time. The program launched a series of educational sessions named "Knowledge Is Power" to help couples address such resource needs as housing and financial management. and it hosted a number of date nights, often organized around a holiday theme and with curriculum reinforcement activities.

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showed statistically significant increases between the early and late cohorts in the percentage of couples who attended at least one supplemental activity.

[4]As shown in Chapter 3, Table 3.1, about 66 percent of all program group couples attended at least one supplemental activity, compared with 83 percent who attended at least one workshop and 88 percent who attended at least one family support meeting.

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Table 5.1

Participation in Supplemental Activities Within 12 Months of Enrollment

Participation Measure	Program Location								
	Bronx	Orlando	Wichita	Oklahoma City	Pennsylvania	Seattle	Shoreline	Texas	Overall
Ever participated in any SHM activity (%)	86.5	90.8	89.2	94.4	87.2	88.1	95.6	91.5	90.6
Ever participated in a supplemental activity (%)	65.2	72.8	58.6	62.6	56.1	63.8	78.5	70.6	66.2
Average number of supplemental activities attended by SHM participants	*1.8*	*3.6*	*2.7*	*2.0*	*2.0*	*3.2*	*4.6*	*3.8*	*3.0*
Average length of a supplemental activity (hours)	*2.0*	*1.9*	*1.1*	*2.6*	*2.0*	*3.1*	*2.3*	*2.0*	*2.2*
Average hours attended by SHM participants, by activity type [a]									
Relationship skill or building support networks	*1.0*	*3.7*	*2.7*	*3.7*	*3.0*	*7.2*	*6.4*	*6.7*	*4.3*
Other type of educational presentation	*1.2*	*3.1*	*0.2*	*1.1*	*0.7*	*2.7*	*0.0*	*0.7*	*1.2*
Structured curriculum reinforcement	*1.3*	*0.0*	*0.1*	*0.4*	*0.2*	*0.0*	*4.2*	*0.2*	*0.8*
Parenting/child development [b]	*0.0*	*1.0*	*0.1*	*0.2*	*0.2*	*0.0*	*1.2*	*0.5*	*0.4*
Total hours [c]	*3.6*	*6.8*	*3.0*	*5.2*	*4.1*	*9.9*	*10.6*	*7.7*	*6.4*
Number of supplemental activities completed, by range[d] (%)									
None	34.8	27.2	41.4	37.4	43.9	36.2	21.5	29.4	33.8
1-2 activities	41.1	25.9	22.4	38.4	32.3	27.6	26.9	27.9	30.7
3-5 activities	19.3	21.7	19.5	17.3	15.7	20.8	26.2	17.3	19.7
6-9 activities	4.5	19.2	14.0	4.8	5.6	6.8	11.5	15.3	10.2
10 or more activities	0.3	6.0	2.6	2.0	2.4	8.6	13.8	10.1	5.6
Sample size: couples in program group	399	401	379	497	337	337	390	398	3,138

(continued)

Table 5.1 (continued)

SOURCE: The SHM management information system.

NOTES: Couples are counted as "ever participated in any SHM activity" if they attended at least one workshop, supplemental activity, or family support meeting together within 12 months of enrollment (91 percent of the program group). This group is referred to as "SHM participants."

Measures in italic type do not include the full program group; they include only "SHM participants."

[a]Oklahoma City recorded multiple topics per supplemental activity; therefore, one activity may fall into multiple categories. All other programs recorded only one topic per supplemental activity.

[b]The "parenting/child development" category is not mutually exclusive of other categories. Activities are also counted as "relationship skill or building support networks," "educational presentations," or "structured curriculum reinforcement."

[c]Total hours includes "other/not categorized."

[d]The denominator includes all couples in the program group, not only those who ever attended a supplemental activity.

Most supplemental activities fell into the category of relationship skill-building support networks. Educational presentations were not common across programs, though couples in Orlando and Seattle attended more hours of this kind of activity than couples in other programs. Most programs conducted very few activities focused on structured curriculum reinforcement, with the exception of Shoreline and the Bronx. As noted above, LCLC's core curriculum was several hours shorter than the other three curricula. LCLC provided additional curriculum modules to use as supplemental activities, and the Bronx and Shoreline programs were strongly encouraged to use these materials as a way to "make up the difference" in workshop hours. Shoreline adopted the LCLC modules as a core part of its supplemental activities programming. The Bronx offered the modules on a limited scale, opting to develop its own curriculum reinforcement "practice sessions" based on LCLC themes.

Despite the challenges that the design and implementation of supplemental activities posed for some programs, all eight programs eventually launched a set of offerings that met program guidelines. They were able to increase the number of hours that couples completed, from an average of 4.7 hours (and 60 percent of couples attending at least once) among the first 25 percent of couples enrolled to an average of 6.1 hours (and 68 percent of couples attending at least once) among the remaining 75 percent of couples enrolled.

Family Support Services

Within the SHM program model, the family support services component aimed to accomplish a number of goals. The family support coordinators had caseloads of 20 to 40 couples at any one time,[5] and they attempted to maintain contact with the couples for the full 12 months that they were eligible to receive SHM services.[6]

Three Functions of Family Support coordinators

Box 5.1 shows the three main functions of family support coordinators and their methods of delivering services. The following three sections describe the family support functions in more detail.

Function 1: Engage participants to promote participation

The first of the family support functions shown in Box 5.1 — engaging participants to promote attendance — involved frequent contacts from family support coordinators. Soon after

[5]The caseload sizes in the Bronx program were notably larger than in other programs, at 50 to 70 couples for each family support coordinator.

[6]SHM was a 12-month program, except in Pennsylvania, where the program lasted 9 months, and in Oklahoma and Seattle, where the program extended to the first birthday of the couple's baby.

Box 5.1

Three Main Functions of Family Support Coordinators in the SHM Model

Function 1: Promote engagement and participation in the program for 12 months by maintaining steady contact with couples and by administering participation supports (such as transportation or child care reimbursement)

Function 2: Link couples to outside services that go beyond the program's offerings, such as mental health counseling or employment services, to mitigate challenges faced by couples and to remove barriers to participation

Function 3: Reinforce the skills and principles of the core workshops over time, through regular meetings with individual couples

Family support services were delivered through

- Scheduled in-person meetings with family support workers
- Unscheduled brief contacts: phone calls, e-mails, mailings, and greetings before and after group workshops and supplemental activities

being randomly assigned to the program group, SHM couples began receiving phone calls from their designated family support coordinator.[7] Typically, he or she would attempt to schedule an in-person meeting to introduce themselves to each other and to orient the couple to the program. If the marriage education workshop series that a couple was assigned to attend was scheduled to begin soon (which was ideal), the worker would call the couple with a reminder about the start date and time. If there were a number of weeks between enrollment and the start of the workshops, the family support coordinator would typically try to schedule more than one in-person meeting with the couple and might invite them to supplemental activities to maintain their engagement with the program.

Once a couple's workshop series began, family support coordinators in most programs were to make weekly reminder phone calls to the couple either the day before or the day of the workshop to confirm their attendance. If a couple missed a workshop or several workshops, the couple's support coordinator would attempt to contact them by phone in order to understand the

[7]Data from the SHM management information system (MIS) show that programs completed an average of 16 telephone calls to couples during the 12 months of their participation in the program. The average combined length of these calls was about 89 minutes (or about 6 minutes per call). As this includes only "completed" phone calls and not just messages left, it may be a lower bound of the actual amount of telephone outreach that family support coordinators did.

reasons for nonattendance and perhaps to schedule a makeup session. Family support coordinators were also expected to call couples to follow up on resource needs that had been discussed. After a couple's workshop series was completed, support coordinators were to continue to hold in-person meetings with the couple (with decreasing frequency) and would contact the couple to set these meetings up and to invite them to supplemental activity events.[8]

When staff encountered challenges maintaining contact with couples who had stopped participating, some programs developed what were termed "creative outreach" strategies, modeled on intensive methods for reengagement developed by the Oklahoma City program. Family support staff would coordinate with other staff members (supervisors and workshop facilitators) to gather information about the couple's circumstances and to understand what barriers might exist, review contact information, and strategize which staff might have the most success in connecting with the couple and explaining how the program could be supportive. Once staff identified couples for creative outreach, supervisors typically became involved in coaching the family support staff and, in some cases, making contact with the couples themselves.

Function 2: Link couples to outside services

The second of the family support functions — linking couples to outside services — involved identifying particular challenges and barriers to participation that couples faced. Family support coordinators in most programs completed needs assessments with couples to help identify family and relationship resource needs, and support coordinators provided referrals to services available in the community that addressed those needs. As seen in Table 5.2, about 52 percent of SHM couples received at least one referral to an outside service. As recorded in the SHM management information system (MIS), this proportion ranged from a high of about 81 percent in the Seattle program to a low of 30 percent in the two Texas program locations. Such wide variation reflects some combination of differing needs of couples, different emphasis on the referral function by staff in particular local programs, and perhaps different availability of services in the local communities. Table 5.2 also shows the percentage of couples who received various types of resource referrals, the three most common types being to adult mental or physical health services; to employment, education, or training services; and to public assistance.[9]

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[8]Programs typically expected that family support coordinators would initially hold in-person meetings every two weeks when a couple entered the program. Over the course of the couple's program year, the frequency of meetings would go down to about once a month and then to about once a quarter. An exception is the Bronx program, which expected only three in-person meetings over the course of the entire year.

[9]Examples of referrals that are categorized as "other" include how to get help obtaining a driver's license, help getting toys for the holidays, places to buy inexpensive clothing or to obtain free clothing, how to use money-saving Web sites, and finding information about free community events.

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Table 5.2

Family Support Referrals to Outside Supportive Services

Referral Measure	Program Location								
	Bronx	Orlando	Wichita	Oklahoma City	Pennsylvania	Seattle	Shoreline	Texas	Overall
Ever referred to outside service[a] (%)	41.6	72.6	43.5	56.7	44.2	81.0	47.2	29.6	51.9
Couples who received a referral to[b] (%)									
Adult mental or physical health service	14.0	44.4	15.8	20.5	11.9	34.1	19.7	7.0	20.9
Employment, education, or training service	22.6	28.9	12.9	10.7	8.9	61.7	11.3	5.0	19.4
Public assistance	7.8	23.7	28.2	17.1	16.0	40.7	17.9	7.5	19.4
Child development or parenting-related service	1.5	18.0	11.9	44.1	3.0	22.3	11.5	1.5	15.2
Financial or legal service	4.3	5.7	5.3	5.8	13.4	29.7	5.6	3.0	8.5
Marriage and relationship service	4.8	4.7	6.6	3.6	1.5	5.0	1.0	7.3	4.3
Other	4.5	43.6	13.7	36.2	26.7	50.1	27.9	13.8	27.0
Sample size: couples in program group	399	401	379	497	337	337	390	398	3,138

SOURCE: The SHM management information system.

NOTES: [a]A referral is counted if it was received by either spouse within 12 months of enrollment.
[b]Couples could receive referrals to multiple types of services.

Family support staff described wide variation among couples in terms of the amount of assistance that they required. Some couples had only minor needs, while others experienced more difficult circumstances that elevated to crisis situations in which jobs or housing were suddenly lost. The topics covered during in-person meetings with couples thus varied widely, depending in part on their needs. One participant described how the family support coordinator supported his wife's efforts in seeking employment:

> [Our family support coordinator is] very encouraging to [my wife] . . . she's looking for a job. He helps her with that . . . follows up: "OK. You went to the job interview? How did this go?" He calls from time to time: "Oh, you didn't get it? Don't worry about it. You know, you'll do good." And it's encouraging to have somebody there that motivates you.

Some family support staff brought substantial knowledge about existing community resources from previous positions. Other staff reported that they initially felt ill-equipped to make referrals to outside resources. Over time, staff became more familiar with the services in their areas and built up institutional knowledge that all family support staff could access and use.

Referrals given by family support staff typically involved information about where a couple could access a particular service. It was usually the couple's responsibility to follow up; staff did not consistently check to see whether the couple acted on referral information, and they varied in how actively they helped people make the necessary connections with staff in other organizations.

In addition to making referrals to outside services, SHM programs also had limited funds available to help couples address unexpected emergencies, such as a car repair, that might impede participation. (Chapter 6 has more information about emergency assistance funds.)

Function 3: Reinforce the workshop curriculum

The third function of family support services — assisting couples in practicing and mastering the skills presented in the relationship and marriage education curriculum — was also intended to be performed during in-person meetings with couples.[10] Almost all family support coordinators received several days of formal training on the curriculum material, usually from the curriculum developer.

[10]The Bronx was the only SHM program that did not offer curriculum reinforcement as part of family support services. Under UBA's job classification system, family support coordinators were defined as case managers whose responsibilities were limited to maintaining contact with couples, encouraging engagement, and making referrals to outside services.

The family support coordinator's role was to remind couples of curricular themes (such as "Make it safe to connect," "Do your part," and "Don't contaminate fun time"); to inquire about whether couples were using any of the skills and concepts from the curriculum at home; and to suggest using the curricular communication tools during the meeting, with the goal of helping the spouses discuss issues constructively. In meetings with couples, support coordinators were to make use of an array of activities — whether created by the curriculum developers or by the local programs — that touched on and encouraged the discussion of curricular themes. Practice of skills and techniques during in-person meetings was intended to increase their use at home by couples. A participant described how his family support coordinator reviewed curricular material:

> Yes, [the family support coordinator] is quite courteous and always willing to help. She does periodic visits to my house. . . . When she comes to the house, she kind of reviews what has been covered: "How was such a day's class?" "What did you think about this?" As a matter of fact, one day we were not able to come, and [she] went to the house and gave us that class. And I found that very interesting. . . . And she stays pretty close, checking on how everything is going — what we think about the program so far. She always asks that question: "How's the class? What did you learn? . . . Did you benefit from such day's class? This topic: how did you feel about it?"[11]

As part of their family support approach, the SHM programs in Wichita, Oklahoma City, and Shoreline used *relationship inventories:* sets of written questions with scoring keys that assess the overall strength of a relationship and also identify particular strengths and weaknesses. Such inventories were used to help structure one-on-one meetings with couples and to give family support staff an opportunity to get to know the couple and their goals for their marriage. To complete an inventory, each spouse answered a questionnaire regarding strengths and challenges in the couple's relationship, and the questionnaires were then sent to the inventory developer for scoring. Family support staff reviewed the results in an in-person meeting with the couple, with the goal of tying strengths and weaknesses to upcoming workshops and supplemental activities that might be of particular interest. Early in their SHM programs, Oklahoma City and Wichita began using the ENRICH inventory and reported that it

[11]This participant describes how the family support coordinator made home visits in order to conduct in-person meetings. The Pennsylvania program conducted 62 percent of its in-person meetings during home visits. Other programs rarely or never used home visits, with the majority of meetings being held in program offices. Across all SHM programs, time in home-visit meetings represented 10 percent of the total time spent in in-person meetings.

was helpful in quickly engaging couples in family support meetings.[12] Shoreline added an inventory developed by LCLC about eight months into its evaluation period.

Curriculum reinforcement was the most challenging function to implement

As noted above, the supplemental activities component was to be shaped by the eight local programs to reflect and meet the needs of the populations that they served. In contrast, the SHM research team intended that family support services would be delivered in a relatively consistent way across all the programs. Program operators, however, found themselves on new terrain when delivering the combination of functions involved in family support services. Consequently, the SHM team provided technical assistance to programs that focused on this component. In November 2007, when three programs had begun the evaluation phase and five programs were still in the pilot phase, a three-day training was held in Orlando for all family support coordinators and supervisors. For all the programs, the delivery of this component continued to develop and improve throughout most of the evaluation period.

The degree to which in-person meetings contained curriculum reinforcement varied across programs and across family support coordinators. There was initially a delay in the attention that programs paid to this family support function. After programs established a smooth flow of recruitment and participation, management and technical assistance attention shifted to the quality of curriculum reinforcement being performed. Additionally, written materials that were prepared by the curriculum developers specifically for family support coordinators to support one-on-one coaching were not finalized until several months after the evaluation phase had begun.

For several reasons, reinforcing curricular skills proved to be the most challenging function of family support staff. First, a traditional case management role that focused on the needs of clients was something that most program staff were familiar with, but blending an educational and coaching role with traditional case management (while avoiding any explicit counseling or therapy) was something new for most program supervisors and family support coordinators. Second, the family support staff did not have the regular opportunity to master the curriculum that the facilitators had in running the group workshops. Third, coaching couples on communication skills demanded a relatively high degree of interpersonal skill, especially when more difficult relationship issues arose. Some family support staff did not have the full set of skills required to perform curricular reinforcement well. Finally, some couples' resource needs were so prominent that little time was left in meetings to reinforce the curriculum.

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[12]The ENRICH inventory was developed by Dr. David Olson. More information is available at the Web site: www.prepare-enrich.com.

In some in-person meetings, reinforcement activities were easily incorporated into a topic being discussed between the family support coordinator and the couple. A family support coordinator described how she convinced one couple, who were arguing during an in-person meeting, to try a structured communication technique from the curriculum. The couple used this technique, and the argument was defused as the spouses started to listen attentively to what each had to say.

Programs varied in how they staffed family support and in how they trained and supervised family support coordinators

In almost all SHM programs, the duties of family support coordinators included the three functions listed in Box 5.1.[13] Support coordinators also often contributed to the planning and staffing of some supplemental activities. In one program (Seattle), the family support coordinators also served as the workshop facilitators.

Educational and Professional Background of Family Support Staff

Staffing choices in each program were related to the host agency's background and culture. For example, the Seattle program hired nurses to serve as family support staff, which was consistent with the nursing background of the organization's founders and their interest in blending the roles of facilitator and family support coordinator. And in the Wichita and Orlando programs — where the directors were professors in graduate social work and counseling programs — all the family support coordinators had graduate training in social work or counseling. The Oklahoma City program, on the other hand, preferred but did not require health or human services experience or credentials. As a consequence, the Oklahoma City family support staff had a more diverse range of backgrounds than family support staff in most other programs.

