

The Community Healthy Marriage Initiative Evaluation

Impacts of a Community Approach to Strengthening Families

November 2012
OPRE Report 2012-34A

Final Report



THE COMMUNITY HEALTHY MARRIAGE INITIATIVE EVALUATION

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FINAL REPORT

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Submitted to:

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The Authors

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EXECUTIVE SUMMARY

Children thrive in all types of families, but children growing up living with married, biological parents experience higher living standards, higher levels of education, and higher future incomes, on average (Lerman, 2002; Thomas & Sawhill, 2001; Lichter, Graefe, & Brown, 2001). Additionally, research suggests that outcomes are also better when adults and children live in low-conflict families.¹ These connections are a major reason why policy makers view improving the stability of couple relationships and increasing healthy marriage as a worthwhile public objective. One tool to achieve this objective is expanding access to relationship and marriage education. If this tool were to improve the quality and stability of family relationships, the benefits for adults, children, and the broader public would be substantial (Lerman, 2005). To determine how well relationship and marriage education actually affect couples, the Administration for Children and Families (ACF) sponsored several demonstration projects and large-scale evaluations. This report presents estimates of the impacts of one of these demonstrations—the Community Healthy Marriage Initiative (CHMI).

The purpose of CHMI was to examine the impacts of a community-wide effort aimed at improving relationship skills and increasing healthy marriage. ACF awarded grants to a number of organizations to conduct large-scale, community-wide projects that “use various methods to support healthy marriages community-wide” (Community Healthy Marriage [CHM] Grants to Implement Multiple Allowable Activities: Level 3; Healthy Marriage Demonstration Grants. Funding Opportunity Announcement 2006). The projects were to implement simultaneously five or more of the eight allowable activities specified in the authorizing legislation,² reach a broad audience, involve stakeholders from diverse community sectors (e.g., government, schools, faith-based organizations, businesses, health care providers), and offer services to reach as many interested participants as possible. The programs were to work in partnership with many other organizations in their

¹ Beach (2001); Schultz, Cowan, and Cowan (2006); Neff and Karney (2004); Whisman (2001); Grych (2002); Cummings and Davies (2002).

² Deficit Reduction Act of 2005; Section 7103:

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

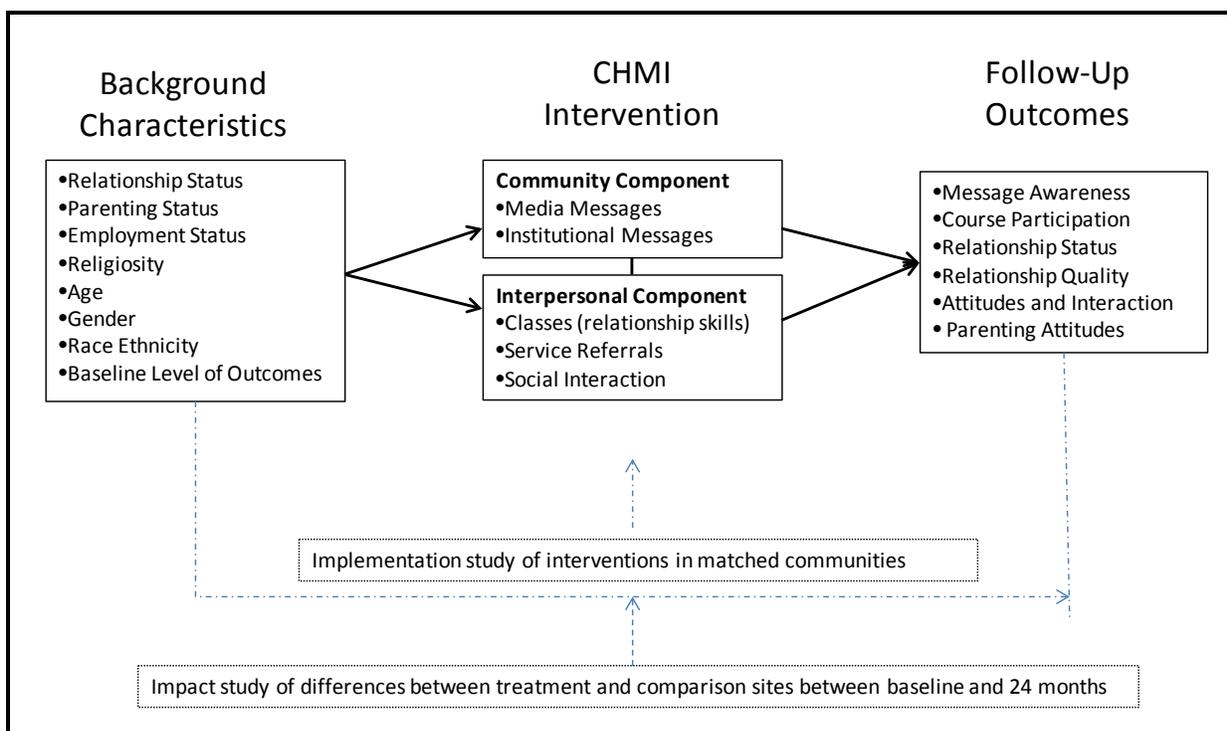
local community to achieve wide access to and participation in relationship skills and marriage education services. By reaching a critical mass within the community, the projects could influence not only participants in services but also others in the community who did not participate. Impacts on the community could result from the participation of large numbers of individuals in marriage and relationship education workshops, participants discussing or sharing with nonparticipants what they learned or new perspectives gained, and community-level media and advertising about healthy relationships and marriage.

The organizations awarded grant funds in 2006—including those in this study—had no models of large-scale marriage/relationship education service delivery for low-income populations on which to build and guide their decisions. They were learning on the job and making adjustments and modifications to their approaches as they gained experience. This evaluation is learning from and about “first-generation” programs to contribute to the information base for future generations of programs.

ACF contracted with RTI International and Urban Institute to conduct a nonexperimental evaluation involving CHM grantees in three cities (Dallas, Texas; St. Louis, Missouri; and Milwaukee, Wisconsin). Grantees in these cities implemented large-scale projects targeted to specific low-income communities; the projects incorporated at least five activities, reached a broad audience, and involved a diverse set of partners from varied sectors. To determine the net impacts of federal grant funding, the evaluation examined changes in family life outcomes, in demonstration communities, and in three matched comparison communities (low-income communities in Fort Worth, Texas; Kansas City, Missouri; and Cleveland, Ohio). The primary data for the analysis consisted of before and after surveys of a representative sample of 18- to 49-year-olds residing in the three demonstration and three comparison communities. Undertaken in 2007 and 2009, the surveys covered attitudes about marriage and family life, household and marital status, quality of couple relationships, income and earnings, and measures of child well-being. The sample used for the primary impact analysis consists of 2,985 respondents interviewed in both 2007 and 2009. In addition to estimating quantitative impacts of the demonstration, the evaluation team also documented the implementation of services in the demonstration communities and the services available in the comparison communities.

Figure ES.1 presents the conceptual model for the CHMI evaluation. The model distinguishes both individual- and community-level interventions in the study communities. Interpersonal interventions, for example, focus on changing the behavior of individuals through relationship education classes; in contrast, the goal of community-level interventions is changing the local environment through such mechanisms as media messaging or social influence of peers, family members, and others in the community that have participated in classes or other CHM-sponsored activities.

Figure ES.1. CHMI Evaluation Conceptual Model



Although each of the CHM grantees chose its own approach with respect to partnerships, mix of services, and target groups, the evaluation used a common framework to measure outcomes, including relationship status, relationship quality, relationship and marital stability, and parenting. Because such outcomes may take time to change significantly, the evaluation also examined the effect of grant activities on more proximal factors—such as attitudes about relationships, marriage, and parenting—that are likely to influence the targeted outcomes.

Each of the demonstration communities experienced substantially more funding for relationship and marriage education and related activities than did the comparison communities, although comparison communities also had some ongoing relationship and marriage education programming. Between 2006 and 2010, grantees in the demonstration communities reported that they had served just over 77,000 individuals for at least 6 hours but generally no more than 8 hours. The modest intensity of services is reflected in a low cost per participant. High school students participating in school-based classes made up from 25 percent of the total served in Milwaukee to about 40 percent in Dallas. Table ES.1 presents the number of participants, the number of households within the targeted low-income communities to provide a sense of how many of the relevant households the grantees touched, the federal funding for healthy marriage in each city, and the funding per participant.

Table ES.1. Number of Participants in Relationship Services in CHMI Evaluation Demonstration Communities, by Grantee: September 2006 through September 2011

Type of Activity	Dallas		St. Louis		Milwaukee
	Alliance for North Texas Healthy Effective Marriages	Friendship West Baptist Church	St. Louis Healthy Marriage Coalition	Better Family Life	Center for Self-Sufficiency
Participants ^a	18,366	14,618	10,388	22,269	11,379
Households ^b	68,450		73,345		46,049
Funding ^c	\$7.5M		\$11M		\$5M
Funding/Participant ^d	\$227		\$337		\$439

Sources: (a) Participant numbers from Final Grantee Reports provided by ACF Office of Family Assistance. (b) Authors' tabulations of 2000 Census data. (c) Provided by ACF Office of Family Assistance. (d) Authors' calculations based on Office of Family Assistance (OFA) data for grantee funding and grantee participants.

ES.1 Evaluation Strategy and Limitations

To assess the impacts of CHM grants in the selected locations, this study compares changes between 2007 and 2009 in various domains of family life in the selected three demonstration communities with changes in matched comparison communities. If the demonstration and comparison communities are well-matched and experience similar trends other than those linked to the CHM grants, then changes in comparison communities provide a counterfactual, an estimate of changes that would have taken place in demonstration communities had they not received large CHM grants. From this perspective and given the expectation that CHM grant activities substantially increase participation in relationship skills and marriage education, one can plausibly attribute differential improvements in family life in demonstration communities relative to comparison communities to the presence of CHM services. On the other hand, results showing that changes in family domains are similar in demonstration and comparison communities would indicate that CHM activities did not exert significant community-level impacts.

A sound interpretation of the findings requires taking account of several developments related to the demonstrations and evaluation. The first issue concerns the way the services evolved geographically and by target group. Initially, sponsors designated selected geographic areas as the primary targets for providing services. The evaluation made use of these plans by focusing data collection on the non-institutionalized adult population (ages 18 to 49) living in target area zip codes and in matched zip codes in comparison

communities. However, the programs within the demonstration communities evolved over time to reach well beyond these target groups in ways the surveys could not accommodate.

Grantees in demonstration communities expanded their service areas to reach an increasing share of participants coming from outside of their original target service areas. Over time, grantees increased the amount of resources focused on youths in high school and allocated considerable resources to incarcerated individuals. Ultimately, about 40 percent of participants were under 18. The evaluation sample did not include residents of other communities, youth, or institutionalized populations. In addition, the evaluation did not include grant-funded activity that continued until September 2011, after the last survey data were collected in March 2010.

Because these changes happened after baseline data was collected, the data collection effort could not be sensibly altered to incorporate groups outside the initial community sample frame, given the longitudinal nature of the study design. That is, the survey plans could not be substantially altered without both reframing the research questions substantially to focus on high school students and incarcerated populations, changing the geographic focus of the analysis, and losing the advantages of the longitudinal nature of the data. Although we considered a change in data collection strategy to include institutionalized participants in particular, the decision was made to retain the community focus of the evaluation. Moreover, the possible impacts of program activity taking place between March 2010 and the end of the grants (September 2011 or later) are not reflected in the evaluation findings. Thus, the measured impacts do not fully reflect the grant activities and services provided in the demonstration communities.