Most family support coordinators and their supervisors had education and experience well suited for their roles. In six of eight programs, all or most family support coordinators had at least a bachelor's degree.[14] In the remaining two programs, about three-fourths of support coordinators had at least an associate's degree. Most family support coordinators across SHM programs had previously worked with both individuals and couples and had worked with low-income populations. Seven of the eight programs had a majority of staff with professional

[13]The sole exception is that family support coordinators in the Bronx program did not reinforce curricular themes with couples.

[14]In four programs (those in the Bronx, Orlando, Seattle, and Wichita), all family support coordinators had a bachelor's degree. In two programs (those in Oklahoma City and Shoreline), at least 85 percent of family support coordinators had a bachelor's degree.

backgrounds in case management, social services, or both.[15] Of the ten family support supervisors, all held at least a bachelor's degree, and half held a graduate degree. Eight of the supervisors had at least five years of experience working in related fields prior to working with the SHM programs, and seven of them had previous managerial or supervisory experience.[16]

Training of Family Support Staff

The eight SHM programs varied in the amount of formal training that they provided to newly hired family support staff. All the local programs offered initial formal training on (1) the relationship and marriage education curriculum that the program used, (2) addressing the presence of domestic violence, and (3) the SHM management information system (MIS).

Most family support coordinators received training in the curriculum directly from the curriculum developers.[17] This training was the same training that workshop facilitators received, and it was usually about a week in length. Training on how to deal with domestic violence was usually provided by the program's domestic violence partner organization. Program staff received initial training in the MIS from the SHM team, and this was followed by frequent technical assistance meetings. Knowledgeable staff within programs then trained new staff on how to use the MIS and enter data into it.

Beyond these three areas of training, programs varied in how much formal training they provided on the day-to-day responsibilities of the family support position. Most programs provided an introduction to policies and procedures for new staff, and most had new staff shadow more experienced family support coordinators before assuming their own caseloads. Typically, programs developed more structured training approaches over time. Oklahoma City eventually developed the most structured training for family support coordinators. This training lasted two weeks and included a one-day orientation and then training from a different staff person each day, as well as an observation of a workshop and at least three in-person meetings with couples. Other programs did not have the scale to enable such structured training. For all programs, the diversity of couples' circumstances and needs and of the family support coordina-

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[15]In two programs (those in the Bronx and Pennsylvania), all family support coordinators had professional backgrounds in case management, social services, or both; in three programs (those in Orlando, Texas, and Wichita), about 80 percent of family support coordinators had such backgrounds; and in two programs (those in Oklahoma City and Shoreline), slightly more than half of them had such backgrounds.

[16]The following fields were considered "related" to delivering family support services: clinical social work, psychotherapy, counseling, marriage education, social services, case management, and nursing.

[17]Curriculum developers were asked to train family support coordinators in an effort to support curriculum reinforcement activities in family support meetings. In some instances, new staff members received this training several months after they started their positions. In other instances, training on the curriculum was provided directly by the program staff rather than by the curriculum developers.

tors' backgrounds and experiences meant that much of the training for the position occurred informally on the job, over a period of time.

Supervision of Family Support Staff

Supervision of family support staff across the SHM programs ranged from frequent coaching to oversight primarily when issues arose with specific couples. All the programs had at least one family support supervisor who managed the family support coordinators. In seven of the eight programs, there was a single family support supervisor who also had additional program responsibilities, such as oversight of recruitment and intake (the Bronx, Texas, and Wichita), group workshop supervision (Seattle and Shoreline), group workshop facilitation (the Bronx), a small caseload of couples (Orlando, Seattle, and Shoreline), or managing the entire program (Pennsylvania).

Given its large size, the Oklahoma City program was unique in that it had four family support staff serving in supervisory roles. A single family support manager supervised three family support supervisors, who, in turn, supervised the frontline family support coordinators.

In addition to formal supervisory roles, four programs designated a "lead" family support coordinator who provided coaching to other staff and was given responsibilities for coordinating some aspect of family support service delivery. For example, the lead family support coordinator in Shoreline oversaw creative outreach efforts and trained other family support coordinators on how to use the relationship inventory.

On average, couples attended about six family support meetings during the program

All eight local programs achieved similar rates of couples attending at least one family support meeting. More variation across local programs is seen in how many support meetings couples attended and how long each meeting typically lasted.

As shown in Table 5.3, among all program group couples, 88 percent attended at least one family support meeting. The Oklahoma City and Shoreline programs had the highest participation rate in this component, with about 94 percent of all program group couples in these locations attending at least one family support meeting. Even in the program with the lowest rates (the Bronx), about 82 percent of program group couples attend at least once.

- SHM participants attended an average of 5.8 in-person meetings. The average length of in-person meetings was about 48 minutes; the longest meetings were in the Oklahoma City program (an average of about 57 minutes), and the shortest meetings were in the Bronx program (an average of about 23 minutes).

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Table 5.3

Participation in Family Support Meetings Within 12 Months of Enrollment

	Program Location								
Participation Measure	Bronx	Orlando	Wichita	Oklahoma City	Pennsylvania	Seattle	Shoreline	Texas	Overall
Ever participated in any SHM activity (%)	86.5	90.8	89.2	94.4	87.2	88.1	95.6	91.5	90.6
Ever participated in family support meeting (%)	81.7	88.5	84.2	93.8	84.6	84.3	93.8	90.5	88.0
Average hours spent by SHM participants in family support meetings	*1.6*	*5.0*	*4.8*	*8.1*	*3.6*	*4.7*	*4.7*	*3.4*	*4.7*
Average number of family support meetings attended by participants	*4.1*	*5.8*	*6.0*	*8.4*	*5.1*	*5.4*	*5.4*	*5.3*	*5.8*
Average family support meeting length (minutes)	*23*	*52*	*48*	*57*	*42*	*52*	*53*	*39*	*48*
Number of family support meetings completed, by range[a] (%)									
No meetings	18.3	11.5	15.8	6.2	15.4	15.7	6.2	9.5	12.0
1-2 meetings	22.3	18.7	25.3	9.5	21.1	25.8	20.5	19.1	19.8
3-5 meetings	35.1	24.7	20.1	13.7	27.3	19.0	37.4	32.2	25.9
6-9 meetings	20.8	30.4	19.3	31.8	27.0	23.4	25.4	27.4	25.9
10 or more meetings	3.5	14.7	19.5	38.8	9.2	16.0	10.5	11.8	16.4
Sample size: couples in program group	399	401	379	497	337	337	390	398	3,138

SOURCE: The SHM management information system.

NOTES: Only meetings that are in person with both spouses attending and longer than five minutes are included.

Couples are counted as "ever participated in any SHM activity" if they attended at least one workshop, supplemental activity, or family support meeting together within 12 months of enrollment (91 percent of the program group). This group is referred to as "SHM participants."

Measures in italic type do not include the full program group; they include only "SHM participants."

[a]The denominator is all couples in the program group, not only those couples who attended a family support meeting.

- About 68 percent of couples had at least three in-person meetings, and about 42 percent had at least six meetings.

Summary

The SHM supplemental activities component was less well defined by the SHM team and was less of a focus initially for local staff than either the workshops or the family support component. Despite the challenges that the design and implementation of supplemental activities posed for some programs, all programs eventually launched a set of activities that met the intended objectives for this component. Two programs — Shoreline and Seattle — succeeded in engaging couples in more hours of supplemental activities than the average, and they did so by offering numerous activities each month, along with supports and incentives to encourage participation (described in Chapter 6). Most programs did not assign coordinators or managers to oversee supplemental activities in the early months of the evaluation, and they found that programming and attendance increased once staff time had been allocated specifically for this task. The supplemental activities that were most frequently offered and attended were those that allowed for some practice of relationship skills and that emphasized social connections and fun.

All local SHM programs fully implemented the family support function of promoting engagement and participation in the program, and more program group couples (88 percent) engaged in this service at least one time than they engaged in the other two SHM components. Frequent outreach by family support coordinators was viewed as an important factor in programs' achieving the participation that they did in workshops, supplemental activities, and family support meetings. All the local programs also implemented the function of linking couples to outside services in order to mitigate the challenges that they faced, although some programs provided referrals more actively than others. The function of curricular reinforcement, on the other hand, was inconsistently delivered across SHM programs and across individual family support coordinators.

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Chapter 6

Supports and Incentives to Participate in the SHM Program

Based on the experiences of other voluntary programs, particularly those serving low-income families and those with children, the developers of the Supporting Healthy Marriage (SHM) program anticipated that local programs would experience challenges in recruiting and retaining participants in services. Program budgets therefore included funds for offering couples "participation supports" (child care and transportation assistance) as well as modest incentives to encourage attendance at SHM activities. Supports and incentives were to be made available to all couples who attended activities, and programs were given discretion to structure supports and incentives in ways that would best meet local needs and be most appealing to the couples they served. Programs also offered limited emergency assistance payments to couples experiencing unusual circumstances that caused stress in the relationship and that may have impeded participation.

Chapter 6 begins by describing the types of supports and incentives that couples received for participating in each of SHM's three program components, as summarized in Table 6.1. It then presents data on the value of assistance that couples received in the form of transportation and child care, incentives, and emergency assistance.

Relationship and Marriage Education Workshops

All couples attending relationship and marriage education workshops were eligible to receive transportation and child care assistance, and couples in all the programs except Wichita's were eligible to receive incentives.[1] Supports and incentives were structured in a variety of ways to emphasize specific goals held by local programs. For example, more than half the programs tied incentives to completion of attendance milestones, often increasing the amounts that couples could receive with the number of sessions or hours attended. For example, the Orlando program offered $50 to couples after completing four workshops, $70 after completing eight workshops, and $100 after completing all twelve workshops in the series. Two programs offer contrasting examples of ways to organize supports and incentives to promote workshop attendance:

[1]Chapter 1 discusses the SHM program model (Figure 1.1) and the eight local programs (Figure 1.2). The Wichita program initially offered incentives for workshop attendance but stopped doing so after achieving higher-than-expected participation. The program reported noting no perceptible decline in attendance after doing so. The program instead shifted resources to providing incentives for family support meetings, in an effort to increase participation in these services.

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Table 6.1

Availability of Participation Supports and Incentives, by Program

Support or Incentive Provided	Program Location							
	Bronx	Orlando	Wichita	Oklahoma City	Pennsylvania	Seattle	Shoreline	Texas
Marriage education workshops								
Incentive[a]	✓	✓		✓	✓	✓	✓	✓
Child care assistance[b]	✓	✓	✓	✓	✓	✓	✓	✓
Transportation assistance	✓	✓	✓	✓	✓	✓	✓	✓
Family support meetings								
Incentive[a]		✓	✓	✓		✓	✓	✓ [d]
Child care assistance[b]						✓	✓ [c]	✓ [d]
Transportation assistance	✓		✓	✓		✓	✓	✓
Supplemental activities								
Incentive[a]		✓	✓	✓	✓	✓	✓	✓
Child care assistance[b]	✓	✓		✓	✓	✓	✓	✓
Transportation assistance	✓	✓	✓	✓	✓	✓	✓	✓ [d]

NOTES: [a]This includes all types of incentives distributed, such as cash, gift cards, token items, and incentives distributed through a raffle.

[b]This includes on-site child care and/or reimbursement for child care costs.

[c]Shoreline offered on-site child care when available for family support meetings. Reimbursement for off-site care was not offered.

[d]Incentives for family support visits, child care for family support visits, and transportation assistance to supplemental activities were offered in San Antonio but not in El Paso.

- The Bronx program used a strategy that essentially built participation incentives into a generous reimbursement for child care costs incurred when participating in SHM activities. To cover child care costs over the full period of participation, couples could receive up to a total of $600 for participating in workshops and $25 per supplemental activity. Incentives, though, were more modest. For workshops, couples' names were entered into a raffle each time they attended, and prizes were awarded at a graduation event. Other than child care reimbursement and transportation assistance, no additional incentives were offered for attending supplemental activities or family support meetings.

- In contrast, the Seattle program provided high levels of transportation assistance, smaller reimbursements for child care, and modest incentives that couples could earn by participating in workshops and supplemental activities.

> Located in an urban city center, many of the Seattle program's participants came from outlying areas not well served by public transit, and couples began reporting that costly or impractical transportation was a significant barrier to participation. Seattle gradually increased the amount that it offered to reimburse gasoline costs, from $3 to $7 per activity, and it reimbursed couples for parking and began offering cab rides for those who did not have other reliable or practical means of transportation. Incentives were distributed throughout the workshop series and included a combination of gift cards and low-cost items totaling a maximum of approximately $250. Items were related to infants and parenting, such as diapers and first aid and home safety kits. Child care assistance was provided in the form of cash to reimburse off-site care at a rate of $8 per hour.

Other programs similarly achieved particular goals by tailoring their participation support and incentive structures to local circumstances and needs.

Supplemental Activities

Couples attending supplemental activities received transportation assistance in all the SHM programs except the El Paso location in Texas, and child care assistance was offered in all locations except Wichita. Couples in all programs except the Bronx also received incentives. In general, incentives for attending supplemental activities were smaller than those offered for workshop attendance. In contrast to workshops, for which all couples in attendance typically received an incentive, several programs used raffles to provide incentives for supplemental activities. In addition to increasing their programming of this component over time, Shoreline, Seattle, Orlando, and the San Antonio location in Texas offered the most generous incentives for attending supplemental activities, and these locations achieved the highest average hours of participation in this component.

Family Support Services

Couples received less child care and transportation assistance for attending family support meetings and fewer incentives than were offered for workshops and supplemental activities. Whereas all programs provided transportation and child care assistance to couples participating in workshops and supplemental activities,[2] for family support meetings, six programs provided transportation assistance, and only three offered child care assistance. Locations that did not

[2]An exception is Wichita's program, which did not provide child care assistance for attending supplemental activities.

offer assistance opted not to for various reasons. In Pennsylvania, family support meetings were held primarily in the home, and so child care and transportation supports were not needed. In Texas and the Bronx, most family support meetings were held before or after workshops for which couples had already received such reimbursement.

Although six programs offered incentives for attending family support meetings, in all cases, the incentives were more modest than what was offered for attending other SHM activities. In some cases, incentives were given in the form of tickets to be entered into a raffle at future workshops or supplemental activities or as points to be accumulated and redeemed for items or gift cards after a specified number of family support meetings were completed.

In addition, family support coordinators also distributed emergency assistance payments to couples facing difficult circumstances. Examples include car repairs, medical bills, and security deposits for apartments when a move provided more stable housing for the family. Payments were limited: couples were not typically told up front that SHM programs offered emergency assistance, and programs were advised to not advertise this as an incentive to participate. Rather, needs and payment amounts were determined case by case, according to guidelines developed by the local program.

The Value of Participation Support and Incentives Provided to Couples

Table 6.2 highlights the value of the assistance that program group couples received with transportation and child care expenses when attending SHM events, as well as incentives provided to couples to encourage participation. Table 6.3 shows emergency assistance payments made to couples. On average, programs incurred $567 in costs per couple in participation supports and incentives, with the bulk of funds ($239 per couple) supporting on-site child care or reimbursements for child care services. Couples also received an average of $77 in emergency assistance.[3]

Child Care Assistance

The amount spent on child care per couple varied widely across programs, ranging from $117 in Texas to $453 in the Bronx. Some of this variation results from differing attendance across programs, as those with higher attendance rates had to provide more child care assistance, all else being equal. The Bronx, however, was unique in making child care assistance its

[3]As noted in Tables 6.2 and 6.3, average amounts for participation supports, incentives, and emergency assistance are calculated for all program group couples, including couples who never received these services.

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Table 6.2

Value of Participation Supports and Incentives Provided to SHM Program Group Couples

	Program Location								
Participation Support or Incentive Measure	Bronx	Orlando	Wichita	Oklahoma City	Pennsylvania	Seattle	Shoreline	Texas	Overall
Participation supports									
Couples receiving child care assistance (%)	84.2	78.1	85.0	64.6	81.3	51.6	74.1	78.6	74.8
Average total amount of child care assistance ($)	453	252	261	251	153	178	220	117	239
Average amount of reimbursed child care cost	453	101	261	112	42	178	124	41	165
Average estimated cost of on-site child care service	0	151	0	139	111	0	96	76	74
Couples receiving transportation assistance (%)	86.2	86.3	85.0	71.6	75.1	87.2	95.6	86.7	84.1
Average total amount of transportation assistance ($)	70	56	82	178	64	421	119	148	139
Average amount of reimbursed transportation cost	70	1	80	177	44	72	119	143	91
Average value of program transportation service	0	55	2	0	20	349	0	5	48
Total average value of participation support ($)	523	308	343	428	217	600	339	264	378
Incentives									
Couples receiving incentive payments (%)	47.4	84.8	88.1	67.2	83.7	83.7	90.8	71.6	76.6
Average total incentive payments ($)	32	235	86	395	70	165	292	122	181
Average amount of cash, check, or gift card	25	227	86	395	64	97	287	88	166
Average amount of small gifts and prizes	7	8	0	0	6	69	6	34	15
Couples receiving supports or incentives (%)	86.5	89.3	92.6	80.5	88.1	91.1	96.4	90.7	89.2
Average value of participation support and incentive payments per couple[a] ($)	555	546	465	824	294	776	631	395	567
Sample size: couples in program group[b]	399	401	379	457	337	337	390	398	3,098

SOURCE: The SHM management information system.

NOTES: All averages in this table are calculated using all program group couples as a denominator, including couples who never received these services.

[a]The total includes payments categorized as "other," not shown in table.

[b]Because reporting standards for payments changed after the start of program operations in Oklahoma, that site's payments data include only couples who were randomly assigned after May 8, 2007.

central strategy for supporting participation; this program reimbursed couples for child care at much higher rates than other programs, and it focused less on offering other types of incentives. Other programs provided more modest reimbursements for child care — for example, offering from $15 to $30 per workshop or supplemental activity or from $8 to $10 per hour for child care. Five programs (Orlando, Oklahoma City, Pennsylvania, Shoreline, and Texas) provided on-site child care in addition to offering reimbursements to couples who did not prefer on-site care.

Transportation Assistance

On average, programs spent $139 per couple on transportation assistance, which was provided in two ways: by organizing transportation for couples directly, through contracts with taxi services or by using agency vans, or by reimbursing couples for costs through vouchers or gift cards for local gas stations or tickets for public transportation. Five programs (Orlando, Wichita, Pennsylvania, Seattle, and Texas) used a combination of these two forms of assistance. The value of transportation assistance in the Seattle program was higher than average, likely driven by the fact that the program relied heavily on taxi service because public transportation was either not available or impractical for many couples who lived far from the program's downtown location.

Incentives for Participation

The SHM program model (Figure 1.1 in Chapter 1) included the provision of incentives to encourage and reward participation in program components. SHM's implementation guidelines stated that incentives should be modest (in the range of $300 per couple over 12 months) and, to the greatest extent possible, should be tied to participation milestones that the program sought to achieve. The average value of incentives given to couples varied widely across programs, from $32 per couple in the Bronx to $395 in Oklahoma City.

Emergency Assistance Payments

All eight local SHM programs offered emergency assistance, with variation across programs in terms of how many couples received this assistance and the average payment amount made, as shown in Table 6.3. The average value of an emergency assistance payment among couples who ever received one was $77 per couple. The Texas program provided emergency assistance to the highest percentage of couples, and it made higher-than-average payments, followed by the Kansas program.

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Table 6.3

Emergency Assistance Payments to SHM Program Group Couples

Emergency Assistance Measure	Program Location								
	Bronx	Orlando	Wichita	Oklahoma City	Pennsylvania	Seattle	Shoreline	Texas	Overall
Couples receiving emergency assistance (%)	27.1	9.0	39.6	16.1	15.1	6.2	29.5	42.2	23.2
Average value of emergency assistance[a] ($)	81	10	117	67	59	53	69	160	77
Sample size: couples in program group	399	401	379	497	337	337	390	398	3,138

SOURCES: The SHM management information system and average payment information from Oklahoma City's accounting system.

NOTE: [a]The average payments in this table are calculated using all program group couples as a denominator, including couples who never received emergency assistance payments.

Summary

Couples participating in SHM services received a combination of supports for transportation and child care expenses, as well as modest incentives to encourage participation in the program. Programs distributed an average of $378 per couple in transportation and child care assistance, $181 in incentives, and $77 in emergency assistance payments. The SHM study was not designed to test experimentally whether levels of support or provision of incentives had an effect on program participation; however, the data show that it is not uniformly the case that programs spending the most on supports and incentives achieved the highest rates of initial engagement or ongoing participation. Nevertheless, in interviews, staff and participants both suggested that many couples would have had difficulty participating without some level of child care and transportation assistance. Programs experimented with changing the value of supports and incentives to address take-up rates and ongoing engagement. For example, programs that had few participation challenges cut back on supports over time (as in the case of Wichita's workshops), and, conversely, those facing low participation often increased the supports and incentives that they offered. Some programs believed that such changes did contribute to improved participation. This appears to be the case for supplemental activities, in particular — a component for which many programs initially offered limited supports and incentives.

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Chapter 7

Discussion

The Supporting Healthy Marriage (SHM) evaluation set out to develop, implement, and test a new approach to improving outcomes for low-income married couples and their children.[1] When SHM began in 2003, voluntary relationship and marriage education programs that were designed for low-income married couples with children had not been offered on a wide scale. Thus, this new effort began with open questions about the challenges of implementation:

- Could programs successfully implement the SHM model as intended?
- To what extent would low-income married couples participate in this voluntary program during the 12-month period in which they were eligible to receive services?
- What supports might help encourage their participation?
- What variations would local programs develop as they implemented a structured model that allowed for some local innovation?
- What role could technical assistance and accountability mechanisms play in supporting performance goals for implementation and participation?

The research team, curriculum developers, and local program managers sought to answer these questions. While the study was not designed to directly test how different strategies affect program performance or participation rates, the analysis presented in this report points to three factors that stand out as particularly relevant in shaping local implementation:

- Offering family support services as part of the SHM model
- Providing supports and incentives to encourage participation
- Including accountability mechanisms in programs' contracts and offering technical assistance to support performance (This included active use of a management information system as a foundation for program management.)

[1]Chapter 1 discusses the SHM program model (Figure 1.1), the curricula used in the relationship and marriage education workshops, and the eight local programs (Figure 1.2).

This chapter reflects on how these three factors appear to have supported the implementation goals of local SHM programs and how the programs' experiences might inform other voluntary programs. It also raises questions that deserve exploration in future research.

Family Support Services

In examining strategies that local SHM programs used to encourage and maintain couples' participation in services, it is clear that no one factor was a "magic bullet" that guaranteed repeat attendance in every program. Family support services, however, appear to have played an important role both by maintaining contact with couples and connecting couples to community resources to help address family needs that may have otherwise impeded participation.

In interviews, some staff and managers expressed the opinion that, without family support services, their programs would not have been able to achieve the participation rates that they did in workshops and supplemental activities. Having staff dedicated to tracking couples' participation data and making follow-up calls when couples missed activities meant that it was much harder for couples to "fall through the cracks" and stop participating in the program altogether. It is possible that the characteristics of couples who enrolled in SHM also made providing family support services especially important: SHM couples had relatively low incomes, were often first-generation immigrants, and reported having more concerns about their marriages than their low-income married counterparts in national samples. These factors may have contributed to couples' needing support and assistance in addressing family circumstances.

However, local approaches to family support — and the programs' success in engaging couples in this SHM service — varied widely in the early phase of the project because no protocols existed to guide their efforts. In time, it became clear to SHM developers that more structured guidance was needed to support staff in fulfilling this important role. The developers worked with programs to create protocols, which helped set clearer expectations for how frequently family support coordinators should contact couples after enrollment and how many in-person meetings they should expect to have in a given time frame. Protocols also outlined expectations for the content of meetings — for example, beginning meetings by checking in about a couple's well-being and raising any concerns about the couple's recent participation in the program and asking questions about how the couple had been able to use workshop skills in their daily lives. The family support coordinator would ask the couple to identify potential barriers to attending upcoming events, discuss resource needs, and agree on follow-up steps that both the couple and the staff would take before the next meeting. Likewise, curriculum developers contributed written materials and activities for family support coordinators to use in their one-on-one meetings with couples.

As staff learned from their experiences with meeting couples on their caseloads, protocols were revised over time. Once meeting protocols were in place, the technical assistance team observed greater consistency in family support services, suggesting that written documents were important tools in implementing this component.

Participation Supports and Incentives

In interviews, staff expressed the opinion that participation in SHM would have been more difficult for couples had the program not offered assistance with transportation and child care. In many locations, these represented significant costs to couples, particularly when attending a workshop series of up to 15 weeks. Both staff and couples said that the modest incentives that programs offered also played a role in encouraging attendance. According to couples, the promise of an incentive often helped encourage a hesitant spouse to enroll or attend the first workshop. Once they experienced the first workshop, many couples said that they would have come back without the incentives simply because the workshops were "fun," "interesting," or "helpful." Some reported, for example, that they enjoyed meeting other couples and learning that they were not alone in their relationship challenges or that they appreciated the upbeat atmosphere of the program and the chance to spend one-on-one time with their spouse.

There were numerous instances in which specific programs made concerted efforts to increase participation in SHM activities by combining increased participation supports and incentives with intensive marketing and outreach. As noted in Chapter 5, programs saw a general trend of improved attendance in family support and supplemental activities over time, which may have been supported by such efforts. Managers reported that data often showed spikes in attendance at events for which programs did special outreach and offered additional incentives.

While this may suggest that participation supports and incentives have a role to play in encouraging attendance, the SHM study was not designed to test the effects of these individual strategies on participation, and there is little research on other social service programs about the utility of spending program dollars in this manner. To address the knowledge gap about how supports and incentives affect participation, experimental tests are needed to examine whether programs offering such benefits achieve the same participation results as programs that do not. Studies could also inform whether certain amounts or types of supports and incentives are more effective than others.

Performance Management Structures, Accountability Mechanisms, and Technical Assistance Support

As in many evaluations of social programs, a goal in SHM was to engage as many program group couples in services as possible, in hopes that participants would get enough of a "dose" of the program to change family outcomes over time. While there were many unknowns in SHM about the amount of services that represented the ideal "dose," program developers did know from similar implementation efforts (notably, the Building Strong Families demonstration and the Supporting Father Involvement study) that encouraging couples to stay engaged in 12 months of services would require focused attention. Anticipating these challenges, SHM developers provided programs with a framework for performance based on four key elements:

- Performance benchmarks that were tied to continued funding
- Written implementation guidelines and protocols that set expectations for service content and quality
- Ongoing technical assistance efforts that held programs accountable for achieving performance benchmarks and adhering to implementation guidelines and protocols
- A management information system (MIS) that was used to track progress and monitor new initiatives

Performance Benchmarks

One challenge that SHM developers faced was defining performance goals at the outset. In a context where programs were just starting up, and the primary goal was to ensure that couples participated enough to test this new approach, SHM benchmarks focused on achieving at least minimum levels of performance across all three program components. For some local programs and some performance goals, technical assistance providers found that programs were able to meet the benchmarks early in implementation. The usual response was then to shift focus to other types of benchmarks that were not yet being met. For example, if participation in the workshops was satisfactory, a program might begin to place management and supervisory attention on achieving the benchmarks for supplemental activities. Additional research is needed to better understand what dosage is ideal or sufficient to help programs set meaningful benchmarks. The field could also benefit from more information on how performance benchmarks can best be structured. Would benchmarks that become progressively more challenging over time encourage and support continuous improvement? Should contractual benchmarks from funders that denote "satisfactory performance" and benchmarks for continuous improvement be structured differently?

Implementation Guidelines and Technical Assistance

In a context wherein multiple programs were asked to implement a common program model in roughly similar ways, SHM developers provided staff with written guidelines and service delivery protocols as a first step in achieving consistency across locations. Protocols for family support services, discussed above, are one example of how SHM developers addressed the challenges that staff reported in operationalizing services for which few models existed. The SHM Toolkit gave staff a general outline of how family support services were to be organized.[2] Early observations of family support meetings quickly revealed that local programs interpreted this general guidance in very different ways. In some cases, programs demonstrated innovations that the SHM developers thought would be beneficial to apply across locations. In other cases, observations revealed gaps in services suggesting that more specific protocols were needed. Staff involvement in crafting and revising protocols over time was essential, and it helped developers better understand what tasks and expectations were reasonable for these services and what constraints staff faced in delivering them.

A dedicated technical assistance provider — someone who acted as a monitor and a one-on-one management coach — helped SHM managers apply the implementation guidelines and protocols and stay up to date on performance trends identified in their program's MIS data. When performance slowed, technical assistance providers helped the program managers respond in a timely manner. While not all programs have an outside technical assistance provider playing this role, it is important that someone work with managers to articulate a program's goals, debrief staff frequently about whether the program is meeting expectations, and help them improve their performance. This role could be played by a funder, an external technical assistance provider, or an internal manager charged with quality improvement.

Much of SHM's technical assistance was focused on helping programs achieve benchmarks for quantity and content: how many couples enrolled and attended workshops, whether workshops followed the intended content laid out in the curriculum, and so on. While technical assistance providers also focused on the quality of SHM services, there were few tools available for systematically assessing service quality across different curricula — for example, well-tested protocols for observing workshops and assessing facilitators' performance. Here, too, implementation and research efforts could continue to help inform future practices.

Management Information System (MIS)

Without an MIS, the performance monitoring tasks conducted by managers and technical assistance providers would not have been possible. SHM's MIS collected data on enroll-

[2]MDRC (2011).

ments, couples' characteristics, and participation in SHM activities; and custom reports gave programs continual, real-time information on performance in relation to benchmarks. The Web-based format meant that staff, managers, and technical assistance providers could access data and use reports as a basis for discussion at meetings.

An investment of staff time was required in order to make the MIS a useful tool. Staff had to schedule time each week to keep data entry up to date, and managers also had to spend time generating, reviewing, and interpreting reports. In SHM, a part-time MIS coordinator oversaw data quality and trained staff. In some local programs, particularly skilled MIS coordinators also took the extra steps of training managers in creating and interpreting reports; they became indispensible resources in helping managers incorporate data into staff meetings and one-on-one supervision. Future programs would likely benefit from ensuring that sufficient resources are dedicated to this kind of staff training and ongoing coaching on effective data-driven management.

Conclusions

SHM's implementation experiences may be relevant to other voluntary programs concerned about whether participants are receiving enough of a given service to change their outcomes (dosage) and whether the services being delivered correspond with a developer's expectations (fidelity). The study's participation findings suggest that future exploration is needed to better understand the inconsistent attendance and attrition that appears to be common to many voluntary social service programs. Better data on the "typical" participation patterns of such programs would be useful in informing how to best design program models, management strategies, performance benchmarks, and supports to promote both participation and the intended changes in family outcomes. Future programs that are designed around multiple service components may want to avoid the perception that one series of activities is the "core" set of services while others are "supplemental," since this structure may exacerbate the difficulty of transitioning participants from one phase or component to another. Additionally, given that 100 percent participation in any program or component of services is not a reasonable goal, program developers may want to explore the implications for how core content should be delivered — for example, whether key themes and skills should be repeated throughout multiple sessions to ensure that they are understood even by participants who miss some sessions and whether the most critical information and skills should be concentrated in the earliest phase of services to ensure that most participants receive them.

Appendix A

Data Sources and Methods Used in the SHM Implementation Analysis

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The goals of the Supporting Healthy Marriage (SHM) implementation analysis are to describe how the model operated in local programs, the extent to which enrolled couples participated in SHM services, and how participating couples experienced and viewed the program. The data sources used in the analysis include:

- **Baseline Information Forms (BIFs) and self-administered questionnaire (SAQ).** At intake, each couple enrolling in SHM completed survey questions on about demographic characteristics, family structure, relationship quality and expectations, and mental health.

- **Enrollment and participation data collected by program staff.** SHM programs used a common, Web-based management information system (MIS) to record couples' contact information, participation in each program component, referrals to community resources, and other programmatic details.

- **On-site data collection.** The SHM research team visited each program for a four- to five-day period approximately 12 months after programs began full-scale operations. The team conducted interviews with program managers and staff, observed staff recruiting and enrolling couples into the program as well as delivering SHM services, and conducted a small number of interviews with couples. Operational data collected during these visits was updated at regular intervals through phone calls to program managers as well as through information gathered during on-site visits for technical assistance purposes.

- **Ongoing observations of program activities.** In addition to observations conducted as part of the formal implementation research field visits, numerous members of the SHM research team visited programs for monitoring and technical assistance purposes, and they observed program activities using the structured observation tools developed for implementation research purposes.

- **Interviews with participating couples.** A limited number of couple interviews were completed as part of the 12-month on-site data collection effort. Based on findings from the early data, the SHM research team undertook a more in-depth effort to interview couples with the goals of learning how couples viewed SHM services, what motivated them to attend, what they learned, how they applied the information at home, and what challenges they faced in their marriages. The research team conducted semi-structured interviews with 16 couples from two programs. Interviews began in October 2009 and occurred at three points in time: at the beginning of the marriage education workshop, at the end of the marriage education workshop, and two months after the workshop ended.

- **Regular contact and structured debriefings with curriculum developers.** The SHM research team remained in contact with curriculum developers throughout the evaluation. Through meetings as well as structured debriefings, they shared information about the fidelity and quality of workshop implementation across local programs.

Appendix B

Supplementary Exhibits for Chapter 1

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Appendix Table B.1

Characteristics of SHM Programs

	Program Location							
Characteristic	Bronx	Orlando	Wichita	Oklahoma City	Pennsylvania	Seattle	Shoreline[a]	Texas
Organizational setting	Hospital	University	Commmunity-based nonprofit	For profit	Commmunity-based nonprofit	For profit	Commmunity-based nonprofit	Commmunity-based nonprofit
Marriage education curriculum[b]	LCLC	FOF	WOR	BPP	WOR	BPP	LCLC	WOR
Languages used in program	English	English	English	English, Spanish	English, Spanish[c]	English	English, Spanish	English, Spanish
Target group within SHM population	None	None	None	Expectant and new parents[d]	None	Expectant and new parents[d]	None	None

NOTES: [a]The Shoreline program was located in a suburb of Seattle.

[b]Relationship and marriage education curricula are as follows: LCLC = Loving Couples, Loving Children; FOF = For Our Future, For Our Family; WOR = Within Our Reach; BPP = Becoming Parents Program.

[c]Reading offered its program exclusively in Spanish, and Bethlehem offered its program in English and Spanish.

[d]Couples were eligible for the program if they were expecting a baby or had an infant younger than 3 months old.