Another issue related to the evaluation plan is how well-matched demonstration and comparison communities remained. One potential shock external to the demonstration that might have affected outcomes is differential changes in the labor market. Although the 2007 to 2009 period involved extremely large increases in unemployment nationally, the percentage increases in unemployment were similar in demonstration and matched comparison groups.

One last consideration is relevant to the findings. Organizations in comparison communities—though they received relatively little or no federal CHM funds—generally offered services or programs that provided some residents with access to relationship skills and marriage education programs or counseling.

ES.2 Impact Analysis Results

This report presents the estimates of impacts of three CHM grants on a set of primary outcomes that were chosen in a design phase prior to any analysis. Analyzing a large number of outcomes increases the likelihood of finding apparently statistically significant

impacts by chance. To limit this problem, the evaluation specified a limited number of outcomes of primary interest before data analysis began. The primary outcome domains include participation and interest in services, relationship status and quality, parenting, child well-being, awareness of services and messages, opinions and attitudes, and peer interactions. A summary of findings is presented in Table ES.2.

Table ES.2. Summary of Findings

	Overall	Dallas	St. Louis	Milwaukee
Relationship Status				
Are you currently in a relationship?	0	0	0	0
Married	0	0	0	0
Marriage/Relationship Education Course Participation/Interest				
Participated in courses in last 18 months	0	0	0	0
How many sessions did you attend?	0	0	0	0
As a result of participating did you get other help?	0	0	0	0
If classes were available to you, how interested would you be?	0	0	0	0
If parenting classes were available, how interested would you be?	0	0	0	+
Have you suggested these classes to anyone you know?	0	0	0	0
Did you talk to a peer about the message of this advertising?	0	0	0	0
Relationship Quality Measures				
Quality of marriage index score	0	0	0	0
Quality of marriage global satisfaction rating	0	0	0	0
Positive conflict behavior index score	0	0	-	0
Negative conflict index score	0	0	0	0
Intimate partner violence				
Have you ever been hit, kicked, punched, hurt	0	0	0	0
Have you ever hit your partner	0	0	0	0
Always feel safe in the relationship	0	0	0	- -
Fidelity				
Spouse/partner is faithful to respondent	0	0	0	0
Respondent is faithful to partner	0	0	0	0

(continued)

Table ES.2. Summary of Significant Impacts (continued)

	Overall	Dallas	St. Louis	Milwaukee
Parenting Measures				
Parenting stress index score	0	0	0	0
Positive child behavior	+	0	0	0
Lack of negative child behavior	0	0	0	0
Messaging				
Aware of any advertising for healthy relationships in your community?	0	0	0	0
Aware of places in community offering classes improve relationships?	0	+	0	0
Marriage Opinions, Attitudes, Interaction Measures				
Marriage opinions index score	-	0	-	0
Marriage practices index score	0	0	0	0
Marriage Attitudes				
A healthy, happy marriage is one of the most important things	0	0	0	0
Children do better if raised by married parents	0	0	0	0
Interactions				
Did you talk with anyone about your relationship in last 6 months?	0	0	0	0
Think about the person you spoke with. Did he/she attend a class?	0	+	0	0
Sample Size Combined	2,985	953	958	1,074
Sample Size Treatment	1,592	518	472	602

0 = No statistically significant effect.

-, - = Significant negative effect ($p < 0.05$; $p < 0.01$).

+, ++ = Significant positive effect ($p < 0.05$; $p < 0.01$).

Results indicate that about 24 months after implementation of program services, the primary outcomes showed no pattern of significant differences, whether examined overall or separately within each of the three matched-community pairs.

It is especially striking that adult residents of demonstration communities did not experience more of an increase in participation in services or in messaging awareness relative to adults in the comparison communities. Without increases in participation and awareness rates, it is not surprising that no meaningful improvements in the other outcome measures materialized in demonstration communities.

ES.3 Reports by Participants in Demonstration Communities

In addition to analyzing changes between demonstration and comparison communities based on a community sample, the evaluation included a survey of a sample of about 750 *participants* from programs operating in demonstration communities. The sample, drawn from participant lists, was representative of those served in Year 3 of grantee activities. Although the participant sample does not yield causal estimates of the impacts of the demonstration programs, reports by participants reveal their perceptions of the healthy relationship and education services.

The vast majority (over 80 percent) of participants reported that the classes improved their relationship with their spouse or partner, often a great deal (42 percent) and that the improvement to their relationship was ongoing (77 percent). In addition, 80 percent of class participants reported that their relationships with their children improved and 74 percent reported that the classes led to improvements in their relationships with others. The most common improvement took place in communication skills; other benefits were reported in conflict resolution, anger management, and relationship expectations. Finally, nearly all participants (97 percent) reported that they would recommend the classes to others.

ES.4 Discussion

The findings from the CHM evaluation are relevant to policy questions about how to achieve the goal of increasing the well-being of children through strategies intended to increase the stability and quality of parental relationships. In addition, the CHM provides a “placed-based” perspective as well—how to effect change at the community level. One question concerns the ability of community organizations to mobilize to reach large segments of their communities, and to have the capacity to deliver classes and other activities to a diverse population. The CHMI evaluation findings suggest that community organizations can develop and implement large-scale programs, often with the help of partner organizations who co-sponsor activities and reach out to their clients.

A second question is whether community-wide programs of services, extensive media messaging, and other related activities can generate effects that go beyond the individuals participating in relationship and marriage education. Community-level impacts could arise because increasing access to services increases participation, because substantial participation in classes generates effects on peers and family members, or because the combination of extensive services and media messages alters community norms.

Evaluating community initiatives is challenging, and while the CHM grantees and evaluation avoided many of the common pitfalls typical of community-based evaluations, there was no detected difference in participation between demonstration and comparison communities. As a result, the expanded federal funding for demonstration communities did not lead to

significant measured gains on outcomes expected to be affected by the grant activities relative to comparison communities.

It is difficult to distinguish between a lack of impact due to program implementation, and a lack of detectable impacts due to measurement concerns. Although grantees did report delivering classes to over 77,000 people within the demonstration communities, many of the classes were generally 8 hours long. The measurement of community-level impacts 24 months later, from a community sample that included not only the people to whom the intervention was most relevant, suggest that there were both implementation and measurement-related reasons for the lack of impact findings. Further analyses is planned that will focus on small area analyses in areas where participation and awareness did increase, to understand the impacts of the intervention on those to whom it appears most relevant.

As noted above, similar to reports from participants in other studies of relationship and marriage education, responses from those in the participant survey indicate a positive assessment of their experience in the programs. Participants reported that they found the educational sessions beneficial as well as enjoyable. Nonetheless, the finding of no net impacts suggests that a positive experience is not sufficient to produce impacts on key relationship outcomes. Given the substantial benefits that research suggests accrue to children raised by both their parents in high quality and stable relationships, we believe that continued efforts to develop a body of knowledge about effective program models and strategies that bridge the gap between knowledge and behavior change seem warranted.

1. INTRODUCTION

Family structure strongly influences child well-being, according to a large body of research (Harknett, 2009; Fomby & Cherlin, 2007; Carlson & Furstenberg, 2007; Heiland & Liu, 2005; Brown, 2004; McLanahan & Sandefur 1994; McLanahan, 2004). Relative to children in other types of families, children growing up living with both parents in low conflict families experience higher living standards, higher levels of education, and higher future incomes, on average (Shultz, Cowan and Cowan, 2006, Lerman, 2002; Thomas & Sawhill, 2001, Lichter, Graefe, & Brown, 2001). Children raised in married-couple families are far less likely to live in poverty than in families with unmarried parents. In 2009, 38 percent of female-headed households with children were counted as poor, almost five times the 8 percent poverty rate among married-couple households (DeNavas, 2009). Even among poor and near-poor families with children, married couples are better able to avoid material hardship than families headed by unmarried parents (Lerman, 2001; Thomas & Sawhill, 2001; Brooks-Gunn, 1997; Lichter, Graefe, & Brown, 2001).

In addition, research has shown that the absence and disengagement of fathers from the family can pose developmental risks for children (e.g., Cowan, Cowan, Cohen, Pruett, & Pruett, 2008), in part because fathers can be an important source of economic, social, and emotional support for their children (Carlson & Magnuson, 2011). Compared with children from two-parent homes, children in single-parent homes (mostly single mothers) do worse in school, are twice as likely to drop out of high school, and are less likely to attend college (Hawkins, 2004). Children from single-parent homes are also more than twice as likely to have serious behavioral, emotional, psychological, or social problems (Parke, 2003). Adolescents who did not live with one of their parents at some point in childhood are twice as likely to have a child before age 20, and 1.5 times as likely to be idle (meaning out of school and out of work) in their late teens and early 20s than children living with both parents (McLanahan & Sandefur, 1994).

Recognizing these phenomena, policy makers built family-related goals and provisions into welfare legislation. In 1996, when enacting the Personal Responsibility and Work Opportunity Reconciliation Act, Congress funded abstinence education and made teen pregnancy prevention initiatives an allowable use of Temporary Assistance for Needy Families Block Grant funds, strengthened paternity establishment procedures, bolstered child support enforcement, allowed states to provide welfare benefits for two-parent families subject to a set of work requirements, and expanded funding for child care. Beginning in 2002, the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services began to fund grants for demonstration projects to increase access to voluntary relationship and marriage education services. From these services, individuals and couples could gain the skills and knowledge shown by research to be associated with

healthy relationships and marriage. Empirical evidence indicated that relationship and marriage education could strengthen the relationships of engaged or married couples, yielding improved relationship quality and stability (Carroll & Doherty, 2003; Reardon-Anderson et al., 2005), but this research was primarily with white middle-income couples. The agency also established a research agenda to address this domain and funded evaluations of healthy marriage and relationship programs. As part of the Deficit Reduction Act (DRA) of 2005, Congress authorized designated funding, \$150 million per year for 5 years, to support healthy marriage activities³ (e.g., premarital education, marriage and relationship skills programs, marriage mentoring programs, divorce reduction programs, high school education on the value of marriage, and public advertising campaigns on the value of marriage and the skills needed to increase marital stability and health), and to support responsible fatherhood activities related to parenting, healthy marriage, and economic stability. In 2006, the ACF Office of Family Assistance (OFA) solicited proposals and selected 226 grantees to implement the DRA healthy marriage and responsible fatherhood activities. Within the set of grants awarded, ACF awarded grants to a number of organizations to conduct large-scale, community-wide projects that “use various methods to support healthy marriages community-wide” (Community Healthy Marriage [CHM] Grants to Implement Multiple Allowable Activities. Funding Opportunity Announcement 2006). The projects were to implement five or more of the eight allowable activities⁴ simultaneously, reach a broad audience, involve stakeholders from diverse community sectors (e.g., government, schools, faith-based organizations, businesses, health care providers), and offer services that reach as many interested participants as possible. The programs were to work in partnership with many other organizations in their local community to achieve wide access to and participation in relationship skills and marriage education services. By reaching a critical mass within the community, the projects would seek to influence not only participants in services but also others in the community who did not participate. Impacts on the community could result from the participation of large numbers of individuals in marriage and relationship education workshops, participants discussing or sharing with

³ Additional funding was reauthorized in 2010 as part of the Claims Resolution Act.