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Appendix Table B.2

Technical Assistance Provided to SHM Programs

Provider	Task	Frequency
SHM research team	Regularly scheduled phone meetings with managers	Weekly; decreasing to biweekly, then monthly, over time
	On-site visits, including formal assessments and observations	Quarterly
	Cross-site conference calls with program managers	Quarterly
	Cross-site technical assistance conferences	Annually
Curriculum developers	In-person facilitator and staff training	As needed
	Regularly scheduled phone meetings with managers or facilitators	Biweekly or monthly; phased out in final year[a]
	On-site visits	Approximately every 6 months or as needed
	Remote reviews of workshops	Variable, by curriculum developer[b]

NOTES: [a]Phone meetings were held quarterly in the Bronx, monthly in Seattle, and biweekly in all other programs except Oklahoma. The developer and Oklahoma City program determined that calls were not needed since facilitators received substantial technical assistance and training prior to the start of SHM.

[b]All curriculum developers except BPP reviewed workshops remotely using audio or video recordings; BPP conducted on-site observations.

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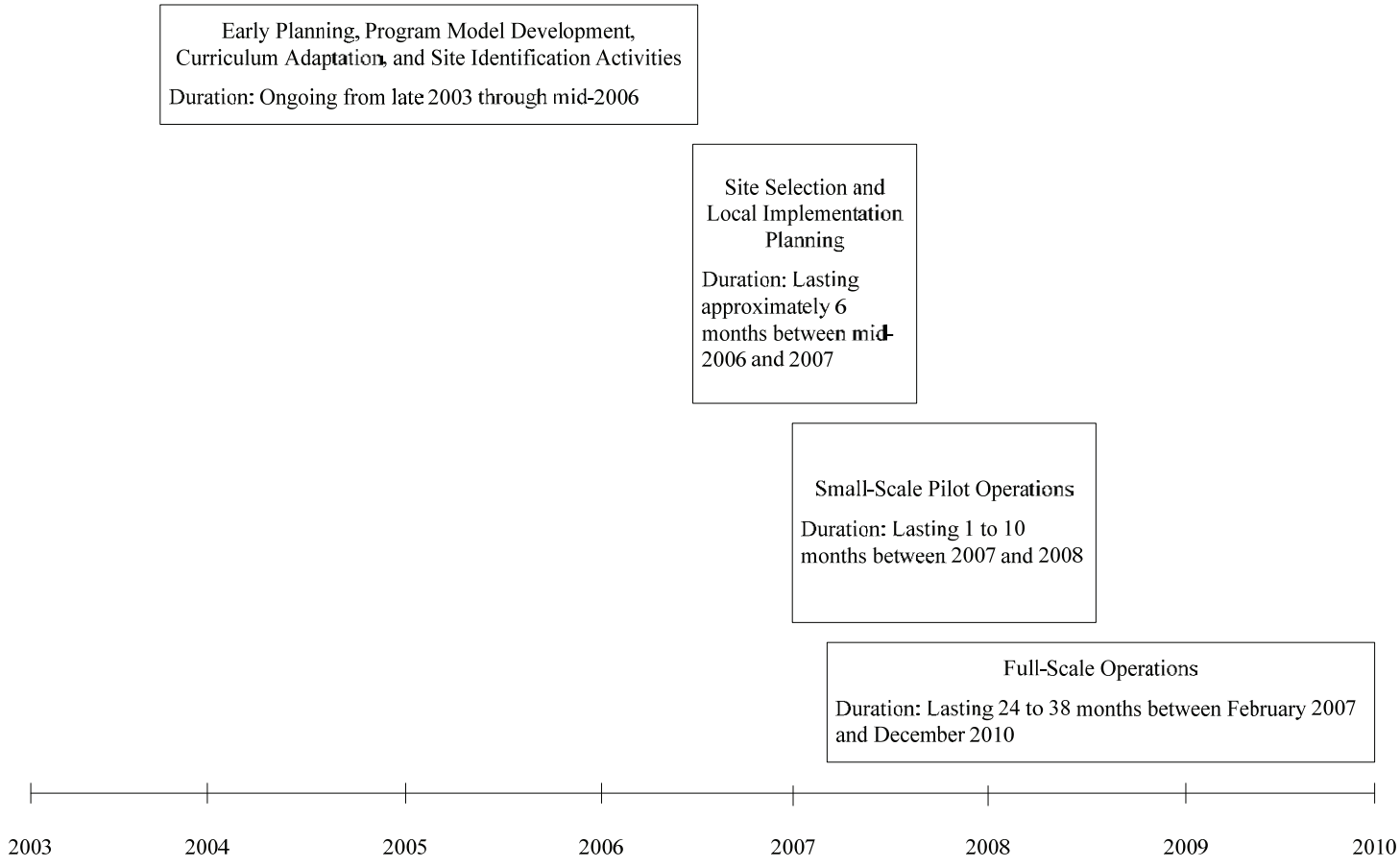
Appendix Figure B.1

The SHM Implementation Time Line



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Appendix C

Supplementary Exhibits for Chapter 2

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The Supporting Healthy Marriage

Appendix Table C.1

Recruitment Sources for SHM Programs

Recruitment Source	Example	Percentage of Couples
SHM couples, family and friends	Other couples already enrolled in SHM	20.4
Government, social service agencies	Women, Infants, and Children (WIC)	20.2
Hospital, health service providers	Pediatric clinics, public health clinics	11.7
Staff recruitment efforts	SHM facilitators, other nonrecruitment staff	10.6
Ads, media, flyers	Billboards, radio advertisements	10.2
Other	Union locals, commercial centers	5.3
Schools, colleges, education centers	Head Start, community college	5.7
Community-based organizations	Food bank, family support centers	5.6
Local churches, faith-based organizations	Catholic Charities	5.2
Fairs, events	Back-to-school night, community health fair	4.2
Military base	Air Force base	0.9

SOURCE: The SHM management information system.

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Appendix Table C.2

Characteristics of SHM Couples Compared with Low-Income Married Couples from National Surveys

Characteristic[a]	SHM	2000 SMFL		1987 NSFH	
Socioeconomic characteristics					
Race/ethnicity[b] (%)			***		***
White	27.6	53.7		66.8	
Hispanic	49.5	33.3		18.3	
African-American	15.1	7.3		11.1	
Other	7.9	5.8		3.9	
Average age (years)	31.4	36.5	***	34.2	***
Education level (%)					***
Less than high school	23.1	27.8		33.0	
High school diploma or GED certificate[c]	51.8	44.5		40.4	
More than high school	25.2	27.7		26.7	
Family characteristics					
Average number of children in the household					
Preschool age (0-4)	1.0	0.8	***	0.8	***
School age (5-17)	1.2	1.7	***	1.7	***
Average number of years married	6.2	13.3	***	11.2	***
Marital appraisals (%)					
Men's report of happiness in marriage[d]			***		***
Less than happy	19.6	8.0		11.0	
Happy	51.6	44.0		42.0	
Very happy	28.9	48.0		47.0	
Women's report of happiness in marriage[d]			***		***
Less than happy	25.0	5.0		14.0	
Happy	49.3	43.0		39.0	
Very happy	25.7	52.0		47.0	
Men report marriage in trouble[e]	55.2	32.0	***	23.7	***
Women report marriage in trouble[e]	57.1	32.0	***	29.4	***
Sample size (individuals)	12,596	178		1,580	

(continued)

Appendix Table C.2 (continued)

SOURCES: MDRC calculations based on the SHM Baseline Information Forms; Amato's calculations based on the Survey of Marriage and Family Life (2000 SMFL); and Abt Associates' calculations based on the National Survey of Families and Households (1987 NSFH).

NOTES: Samples from the SMFL and NSFH are restricted to all married couples who had a child under age 18 and who had family incomes of less than 200 percent of the federal poverty level.

Statistical significance levels are indicated as follows: *** = 1 percent; ** = 5 percent; * = 10 percent. Asterisks indicate that the results are significantly different for the SMFL sample compared with the SHM sample or for the NSFH sample compared with the SHM sample.

Rounding may cause slight discrepancies in sums and differences.

[a]In this table, SHM baseline measures are defined at the individual level to make them comparable with the measures from the other studies.

[b]SHM and NSFH asked one question about race/ethnicity and one question about whether the respondent identified as Hispanic, while SMFL asked one question with the following response categories: "White Hispanic," "White non-Hispanic," "Black," or "Other."

[c]For comparability with the national samples, high school graduation in this table includes those with GED certificates.

[d]SHM asked, "All things considered, how happy are you with your marriage?" while NSFH and SMFL asked, "Taking all things together, how would you describe your marriage?" SHM and NSFH had a 7-point response scale, where 1 to 4 are considered "Less than happy"; 5 and 6 are considered "Happy"; and 7 is considered "Very happy." SMFL had a 3-point response scale with the options "Not too happy," "Pretty happy," and "Very happy."

[e]SHM and NSFH asked respondents whether they had ever thought that their marriage was in trouble during the past year, while SMFL asked about the past three years.

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Appendix D

Definitions of Demographic and Socioeconomic Characteristics of Couples in the SHM Evaluation Sample at Baseline

Appendix D provides definitions for the categories of data presented in Chapter 2, Table 2.1. On enrolling in the Supporting Healthy Marriage (SHM) evaluation, and before being randomly assigned to the program group or the control group, all study participants completed a Baseline Information Form (BIF) and a self-administered questionnaire (SAQ). The forms included questions about demographic characteristics, family structure, relationship quality and expectations, and mental health.[1] Data in the categories shown in Appendix Table D.1 were collected by this baseline survey.

[1]The SHM program in Oklahoma City administered the SHM evaluation concurrently with the Building Strong Families (BSF) evaluation. Because the BSF baseline form contained much of the same information collected by SHM forms, the BSF version of the form was substituted for the SHM version in Oklahoma City.

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Appendix Table D.1

Definitions of the Demographic and Socioeconomic Characteristics of Couples in the SHM Evaluation Sample at Study Entry

Characteristic	How Defined
Race/ethnicity	Couples are categorized as Hispanic, white, or African-American if both spouses self-selected that race/ethnicity. The “other/multiracial” category includes couples who are of different race/ethnicity (70 percent), couples in which at least one spouse has more than one race/ethnicity (15 percent), couples in which both of these conditions are true (8 percent), and couples who both self-identified as only Asian, Pacific Islander, Native American, or Other (8 percent).
Both spouses born in the United States[a]	Each spouse was asked whether he or she was born in the United States.
Education level[b]	Each spouse was asked to identify the highest credential completed. Response options were: General Education Development (GED) or high school equivalency certificate, high school diploma, two-year/associate's degree, technical/vocational degree, college degree, or none of the above. Couples who had at least one spouse graduate from a 4-year college are also counted in either "only one spouse has a high school diploma" or "both spouses have a high school diploma."
Age	Average age is calculated using the date of birth provided by each spouse.
Employment status	Each spouse was asked whether he or she was employed.
Earnings	Each spouse was asked to state his or her total earnings in the past 12 months. Response options ranged from $0 to $35,000 or more, in $5,000 increments.
Income 100% to less than 200% of FPL or less than 100% of FPL	FPL = federal poverty level. The poverty level was calculated using federal poverty guidelines for the year that the couple entered the study.
Expecting a child	A couple was defined as expecting a child if the woman said that she was pregnant.
Average number of children in the household	The number of children is the woman’s response to the question of how many children under age 18 live in her household at least half of the time.

(continued)

Appendix Table D.1 (continued)

Characteristic	How Defined
Married at the time of random assignment	Information about whether couples were married at random assignment comes from a retrospective question, which was a late addition to the 12-month follow-up survey. Fifty-nine percent of couples in the SHM research sample were asked whether they were married at enrollment. The percentages in the table reflect the responses only of couples who were asked the question at the 12-month follow-up. The overall percentage is weighted by local program sample size.
Average number of years married[a]	This number represents the mean of the woman's and the man's response. Years married is calculated using responses at enrollment for all couples, including those couples who gave a response on the 12-month survey that they were not married at the time of enrollment.
Either spouse married previously[a]	Each spouse was asked whether he or she had ever been married to anyone other than the current spouse.
Stepfamily	A family is considered a stepfamily if either spouse responded that any child in the household was his or her stepchild.
Happiness in marriage	Individuals are categorized as happy in their marriage if they rated their happiness as 5, 6, or 7 on a scale of 1 to 7.
Marriage in trouble	Individuals are categorized as reporting marriage in trouble if they reported that during the past year they ever thought that their marriage was in trouble.
Psychological distress	Psychological distress is measured using the Kessler 6, which is a quantifier of nonspecific psychological distress. It includes six questions such as, "During the past 30 days, how often did you feel: So sad that nothing could cheer you up? Nervous? Restless or fidgety?" Each item is on a scale from 0 to 4 where a higher score indicates more frequent distress. The items are summed and the individual is considered to be distressed if the sum is greater than 12. See Kessler et al. (2003).
Substance abuse	Substance abuse is measured using three questions from the CAGE Questionnaire and three similar questions adapted for drug use. These include the following: "Have you ever felt you should cut down on your drinking/drug use?"; "Have people annoyed you by complaining about your drinking/drug use?"; "Have you ever felt bad or guilty about your drinking/drug use?" See Ewing (1984).

NOTE: [a]In Oklahoma City, this question was not included on the SHM Baseline Information Form but was asked on the SHM 12-Month Follow-Up Survey.

[b]Participants in the Oklahoma City location were asked whether they had a high school dipoma or GED certificate. Response options were: none, high school diploma, GED or high school equivalency certificate, other (specify).

Appendix E

Factors Associated with Participation in the SHM Program

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Appendix E describes the analysis that was used to determine whether couples' characteristics before enrollment in the Supporting Healthy Marriage (SHM) program are associated with participation in the program. All the information about the couples is from the SHM Baseline Information Forms (BIFs) that couples completed before being randomly assigned to SHM.

Prediction of Whether Couples Engaged in SHM Services

This analysis uses a logistic regression to predict if couple characteristics are associated with whether SHM program group couples ever initiated participation in any of the SHM services. The right-hand-side (independent) variables are employment, men's and women's age, child age, men's and women's earnings, marital distress, poverty level, race/ethnicity, years married, education, depression, substance abuse, whether the couple has a stepchild in the household, month of enrollment, and program location. Differences are reported in the text only if they are statistically significant in the regression model.

To simplify interpretation, the percentage of couples who ever participated as shown in Appendix Table E.1 and in the text are unadjusted. The difference from the reference category and the significance tests in the table are the results of the logistic regression predicting engagement in any SHM activity. The reference category is the first category listed for each characteristic and does not have a difference listed. The difference from the reference category represents the difference in the predicted probability of participating between the comparison category and the reference category for a sample member with mean baseline characteristics. For example, couples in which the woman was age 25 to 30 had a participation rate that is 4.6 percentage points higher than couples in which the woman was age 18 to 24, holding other characteristics constant at the mean.[1]

Seattle is the reference category for the local programs. Seattle was chosen as the reference category because its participation rate is near the average for the local programs. Looking at the column "Difference from Reference Category," this means that, controlling for couple characteristics, Oklahoma City had a participation rate that is 6.2 percentage points higher than Seattle's participation rate, and Bethlehem had a participation rate that is 8.6 percentage points lower than Seattle's participation rate.

The asterisks indicate that the odds of participating in the program for members of the category are significantly different from the reference group. Daggers next to a characteristic

[1]After adjusting for other characteristics, it was found that Hispanic couples (91 percent) and couples in the "other" race/ethnicity category (91 percent) were more likely to participate than white couples (90 percent). However, an F-test shows that, overall, race/ethnicity is not associated with initiating participation. This F-test is the primary result.

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Appendix Table E.1

Predicted Probabilities of Any Participation in SHM Activities, by Local Program and Baseline Characteristic

Characteristic[a]	Ever Participated[b] (%)	Regression-Adjusted Difference from Reference Category[c] (%)	
Local program			†††
Seattle	87.8	—	
Oklahoma City	94.4	6.2 ***	
Bethlehem, PA	83.0	-8.6 **	
El Paso, TX	91.9	0.1	
Bronx	86.5	-4.0	
Orlando	90.5	0.2	
Reading, PA	89.3	-1.9	
San Antonio, TX	91.0	0.1	
Shoreline	95.6	5.3 ***	
Wichita	89.2	0.7	
Couple's demographic characteristics			
Race/ethnicity			
Both white	89.9	—	
Both African-American	88.7	2.6	
Both Hispanic	91.2	3.1 *	
Other/multiracial	90.9	2.9 *	
Age (years) (%)			
Men's age			
18-24	88.8	—	
25-30	90.3	-0.1	
31-40	91.2	-0.9	
41 or older	91.6	-0.3	
Women's age			†††
18-24	87.6	—	
25-30	90.6	4.6 **	
31-40	92.3	6.8 ***	
41 or older	91.2	5.6 *	
Couple's socioeconomic characteristics			
Education level			
At least one spouse does not have a high school diploma	90.0	—	
Both spouses have a high school diploma	91.1	0.4	
Employment			
Man and woman both employed	91.3	—	
Man is employed, woman is unemployed	90.8	-1.3	
Woman is employed, man is unemployed	89.3	-0.3	
Both unemployed	89.6	0.0	

(continued)

Characteristic[a]	Ever Participated[b] (%)	Regression-Adjusted Difference from Reference Category[c] (%)	
Couple's socioeconomic characteristics (continued)			
Income			
Men's annual earnings			
$0	88.1	—	
$1 - $14,999	89.8	0.9	
$15,000 - $24,999	92.6	2.2	
$25,000 or over	90.7	0.1	
Women's annual earnings			
$0	91.6	—	
$1 - $14,999	89.8	-1.4	
$15,000 - $24,999	90.6	-1.4	
$25,000 or over	89.5	-2.1	
Income below FPL	89.5	—	
Income between 100% and 200% of FPL	91.8	1.2	
Income above 200% of FPL	90.1	-0.6	
Family characteristics			
Presence of children in household, by age[d]			
Prenatal to 1 year, 11 months	90.1	-1.5	
2 years to 9 years, 11 months	90.4	-1.0	
10 years or older	91.1	-1.1	
Stepchildren in household			††
No stepchild in household	92.1	—	
Stepchild in household	87.4	-3.2 **	
Length of time married before random assignment			
Less than 1 year	91.0	—	
1-3 years	89.3	-1.7	
4-6 years	88.9	-3.4	
7-10 years	91.4	-1.7	
More than 10 years	93.7	-0.7	
Couple's marital appraisals			
Couple indicated marital distress at baseline			
Low	90.5	—	
Moderate	90.4	0.3	
High	91.0	1.4	
Couple's selected stressors and strengths			
Psychological distress			
Neither spouse experiences psychological distress	90.4	—	
Either spouse experiences psychological distress	91.0	0.9	
Substance abuse			
Neither spouse has a substance abuse problem	90.7	—	
Either spouse has a substance abuse problem	90.5	-0.4	
Sample size: couples in program group	3,138		

Appendix Table E.1 (continued)

SOURCES: The SHM management information system and Baseline Information Forms.

NOTES: Statistical significance levels are indicated as follows: *** = 1 percent; ** = 5 percent; * = 10 percent. Asterisks indicate that the category is significantly different from the reference group.

Statistical significance levels are indicated as follows: ††† = 1 percent; †† = 5 percent; † = 10 percent. Daggers indicate that the characteristic has a statistically significant association with ever participating.

[a]See Appendix Table D.1 for detailed description of baseline measures.

[b]To simplify interpretation, the percentage of couples who ever participated is unadjusted.

[c]The "difference from the reference category" is the result of a logistic regression predicting whether couples ever participated. The reference category is the first category listed for each characteristic and is indicated by a dash (—). The difference from the reference category represents the difference in the predicted percentage of couples who ever participated, adjusting for all other characteristics in the table.

[d]The children's age categories are not mutually exclusive. The reference categories are "No child age prenatal to 1 year, 11 months"; "No child age 2 years to 9 years, 11 months"; and "No child age 10 years or older." These reference categories are not listed in the table.

indicate that, holding all other characteristics constant, the characteristic has a statistically significant association with the probability of engaging in SHM services. For example, the significance test for women's age indicates that age is very likely to be related to whether couples attended SHM services.

Prediction of the Number of Hours Couples Participated in SHM

This analysis uses an ordinary least squares regression to predict the number of hours that couples in the SHM program group attended any SHM activity. Couples who attended zero hours are included. The right-hand-side (independent) variables are employment, men's and women's age, child age, men's and women's earnings, marital distress, poverty level, race/ethnicity, years married, education, depression, substance abuse, whether the couple has a stepchild in the household, month of enrollment, and program location. Differences are reported in the text only if they are statistically significant in the regression model.

To simplify interpretation, the average hours shown in Appendix Table E.2 and in the text are unadjusted. The difference from the reference category and the significance tests in the table are the results of the regression predicting the number of hours attended. The reference category is the first category listed for each characteristic and does not have a difference listed. The difference from the reference category represents the difference in the predicted number of hours attended, adjusting for other characteristics. For example, couples in which the woman

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Appendix Table E.2

Average Number of Hours Attended All SHM Activities, by Local Program and Baseline Characteristic

Characteristic[a]	Average Hours[b]	Regression-Adjusted Difference from Reference Category[c] (%)	
Local program			†††
Seattle	26.8	—	
Oklahoma City	33.2	6.7 ***	
Bethlehem, PA	19.2	-9.4 ***	
El Paso, TX	26.0	-2.8	
Bronx	19.6	-8.4 ***	
Orlando	27.1	-2.6 *	
Reading, PA	20.7	-8.5 ***	
San Antonio, TX	32.5	4.0 **	
Shoreline	28.0	-1.6	
Wichita	26.5	-1.6	
Couple's socioeconomic characteristics			
Race/ethnicity			†
Both white	29.5	—	
Both African-American	22.7	-2.7 **	
Both Hispanic	25.9	-0.9	
Other/multiracial	27.5	0.3	
Age (years) (%)			
Men's age			†††
18-24	23.0	—	
25-30	26.4	2.9 ***	
31-40	28.5	4.5 ***	
41 or older	27.2	3.9 **	
Women's age			†††
18-24	23.9	—	
25-30	26.5	1.8 *	
31-40	28.5	4.8 ***	
41 or older	27.0	6.0 ***	
Education level			†
At least one spouse does not have a high school diploma	24.9	—	
Both spouses have a high school diploma	28.4	1.4 *	
Couple's economic characteristics			
Employment			
Man and woman both employed	27.5	—	
Man is employed, woman is unemployed	27.9	0.4	
Woman is employed, man is unemployed	24.5	-1.5	
Both unemployed	23.6	-1.4	

(continued)

Appendix Table E.2 (continued)

Characteristic[a]	Average Hours[b]	Regression-Adjusted Difference from Reference Category[c] (%)	
Couple's economic characteristics (continued)			
Income			
Men's annual earnings			
$0	22.9	—	
$1 - $14,999	25.2	0.0	
$15,000 - $24,999	27.8	0.8	
$25,000 or over	28.2	-0.2	
Women's annual earnings			
$0	27.3	—	
$1 - $14,999	25.6	-1.0	
$15,000 - $24,999	28.0	0.9	
$25,000 or over	26.2	-0.6	
Income below FPL	25.0	—	
Income between 100% and 200% of FPL	27.9	0.6	
Income above 200% of FPL	27.6	-1.2	
Family characteristics			
Presence of children in household, by age[d]			
Prenatal to 1 year, 11 months	27.0	-1.3	
2 years to 9 years, 11 months	26.6	0.3	
10 years or older	26.5	-0.7	
Stepchildren in household			†††
No stepchild in household	28.0	—	
Stepchild in household	23.9	-3.0 ***	
Length of time married before random assignment			
Less than 1 year	27.6	—	
1-3 years	25.2	-1.1	
4-6 years	26.5	-1.1	
7-10 years	27.4	-1.1	
More than 10 years	28.4	-1.3	
Marital appraisals			
Couple indicated marital distress at baseline			
Low	29.0	—	
Moderate	26.6	-0.8	
High	24.8	-1.7 *	
Selected stressors			
Psychological distress			
Neither spouse experiences psychological distress	27.2	—	
Either spouse experiences psychological distress	24.9	-0.3	
Substance abuse			
Neither spouse has a substance abuse problem	27.2	—	
Either spouse has a substance abuse problem	25.0	-1.2	
Sample size: couples in program group	3,138		

Appendix Table E.2 (continued)

SOURCES: The SHM management information system and Baseline Information Forms.

NOTES: Statistical significance levels are indicated as follows: *** = 1 percent; ** = 5 percent; * = 10 percent. Asterisks indicate that the category is significantly different from the reference group.

Statistical significance levels are indicated as follows: ††† = 1 percent; †† = 5 percent; † = 10 percent. Daggers indicate that the characteristic has a statistically significant association with the total hours of SHM activities attended.

[a]See Appendix Table D.1 for detailed description of baseline measures.

[b]To simplify interpretation, average hours are unadjusted.

[c]The "difference from the reference category" is the result of a regression predicting the number of hours attended. The reference category is the first category listed for each characteristic and is indicated by a dash (—). The difference from the reference category represents the difference in the predicted number of hours attended, adjusting for other characteristics.

[d]The children's age categories are not mutually exclusive. The reference categories are "No child age prenatal to 1 year, 11 months"; "No child age 2 years to 9 years, 11 months"; and "No child age 10 years or older." These reference categories are not listed in the table.

was age 25 to 30 attended 1.8 more hours of SHM activities than couples in which the woman was age 18 to 24, holding other characteristics constant.[2]

As with the first analysis described above, Seattle is the reference category for the local programs. Looking at the column, "Difference from Reference Category," this means that, controlling for couple characteristics, couples in Oklahoma City attended an average of 6.7 more hours than couples in Seattle, and couples in Bethlehem attended an average of 9.4 fewer hours than couples in Seattle.

The asterisks indicate that the category is significantly different from the reference group. Daggers next to a characteristic indicate that, holding all other characteristics constant, the characteristic has a statistically significant association with the total hours of SHM activities attended. For example, the significance test for women's age indicates that age is very likely to be related to the number of hours attended.

[2]After adjusting for other characteristics, it was found that couples with high marital distress attended 1.7 fewer hours, on average, than couples with low marital distress. However, an F-test shows that, overall, the level of marital distress is not associated with the number of hours attended. This F-test is the primary result.

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Appendix F

Supplementary Tables for Chapter 3

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Appendix Table F.1

Enrollees' Opinions of SHM Program

Survey Response	Program Location								
	Bronx	Orlando	Wichita	Oklahoma City	Pennsylvania	Seattle	Shoreline	Texas	Overall
Helpfulness of program[a] (1 to 10)	8.5	8.6	8.0	8.3	8.8	8.0	8.2	9.0	8.4
Favorite thing about program[b] (%)									
The groups	37.2	28.6	30.1	34.4	20.3	25.2	28.8	28.7	29.6
The whole thing	12.8	10.7	9.5	13.2	37.6	14.6	22.2	20.4	17.1
Spending time with other couples	16.0	16.2	7.8	7.8	9.5	10.3	17.2	9.4	11.8
Subject matter/information	8.9	14.4	14.3	9.6	5.4	9.0	5.3	8.3	9.5
My family support coordinator	4.4	3.4	6.3	6.9	4.2	13.3	5.6	4.4	5.9
Setting aside time with my spouse	3.0	8.9	7.7	4.2	3.2	4.1	3.4	7.7	5.3
The staff	5.9	3.4	5.4	5.3	1.8	7.3	4.0	5.2	4.8
My group leader	3.6	4.1	6.5	2.8	3.4	3.2	2.7	3.9	3.8
Incentives and prizes	0.3	1.4	2.4	5.5	0.2	2.2	1.4	1.6	2.0
Supplemental activities	1.0	2.1	1.4	0.6	1.0	2.8	4.0	0.3	1.6
The setting/environment	1.5	1.7	1.5	2.3	0.0	0.9	0.8	2.2	1.4
Receiving access to other services we needed	0.3	0.2	0.3	1.3	1.4	0.4	0.3	0.9	0.7
Nothing; did not like the program	0.7	0.3	0.7	0.3	0.6	0.2	0.5	0.9	0.5
Did not attend	2.1	2.4	4.4	3.9	9.5	2.8	1.0	4.4	3.7
Other	2.1	2.4	1.7	1.8	1.2	3.7	2.7	1.6	2.1
Sample size: individuals	621	671	604	813	521	480	634	645	4,989

SOURCE: The SHM 12-Month Follow-Up Survey.

NOTES: [a]"Average helpfulness" was asked of all respondents in the SHM program group. Scale: 1 = "not very helpful"; 10 = "very helpful."

[b]"Favorite thing about the program" was asked of all respondents in the SHM program group. The interviewer did not read the list of choices aloud to the participant but selected an answer that was deemed appropriate from a list of choices.

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Appendix Table F.2

Enrollees' Reasons for Not Attending SHM Activities

	Program Location								
Survey Response	Bronx	Orlando	Wichita	Oklahoma City	Pennsylvania	Seattle	Shoreline	Texas	Overall
Reasons for not attending (%)									
You or spouse had a conflict with job, school, or training program	32.6	55.1	34.6	47.7	48.5	43.9	51.0	45.6	45.1
Trouble finding transportation	4.6	14.6	12.4	10.1	4.6	17.1	17.1	10.9	11.3
Trouble finding child care	15.1	8.4	23.5	10.5	5.5	17.6	5.7	5.0	11.1
Did not have time	11.3	8.8	9.7	15.2	12.7	13.4	10.0	6.7	10.9
A family issue	12.1	10.2	10.6	10.1	10.5	12.3	9.5	9.6	10.6
You or spouse did not like the program	11.7	5.1	9.6	11.0	12.6	13.4	12.4	8.8	10.4
Health of spouse, child, or self	5.0	4.0	3.2	8.0	3.0	5.9	5.7	6.7	5.2
Too much trouble with marriage/split up	8.0	2.2	8.8	2.1	1.7	2.1	4.3	3.8	4.1
A problem with housing	1.7	0.0	1.4	0.4	0.0	0.5	0.5	0.4	0.6
A feeling that attendance at group meetings was causing more conflict with spouse	0.4	0.0	1.4	0.4	0.4	0.5	0.0	0.8	0.5
Other	14.2	12.4	9.7	9.7	8.4	12.8	6.7	10.9	10.7
Sample size: individuals	239	274	217	236	237	187	210	238	1,838

SOURCE: The SHM 12-Month Follow-Up Survey.

NOTE: "Reasons for not attending" was asked of 12-month survey respondents in the SHM program group who said that they attended "some" or "none" of the marriage services. The interviewer did not read the list of choices aloud to the participant but checked all responses that were deemed appropriate from the list of choices.

Appendix G

Descriptions of the Relationship and Marriage Education Curricula Used in the SHM Program

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Appendix Table G.1

Characteristics of the Loving Couples, Loving Children (LCLC) Curriculum
Adapted from an Earlier Version of LCLC

Developer	LCLC, Inc.
SHM sites	Bronx, NY; Shoreline, WA
Adaptations for SHM	The LCLC curriculum is based on the work of Dr. John Gottman and including original material by LCLC, Inc. It was originally developed for unmarried low-income couples in the Building Strong Families project and was adapted for SHM in order to accommodate couples who were already married and who had children of different ages. Some choices offered to facilitators within the curriculum were also removed to simplify delivery.
Curriculum themes	LCLC is organized around the concept that the underpinning of a healthy relationship is a strong friendship, as indicated by positive emotions shared in nonconflict interactions. In addition, LCLC proposes a four-part process for problem-solving that includes gentle start-up of challenging conversations, accepting the validity of multiple perspectives, becoming skilled at repair-and-recovery conversations and at compromise. In LCLC workshops, couples are encouraged to share their hopes for themselves and their marriage and to explore the personal experiences that shape their beliefs and expectations. By discovering and validating each spouse's values and dreams, the couple can reduce damaging interactions related to recurring problems and can build a sense of shared meaning and identity as a couple.
Length (hours)	Curriculum length was 24 hours in SHM programs.
Languages	English and Spanish
Recommended staff qualifications	Hold a bachelor's degree, professional degree, or license from an accredited institution. Three-day training required in addition to exams, quizzes, and "teachback" opportunities with satisfactory scores.
Recommended group size	8-12 couples
Web site	No Web site available at this time
Contact information	LCLC, Inc. P.O. Box 4895 Seattle, WA 98194 info@lclconline.org
Curriculum citation	Loving Couples, Loving Children, Inc. (2009)

NOTE: Unless otherwise noted, this table presents the current recommendations for implementing this curriculum. In some cases, this might differ from what was implemented in SHM.

Appendix Table G.2

Characteristics of the For Our Future, For Our Family (FOF) Curriculum
Adapted from PAIRS

Developer	The PAIRS Foundation, Inc.
SHM site	Orlando, FL
Adaptations from PAIRS	FOF integrates PAIRS activities for communication, emotional understanding, and conflict resolution into a 30-hour curriculum that can be delivered by facilitators with varied credentials. FOF adds modules on parenting, budgeting, time management, and building support networks. Graphics and language were adapted for diverse audiences, including low-income and low-literacy participants.
Curriculum themes	Objectives of FOF are to help couples deepen intimacy on a foundation of emotional literacy, including skills for recognizing, navigating, and expressing a range of emotions; enhancing interpersonal communication; and constructively addressing differences and conflicts on behalf of a shared relationship vision. The curriculum helps each spouse know and nurture oneself and one's partner, enjoy differences rather than see them as a threat, and learn to create a relationship that is an ongoing source of pleasure for both partners. FOF emphasizes bonding (emotional openness and physical closeness) in the relationship as a central theme.
Length (hours)	Curriculum length was 30 hours in SHM programs; also available in 9- to 18-hour formats.
Languages	English and Spanish
Recommended staff qualifications	PAIRS Levels 1 and 2 professional training (56 contact hours)
Recommended group size	8-30 couples
Web site	http://www.pairs.com
Contact information	The PAIRS Foundation, Inc. 20275 Oak Haven Circle North Miami Beach, FL 33179 (877) PAIRS-4U info@pairs.com
Curriculum citation	Gordon, DeMaria, Haggerty, and Hayes (2007)

NOTE: Unless otherwise noted, this table presents the current recommendations for implementing this curriculum. In some cases, this might differ from what was implemented in SHM.

Appendix Table G.3

Characteristics of the Within Our Reach (WOR) Curriculum
Adapted from the Prevention and Relationship Enhancement Program (PREP)

Developers	Dr. Scott Stanley, Dr. Howard Markman, Natalie Jenkins, and colleagues at PREP, Inc.
SHM sites	Wichita, KS; Reading and Bethlehem, Pennsylvania; El Paso and San Antonio, Texas
Adaptations from PREP	Based on PREP's empirically based content, WOR incorporates new learning approaches and relationship insights focused on economically disadvantaged and ethnically diverse populations.
Curriculum themes	WOR addresses factors that are associated with relationship quality or stability in longitudinal studies with middle-class couples. WOR takes a cognitive-behavioral approach to relationship and marriage education, with the goal of helping couples modify their behavior and thoughts about their relationship to reduce, and better manage, negative moods and emotions. Also central to WOR's approach is its focus on different types of safety characterized as essential to maintaining healthy relationships: safety in interaction (can talk openly about issues), personal safety (freedom from fear of harm), and safety in commitment (mutual support, teamwork, and a clear future together).
Length (hours)	Curriculum length was 28 hours in SHM programs; 32- and 8-hour formats are also available, as well as guidelines for 16- and 24-hour models.
Languages	English and Spanish
Recommended staff qualifications	No specific credentials are necessary; 2- to 4-day training is required.
Recommended group size	8-12 couples
Web site	http://www.prepinc.com/ OR http://www.prepinc.com/content/CURRICULA/Within-Our-Reach.htm
Contact information	PREP, Inc. P.O. Box 4793 Greenwood Village, CO 80155-4793 USA (303) 759-9931 or (800) 366-0166 info@prepinc.com
Curriculum citation	Stanley and Markman (2008)

NOTE: Unless otherwise noted, this table presents the current recommendations for implementing this curriculum. In some cases, this might differ from what was implemented in SHM.