⁴ The allowable activities from the Deficit Reduction Act of 2005; Section 7103 were the following:

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

nonparticipants what they learned or new perspectives gained, and community-level media and advertising about healthy relationships and marriage.

In addition to providing grants to local organizations, ACF embarked on an evaluation effort to examine how well marriage education and relationship skills services work for low-income populations. ACF funded three multiyear, multisite evaluations. Two of the evaluations—Building Strong Families (BSF) and Supporting Healthy Marriage (SHM)—focus on the impacts of access to specific models of marriage education and relationship skills training on couples who apply for the services. ACF funded a third study, the Community Healthy Marriage Initiative (CHMI) evaluation, to examine the effects of selected grantees within the Community Healthy Marriage priority area described above. It was hypothesized that a concentration of services in a designated community could generate community-wide impacts on marital and relationship stability and quality and on community attitudes and norms concerning the value of marital and relationship stability. The impacts might arise if large numbers of individuals participated in direct services or were influenced by public advertising/media campaigns and if participants set a new tone in the community that affected peers, family members, and others. That is, grant activity could affect even people in the community who did not participate in services. Grantees taking on this challenge had no models of large-scale relationship education activities from which to build, and were therefore “first generation” programs.

ACF contracted with RTI International and Urban Institute to conduct the evaluation of selected CHM grants by examining the activities that took place in three demonstration communities where grantees received enough funding to test the effectiveness of a concentration of services at the community level. The three demonstration communities were Dallas, Texas; St. Louis, Missouri; and Milwaukee, Wisconsin. (In Dallas and St. Louis, two ACF grantees had overlapping service areas in each demonstration community.) To determine the net impacts of grant funding, the evaluation compared changes over time within the demonstration communities with changes over time within matched comparison communities that were not awarded large federal healthy marriage grants. The matched comparison communities were Fort Worth, Texas; Kansas City, Missouri; and Cleveland, Ohio.

In each demonstration community, the grantees proposed to reach multiple target groups (e.g., engaged or married couples, unwed parents, individuals) with marriage and relationship education classes or workshops and sponsor community events and public awareness/media efforts that address the benefits of healthy marriage and relationships and marriage education. These multiple pathways through which the interventions could affect different constituencies add complexity to the evaluation effort. Within the evaluation literature, finding community-level impacts is challenging, and the CHMI evaluation faced the same challenges.

The CHMI evaluation differed from the other ACF evaluations, BSF and SHM. CHMI evaluated a “bottom-up” strategy with varied program models developed by grantees and their community partners. In contrast, the BSF and SHM evaluations tested a specific program model, developed by the respective research teams, implemented by organizations that demonstrated capacity to operate the model. The BSF and SHM evaluations used the random assignment of individual couples to treatment and control groups. The CHMI evaluation did not focus on individual-level effectiveness; rather, it focused on community-level impacts. The evaluation used nonexperimental methods, specifically matching demonstration communities to comparison communities, to examine impacts. It was designed to test whether the presence of grant-funded marriage-related activities in a demonstration community increased participation in marriage and relationship education classes, improved relationship stability and quality among community members, and fostered community level attitudes and norms that are more supportive of healthy marriage, beyond what was taking place in comparison communities.

This report describes grantee activity in the communities and presents the results of the impact analysis. Section 2 describes the evaluation design, followed by a description of services and their implementation in Section 3. Section 4 describes the characteristics of the demonstration and matched comparison communities and of community respondents. Section 5 reports the impact findings for each pair of communities and on subgroups of community members. Section 6 describes the experiences and perceptions of a sample of marriage and relationship education participants. Finally, the report concludes with a discussion of the findings.

2. EVALUATION DESIGN

The CHMI evaluation included two components: an implementation analysis and an impact analysis. Although this report focuses on impacts, understanding the nature of the intervention is important. The implementation analyses gathered information on the interventions implemented in the three demonstration communities as well as information about similar services in the comparison communities. The implementation analysis consisted of the following components with demonstration community grantees: 1) regular monitoring phone calls with key program staff; 2) review of grantee reports; and 3) three site visits over the course of the 5-year grants, which included interviews with key staff, partners, and local evaluators using an interview guide and mapping of grantee provider locations to document changes in service delivery over time. Among the topics covered in the implementation analysis were the formation, building, and dynamics of local coalitions; the design and goals of the local initiative; the mix of interventions and how they were delivered; the outreach and coverage of marriage-related activities; the composition and flow of participants into service programs; the public information campaigns; and the sustainability of the activities. In comparison communities, a similar approach was taken, using the nearest funded grantees as key informants. In all cases, the local grantees were aware of the marriage-related activity in our comparison communities, although they were not providing services in the specific areas. We conducted telephone interviews with the nearest grantees annually, contacted other organizations at their suggestion, and conducted site visits to the comparison communities to understand the activity that was ongoing in comparison communities. Although there were many common elements among the interventions, each initiative used its own strategy in its efforts to reach their stated goals.

The underlying goal of the impact evaluation was to determine whether the influx of designated funding for relationship and marriage education changed the demonstration communities compared with the “counterfactual”—that is, what would have taken place without such funding. Because the counterfactual could not be observed in the same communities, the evaluation relied on measuring the same set of outcomes in well-matched comparison communities as indicative of the changes that would have occurred in demonstration communities absent the grant funding.

The primary method used to estimate community impacts was to compare the changes in relationship and family domains between community residents in demonstration and matched comparison communities over a 24-month period. To measure these relationship and family outcomes, the evaluation collected longitudinal survey data in 2007 and 2009 of representative samples of adults, ages 18-49, in each demonstration and matched comparison community. The relevant communities in demonstration communities were ZIP codes that the grantees designated as their primary services areas. The comparison communities were ZIP codes in comparison cities that best matched the ZIP codes in

demonstration sites. Each sample was selected using probability sampling to allow for inferences to the eligible population residing in the treatment and matched comparison communities. For round one of the data collection process, the sample was a stratified simple random sample of addresses. From the address that had at least one eligible person, a single person was selected. Within the relevant zip codes, we stratified by access to CHM providers, age category, and race/ethnicity (in Dallas and Fort Worth only). These variables were expected to be correlated to outcome variables of interest, including rates of marriage formation and dissolution, attitudes toward marriage, proportion of adults with healthy marriages, and financial well-being. We adjusted the respondent weights to account for non-respondents in order to minimize the potential nonresponse bias. Finally, we post-stratified the respondent data to match control totals for the cross-classification of community, race, gender, and age category. (See technical supplement report for more details.)

For round two of the data collection process, we started with respondents from round one and supplemented the sample with CHM participants. The supplemental sample was randomly sampled from participant lists provided by grantees.

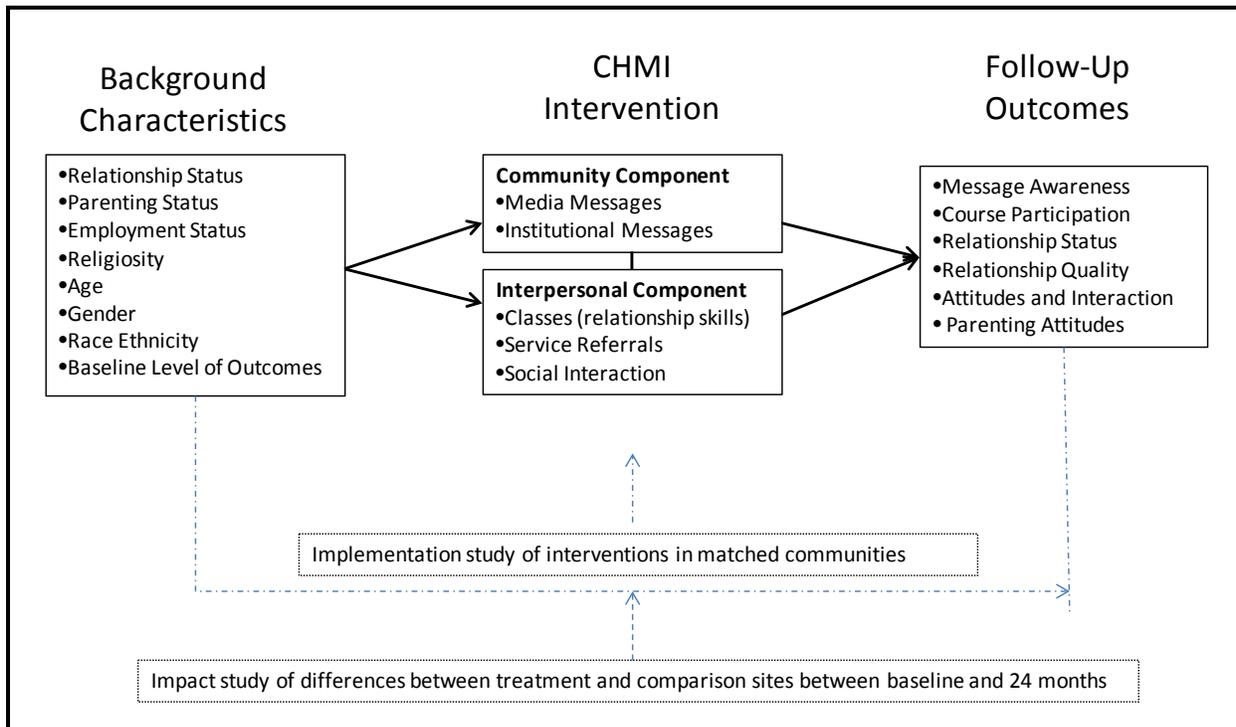
The first step in estimating the impacts of the CHM grant activity involves tabulated differences between demonstration and comparison communities in the changes that took place in a range of relationship, attitudinal, and family variables. Linked to these difference-in-difference tabulations are tests of statistical significance of the differences. Second, using a multiple regression framework, we estimated changes in outcomes as a function of living in a demonstration community (instead of a comparison community) and each person's baseline characteristics. Unlike many impact evaluations that estimate the impact of programs only on enrollees, the CHMI evaluation focused on the impacts on community members as a whole. The primary questions for the impact evaluation were whether the interventions improved community-level outcomes related to family life such as the following:

1. relationship status
2. relationship quality
3. attitudes/expectations regarding marriage and out-of-wedlock childbearing and rearing
4. relationship-related interactions and communications
5. parental involvement and
6. child well-being

2.1 Conceptual Model for Evaluation

Figure 2.1 presents the conceptual model for the CHMI evaluation. The model shows how the implementation analysis documents both individual- and community-level interventions in the evaluation communities. Interpersonal or direct interventions, for example, focus on changing the behavior of individuals through relationship education classes; whereas community-level interventions focus on changing factors in the local environment through such mechanisms as media messaging that may influence or reinforce individual change.

Figure 2.1. CHMI Evaluation Conceptual Model



Although each of the grantees chose its own approach with respect to collaboration, mix of services, and target groups, the evaluation used a common framework to measure changes across outcomes, including improvements in couple relationships, marital status, marital and relationship stability, and parenting. Because these targeted outcomes may take time to change significantly, the evaluation also examined the effect of interventions on more proximal factors—such as attitudes about relationships, marriage, and parenting—that may influence the targeted outcomes.

2.2 Selection of Demonstration and Comparison Communities

Three demonstration communities were selected from among 36 ACF grantees funded under the “community healthy marriage” priority areas for an in-depth evaluation. The primary selection criterion was the potential for the local grantee or grantees to operate at a scale

large enough and concentrated enough to potentially influence marital, family, and attitudinal outcomes at the community level. Specifically, demonstration communities were selected using the following criteria:

- minimum award of \$900,000 per year for 5 years
- concentration of resources within a small geographic area
- plans to serve a significant share of households in the community
- prior collaborative experience of the partnership, especially with marriage education
- demonstrated community need in terms of marriage and poverty statistics
- existence of an appropriate matched comparison community

The three demonstration communities were areas within Dallas, Texas; St. Louis, Missouri; and Milwaukee, Wisconsin. Grantees were expected to receive \$5 to \$11 million in federal funding over 5 years; the Dallas and St. Louis demonstration communities each had two grantees. The population of each of the three areas is between 100,000 and 200,000. As noted above, grantees in each community proposed to concentrate services in 5 to 10 ZIP codes. To determine the counterfactual, three comparison communities that closely matched the demonstration communities on a range of characteristics but received no or limited federal funding to support healthy relationship and marriage-related services were identified.

The objective in choosing comparison communities was to represent, as closely as possible, what would have happened in demonstration communities in the absence of the special funding and supported activities. The process of selecting matched comparison communities involved three steps:

1. identifying a set of matching communities (contiguous ZIP codes) within the same state (if possible) with comparability based on census data and geography,
2. exploring the existence of other marriage grantees or organizations delivering marriage education in the comparison area, and
3. verifying with key informants in the demonstration and comparison communities that the matched comparison was valid.

The matched community pairs are shown in Table 2.1.

If the healthy marriage grant-supported interventions had an impact on the demonstration community, then we would expect to observe larger, more positive changes in marriage and

family life outcomes in the three demonstration communities than in the comparison communities.

Table 2.1. Cities With Matched Community Pairs for the CHMI Evaluation

Demonstration	Comparison
Dallas, TX	Fort Worth, TX
St. Louis, MO	Kansas City, MO
Milwaukee, WI	Cleveland, OH

2.3 Impact Evaluation Community Sample

Because the impact evaluation focused on how communities changed in response to the activities supported by the federal healthy marriage grants, the evaluation required data on a representative sample of community members who were in the age range most likely to be affected by the intervention (individuals aged 18 to 49). The sample was limited to the age ranges most likely to be involved in beginning new relationships, childbearing, or having an adult child involved in that life stage. This age range also captures adults who may be looking to marriage and relationship skill development to improve on their earlier relationship experiences. As a community-based initiative, the goal was not to serve only one population group, but rather to offer classes relevant to various audiences.

The baseline sample for the evaluation was an area-based sample, developed using address lists from the U.S. Postal Service of all households located within the specified ZIP codes for each of the six communities. As noted above, the ZIP codes defined “service areas,” or the areas where grantees proposed to focus service delivery and matched areas in the comparison communities. The CHM sample was selected to represent the eligible population in demonstration and comparison communities. The first round sample was a stratified simple random sample of addresses. From the address that had at least one eligible person, a single person was selected. After data collection, we reexamined the match between the respondent data and census distributions for race, gender, and age category. As noted above, for round two of the data collection process, we started with respondents from round one and supplemented the sample with CHM participants. More detail on sampling and weighting procedures is available in the technical supplement.

Undertaken in 2007 and 2009, the surveys covered a range of outcomes, including attitudes about marriage and family life, household and marital status, quality of couple relationships, income and earnings, and measures of child well-being. The sample used for the primary impact analysis consisted of 2,985 respondents interviewed in both 2007 and 2009.

3. PROGRAM IMPLEMENTATION

Understanding the intervention in demonstration communities requires learning in depth about implementation efforts of the five healthy marriage grantees in the three demonstration communities. The implementation analysis examined how Federal funding translated into a wide mix of messaging, marriage education services, and relationship skills services. Grantees developed and implemented their own plans, consistent with the allowable activities and approach that OFA had approved at the grant application stage. The set of allowable activities included the following:

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

Although grantees chose various approaches to partnerships, curricula, service delivery, and media messaging, they shared some common elements. All initially included a focus on community-based classes over multiple weeks, and all initially intended to deliver 12 to 15 hours of programming. Pressures to meet their ambitious participation targets led to a shift in focus over time, and shorter workshops in institutional settings became more common.

3.1 The Grantees

The Dallas community included two healthy marriage grantees that proposed to serve a five ZIP-code area. The Alliance for North Texas Healthy Effective Marriages (ANTHEM) was awarded approximately \$5 million over 5 years for its program Strong Families Dallas. It also received substantial state funding as a part of Twogether in Texas, a state relationship education initiative. Strong Families Dallas emphasized community outreach with its team of

specialists that recruited partners to host workshops or events and provide marriage/relationship education facilitator trainees. The other grantee in Dallas was Friendship West Baptist Church, which had a congregation of over 10,000, primarily African American. The church received approximately \$500,000 per year for 5 years and focused on a smaller area within the same five ZIP codes. Friendship West emphasized services for youth from the beginning, but the youth focus became almost all of its activity as its programming evolved.

In St. Louis, the two grantees were Better Family Life and the St. Louis Healthy Marriage Coalition. Each received approximately \$5 million for healthy marriage activities over 5 years. They proposed to focus on overlapping service areas in eight ZIP codes within predominantly low-income areas of St. Louis. Better Family Life emphasized direct service provision and added healthy relationship education to their existing Job Club services. The St. Louis Healthy Marriage Coalition, a small, relatively new organization, established a network of subcontractor partners to deliver healthy marriage and relationship education services, built a broader coalition involving local organizations focused on maternal and child health to support their ongoing activity, and used a community awareness campaign to generate name recognition for the coalition and to generate demand for the healthy marriage and relationship education classes.

In Milwaukee, the Center for Self-Sufficiency was the only grantee. It partnered with schools, government agencies, community organizations, faith-based organizations, and the Milwaukee Marriage Partnership. The Center for Self-Sufficiency received about \$5 million over 5 years to operate in five ZIP codes. The Center took a centralized approach to service delivery using its own employees as coordinators for outreach, media, and service delivery and engaged a small number of partners in offering classes. One of its key partners was UMOS, a nonprofit group that delivered relationship education in Spanish.

Table 3.1 lists the types of activities by grantee and numbers of participants in each type of activity for the demonstration communities. As of September 2011, grantees reported that they had reached over 77,000 participants with some form of direct services. At a federal investment of \$23.5 million, the federal cost per participant was just over \$300.

3.2 Services Provided

Grantees differed in their emphasis on direct services (e.g., relationship and marriage education classes and retreats) versus indirect services (e.g., marketing and community outreach). To illustrate the differences between grantees over the grant period, spending on direct services ranged from 30 to 54 percent of grantee resources, spending on indirect services ranged from 4 to 33 percent, and spending on staff salaries and administrative expenses ranged from 14 to 46 percent.

Table 3.1. Number of Participants in Relationship Services in CHMI Evaluation Demonstration Communities, by Grantee: September 2006 through September 2011

Type of Activity	Dallas		St. Louis		Milwaukee
	Alliance for North Texas Healthy Effective Marriages	Friendship West Baptist Church	St. Louis Healthy Marriage Coalition	Better Family Life	Center for Self-Sufficiency
Education in high schools	4,789	8,570	5,105	6,573	2,913
Marriage education for unmarried expectant parents	2,219	252	428	3,031	251
Premarital education	7,796	1,866	1,674	4,477	6,045
Marriage enhancement	3,562	3,930	3,181	5,544	1,022
Divorce reduction	N/A	N/A	N/A	900	N/A
Marriage mentoring	N/A	N/A	N/A	1,744	1,148
Total	18,366	14,618	10,388	22,269	11,379
Total Funding	\$7.5M		\$11M		\$5M
Funding/Participant	\$227		\$337		\$439

Source: Final Grantee Reports from the ACF Office of Family Assistance, 2012.

3.2.1 Direct Services

All grantees in the three demonstration communities served both adults and youths. Workshops for adults included one-time, all-day relationship education classes, classes spanning several weeks, and weekend retreats. Over time, grantees often concentrated on settings where they could reach interested individuals/couples in existing groups, such as incarcerated men and women, TANF Job Club participants, high school-age youths, and congregants of faith-based organizations. For example, in Milwaukee, the Center for Self-Sufficiency served interested inmates at four medium-security prisons, and in St. Louis, Better Family Life provided services to a church with a membership of approximately 15,000 people and had access to large numbers of TANF recipients participating in their job readiness services.

The grantees used a variety of curricula, including Within My Reach and Within Our Reach, both adaptations of the PREP curriculum; Active Relationships; Franklin Covey's 8 Habits of Effective Families and Successful Marriages; Exploring Relationships and Marriage with Fragile Families; Married and Loving It; How Not to Marry a Jerk or Jerkette; and Adultos Activos for Spanish-speaking populations. Most programs focused on one or two of these

curricula, except the St. Louis Healthy Marriage Coalition. The Coalition's philosophy was to train facilitators in a number of curricula because each has its own strengths. Accordingly, the Coalition used Building Strong Families Missouri, Exploring Relationships and Marriage, Family Wellness, Facilitating Open Couple Communication, Understanding and Study (FOCCUS/REFOCCUS), Life Puzzles, Prepare/Enrich, and Sexual Integrity.

Grantees also provided healthy relationship education to youths in schools and a variety of other settings, including after-school programs, mentoring programs, Boys and Girls Clubs, and the 4-H. Strong Families Dallas also served youths involved in Drug Court. Friendship West Baptist Church's teen program enabled youths to develop and produce their own public service announcements (PSAs) that focused on relationship issues. The youth programs used a variety of curricula, including Keys to Healthy Relationships; Active Relationships for Young Adults; Relationship Smart Plus; Connections: Relationship Skills for Secondary Students; and WAIT. (Note: Youth under 18 were not included in the evaluation sample.)

3.2.2 Media and Outreach

The grantees employed a variety of techniques to market their services, including flyers and radio commercials to publicize classes and events, PSAs on the benefits of marriage, television spots, newspaper and magazine articles and advertisements, billboards, bus and bus station kiosk advertisements, and websites. In general, media and outreach were combined, that is, broader messaging about the benefits of marriage was directly related to the services that the organizations offered through a web link or telephone number. Attracting workshop participants was the immediate goal of the grantee messaging, but messages also promoted the importance of marriage and family relationships. Better Family Life used actual married couples in their advertisements, which they thought made their message more authentic and allowed the community to better identify with the messages. In addition, the organization did not shy away from explicitly promoting marriage, using the slogan "Healthy Marriage: The Cornerstone of Happiness." The Milwaukee grantee used the slogan "Marriage, Still Worth Considering." Other grantees focused more generally on relationship improvement (Figures 3.2.1 and 3.2.2). The St. Louis Healthy Marriage Coalition set up a "hope line," publicized using billboard advertisements and PSAs on local television, to refer callers to marriage education classes or mentoring. The hope line received more than 1,000 calls in its first year.

Figure 3.2.1. St. Louis Healthy Marriage Coalition Web-Based Advertising

Share Your Love Story
Our mission is to encourage healthy relationships. We invite you to share your love story – recent getaway, your honeymoon, how you met, an anniversary surprise or even your life together. We'd like to learn the secret to your own enduring marriage. Who knows, your story could end up being featured on our website.