Appendix Table G.4

Characteristics of the Becoming Parents Program (BPP) Curriculum
Adapted from an Earlier Version of Becoming Parents

Developer	Dr. Pamela Jordan, RN, University of Washington
SHM sites	Seattle, WA; Oklahoma City, OK
Adaptations from an earlier version of Becoming Parents	BPP for SHM was adapted for use with low-income couples, modifying exercises and discussions to ensure that low literacy levels were not a barrier to participation and learning. Workshop hours were extended for increased group discussion, and hands-on learning was increasingly emphasized over the course of the SHM demonstration.
Curriculum themes	BPP is intended for couples who are expecting or have recently had a child together. BPP is based on the PREP curriculum (the foundation for Within Our Reach, described in Appendix Table G.3), which contributes much of the curriculum's material on strengthening couple relationships. BPP's primary focus is on helping participants prepare their relationships for the challenges of parenthood, thereby building protective factors and reducing adverse experiences for their children. BPP includes empirically based information on child development and parenting, and it teaches skills for reducing common relationship and personal stressors following the addition of a new baby, with particular emphasis on relationship skill-building, self-care, information about infants, and building support networks to reduce isolation.
Length (hours)	Curriculum length was 30 hours in SHM programs; other formats are available. (See Web site.)
Languages	English and Spanish
Recommended staff qualifications	Training is required. (See Web site.)
Recommended group size	6-20 couples
Web site	http://www.becomingparents.com/
Contact information	Becoming Parents Program, Inc. 231 Summit Avenue East Seattle, WA 98102 (206) 686-1880 info@becomingparents.com
Curriculum citation	Jordan and Frei (2007)

NOTE: Unless otherwise noted, this table presents the current recommendations for implementing this curriculum. In some cases, this might differ from what was implemented in SHM.

Appendix H

Supplementary Table for Chapter 4

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Appendix Table H.1

Sessions of Relationship and Marriage Education Curricula Completed by Couples Within 12 Months of Enrollment

Marriage Education Workshop	Program Location								
	Bronx	Orlando	Wichita	Oklahoma City	Pennsylvania	Seattle	Shoreline	Texas	Overall
Number of marriage education workshops completed, by range[a] (%)									
No workshops	17.0	17.0	15.3	18.1	19.0	21.1	11.5	14.8	16.7
1-2 workshops	8.3	8.2	6.1	6.6	11.0	15.1	9.7	6.8	8.8
3-5 workshops	10.0	9.2	6.6	9.5	9.8	23.1	14.4	7.0	11.0
6-9 workshops	31.1	14.5	16.6	33.8	16.3	37.1	27.7	7.3	23.3
10-12 workshops	33.6	47.9	53.8	32.0	29.4	3.6	34.9	13.8	31.6
13-15 workshops	0.0	3.0	1.3	0.0	14.5	0.0	1.8	45.2	8.1
15 or more workshops[b]	0.0	0.2	0.3	0.0	0.0	0.0	0.0	5.0	0.7
Sample size: couples in program group	399	401	379	497	337	337	390	398	3,138

SOURCE: The SHM management information system.

NOTES: Attendance is counted only for couples who attended together.

[a]The total possible number of workshops varied by program: the Bronx, 11; Orlando, 6 or 12; Wichita, 12; Oklahoma City, 6 or 10; Pennsylvania, 7 or 14; Seattle, 6 or 9; Shoreline, 12; Texas, 15.

[b]While no final curricula exceeded 15 sessions, the early curriculum for PREP Within Our Reach was 16 sessions long. Some families also attended more than 15 workshops because they changed marriage education groups midway through the curriculum.

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Appendix I

Profiles of the Program Locations in the SHM Evaluation

Appendix I presents summary profiles of each of the local programs that implemented the SHM model. The two service delivery locations in Pennsylvania and Texas are described separately, though they are treated as one "site" in the impact analysis and in the data presented throughout this report.

The average participation hours presented in these profiles are calculated for all program group couples, including couples who attended zero hours. Similarly, average amounts for participation supports, incentives, and emergency assistance are calculated for all program group couples, including couples who never received these services. Chapter 3, Table 3.1, presents the participation results in full. Chapter 6, Tables 6.2 and 6.3, present full data on the receipt of participation supports, incentives, and emergency assistance.

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Bronx, New York University Behavioral Associates (UBA) University Behavioral Associates Supporting Healthy Marriage Program	
Host organization	University Behavioral Associates (UBA), a subsidiary of Montefiore Medical Center.
Host type	UBA is a behavioral health care organization affiliated with the Department of Psychiatry and Behavioral Sciences at Albert Einstein College of Medicine and Montefiore Medical Center. Established in 1995, UBA provides services that aim to improve the process, quality, and continuity of behavioral health care.
Population served	The Bronx served the largest African-American population of any SHM program. Couples enrolled in the SHM study in the Bronx had lower education levels and lower levels of employment at enrollment than the average SHM couple, and couples reported facing substance abuse issues in higher numbers than average.
Languages used	Services were offered in English only.
Program location	All services were located in the South Bronx, convenient to public transportation. SHM services were offered in a space remodeled specifically for SHM in the UBA building. Participants and observers described it as "clean and professional," noting that it resembled similar clinic settings within UBA.
Recruitment sources and trends	The Bronx program met its recruitment goal of 800 couples. Initial recruitment was conducted primarily at Montefiore pediatric and women's health clinics. The program expanded outreach efforts to include area Head Starts and a health care worker union association, as well as community organizations and community colleges. Recruitment strategies also included a mass-mailing targeting 200,000 Bronx residents who were patients at Montefiore and ads in local newspapers. As the program became established over time, participating couples also referred large numbers of friends and family.
Staffing	The Bronx was the only program in which the majority of program managers and workshop facilitators were doctorate-level clinical psychologists. Bronx staff had high levels of education and prior experience. Program managers and supervisors and facilitators all had graduate degrees, and all family support coordinators had a bachelor's degree and prior experience in social work or human services.
Curriculum used	The Bronx was one of two SHM programs that used the Loving Couples, Loving Children (LCLC) curriculum.
Summary of participation outcomes	On average, couples in the Bronx participated in 20 hours of SHM activities and spent 5 months engaged in services, the lowest average hours and months engaged of all SHM programs. Couples spent an average of 15 hours in marriage education workshops, below the average (17 hours) across programs. This may be related to LCLC's offering 24 hours of curriculum content, lower than the average of 28 hours offered across curricula. Couples engaged in supplemental activities at lower rates and for fewer hours than in most other programs. Couples also spent the least time in family support services (1 hour), below the average of 4 hours across programs.
Relationship and marriage education workshops	The Bronx chose the LCLC curriculum because program managers felt that its discussion-based style was an appropriate fit for the local population as well as their clinically trained staff. All workshops began with a 6-hour "Super Saturday" session comprising three curriculum modules, followed by nine 2-hour weeknight workshops. (continued)

Family support services	The Bronx was the only SHM program that did not offer curriculum reinforcement as part of family support services. Under UBA's job classification system, family support coordinators were defined as "case managers" whose responsibilities were limited to maintaining contact with couples, encouraging engagement, and making referrals to outside services. As in other programs, the Bronx conducted a needs assessment at enrollment and was the only program to also conduct an extensive relationship and mental health assessment with a clinically trained psychologist. Family support coordinators used assessment information to guide one-on-one meetings with couples.
Supplemental activities	Because the LCLC curriculum is shorter than those used in other programs, LCLC offered additional modules for use as supplemental activities. The Bronx offered a limited number of these LCLC modules, relying more heavily on materials developed by its clinically trained staff. One main activity developed by the program was a graduation ceremony, held at the end of the workshop series, during which couples visited "skill stations" to review workshop content with staff. The Bronx also offered educational presentations on such themes as health and wellness. The Bronx offered few large-scale family or social events. More so than in other SHM programs, the Bronx targeted outreach for supplemental activities to smaller groups of couples based on interest or the fact that they had not previously attended a supplemental activity. Partway through the evaluation, the Bronx increased a workshop facilitator's hours to full time, to serve as the supplemental activities supervisor. Prior to this, all staff contributed to coordinating these activities. Over time, the Bronx expanded its calendar of supplemental activities, offering four or five activities per month.
Referrals to outside services	Connecting couples to employment services was a priority focus for UBA, with staff reporting unemployment, unstable jobs, and underemployment as key concerns among their participants. The program drew on prior experience of their staff, several of whom had worked in employment services. UBA staff reported placing 20 percent of participants who expressed interest in employment into jobs.
Program supports and incentives	Eighty-seven percent of couples in the Bronx received supports and/or incentives, similar to the average across all SHM programs (89 percent). On average, couples received $555 in participation supports and incentives, roughly the average across SHM programs. The average incentive received ($32) is the lowest of all SHM programs. • *Transportation:* Couples received transportation assistance for attending all SHM program activities. • *Child care:* The Bronx was unique among SHM programs in styling child care assistance as both a participation support and the program's main incentive, given in the form of gift cards. Couples could receive up to $600 in child care assistance for workshop participation and $25 per supplemental activity. No child care assistance was given for family support meetings. • *Incentives:* Incentives for workshop participation beyond the child care gift cards were limited to a $300 raffle conducted at the final workshop. No incentives were given for participating in supplemental activities or family support meetings. • *Emergency assistance*: Just over a quarter of couples received emergency assistance. The average payment was $81.

Orlando, Florida **University of Central Florida (UCF)** **The Together Project**	
Host organization	The University of Central Florida Marriage and Family Research Institute
Host type	The University of Central Florida Marriage and Family Research Institute was created in 2003 to facilitate research and clinical initiatives to support couples, marriages, and families.
Population served	Couples who enrolled in the Orlando program were racially and ethnically mixed: 40 percent of couples identified as Hispanic, 14 percent as African-American, 18 percent as white, and 28 percent as other/multiracial. Couples in Orlando had higher levels of education than couples in other SHM programs: 72 percent had a high school diploma, compared with 50 percent across programs. In 30 percent of couples, one spouse had a 4-year college degree, higher than the average of 16 percent across programs. Couples in Orlando had slightly higher incomes and rates of employment at enrollment than the average across programs.
Languages used	Orlando offered services in English only.
Program location	SHM program services were offered in the Early Childhood Center at UCF, which is located in a suburban setting in the Orlando area. The program space was shared with another marriage evaluation project. Implementation research staff visiting the program described the location as well organized and welcoming.
Recruitment sources and trends	Orlando met its recruitment goal of 800 couples. Despite slow start-up during the early evaluation period, Orlando did not experience any overall challenges in recruiting couples to participate in the program. The primary recruitment sources in Orlando were Women, Infants, and Children (WIC) centers, community colleges, and UCF's campus development center. Recruitment staff also conducted outreach at health fairs. Orlando did not use broad media as part of its marketing and recruitment approach, in contrast to several other SHM programs.
Staffing	Staff turnover was high in Orlando, by design. Almost all nonmanagerial staff were part-time employees and graduate students in marriage and family therapy, social work, or mental health fields at UCF. Family support coordinators committed to one year with the program. Many of the marriage education facilitators were mental health professionals, and three were professors — two at UCF and one at a local community college.
Curriculum used	Orlando was the only SHM program location that used the For Our Future, For Our Family (FOF) curriculum.
Summary of participation outcomes	Ninety-one percent of couples in Orlando participated in any SHM activity and spent an average of 27 hours engaged in SHM activities, in line with the average across all SHM programs. Couples in Orlando spent 6 hours, on average, in supplemental activities, and 5 hours in family support meetings, close to the average for all programs.
Relationship and marriage education workshops	Workshops were offered during weeknights and during the weekend. Orlando offered a 12-week workshop series during the week and a 6-week Saturday series. Orlando employed a large number of marriage education facilitators, totaling 22 facilitators over the course of the evaluation. Facilitator pairs were typically male-female. (continued)

Family support services	Most family support coordinators in Orlando were interns in the process of completing degree requirements for masters' programs in counseling, marriage and family therapy, and social work. The majority of family support staff were young and had minimal prior work experience. Family support coordinators were responsible for providing makeup workshop sessions with couples. Family support office visits in Orlando were "couple focused," meaning that staff focused on current needs of couples rather than adhering to a specific protocol for each visit.
Supplemental activities	Orlando offered both educational and social supplemental activities. The educational activities were curriculum boosters, some of which complemented themes that were presented in the marriage education workshops. Booster activities also focused on other educational topics chosen by couples. Social activities were made up of "date nights" for couples. Couples were allowed to attend a maximum of three date nights over the course of the program but could attend an unlimited number of educational booster activities. Volunteers from partnering organizations in the community staffed these educational activities.
Referrals to outside services	Seventy-three percent of couples in Orlando were referred to other services, compared with 52 percent overall across all SHM programs. The most common referrals were to adult mental or physical health services (44 percent), employment or training services (29 percent), public assistance (24 percent), and child development or parenting-related services (18 percent).
Program supports and incentives	Orlando provided child care and transportation assistance and incentives for attendance at workshops and supplemental activities. Couples received incentives for attending family support visits and transportation assistance on an as-needed basis, but did not get child care. Eighty-nine percent of couples received these supports, and received $546 per couple, on average, slightly lower than the average ($567) across all SHM programs. • *Transportation:* Couples received $10 cash for attending marriage education workshops and supplemental activities and, as needed, assistance for attending family support meetings. • *Child care:* Orlando provided child care at a nearby off-site location convenient to The Together Project's offices. Couples could access child care when attending marriage education workshops and supplemental activities. • *Incentives:* Couples received $25 for completing the first 4 marriage education workshop sessions, $35 for completing sessions 5 through 8, and $50 for completing sessions 9 through 12. After completing all workshops, couples received $10 for each family support office visit that they attended. Couples received $100 after attending 4 educational supplemental activities. • *Emergency assistance:* Nine percent of couples in Orlando received emergency assistance, the second-lowest rate of any SHM program and below the average of 23 percent across all programs. The average emergency assistance payment in Orlando was $10, also the lowest of any SHM program.

Wichita, Kansas Catholic Charities Marriage for Keeps (MfK) Program	
Host organization	Catholic Charities, Inc., of Wichita
Host type	Catholic Charities Wichita is a well-established faith-based social service agency founded in 1943. Catholic Charities operates programs in mental health, domestic violence, adoption, pregnancy resources, homelessness, and immigration assistance; it serves families in crisis and adults with special needs.
Population served	SHM couples in Wichita were primarily low-income and white, non-Hispanic. Wichita served the lowest-income couples, with 56 percent of participants reporting income below 100 percent of the poverty level. Couples had slightly higher education levels than average, but they had lower earnings than couples in other programs. Couples in Wichita reported facing mental health issues in higher numbers than the average across programs. Couples also reported being less happy in their marriages, and more couples reported thinking that their marriage was in trouble in the past year.
Languages used	Services were offered in English only.
Program location	The Marriage for Keeps (MfK) SHM program was housed at Catholic Charities in downtown Wichita. Other programs and services were also housed at this location, including a food bank, counseling, immigration, and emergency services. Enrollment, family support visits, and marriage education workshops were conducted at Catholic Charities, but space constraints caused supplemental activities to be conducted at Newman University, a partner organization. Over time, the program moved all services to Newman University. Staff described the office space as small yet clean and professional.
Recruitment sources and trends	The initial evaluation plan was to include two SHM program locations in Wichita and Kansas City, but Kansas City left the study after early recruitment challenges. Wichita enrolled 760 couples in Marriage for Keeps, above its original goal of 700. Recruitment began slowly and picked up over time with the addition of staff and new marketing and outreach strategies. At first, staff limited outreach to local Catholic churches and then expanded to other community centers over time. The biggest recruitment sources were local churches, current/previous SHM couples, Catholic Charities, other community organizations, and marketing through program flyers and radio and TV announcements.
Staffing	Staff turnover was high in the early evaluation period. During the course of SHM, several staff left the program, including facilitators, enrollment and recruitment staff, family support staff, and two staff at the management level. Like Orlando and the Bronx, Wichita had a number of staff with clinical backgrounds. All three of the family support coordinators had backgrounds in clinical counseling or therapy, and the program manager had a doctorate in clinical social work.
Curriculum used	Wichita used the Within Our Reach (WOR) curriculum.
Summary of participation outcomes	Couples in Wichita participated in an average of 27 hours of SHM program activities, the average across SHM programs. Couples spent an average of 20 hours in workshops, which was higher than the average across all SHM programs (17 hours). Across SHM programs, couples in Wichita spent the least amount of time (3 hours) in supplemental activities, compared with the average (6 hours). Couples spent an average of 4 hours in family support services, the average across all SHM programs. (continued)

Relationship and marriage education workshops	Workshops were offered over a 12-week period, comprising an initial 6-hour session on Saturday followed by weekly 2-hour sessions during weekday nights. Makeup sessions were offered 30 minutes before regular workshop sessions. For the first year of the evaluation period, Wichita had a small number of marriage education facilitators who led all workshops. Workshops were facilitated by male-female pairs with backgrounds in mental health or human services. Facilitators were contracted staff who had other jobs outside of Marriage for Keeps.
Family support services	Family support coordinators in Wichita had backgrounds in clinical psychology and marriage and family therapy, which aided staff in providing curriculum reinforcement during visits with couples. Two family support workers had clinical masters' degrees, and the third was in the process of getting a master's degree in clinical psychology.
Supplemental activities	Supplemental activities were offered two or three times per month. They centered on an activity series called "Nine Great Dates," based on a curriculum by David and Claudia Arp (1997) that combined a 30-minute lesson followed by a date-night outing. Kansas offered Nine Great Dates every other week, and it offered roughly one additional social event or family activity per month.
Referrals to outside services	Forty-four percent of couples received referrals to community services outside SHM, which was lower than the average across SHM programs (52 percent). Common referrals were to public assistance (28 percent), adult mental or physical health services (16 percent), employment or training services (13 percent), and child development or parenting-related services (12 percent).
Program supports and incentives	The total average amount that couples in Wichita received in participation supports and incentives was $465, below the average of $567; incentives, in particular, were lower than average ($86 per couple, compared with $181 across programs). • *Transportation:* Couples received transportation assistance in the form of a $10 gas card for attending workshops. Transportation assistance was not provided for supplemental activities or family support visits. • *Child care:* Couples were reimbursed for child care in the form of $30 gift card for workshop attendance. Child care assistance was not provided for supplemental activities or family support visits. • *Incentives:* Wichita initially gave incentives for workshop attendance but, in efforts to increase attendance, shifted to providing incentives for supplemental activities and family support visits. Couples attending workshops were, however, given door prizes and could participate in raffles. To encourage participation in supplemental activities and family support visits, couples could earn $5 in "MfK bucks" for attendance at each activity or visit, which could later be redeemed for gift cards. • *Emergency assistance:* Forty percent of couples received emergency assistance in Wichita, and, on average, these couples received $117. This was higher than the average across programs.