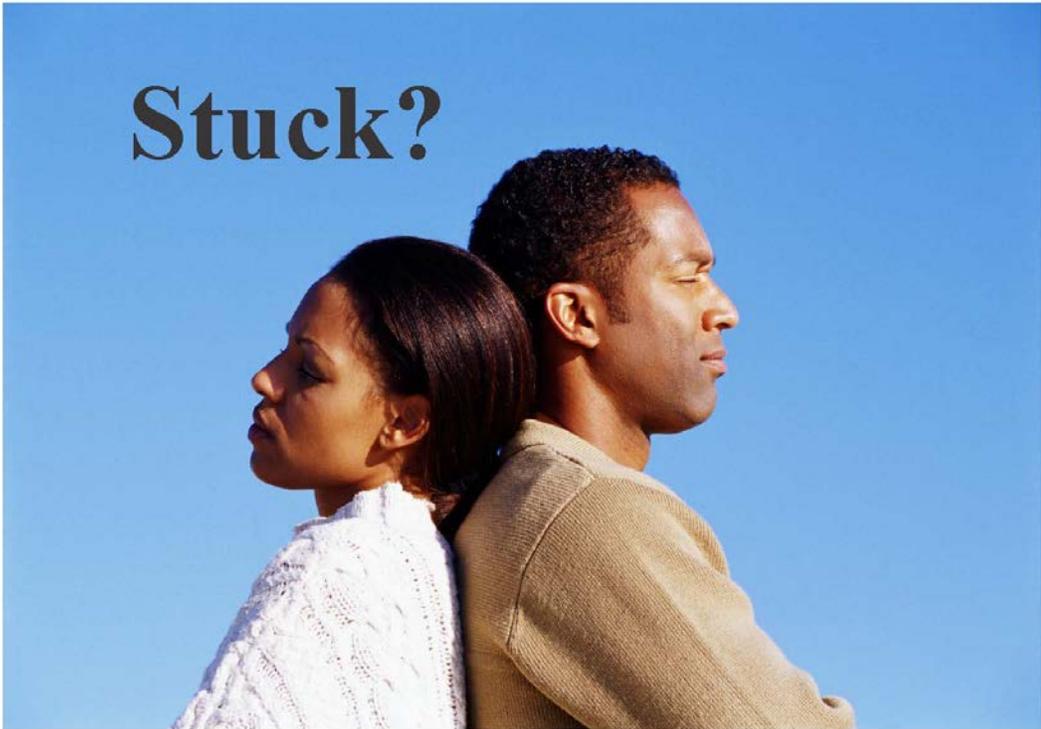
"Marriage is like being on a motorcycle...if two of you go around a curve, you both better be leaning to the same side. Sometimes when couples go through things they aren't leaning to the same side."

AENEAS WILLIAMS
Former Rams Player

"There are going to be three words you have to remember, catalog them, write them down, put them in your computer or wallet. Those three words are: Maybe you're right."

LOU BROCK
Former Cardinals Player

Figure 3.2.2. Example of Print Advertising from ANTHEM Dallas



Stuck?

**We Can Help You
Get Un-Stuck.**



www.anthemnorthtexas.org
214.231.7093

Grantees also participated in community events to make the public aware of their organizations and healthy relationship programming. For example, Strong Families Dallas participated in a bridal fair (16,000 women attended), the Viva Dallas festival (13,000 Hispanic individuals and families attended), Visions Women’s Expo (over 25,000 women attended), Rock the Block parties in Dallas (up to 500 community members), and events associated with Teen Dating Violence Awareness Week. Several grantees participated in Black Marriage Day in their communities, a celebration of African American marriages that inspired others to make the same commitment. These Black Marriage Day events typically involved guest speakers; testimonials by participants; a dinner; a commitment renewal; and workshops for couples, singles, and youths. Figures 3.2.3 and 3.2.4 illustrate the different audience-specific materials that grantees developed.

Figure 3.2.3. Example of Youth-Focused Event Advertising, ANTHEM, Dallas

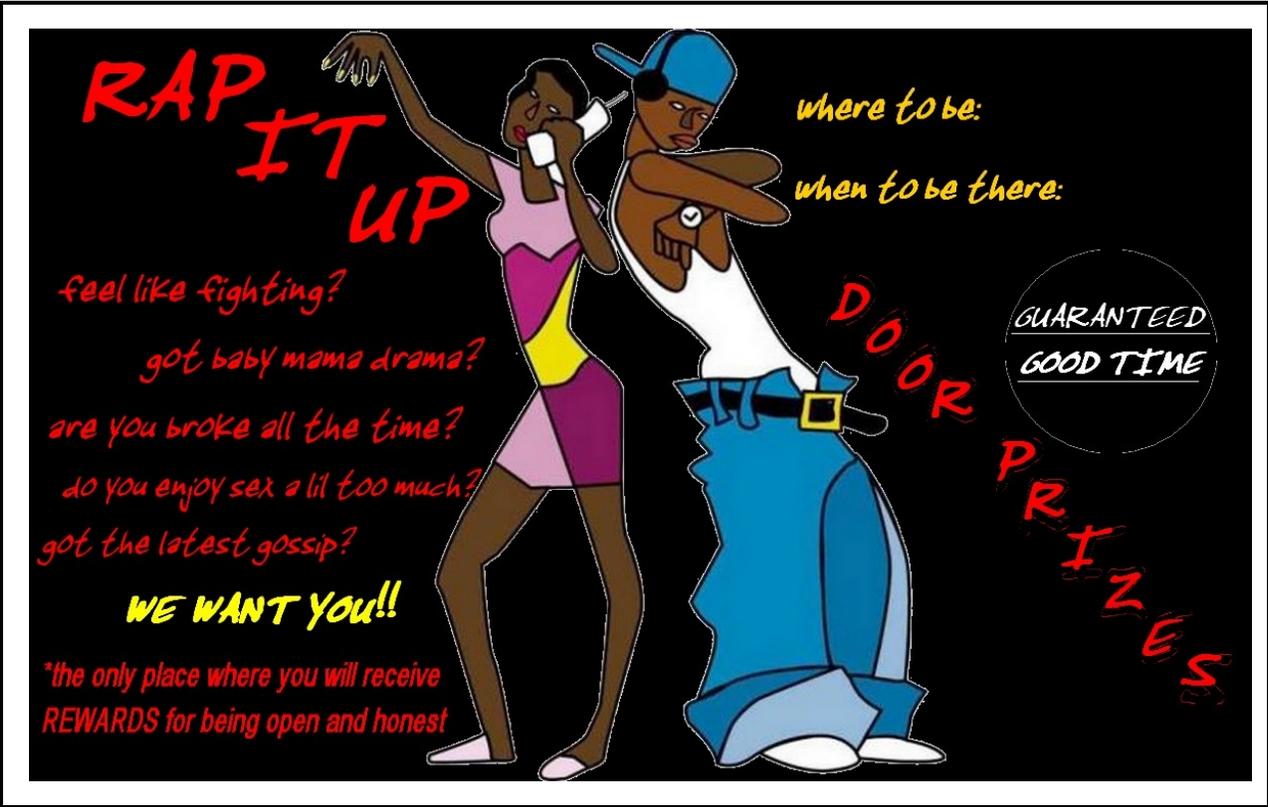


Figure 3.2.4. Center for Self Sufficiency Black Marriage Weekend Poster

Join us in celebrating, strengthening,
and promoting marriage in the Black community at

**MILWAUKEE'S 5TH ANNUAL
BLACK MARRIAGE WEEKEND
COMMUNITY EVENT**

MARCH 24-25, 2007

Family Day
(Free to the Public)
Saturday, March 24th
9:00 a.m. – 4:00 p.m.
Northside YMCA
1350 West North Avenue
Milwaukee, Wisconsin

- ▶ Take advantage of marriage workshops, panel discussions and performances
- ▶ Learn from the insights of Rev. LeHavre Buck, inspirational marriage educator

Couples Day Banquet
(\$15.00 per Couple)
Sunday, March 25th
5:30 p.m. – 7:30 p.m.
HeartLove Place
3229 North Dr. Martin Luther King, Jr. Drive
Milwaukee, Wisconsin

- ▶ Enjoy a night out for you and your spouse
- ▶ Treasure time together by sharing a nice meal, relaxing with other couples, and promoting marriage within our community

For more information about Black Marriage Weekend, or to purchase banquet tickets, contact:

Jeanette Stevens, Program Manager
Center for Self-Sufficiency, Inc.
(414) 332-0050

All are welcome! The Black Marriage Weekend Community Event is open to all regardless of marital status, race, and ethnicity.

MMP
Healthy
Marriage
Initiative

Sponsored by

YMCA
We build strong kids,
strong families, strong communities.

Funding for this project was provided by the United States Department of Health and Human Services, Administration for Children and Families, Grant: 90FE0013.

Another strategy that grantees used to publicize their programming was to reach out to other organizations in the community to gain access to their members. For example, in Milwaukee, the Center for Self-Sufficiency made over 50 presentations about its programs to schools, houses of worship, and community-based organizations. The Center for Self-Sufficiency also mailed materials to major area business to make them aware of the marriage education classes and give them an opportunity to host sessions for their employees. One partner in the St. Louis Healthy Marriage Coalition, Nurses for Newborns, promoted marriage and relationship education when nurses made home visits to their clients. Friendship West Baptist Church in Dallas distributed materials to schools, churches, and housing complexes.

3.3 Comparison Communities

The three comparison communities were chosen to match the demonstration communities on several dimensions—marriage rates, single-parent households, race, ethnicity, poverty, unemployment rate, and education levels. Matching was conducted at the census tract level, and then aggregated to zip code areas. (Additional information on the matching process and propensity scores can be found in the technical supplement report.) The exception was, of course, the demonstration communities' federally funded marriage and relationship education resources. Although the comparison communities did not have large amounts of federal healthy marriage grant funding at baseline, each delivered similar relationship education services that were funded through a mix of state, community-based, and faith-based efforts. The source and extent of healthy marriage programming in comparison communities are described below to provide a better sense of the counterfactual. In all three comparison communities, relationship and marriage education was available as well as some community-level commitment to marriage preparation. These comparison communities were, therefore, similar in their interest in marriage education and on other key dimensions, but they differed from the demonstration communities in the presence or level of federal grant funds for marriage education. Thus, they are an appropriate counterfactual.

In Fort Worth, the comparison community for Dallas, direct services and messaging were more extensive than expected when it was chosen as a comparison community. Most notably, in 2008, after it was selected as a comparison community, the Parenting Center of Fort Worth received nearly \$1 million from the Texas Health and Human Services Commission to be a regional intermediary for the Twogether in Texas Healthy Marriage Program. Under this program, education services were targeted to premarital couples in an 11-county region, and those who participated in the class received a waiver of the \$60 marriage license fee. The direct service component overlapped relatively little with the comparison community ZIP codes, but the indirect messaging was available in the comparison community. The marketing campaign involved disseminating information at

bridal fairs, county clerks' offices, volunteer provider locations, and referral partner locations, as well as television, radio, and newspaper spots. Although the level of funding was far less than the funding that the Dallas grantees received from OFA and the Texas state government, Fort Worth's level of healthy marriage programming is notable. The state funding to the Parenting Center of Fort Worth decreased after the first 18 months, whereas the OFA funding to Dallas continued through the 5-year period of performance. It is estimated that Fort Worth received \$1M relative to the Dallas treatment community's \$2.5M during the first year of state funding. The 18 months of state funding do overlap directly with the timing of the baseline and follow-up surveys, however.

In Kansas City, the comparison community for St. Louis, there was a small amount of federally funded relationship education but not directly within the matched ZIP codes that defined the comparison community. A community-based organization, Healthy Families Counseling and Support, provided healthy marriage and relationship services to expectant couples and parents of newborns. In the target ZIP codes that comprised the comparison communities, there was also ongoing marriage education through faith-based organizations. Some leaders of faith-based organizations in Kansas City also signed a Community Marriage Policy in 1996. Community Marriage Policy signatories publicly committed to marrying only couples who had completed some premarital education. The fact that Kansas City had a Community Marriage Policy in place demonstrates some community-level interest in marriage education. Although the extent of federally funded programming was far greater in St. Louis than in Kansas City, Kansas City operated marriage-related activities on a smaller scale. Even though it may seem that any marriage-related activity at all could compromise the comparison strategy, the evaluation was focused on the impact of the federal funding relative to the "treatment as usual" counterfactual.

As the comparison community for Milwaukee, Cleveland also had healthy relationship and marriage education providers targeting unmarried expectant couples, couples with newborns, and fathers. Cuyahoga County's Strong Start program (encompassing the city of Cleveland), which was designed to enhance couples' ability to work together as parenting partners to meet the developmental needs of their babies, was funded by OFA. The 12-week program included communication and conflict resolution skills, financial management training, and job placement assistance. It was learned over time that two of Strong Start's providers, although not located within the comparison community, did draw heavily from the target ZIP codes. Moreover, residents in the target ZIP codes may have been exposed to media messages from Strong Start's campaign, which involved radio and television advertising, brochures and billboards, and advertisements inside buses about the importance of a strong start for newborns and the availability of services to new parents. In addition, the Fathers and Families Together program in Cleveland reported offering a 4-hour healthy relationship workshop. Men living in the target ZIP codes, as well as those other areas within the city and surrounding suburbs were eligible to participate in this program. In

addition, in 1999, 73 clergy members in Cleveland signed a Community Marriage Policy, agreeing to marry couples only if they had participated in premarital counseling, indicating their commitment to marriage preparation. Again, although healthy marriage activity was present in Cleveland, the extent of federal funding in Milwaukee was far greater than the amount in the comparison community.

3.4 Implications for Impact Analysis

The CHMI evaluation conceptual model depends on the ability of grantees and service providers to deliver a concentration of services that can exert a community impact. The implementation analysis showed that federal funding generated a substantial amount of activity in the three demonstration communities. As noted earlier in this chapter, as of September 2010, the five grantees provided marriage-related or relationship skills services to over 77,000 people. In addition, the grantees mounted public media campaigns about the value of healthy marriage and healthy relationships. From this perspective, the scale of grantee-induced activity appears sufficient to test the impact of concentrated marriage-related services on community outcomes.

Although the implementation evaluation did find ongoing marriage education activity in each of the comparison communities, the scale of the activity was not as large as in the treatment communities. Because services exist in both the treatment and comparison communities, the impact analysis tests whether additional federal support has an impact above and beyond the usual services already present in a community.

Also, because of the evolution of grantee activities in directions that were not addressed by the data collection strategy for the impact evaluation, different groups of people were served in treatment communities than were part of the evaluation data collection. Specifically, the evaluation data collection focused on adults living the designated parts of the community, while the grantees' service delivery evolved to focus increasingly on people they could serve to meet their performance goals, including institutionalized populations like prisoners and students and higher income populations to whom facilitators would travel outside the originally proposed service area. Grantees also continued serving participants for an additional year after the final wave of data was collected. For these reasons, the measured impacts do not fully reflect the overall impact of federally funded marriage and relationship education services in these communities.

4. THE CHARACTERISTICS OF STUDY SAMPLES IN DEMONSTRATION AND COMPARISON COMMUNITIES AT BASELINE

This chapter presents the characteristics of the survey respondents as of late 2007 to early 2008, when the baseline surveys were completed. Although the full baseline includes 4,023 respondents, this chapter focuses on the 2,985 respondents who completed both baseline and 24-month follow-up surveys. This is the study sample for the impact analysis.

The baseline survey asked questions about demographics, such as respondents' age, race/ethnicity, education level, and employment status and income; family structure, such as living arrangements, relationship status, and quality; attitudes about marriage, relationships, childbearing and childrearing; and adult and child well-being. It also included questions about actual or likely participation in marriage and relationship education services or similar services and awareness of media information related to marriage generally or about available education services.

4.1 Demographic Characteristics

Table 4.1 presents key demographic characteristics of respondents for all demonstration and comparison communities combined as well as for each of the six low-income communities. Overall, 41 percent of the respondents lived in families with incomes below the federal poverty threshold for their family size. At the time of the baseline survey from late 2007 to early 2008, the unemployment rate of respondents was nearly 20 percent, four times the 5 percent national unemployment rate at that time.

Table 4.1. Respondent Characteristics Across Six Communities

Characteristic	Overall	Dallas	Fort Worth	St. Louis	Kansas City	Milwaukee	Cleveland
Average age (years)	32	32	33	32	32	32	31
Male (%)	46	51	47	43	44	41	44
Non-Hispanic Black (%)	56	27	42	74	65	78	80
Hispanic (%)	27	68	48	3	13	4	1
Non-Hispanic White (%)	13	4	9	20	20	16	16
Born outside the United States (%)	20	44	33	4	9	2	4
Unemployed (%)	19	15	14	17	20	22	28
Did not complete high school (%)	29	44	31	15	24	21	23
Receiving public assistance (M) (%)	47	41	43	42	47	57	62
Receiving public assistance (F) (%)	32	24	35	32	28	44	42

One third of the respondents did not have a high school diploma or a General Equivalency Diploma (GED). The racial/ethnic composition across the six communities was over 50 percent non-Hispanic Black and almost a third Hispanic.

As of 2007, the marriage rate among all 18- to 49-year olds in the United States was 45 percent. In contrast, only 27 percent of 18- to 49-year-olds with incomes under 200 percent of the federal poverty limit were married and living with their spouse (American Community Survey, 2007)⁵ compared with 29 percent of the same age group in the evaluation communities. Despite the low marriage rates in these communities, most adults reported that they were in some form of couple relationship. In addition to the 29 percent who were married, about a third were cohabiting, partnered, or currently dating. Single persons not in a couple relationship represented just over one third of adults in these communities. Among single persons not in a couple relationship, about 80 percent had never been married.

In these communities, about one third of males and two thirds of females lived with a child of their own, either biological or adopted. Among adults living with children⁶ the vast majority (about 76 percent) were in some form of couple relationship (with 46 percent married). In contrast, among adults not living with children, only about half were in a relationship (52 percent, with 14 percent married).

Gender differences in relationship status were small among respondents not living with children, but they were substantial among respondents living with children. Nearly all of the males living with children were in relationships, with 92 percent either married, cohabiting, partnered, or dating, compared with 67 percent of females. Over one third of females living with children were not in any couple relationship. That is, they were single, widowed, divorced, or separated. In sum, women living with children were much less likely to be married (34 percent) than men living with children (69 percent).

4.2 Participation in Classes and Exposure to Messaging

Prior to the federal grant funding, healthy relationship programming was taking place in both the demonstration and comparison communities. At baseline, 6 percent of respondents in demonstration communities and 5 percent in comparison communities reported participating in a relationship skills class within the past 18 months.

Exposure to healthy relationship messaging varied considerably among the three matched pairs; however, within the matched pairs, baseline survey respondents reported similar levels of exposure. The Dallas/Fort Worth pair had experienced the lowest levels of

⁵ Tabulations by authors, based on the American Community Survey, 2007.

⁶ Results for survey respondents with children living outside the household (i.e., nonresident parents) are beyond the scope of this discussion and were, therefore, excluded. Results are, however, included in the technical supplement.

messaging at 16 and 15 percent, respectively. The St. Louis/Kansas City pair had the largest differential at baseline: 29 percent of respondents in St. Louis and 25 percent in Kansas City reported awareness of healthy relationship messaging. Milwaukee and Cleveland had the highest level of exposure to messaging, with 31 percent of respondents in both communities reporting some level of awareness.

4.3 Relationship Status and Quality

Marriage rates varied greatly across the six communities, but paired communities were very similar. At baseline, respondents in the Dallas/Fort Worth pair reported the highest marriage rates (44 and 37 percent, respectively). In the St. Louis/Kansas City pair, the marriage rate among respondents was 25 percent in both communities. Milwaukee respondents reported the lowest marriage rate (14 percent), while the rate in the matched comparison community, Cleveland, was a similar 15 percent. The total proportion of respondents who reported being in a relationship (including marriage) also varied by community. About 60 percent of respondents in Milwaukee, Cleveland, St. Louis, and Kansas City reported being in a relationship of 6 months or more in duration. However, for one pair, the gap in reported relationships was wide; about 71 percent of respondents in Dallas but only 56 percent in Fort Worth reported being in relationships of this duration.⁷

Respondents were asked about a range of topics related to their relationships, including the quality of relationships, relationship happiness, and suspicion of infidelity, as well as concerns about emotional and physical safety. Most respondents reported that their current relationships were strong and healthy. Based on a 10-point scale (with 10 being the highest and 1 being the lowest), the overall average rating for relationship happiness across all six communities was 8. The highest relationship happiness ratings, as based on the happiness measure, were reported among married individuals, followed by individuals dating seriously, and then by cohabiting individuals. Interestingly, married individuals in the Dallas/Fort Worth pair, where marriage rates were the highest, also had the highest average score on the happiness measure. Despite this overall high rating for relationship happiness, about 24 percent of respondents across all six communities reported that their partner had definitely or probably been unfaithful at some point in the past. This group had the lowest ratings on relationship happiness. The likelihood of infidelity was much lower among married couples (about 14 percent) than among other couples (32 percent).

⁷ Because this difference is on an observable and measured characteristic, differences in the percentage of respondents in relationships could be controlled for in the analysis.

4.4 Relationship Attitudes and Interactions

At the time of the baseline survey, nearly all respondents in the six evaluation communities had very favorable attitudes toward marriage; however, their views on marriage in relation to childrearing were more nuanced. In each community, over 90 percent strongly agreed or agreed that a healthy marriage is one of the most important things in life. Despite these favorable attitudes toward marriage, the marriage rates for 18- to 49-year-olds in these communities were substantially lower than for the nation as a whole.

With regard to attitudes and beliefs about marriage and childrearing, respondents showed considerable variation. While overall, 62 percent strongly agreed or agreed that children do better if raised in a married-couple family, nearly 60 percent approved of nonmarital births, although few strongly approved. Less than half of the respondents agreed with the statement that “[u]nmarried parents are not as likely as married parents to stay together.”

More than 90 percent of respondents strongly agreed that a healthy marriage is one of the most important things in life.

However, only 62 percent agreed that children do better if raised in a married-couple family.

There were notable differences between communities on some attitudinal measures. In general, the higher the marriage rates were in a community, the more favorable marriage attitudes were. For example, the statement that children do better in married-parent households received the most agreement in Dallas (73 percent) and Fort Worth (66 percent), which were the communities with the highest marriage rates—44 and 37 percent, respectively. There was more disagreement with the statement in Milwaukee (47 percent disagree) and Cleveland (44 percent disagree), the two communities in the study with the lowest marriage rates at 14 and 15 percent, respectively. In contrast, approval of a couple raising children outside marriage was high overall, at nearly 80 percent in each of the six communities.

These attitudes may be shaped by respondents’ expectations. In five of the six communities (excluding St. Louis), half or more of the respondents said they would be somewhat or very likely to bear children outside marriage. An even higher percentage said they would be somewhat or very likely to raise their children without being married (over 75 percent in those five communities, once again excluding St. Louis). Interestingly, these attitudes varied little by gender, despite the fact that males living with children were more likely to be married than females living with children.