Oklahoma City, Oklahoma **Public Strategies** **Family Expectations (FE) Program**	
Host organization	Public Strategies operated the Family Expectations (FE) SHM program. The program continues to serve both unmarried and married parents through both federal and state grants or contracts.
Host type	Public Strategies is a private, for-profit project management firm that was established in 1990. Public Strategies also operated a Building Strong Families (BSF) site alongside SHM services, and it plays a key role in managing statewide healthy marriage initiatives.
Population served	Oklahoma City served low-income, married, expectant and new parents. Forty percent of SHM couples are white, non-Hispanic; nearly a quarter are Hispanic. Thirty-five percent of SHM couples had combined income above 200 percent of poverty, compared with an average of 18 percent — the highest across programs. The average age of couples was 28 at enrollment, lower than the average of age 31.
Languages used	Family Expectations offered SHM services in English and Spanish.
Program location	Family Expectations is located on several floors of an office building located in a business-park setting. The program has three large rooms used for workshops and supplemental activities, private rooms for enrollment and family support visits, and an on-site child care center. Visitors to the program describe the space as warm, inviting, friendly, clean, pleasant, and bright.
Recruitment sources and trends	Oklahoma City met its original recruitment goal of 800 and recruited an additional 200 couples into the study. The program invested resources in mass-media advertising, including commercials, billboards, banners, pamphlets, fliers, promotional DVDs, and direct mail. The program received referrals from local WIC offices and health clinics that provide prenatal services to Medicaid recipients. Staff also recruited couples at large community events and local baby- and child-oriented businesses.
Staffing	Because Oklahoma City operated the SHM and BSF programs simultaneously, it employed more staff than most SHM programs. It also adopted highly structured management strategies to support staff and ensure that the two programs met their respective benchmarks. Staff came from a wide range of backgrounds, including social work and human services, private sector employers, and the military.
Curriculum used	Oklahoma City used the Becoming Parents Program (BPP) curriculum.
Summary of participation outcomes	Couples in Oklahoma City participated in an average of 33 hours of SHM activities, the highest of all SHM programs. Couples spent the most time in workshops (an average of 21 hours) and in family support services (an average of 8 hours) — more than in any other SHM program. Sixty percent of couples completed between 81 and 100 percent of the total workshop hours offered. Couples spent 5 hours, on average, in supplemental activities, slightly lower than the average across all program locations (6 hours).
Relationship and marriage education workshops	Workshops were offered on weekday evenings and during the daytime on Saturday. The weekday workshops lasted 10 weeks, with each session lasting 3 hours. Saturday workshops were 5 hours long, for a total of 6 sessions. Some workshops began with a 3-hour Saturday session followed by 7 weeknight sessions. Oklahoma City's workshop operation was larger than any in other SHM program, running several workshops concurrently and employing 29 facilitators. Facilitators were contracted, part-time employees. The program used only married facilitators, but co-facilitators were not married to each other. Sessions were led by male-female teams. (continued)

Family support services	In the beginning of the evaluation period, family support staff adhered to a strict protocol for conducting the first five visits with couples. Over time, protocols allowed for more flexibility, permitting staff to make necessary adjustments based on a couple's current needs. Due to the large number of participants in Oklahoma City, the family support staff was much larger than at any other SHM program, with a total of 16 family support coordinators and 3 family support supervisors.
Supplemental activities	Due to the scale of the program, Oklahoma City offered approximately 20 supplemental activities each month, far more than any other SHM program. When this component of the program was first implemented, Oklahoma City focused on reunion-type activities that reconnected participants from prior workshops, as well as sessions that focused on reiterating themes from the BPP curriculum. The types of supplemental activities expanded over time, and Oklahoma City incorporated content that the program developed itself, in addition to activities based on the curriculum. Activities included financial management, infant massage, immunizations and other health-related events, date nights, and mothers' and fathers' groups.
Referrals to outside services	Fifty-seven percent of couples were referred to services outside SHM, slightly higher than the average across all SHM programs (52 percent). The most common referrals were to child development or parenting services (44 percent). One-fifth (21 percent) of referrals were to adult mental or physical health services, and slightly less than one-fifth (17 percent) were to public assistance.
Program supports and incentives	The average total participation support and incentive received per couple in Oklahoma City was $824 over 15 months, the highest of any SHM program. • *Transportation:* Oklahoma City provided transportation assistance to participants who requested it. Participants received either a gas card worth $10 or $15 or taxi service. • *Child care:* Child care assistance was provided on-site for children under 2 years old. Oklahoma City also provided a stipend for off-site care for other children. • *Incentives:* The program sought to carefully align its incentives to achieve key participation benchmarks. Couples received incentives for attending workshops, family support visits, and some supplemental activities. Workshop incentives emphasized completing hours of curriculum. Couples received $100 after completing their first 6 workshop hours, $50 after completing 15 hours, and another $50 after completing all 30 hours. If a couple attended all workshops, they could also earn a total of $160 in "Crib Cash": points that could be redeemed in the program's store, called "The Crib," containing items for babies and young children. The program also emphasized attendance in family support meetings. Couples received up to $80 in Crib Cash for attending the first five in-person meetings. Couples could also receive $100 in gift certificates for completing a family budget and developing a menu plan. • *Emergency assistance:* Sixteen percent of couples received emergency assistance averaging $67 per couple, lower than the average of 23 percent across all SHM programs.

Bethlehem, Pennsylvania Family Answers Strong Families (Familias Estables) Program	
Host organization	Family Answers operated the Strong Families (Familias Estables) SHM program in Bethlehem, one of two locations in SHM's Pennsylvania program. Data for these two locations are pooled together as one program for the participation and impact analyses. The Bethlehem location delivered a 9-month program.
Host type	Family Answers is a medium-size community-based social service agency, located in Lehigh Valley. Family Answers offers a range of support services with the goal of promoting healthy families.
Population served	SHM couples in Pennsylvania were primarily Hispanic (88 percent), and 86 percent of couples were born outside the United States. Compared with the average across SHM programs, more couples in Pennsylvania had income at or below 100 percent of the federal poverty level, and couples had lower overall levels of education.
Languages used	Bethlehem offered services in both English and Spanish.
Program location	The Bethlehem program operated at multiple locations in the community. The program's main location was rented office space dedicated to SHM in downtown Bethlehem. Workshops and supplemental activities were held at two local churches in Allentown and Bethlehem, and family support services were delivered primarily through home visits.
Recruitment sources and trends	Bethlehem experienced a number of challenges recruiting the SHM target population, and it ended the random assignment process earlier than anticipated after enrolling 225 couples into the program, short of the original goal of 400. Initially, Bethlehem relied primarily on partner agencies to refer interested couples and, over time, began doing more direct outreach and marketing in an attempt to reach more potentially interested couples. Staff conducted outreach at community events, WIC centers, and other social service agencies.
Staffing	Staff turnover was high in Bethlehem relative to other SHM programs, particularly among intake and recruitment staff. In part due to the smaller size of the program, staff played multiple roles. For example, the program manager supervised family support and intake/recruitment staff, while the assistant program manager oversaw the marriage education workshops and supplemental activities. This supervisory structure contrasts with other programs, which typically had designated supervisors in charge of one or two components and a program manager for the entire program.
Curriculum used	Bethlehem used the Within Our Reach (WOR) curriculum.
Summary of participation outcomes	Couples in Pennsylvania participated in an average of 20 hours of SHM program activities, lower than the average of 27 hours. Couples completed an average of 14 workshop hours, 4 hours in supplemental activities, and 3 hours in family support meetings. Couples remained active in the program for an average of 7 months after enrollment.
Relationship and marriage education workshops	Marriage education workshops were offered during weeknights and during the day on weekends. The entire workshop series was 28 hours and comprised either seven 4-hour sessions on Saturdays or weekday evening sessions lasting 15 weeks. Bethlehem hired part-time contracted staff to facilitate workshops, and family support coordinators and the marriage education supervisor also facilitated workshops. Workshops were typically facilitated by male-female pairs; however, on occasion, two women, two men, or one person facilitated workshops. (continued)

Family support services	Bethlehem and Reading were the only SHM programs whose family support coordinators delivered services primarily through home visits. In the beginning of the evaluation period, family support coordinators were responsible for conducting makeup sessions for missed workshops, but this responsibility shifted to workshop facilitators as family support duties required more time. Initially, Bethlehem had one family support coordinator on staff and added two additional coordinators midway through the evaluation, both of whom were bilingual.
Supplemental activities	Supplemental activities were offered roughly once a month and included a mix of marriage education-related boosters, other educational activities, and family-focused social events. Activities were located off-site at local churches. All couples (both Spanish-speaking and English-speaking couples) were invited to attend all activities, and staff offered translation. Over time, one staff member assumed greater responsibility for coordinating supplemental activities, though all staff contributed to organizing and facilitating.
Referrals to outside services	Forty-four percent of couples in Pennsylvania received referrals to community services, slightly lower than the average (52 percent) across all programs. Common referrals were to public assistance agencies and financial/legal services.
Program supports and incentives	Eighty-eight percent of all couples in Pennsylvania received supports and/or incentives, with an average of $294 received per couple, the lowest of all SHM programs. • *Transportation:* Bethlehem gave couples transportation assistance for attendance at marriage education workshops and supplemental activities. Couples received either a $10 gas card or bus voucher. • *Child care:* Couples received child care assistance while attending marriage education workshops and supplemental activities. The program offered both on-site child care and a $30 stipend if the couple used off-site services. • *Incentives:* Incentives were given to couples at workshops and supplemental activities. Couples received a welcome gift worth approximately $20 or $25 for completing enrollment. Couples received gift cards for attending the first workshop session ($20), the second session ($30), the fifth session ($20), and the tenth session ($30). Couples also received door prizes and small gifts for attending supplemental activities. • *Emergency assistance:* Fifteen percent of couples received emergency assistance, with an average payment of $59 per couple.

Reading, Pennsylvania **Community Prevention Partnership (CPP)** **Strong Families (Familias Estables) Program**	
Host organization	The Community Prevention Partnership (CPP) oversaw the Strong Families (Familias Estables) SHM program in Reading, one of two locations in Pennsylvania's SHM program. Data for these two locations are pooled together as one program for the participation and impact analyses.
Host type	CPP is a social service agency that runs an array of preventative health programs for children, youth, and families. CPP was established in 1992 and has experience providing home-based case management services and working with Hispanic populations.
Population served	SHM couples in Pennsylvania were primarily Hispanic (88 percent), and 86 percent of couples were born outside the United States. Compared with the average across SHM programs, more couples in Pennsylvania had income at or below 100 percent of the federal poverty level, and couples had lower overall levels of education.
Languages used	The SHM program in Reading was the only one that offered services exclusively in Spanish.
Program location	The SHM program offered services in multiple locations in downtown Reading. The program used office space housed within CPP, but it offered most SHM services at other locations. The program held marriage education workshops and supplemental activities at a local church down the street from the CPP office, and family support services were delivered primarily through home visits.
Recruitment sources and trends	Reading enrolled 452 couples in the Strong Families SHM program, more than the program's original goal of 400. Faced with initial recruitment challenges, Reading modified its outreach and recruitment strategies and switched from recruiting both English- and Spanish-speaking couples to recruiting Spanish-speaking couples only. At the same time, the program hired a supervisor dedicated to overseeing recruitment to support achieving the enrollment goals. Major recruitment sources were the Reading school district, local WIC offices, churches, and couples who had participated in the program.
Staffing	Staff turnover in Reading was low; only two staff left the program. All staff except for the CPP executive director and SHM program manager were bilingual and bicultural. The majority of staff in Reading had social work or clinical backgrounds and were hired for SHM from other programs within CPP, and some staff worked on other CPP programs concurrently, while working for SHM. With the exception of some facilitators, all program staff were female.
Curriculum used	Reading used the Within Our Reach (WOR) curriculum.
Summary of participation outcomes	Couples in Pennsylvania participated in an average of 20 hours of SHM program activities, lower than the average of 27 hours across programs. Couples in Pennsylvania completed an average of 14 workshop hours, 4 hours in supplemental activities, and 3 hours in family support meetings. Couples remained active in the program for an average of 7 months after enrollment.
Relationship and marriage education workshops	Marriage education workshops were offered on weeknights and Saturdays and lasted for 15 weeks. Reading hired part-time contracted staff to facilitate workshops, and workshops were facilitated by male-female pairs and sometimes by husband-wife pairs. A unique aspect of Reading's workshops was that family support coordinators attended workshops as a way to help engage couples. Additionally, supervision of this component was strong, with the marriage education supervisor often engaging facilitators in ongoing training and practice.

(continued)

Family support services	Bethlehem and Reading were the only SHM programs whose family support coordinators delivered services primarily through home visits. Family support services in Reading did not place as much emphasis on curriculum reinforcement as other SHM programs, in part because staff reported spending the bulk of their time addressing resource needs and helping support couples' engagement in SHM services. Family support staff relied on workshop facilitators to conduct makeup sessions but did conduct some makeups during home visits.
Supplemental activities	Reading offered one to two supplemental activities per month. Activities were a mix of supplemental marriage education boosters, educational activities, and social or family activities. Reading invited all couples to attend all activities, which was different from some SHM programs that targeted specific couples for certain activities. All program staff helped to coordinate and facilitate supplemental activities, and there was not one full-time designated staff member to oversee the component, as in most other SHM programs.
Referrals to outside services	Forty-four percent of couples in Pennsylvania received referrals to community services, slightly lower than the average (52 percent) across all programs. Common referrals were to public assistance agencies and financial/legal services.
Program supports and incentives	Eighty-eight percent of all couples in Pennsylvania received supports and/or incentives, with an average of $294 received per couple, the lowest of all SHM programs. • *Transportation:* Reading gave couples transportation assistance for attendance at marriage education workshops and supplemental activities. Couples received either a $10 gas card, free shuttle service in the agency's van or a taxi, or a bus voucher. • *Child care:* Couples received child care assistance while attending marriage education workshops and supplemental activities. The program offered both on-site child care and a $30 stipend if the couple used off-site services. • *Incentives:* Incentives were given for workshops and supplemental activities. Couples received a welcome gift worth approximately $20-$25 for completing enrollment. Couples received gift cards for attending the first workshop session ($20), the second session ($30), the fifth session ($20), and the tenth session ($30). Couples also received door prizes and small gifts for attending supplemental activities. *Emergency assistance:* Fifteen percent of couples received emergency assistance with an average payment of $59 per couple.