These initial data signal the complexity of issues affecting decisions about marriage, relationships, and childbearing and childrearing in these communities. These complexities likely have important implications for family-strengthening services and related activities in these communities, and they are important in understanding the evaluation findings.

To assess whether grant activities affect the extent to which people talk with others about personal relationships, respondents were asked questions at baseline about the extent to which they talk with others in their local community about their personal relationships and issues they might be experiencing. Additionally, they were asked about their perceptions of community norms and attitudes. About half of the respondents reported that they had talked with someone about their relationship within the past 6 months. Married, partnered, and single individuals were least likely to talk to others about relationships (52, 50, and 50 percent, respectively). Conversely, individuals who were partnered but not cohabiting or recently started dating were most likely to talk to others about relationships (61 percent and 60 percent, respectively). Males were much less likely than females to report conversing about relationships, but the males who reported talking about relationships reported having discussions with approximately the same number of people as females reported. Friends were the most common confidants (about 50 percent reported a friend as their closest confidant); the next most frequently named were mothers. Among the respondents who said they talk to someone generally about their relationship, only 60 percent said that they specifically share concerns about their relationships, and nearly half of those who talk about their relationships said the opinions of others affected their personal choices. Respondents were asked to project whether their confidant would approve or disapprove of certain choices and behaviors. Analysis of these results found that respondents' views on topics such as nonmarital childbearing were highly correlated with the views they expected of their confidants. Thus, respondents reported that the opinions of others can influence their choices, but also that these opinions are similar to their own.

Although a majority of respondents shared their concerns with a confidant, seeking counseling or speaking with a clergy person was much less common. Only 11 percent of respondents reported that they seek help from counselors and 27 percent talk to a clergy person frequently or sometimes.

Finally, the baseline survey asked questions to determine whether respondents' attitudes towards relationships and marriage are related to community attitudes and their perceptions of community norms. Over half (55 percent) of the respondents strongly agreed or agreed with the statement that people in their community marry before having children. However, respondents did not believe their community had good examples of happy marriages, with nearly two out of three respondents strongly agreeing or agreeing that their community had few happy marriages. When asked about the presence of male role models in the community, 44 percent strongly agreed or agreed with the statement that males in the community are not good role models or mentors.

4.5 Parenting and Child Well-Being

On parenting measures, parents reported fairly high levels of parental involvement and moderate levels of parental stress. Very few parents (less than 4 percent) reported dissatisfaction with their relationships with their children. Baseline levels of parental stress ranged from 2.5 to 2.7 out of 4, with a 4 indicating no parental stress. On average, respondents reported at baseline that their children exhibited between three and four of the possible five measures of positive school behavior. For older children (aged 14 or older), about 20 percent of respondents reported that their child had exhibited at least one negative behavior. These measures were similar for the three pairs of communities.

Nearly two thirds of respondents indicated that there are few happy marriages in their community.

4.6 Assessing the Demonstration–Comparison Match at Baseline

Overall, the baseline survey revealed a considerable degree of similarity between matched community pairs, along with some wide differences in demographic and economic characteristics among each of the three different community pairs. As noted above, the marriage rate ranged from 14 to 44 percent across all six communities. Although characteristics of some demonstration communities differed from their matched comparison communities, for most variables the similarities between community pairs are what is most apparent. Moreover, some baseline measures need not be identical at baseline, because the analytical focus is on differences in how communities change over time. Further, because we can control for differences in baseline characteristics, the impact analysis plan retained its integrity even with modest differences in initial values of certain measures.

5. PROGRAM IMPACTS

The impact analysis examines whether the changes in relationship and family domains differed between demonstration communities and their matched comparison communities.

Rich data on many outcomes related to family life were collected in our baseline and follow-up data surveys. To reduce the chance that the large number of comparisons would result in significant findings just by chance, prior to conducting any impact analyses, we selected a limited number of primary measures related to the key objectives of the demonstrations. Findings for all measures are included in the technical supplement to this report. Eight primary impacts of CHM grant services were identified in our analytic plan: 1) participation in marriage and relationship education, 2) exposure to messaging, 3) relationship status, 4) quality, 5) relationship attitudes, 6) interaction, 7) parenting/co-parenting, and 8) child well-being.

Each of these primary impacts corresponds to a number of measures. To assess whether CHM services had an impact on these primary outcomes, we compared the outcomes reported by research sample members in demonstration communities with those reported by respondents in matched comparison communities, controlling for baseline values. In this chapter, we define the expected direction of impacts from the intervention, present the specific measures associated with each type of impact, and present the estimated impacts. Tables present baseline and follow-up means for the demonstration and comparison communities, the unadjusted differences, and the differences adjusted for community characteristics to ensure that impacts are not being driven by compositional differences between the demonstration and comparison communities. The adjusted impacts control for age, sex, race, ethnicity, marital status, parenting status, educational attainment, employment status, and religiosity. Effect sizes are also presented to standardize the impacts and allow them to be more easily compared between studies (Cohen, 1988). An effect size is the difference between mean treatment (demonstration) group and comparison group scores divided by the standard deviation of the outcome measure. An effect size of 0.20 is typically considered to be a “small” effect, while an effect size of 0.50 represents an effect of “medium” magnitude.

The data for the analysis are the survey responses of sample members who completed both the baseline and follow-up surveys. This study sample is made up of 2,985 individual respondents, or 74 percent of the 4,023 individuals in the baseline survey. The data were weighted to represent the communities from which they were drawn in both the baseline and follow-up periods. In addition, we tested to determine whether individuals who completed the follow-up survey were systematically different from those who completed the baseline survey. We found no evidence of systematic differences in observable variables between the respondents to the baseline sample of 4,023 and the 2,985 respondents to the

follow-up survey. It is still possible that there were unobservable differences between these samples, however.

5.1 Participation in Classes and Exposure to Messaging in Demonstration and Comparison Communities

5.1.1 Class Participation

The centerpiece of the Community Healthy Marriage grantee services was their programs of marriage and relationship education. The goal of all demonstration grantees was to attain high levels of enrollment and participation in these classes. Based on the responses about participation on the surveys, over the 2 years between the baseline and follow-up surveys, the number of participants in relationship and marriage education classes reached about 5 to 6 percent of both demonstration and community samples. However, notwithstanding the higher recruitment effort that would be associated with higher funding levels in demonstration communities, the increases in participation were as high in comparison communities as in the demonstration communities (Table 5.1.1). In the baseline surveys, in a period before significant grant activity was underway, about 6 percent of respondents in demonstration communities and 5 percent in matched comparison communities reported participating in a relationship skills class over the prior 18 months. Two years later, after the grant programs were operating extensively in Dallas, St. Louis, and Milwaukee, reported participation had increased to between 8 and 9 percent. However, at the same time, respondents in comparison communities reported similar increases. In only one community pair (Milwaukee vs. Cleveland) did participation rise more in the demonstration community than in the comparison community. But in none of the three pairs did participation in relationship and marriage education classes rise significantly more in the demonstration communities than in matched comparison communities.

Participation

- Participated in a Class in the Last 18 Months. Respondents indicated whether they attended a relationship education course in the previous 18 months.
- Receipt of Other Services. Respondents indicated whether they received other help as a result of enrollment in relationship education courses, including help getting Medicaid or health services, signing up for Supplemental Security Income, finding a job, solving a financial problem, buying a house, and finding additional services or counseling, among other help.
- Relationship Class Interest. Respondents were asked how interested they would be in attending relationship education classes if they were available. This item was scored on a 1-to-4 scale, with 1 indicating “not at all interested” and 4 indicating “very interested.” In the analysis, “not all interested” was combined with “not very interested,” and “somewhat interested” was combined with “very interested” to create a binary measure, 0 for “not at all/very interested” and 1 for “somewhat/very interested.”

- **Parenting Class Interest.** Respondents were asked how interested they would be in attending parenting classes if they were available. This item was scored on a 1-to-4 scale, with 1 indicating not at all interested and 4 indicating very interested. In the analysis “not all interested” was combined with “not very interested,” and “somewhat interested” was combined with “very interested” to create a binary measure, 0 for “not at all/very interested” and 1 for “somewhat/very interested.”
- **Suggested Classes to Someone.** Respondents indicated via a simple yes/no binary measure if they had suggested (in the last 18 months) to someone they knew to attend relationship education classes or get help to improve their relationship with their spouse, partner, or children.

Table 5.1.1. Community Means and Adjusted Estimated Impacts on Participation and Interest Measures

	Demonstration Community		Comparison Community		Estimated Impact	Adjusted Impact^a	Adjusted Effect Size
	Base-line Mean	Follow-Up Mean	Base-line Mean	Follow-Up Mean			
<u>Dallas/Fort Worth</u>							
Participated in courses in last 18 months (%)	5	9	5	9	0	-1	-0.03
Received other help as a result of participation (%)	2	4	3	4	1	-1	-0.07
Interested in relationship education classes if available (%)	84	85	87	84	4	1	-0.03
Interested in parenting classes if available (%)	96	96	94	97	-3	1	-0.15
Suggested classes to someone (%)	30	38	29	42	-5	-7	-0.16
<u>St. Louis/Kansas City</u>							
Participated in courses in last 18 months (%)	9	9	6	11	-5	-1	-0.01
Received other help as a result of participation (%)	2	6	3	4	3	3	0.14
Interested in relationship education classes if available (%)	78	74	74	75	-5	1	0.06
Interested in parenting classes if available (%)	89	89	94	95	-1	1	-0.13
Suggested classes to someone (%)	34	30	40	40	-4	-8	-0.16
<u>Milwaukee/Cleveland</u>							
Participated in courses in last 18 months (%)	4	8	3	6	1	2	0.08
Received other help as a result of participation (%)	2	3	2	3	0	0	0.00

(continued)

Table 5.1.1. Community Means and Adjusted Estimated Impacts on Participation and Interest Measures (continued)

	Demonstration Community		Comparison Community		Estimated Impact	Adjusted Impact ^a	Adjusted Effect Size
	Base-line Mean	Follow-Up Mean	Base-line Mean	Follow-Up Mean			
Interested in relationship education classes if available (%)	79	73	77	77	-6	1	-0.13
Interested in parenting classes if available (%)	95	94	92	91	0	1*	0.35
Suggested classes to someone (%)	31	34	34	31	6	1	0.03

^a Estimated impacts came from logistic regressions in which the outcome measure was the dependent variable and demonstration community was one of the independent variables.

Source: Tabulations and regressions from the longitudinal file with baseline and follow-up data.

*/** Statistically significant at the .05/.01 level.

The results were similar for other participation variables. For example, the percentage of respondents reporting that they received other help did not increase significantly in the demonstration communities relative to the comparison communities. Similarly, there were no patterns of significant differences in the measures of 1) interest in relationship education, 2) interest in parenting classes, or 3) suggesting that others take relationship classes with one exception. In the Milwaukee/Cleveland pair, there was a significant increase in interest in parenting classes in the demonstration community relative to the comparison community.

5.1.2 Community Messaging

A major component of all grantee activities was public messaging on the value of marriage and skills to increase marital stability as specified in the authorizing legislation and, at the same time, to increase the visibility of grantee services for recruitment purposes. Three variables were used to assess the impact of messaging in the community. Two related to public awareness campaigns and advertising for classes and were based on the following two questions: "Are you aware of any advertising promoting healthy relationships in your community?" and "Are you aware of locations in your community where healthy relationship education classes were available." A third survey item was used to determine whether the messaging had an impact on community interactions, using a question that asked whether respondents had spoken with others about the messaging. Awareness of messaging on healthy relationships increased in Dallas, where exposure went from 16 to 31 percent; however, this change was not significantly different from the change in Fort Worth. The only significant difference on these measures was on the measure of awareness of class locations in the Dallas/Fort Worth pair. There was a significantly greater increase in awareness in

Dallas than in Fort Worth. No statistically significant differences emerged for these variables for the other community pairs.