Seattle, Washington **Becoming Parents Program, Inc. (BPP, Inc.)** **Becoming Parents Program (BPP)**	
Host organization	The Becoming Parents Program, Inc. (BPP, Inc.), housed the SHM program in Seattle.
Host type	BPP, Inc., is a privately owned small business that developed the Becoming Parents Program curriculum. In addition to operating the SHM program, BPP, Inc., trains facilitators and provides technical assistance to programs offering the BPP curriculum in other locations.
Population served	Seattle served expectant and new parents. The program served a racially and ethnically mixed population, with a higher-than-average percentage of couples identifying themselves as other/multiracial (50 percent, compared with 25 percent across programs). Couples in this program had lower employment levels at enrollment, were younger, and had been married for less time than the average SHM couple (3 years, compared with an average of 6 years).
Languages used	Seattle offered services in English only.
Program location	Seattle's office space was dedicated solely to SHM, and the program was located on the ground floor of an office building in the downtown Capitol Hill area of Seattle. Public transportation was limited, but the program made parking assistance and taxi service available to couples. Observers described the space as clean and welcoming. It included an open floor plan combining classroom and workspace and had little private office space. Halfway through the evaluation period, the program moved nearby to the ground floor of an apartment building with separate areas for recruitment, classroom, staff, and private meeting and office space.
Recruitment sources and trends	Seattle recruited a total of 678 couples for SHM, less than the original goal of 800. The program struggled initially with recruitment due in part to being a new program in the community. Over time, staff tested multiple recruitment strategies, relying heavily on direct outreach to couples, and it was the only SHM program to recruit through advertisements on Craigslist. Major recruitment sources included referrals from participants, public health and WIC centers, and health-related events in the community.
Staffing	Seattle was the only SHM program to hire nurses for family support and workshop facilitator positions. Two of the program's managers also had nursing backgrounds. Seattle was also the only program that combined the workshop facilitation and family support coordinator roles into the same staff position. Managers hoped that this dual role would allow staff to provide curriculum reinforcement more easily during family support visits. It presented challenges for staff in balancing the demands of each role, particularly as family support caseloads grew.
Curriculum used	Seattle used the Becoming Parents Program (BPP) curriculum.
Summary of participation outcomes	Couples in Seattle participated in an average of 27 hours of SHM activities, which was the same as the average across programs. Couples spent an average of 14 hours in marriage education workshops, below the average of 17 hours across programs. Couples spent more hours in supplemental activities than the average across programs (9 hours, compared with 6 hours). Couples spent an average of 4 hours in family support services, the average across programs. (continued)

Relationship and marriage education workshops	Workshops in Seattle were offered during weeknights and during weekend daytime hours. The weeknight series consisted of seven 3-hour sessions during the week, followed by a Super Saturday session that lasted 6 hours. Partway through the evaluation period, Seattle revised the weeknight schedule so that all classes occurred on weeknights, based on demand. Seattle also offered a weekend workshop series that ran for 6 weeks total. Seattle offered two or three workshops weekly.
Family support services	As noted above, family support coordinators also served as workshop facilitators, in many cases delivering family support services to the couples attending the workshops that they were responsible for facilitating. Because of this dual role, Seattle employed more family support coordinators (six total) than most programs.
Supplemental activities	Seattle offered roughly two supplemental activities per month. Programming included educational activities called "Knowledge Is Power," which provided community resource information on topics that couples identified as needs in family support meetings. Seattle also held reunion events, family events, and couple-only activities, such as date nights. Early in the evaluation period, while caseloads were small, family support coordinators organized supplemental activities on top of their family support and workshop facilitation duties. The program eventually created a supervisor position to manage this component. Family support staff continued to staff date-night or family activities.
Referrals to outside services	Seattle referred 81 percent of its participants to services outside SHM, more than any other program. Common referrals were to employment or training services (62 percent), public assistance (41 percent), and adult mental or physical health services (34 percent).
Program supports and incentives	Ninety-one percent of couples in Seattle received some type of participation support or incentive. Average amounts that couples received were the second highest of all programs, with the majority of costs being driven by transportation assistance. • *Transportation:* For attending workshops, family support visits, and supplemental activities, couples received gas vouchers totaling $7 per workshop, cash for parking, bus tickets, or taxi rides. Couples received an average of $421 in transportation assistance, compared with $139 across programs. The program was located in an area not well served by public transit during evening hours, and the majority of couples traveled more than 5 miles to participate; thus, the program offered taxi vouchers as well as reimbursement for gas and parking. • *Child care:* Couples received $8 cash per hour for child care assistance while attending workshops, family support visits, and supplemental activities. • *Incentives:* Couples received incentives for attendance at workshops, family support visits, and supplemental activities. Couples received a $25 gift card for attendance at the first two workshop sessions. Couples also received small gifts valued under $25 for attendance at activities and received raffle tickets for participation milestones. Seattle typically offered roughly $400 worth of raffle prizes per workshop cohort. • *Emergency assistance:* Couples in Seattle received the least emergency assistance of SHM programs; 6 percent of couples received emergency assistance (compared with an average of 23 percent), with an average payment of $53.

Shoreline, Washington Center for Human Services (CHS) Loving Families Program	
Host organization	The Center for Human Services (CHS) oversaw the Loving Families SHM program.
Host type	CHS is a community-based human services organization founded in 1982. The organization's primary focus is providing substance abuse treatment and community mental health services to low-income families in North King and South Snohomish Counties, two suburban communities north of Seattle.
Population served	SHM couples in Shoreline were 51 percent Hispanic, 24 percent other/multiracial, and 22 percent white. Twenty-one percent of couples had at least one spouse with a four-year college degree, slightly higher than the average across all SHM programs (16 percent). Eighty-three percent of couples were employed, similar to the average across programs, and 82 percent of couples had income below 200 percent of the poverty level, the average across all programs.
Languages used	Shoreline offered services in English and Spanish. Spanish-language services were phased in during the second year of operations.
Program location	SHM services were delivered at two of CHS's Family Support Centers located in Shoreline and Bothell. English-language services were provided at the Shoreline center, and Spanish-language services were provided at the Bothell center. Both locations were accessible by public transportation and offered ample public parking. SHM staff had some private offices for family support meetings, but they often shared space with other CHS programs.
Recruitment sources and trends	Shoreline enrolled 785 couples in the SHM program, just short of the original goal of 800. The program's main recruitment sources were other CHS programs, Loving Families participants, public health clinics, local food banks, schools, and community events. Shoreline relied heavily on direct outreach to potentially eligible couples at community events and at partner agencies. The program also marketed SHM services through press releases, advertisements on a local radio station, and a Spanish-language newspaper.
Staffing	Staff turnover was high among outreach and recruitment staff but low for all other positions. Bilingual staff were hired to staff Spanish-language services in the program's Bothell location. With the exception of family support coordinators, the majority of staff had a social work and/or clinical background.
Curriculum used	Shoreline was one of two SHM programs that used the Loving Couples, Loving Children (LCLC) curriculum.
Summary of participation outcomes	Shoreline engaged 96 percent of enrolled couples in at least one SHM service, the highest of all SHM programs. Couples in Shoreline participated in an average of 28 hours of SHM program activities, the third-highest among SHM programs. It engaged the highest proportion of couples in marriage education workshops (89 percent), and yet couples spent the least amount of time in workshops (13 hours) compared with other programs. This may be related to LCLC's offering 24 hours of curriculum content, lower than the average of 28 hours across curricula. To compensate, Shoreline based the majority of its supplemental activities on LCLC content, and the program achieved the highest engagement rates in supplemental activities and average hours spent in supplemental activities among all SHM programs. (continued)

Relationship and marriage education workshops	Marriage education workshops in Shoreline were offered during weeknights and on Saturdays. Workshop sessions were 2 hours long, and the entire workshop series lasted 12 weeks. Workshops in Shoreline were smaller than in some of the other SHM programs, and a maximum of 12 couples could be assigned to a workshop. Marriage education facilitators were typically male-female pairs. Shoreline employed two full-time facilitators and also used several part-time and contracted facilitators.
Family support services	Shoreline employed six family support coordinators, three of whom were bilingual. Family support services emphasized curriculum reinforcement, and staff used materials developed by LCLC for use in one-on-one settings. Family support staff also used a relationship inventory that was developed by LCLC, which helped staff assess couples' strengths and weaknesses and set goals.
Supplemental activities	Shoreline offered supplemental activities two times per month at each location, for a total of four activities per month. In addition, Shoreline offered a couple date night or family-oriented social event approximately every six weeks. Two workshop facilitators led the activities, and the clinical supervisor oversaw the entire component. The majority of activities offered were supplemental LCLC workshop modules that provided additional curriculum content. Initially, all couples were invited to all activities, but, over time, as a way to increase participation in this component, staff targeted their outreach to couples who had not yet attended a supplemental activity and those who had just completed workshops.
Referrals to outside services	Forty-seven percent of couples in Shoreline received referrals to services outside SHM, compared with 52 percent overall across all SHM programs. Common referrals were to adult mental or physical health services (20 percent), public assistance (18 percent), child development or parenting-related services (12 percent), and employment or training services (11 percent).
Program supports and incentives	Across SHM programs, Shoreline provided the third-highest amount of participation supports and incentives, an average of $631 per couple. A slightly higher-than-average percentage of couples (91 percent) received incentives in Shoreline, at amounts that are higher than average ($292 per couple, compared with $181 across programs). • *Transportation:* Couples received $5-$10 gas cards or bus tickets for attending enrollment, workshops, family support visits, and supplemental activities. • *Child care:* For attendance at all SHM program activities, Shoreline provided on-site child care or reimbursement for off-site child care. • *Incentives:* Couples received a $50 cash incentive at the first workshop and gift cards valued between $25 and $30 at the second, third, sixth, and final workshops. For attending family support meetings and curriculum-focused supplemental activities, couples received "Loving Families Bucks," which were redeemable for gift cards. Couples attending date night supplemental activities received $50 to spend on their date. • *Emergency assistance:* Thirty percent of couples in Shoreline received emergency assistance, with an average payment of $69 per couple.

El Paso, Texas El Paso Center for Children (EPCC) Healthy Opportunities for Marriage Enrichment (HOME) Program	
Host organization	The Texas Health and Human Services Commission oversaw the statewide Healthy Opportunities for Marriage Enrichment (HOME) initiative. The SHM program in Texas operated in two HOME grantee locations, the El Paso Center for Children (EPCC) and the Family Services Association (Family Service) of San Antonio. Both received funding from the State of Texas in addition to SHM funding. Data for El Paso and San Antonio are pooled together as one program for the participation and impact analyses.
Host type	EPCC is a community-based human services organization that has operated programs in El Paso since 1919. EPCC is the oldest and largest provider of treatment and support services for special-needs youth and their families in El Paso county.
Population served	More than 90 percent of couples in Texas were Hispanic, with a high percentage born outside the United States. Couples had higher-than average-employment rates yet lower-than-average earnings. On average, couples in Texas had been married 9 years, compared with 6 years across the program locations.
Languages used	El Paso offered services in English and Spanish.
Program location	Services were offered in space dedicated to SHM at two locations approximately 15 miles apart. Unlike other SHM programs, the SHM program in El Paso was not embedded in the host agency. Instead, services were offered at satellite locations in an office complex and a strip mall, both easily accessible by car. Both locations had rooms for workshops and supplemental activities, on-site child care, and adequate private meeting space for enrollment and family support visits.
Recruitment sources and trends	El Paso achieved its initial enrollment goal of 400 couples and did not experience overall difficulty in recruiting couples for SHM. A major recruitment strategy was the use of mass-media including billboards and radio announcements, which were managed with assistance from an in-house public relations specialist at EPCC. Couples were also recruited at community events held at local schools, churches, and housing authorities. Participating couples also referred large numbers of friends and family.
Staffing	Staff turnover was low in El Paso. The majority of staff had prior human services work experience. All family support coordinators had prior case management experience but did not have counseling backgrounds. The program manager had a doctorate in psychology, and the family support/intake supervisor had a master's degree in social work. A few staff had worked with EPCC prior to the start of SHM, and others were newly hired solely for SHM.
Curriculum used	Texas used the Within Our Reach (WOR) curriculum.
Summary of participation outcomes	A total of 92 percent of enrolled couples in Texas attended at least one SHM activity, and couples completed an average of 29 hours of SHM services within 12 months, slightly higher than the average of 27 hours. Couples attended supplemental activities in greater proportions and for more hours than in most other programs. (continued)

Relationship and marriage education workshops	Workshops were offered during weeknights in El Paso in 2-hour sessions lasting 15 weeks. El Paso started new workshops roughly every 5 weeks. Similar to other SHM programs, El Paso hired contracted employees to facilitate workshops, and facilitators were always a male-female pair and sometimes a husband-wife pair.
Family support services	Although family support coordinators reinforced key curriculum skills during office visits with couples, curriculum reinforcement was not as much a focus as supporting attendance and providing referrals to outside services. Initially, El Paso planned to deliver family support services through home visits, but, early in the evaluation period, the program switched to office-based visits only due to cost and staffing demands involved in home visiting. Though a small percentage of visits were still conducted at couples' homes, most family support meetings were conducted on-site.
Supplemental activities	Supplemental activities in El Paso were loosely tied to the curriculum, and were created and developed by program staff. Activities were offered two times per month, and content varied between social and educational offerings. Typical activities included date nights, financial management and other educational topics, game/movie nights, school or work advancement sessions, and Mom and Dad events.
Referrals to outside services	The Texas locations had the lowest percentage of couples referred to services outside SHM, with 30 percent of couples receiving a referral. Common referrals were to public assistance, marriage and relationship services, and adult mental or physical health services.
Program supports and incentives	Ninety-one percent of couples in Texas received participation supports or incentives. The average amount received was second to lowest of all SHM programs, with couples receiving an average of $395. • *Transportation:* Couples received transportation assistance for attending workshops and supplemental activities, with staff distributing gas cards to couples at the end of each activity. Rising gas prices led the program to increase the value of the gas cards from $5 to $10 midway through the program. • *Child care:* Couples had the option of on-site child care assistance or reimbursement for off-site care. Couples received $10 for off-site care. About three-quarters of couples in El Paso who requested child care assistance used child care of their choosing. • *Incentives:* El Paso offered few incentives compared with other program locations, and it offered small in-kind gifts rather than cash, checks, or gift cards. • *Emergency assistance*: Forty-two percent of couples in Texas received emergency assistance, with an average payment of $160.

San Antonio, Texas **Family Services Association of San Antonio, Inc. (Family Service)** **Healthy Opportunities for Marriage Enrichment (HOME) Program**	
Host organization	The Texas Health and Human Services Commission oversaw the statewide Healthy Opportunities for Marriage Enrichment (HOME) initiative. The SHM program in Texas operated in two HOME grantee locations, the El Paso Center for Children (EPCC) and the Family Services Association (Family Service) of San Antonio. Both received funding from the State of Texas in addition to SHM funding. Data for El Paso and San Antonio are pooled together as one program for the participation and impact analyses.
Host type	Family Service is a community-based human services organization that has operated programs in the San Antonio community since 1903. The oldest human service agency in San Antonio, Family Service is dedicated to helping children, seniors, and families in need. The agency offers services in English and Spanish to residents in 11 counties.
Population served	More than 90 percent of couples in Texas were Hispanic, with a high percentage born outside the United States. Couples had higher-than-average employment rates yet lower-than-average earnings. On average, couples in Texas had been married 9 years, compared with 6 years across program locations.
Languages used	San Antonio offered services in English and Spanish.
Program location	SHM services were located at Family Service's "Neighborhood Place," a former elementary school housing multiple nonprofit and government service agencies. SHM services were colocated with other services, and staff occupied space dedicated to SHM for offices and workshops, sharing a large auditorium for supplemental activities and a child care facility. For the first six months of the evaluation period, staff had offices at different Family Service locations in San Antonio, and staff traveled among them. Over time, SHM was consolidated in one location in an effort to simplify service delivery and scheduling.
Recruitment sources and trends	San Antonio achieved its initial enrollment target of 400 couples and did not experience overall difficulty in recruiting participants for the SHM program. Main recruitment sources were other SHM couples, Head Start, community events, and local churches. To market the program, staff relied primarily on direct outreach to couples.
Staffing	Staff turnover was high in the early evaluation period. Most staffing changes occurred at the supervisor level, and there was some turnover among family support coordinators. Staff had mixed age ranges, educational backgrounds, and work experience. Some were recent graduates with various bachelor's degrees, while others had prior work experience in case management and social service settings. Some staff had been hired from other programs within Family Service.
Curriculum used	Texas used the Within Our Reach (WOR) curriculum.
Summary of participation outcomes	A total of 92 percent of enrolled couples in Texas attended at least one SHM activity, and couples completed an average of 29 hours of SHM services within 12 months, slightly higher than the average of 27 hours. Couples attended supplemental activities in greater proportions and for more hours than in most other programs. (continued)

Relationship and marriage education workshops	Workshops were offered during weeknights in 2-hour sessions, with the full cycle lasting 15 weeks. Similar to other SHM programs, San Antonio hired contracted employees to facilitate workshops, and facilitators were almost always a male-female pair and often a husband-wife pair.
Family support services	Initially, San Antonio planned to conduct family support visits only in couples' homes but changed this strategy when logistics proved time-consuming, and the program began offering services on-site. A very small percentage of visits were still conducted at couples' homes over the course of the evaluation period. Family support staff conducted makeup workshop sessions during office visits with couples.
Supplemental activities	Supplemental activities in both Texas locations were loosely tied to the curriculum and were created and developed by program staff. Activities were offered three to four times per month and were split between social activities and educational sessions. San Antonio ran a well-attended supplemental activity series called "Nine Great Dates," based on a curriculum by David and Claudia Arp (1997). These sessions included a 30-minute lesson followed by a date out in the community. Initially, the family support coordinators in San Antonio organized supplemental activities, but, in August 2008, responsibility shifted to the workshop/supplemental activity coordinator.
Referrals to outside services	The Texas locations had the lowest percentage of couples referred to services outside SHM, with 30 percent of couples receiving a referral. Common referrals were to public assistance, marriage and relationship services, and adult mental or physical health services.
Program supports and incentives	Ninety-one percent of couples in Texas received participation supports or incentives. The average amount received was second to lowest of all SHM programs, with couples receiving an average of $395. • *Transportation:* Couples received transportation assistance in the form of gas cards, bus passes, or taxi rides for attending workshops, supplemental activities, and family support meetings. Midway through the program, San Antonio increased the amount that couples could receive for gas, due to rising prices, and offered up to $20 for workshops and $10 for supplemental activities and family support meetings. • *Child care:* Couples were offered on-site child care assistance while attending workshops, supplemental activities, and family support meetings. The on-site center offered activities and programming for young children as well as teenagers. • *Incentives:* San Antonio offered incentives for attending all three SHM program components. In addition to being eligible for raffled gift items, couples attending workshops received a sticker worth $10, redeemable for cash once all workshops were completed. Couples were eligible for gift cards and raffled gift items for attending supplemental activities, and gift cards and other items were offered for family support meetings. • *Emergency assistance*: Forty-two percent of couples in Texas received emergency assistance, with an average payment of $160.

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Earlier Publications on the Supporting Healthy Marriage Evaluation

The Supporting Healthy Marriage Evaluation: Early Impacts on Low-Income Families.
2012. JoAnn Hsueh, Desiree Principe Alderson, Erika Lundquist, Charles Michalopoulos, Daniel Gubits, David Fein, and Virginia Knox. OPRE Report 2012-11. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation.

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