- Exposure to Messaging
- Awareness of Advertising. This was a single item asking all respondents if they were aware of advertising in their community promoting healthy relationships.
 - Awareness of Class Locations. This was a single item asking all respondents if they were aware of locations in their community where healthy relationship education classes were available.
 - Spoke to Peer about Messaging. This was a single item measure asking respondents if they had spoken with “someone, such as a friend, family member, or someone at work, about the message of this advertising.”

Table 5.1.2. Community Means and Estimated Impacts on Community Messaging

	Demonstration Community		Comparison Community		Estimated Impact	Adjusted Impact ^a	Adjusted Effect Size
	Base-line Mean	Follow-Up Mean	Base-line Mean	Follow-Up Mean			
<u>Dallas/Fort Worth</u>							
Aware of advertising promoting healthy relationships? (%)	16	31	15	24	6	4	0.10
Aware of classes to improve relationships? (%)	33	40	25	28	4	10*	0.04
Spoke to peer about this messaging (%)	9	11	7	7	2	1	0.03
<u>St. Louis/Kansas City</u>							
Aware of advertising promoting healthy relationships? (%)	29	37	25	31	2	4	0.10
Aware of classes to improve relationships? (%)	34	42	27	37	-2	6	0.13
Spoke to peer about this messaging (%)	12	12	9	12	-3	1	0.04
<u>Milwaukee/Cleveland</u>							
Aware of advertising promoting healthy relationships? (%)	31	35	31	37	-2	-1	-0.03
Aware of classes to improve relationships? (%)	33	33	32	32	0	1	0.02
Spoke to peer about this messaging (%)	10	10	13	11	2	-1	-0.03

^a Adjusted impacts came from logistic regressions in which the outcome measure was the dependent variable and demonstration community was one of the independent variables.

Source: Tabulations and regressions from the longitudinal file with baseline and follow-up data.

*/** Statistically significant at the .05/.01 level.

5.2 Relationship Status and Quality

Two common goals of the CHM interventions were to improve relationship stability and relationship quality. Increased access to marriage and relationship education was the main mechanism for achieving these goals. However, within each of the three community pairs, there were no significant differences in the changes in the percentage of respondents who said they were married or in a relationship (Table 5.2.1).

Table 5.2.1. Community Means and Estimated Impacts on Relationship Status

	Demonstration Community		Comparison Community		Estimated Impact	Adjusted Impact ^a	Adjusted Effect Size
	Base-line Mean	Follow-Up Mean	Base-line Mean	Follow-Up Mean			
<u>Dallas/Fort Worth</u>							
Are you currently in a relationship (%)	71	70	56	63	-8	-4	-0.07
Married (%)	44	50	37	40	3	-8	-0.17
<u>St. Louis/Kansas City</u>							
Are you currently in a relationship (%)	62	60	57	59	-4	-1	0.00
Married (%)	25	25	25	26	-1	-2	-0.01
<u>Milwaukee/Cleveland</u>							
Are you currently in a relationship (%)	60	59	61	64	-4	-5	-0.10
Married (%)	14	16	15	17	0	-4	-0.08

^a Adjusted impacts came from logistic regressions in which the outcome measure was the dependent variable and demonstration community was one of the independent variables.

Source: Tabulations and regressions from the longitudinal file with baseline and follow-up data.

*/** Statistically significant at the .05/.01 level.

Similarly, demonstration communities showed no statistically significant differential gains in reported relationship quality relative to comparison communities (see Table 5.2.2).

Relationship quality measures included quality of marriage index (an index that includes people who are married, cohabiting, or in a close romantic relationship), overall (global) happiness, positive conflict behavior index, avoidance of negative conflict behavior index, fidelity, and intimate partner violence. In none of these measures did living in a demonstration community result in higher gains compared with living in a matched comparison community. (On two measures, there was a significant difference but the difference was in the negative direction, not a gain for those in the demonstration communities.)

Relationship Quality

- **Quality of Marriage Index.** This index is a compilation of five items measuring the strength of the relationship among people who are married, cohabiting, or in a close romantic relationship. Items ranged from 1 to 5, “strongly disagree” to “strongly agree,” and measured agreement with the following statements. My relationship is (1) strong, (2) stable, (3) makes me happy, (4) I feel like part of a team, and (5) we have a good relationship. Responses were averaged across these five items to create the index score. An increase between survey rounds indicated that the relationship was stronger.
- **Global Happiness.** Respondents answered a single question rating their overall relationship happiness on a 1-to-10 scale, ranging from “not at all happy” to “perfectly happy.”
- **Positive Conflict Behavior Index.** This index is a combination of five individual items, scored 1 to 4, ranging from “strongly disagree” to “strongly agree.” Items included the following: “Partner understands what respondent is going through,” “Couple can keep a sense of humor when arguing,” “Partner can calm respondent when upset,” “Partner can let go of negative feelings,” and “Partner makes sacrifices for relationship.” Responses to these items were then averaged to create the index score. An increase between survey rounds indicated that couples were able to handle conflict more positively.
- **Avoidance of Negative Conflict Behavior Index.** Five items measuring the couples’ ability to avoid negative conflict in the relationship were used to create this index. Ranging from 1 to 4, “strongly disagree” to “strongly agree,” respondents were asked to respond to whether the following negative actions characterized their relationship: “Fights involve grabbing or pushing,” “Partner blames respondent for problems,” “Partner controls access to money,” “Partner is jealous and possessive,” and “Partner makes respondent feel inadequate.” A higher score indicated that couples were better at avoiding the negative behaviors listed above. Responses from each of the five measures were averaged to create the index score. An increase between survey rounds indicated that couples were able to more successfully avoid negative behaviors.
- **Fidelity.** Two items were used to measure fidelity. Respondents were asked if they had been unfaithful to their partner in the past, as well as the likelihood that their partner had been unfaithful to them. The first item was a simple binary yes/no measure, indicating whether they had been unfaithful to their partner. The second was a range from “definitely yes” to “definitely no” about whether they thought their partner had been unfaithful to them. For the analysis, a new yes/no binary outcome measure was created by combining “definitely yes” and “probably yes” together, and “definitely no” and “probably no” together.
- **Intimate Partner Violence.** Intimate partner violence was measured using four separate items asking the respondent about violent incidents in their relationship:
 - How often have you been hit, kicked, punch, or hurt? A 1-to-4 scale ranging from “often” to “never.” For this analysis, we created a binary measure, indicating whether they had ever been hit.
 - How often have you hit your partner? A 1-to-4 scale ranging from “often” to “never.” For this analysis, we created a binary measure, indicating whether they had ever hit their partner.
 - How often do you feel safe in the relationship? A 1-to-4 scale ranging from “all of the time” to “never.” For this analysis, we created a binary measure whether they felt safe “all of the time.”

Table 5.2.2. Community Means and Estimated Impacts on Relationship Quality Measures

	Demonstration Community		Comparison Community		Estimated Impact	Adjusted Impact ^a	Adjusted Effect Size
	Base-line Mean	Follow-Up Mean	Base-line Mean	Follow-Up Mean			
<u>Dallas/Fort Worth</u>							
Relationship Quality Measures							
Quality of marriage index score (1–5)	4.35	4.24	4.26	4.32	-0.17	-0.11	-0.13
Quality of marriage index global happiness rating (1–10)	8.49	8.22	7.93	8.27	-0.61	-0.35	-0.17
Positive Conflict Behavior							
Positive conflict index score (1–4)	3.25	3.16	3.21	3.25	-0.13	-0.04	-0.05
Negative Conflict Avoidance							
Negative conflict avoidance index score (1–4)	3.41	3.43	3.40	3.45	-0.03	-0.06	-0.11
Intimate Partner Violence							
Have you ever been hit, kicked, punched, hurt (%)	11	11	12	15	-3	0	0.01
Have you ever hit your partner (%)	10	14	10	13	1	0	0.07
Always feel safe in the relationship (%)	75	71	72	76	-8	-7	-0.14
Fidelity							
Spouse/partner is faithful to respondent (%)	81	77	74	72	-2	1	0.02
Respondent is faithful to partner (%)	86	83	82	83	-4	1	0.00
<u>St. Louis/Kansas City</u>							
Relationship Quality Measures							
Quality of marriage index score (1–5)	4.33	4.31	4.21	4.31	-0.12	-0.13	-0.16
Quality of marriage index global happiness rating (1–10)	7.93	7.87	7.83	7.92	-0.15	-0.19	-0.10
Positive Conflict Behavior							
Positive conflict index score (1–4)	3.37	3.30	3.21	3.32	-0.18	-0.11*	-0.19

(continued)

Table 5.2.2. Community Means and Estimated Impacts on Relationship Quality Measures (continued)

	Demonstration Community		Comparison Community		Estimated Impact	Adjusted Impact ^a	Adjusted Effect Size
	Base-line Mean	Follow-Up Mean	Base-line Mean	Follow-Up Mean			
Negative Conflict Avoidance							
Negative conflict avoidance index score (1–4)	3.52	3.46	3.46	3.55	–0.15	–0.11	–0.18
Intimate Partner Violence							
Have you ever been hit, kicked, punched, hurt (%)	10	11	7	9	1	0	–0.02
Have you ever hit your partner (%)	16	11	12	7	0	1	–0.20
Always feel safe in the relationship (%)	87	78	85	81	5	–6	–0.15
Fidelity							
Spouse/partner is faithful to respondent (%)	79	76	75	76	4	–2	–0.04
Respondent is faithful to partner (%)	87	80	82	87	12	–2	–0.23
<u>Milwaukee/Cleveland</u>							
Relationship Quality Measures							
Quality of marriage index score (1–5)	4.14	4.14	4.20	4.25	–0.05	–0.08	–0.08
Quality of marriage index global happiness rating (1–10)	7.49	7.54	7.62	7.80	–0.13	–0.09	–0.09
Positive Conflict Behavior							
Positive conflict index score (1–4)	3.16	3.21	3.25	3.29	0.01	–0.07	–0.11
Negative Conflict Avoidance							
Negative conflict avoidance index score (1–4)	3.37	3.45	3.45	3.53	0.00	–0.01	–0.02
Intimate Partner Violence							
Have you ever been hit, kicked, punched, hurt (%)	12%	9%	13%	11%	–1	2	0.06
Have you ever hit your partner (%)	13%	14%	18%	12%	7	1	0.03
Always feel safe in the relationship (%)	74%	70%	84%	84%	–4	–14**	–0.34
Fidelity							
Spouse/ partner is faithful to respondent (%)	68%	67%	70%	72%	–3	4	0.02
Respondent is faithful to partner (%)	75%	77%	73%	78%	–3	3	–0.02

^a Adjusted impacts came from logistic regressions in which the outcome measure was the dependent variable and demonstration community was one of the independent variables.

Source: Tabulations and regressions from the longitudinal file with baseline and follow-up data.

** Statistically significant at the .05/.01 level.

5.3 Relationship Attitudes and Interactions

The community aspect of these initiatives focused on changing norms as a potential precursor for community-level change in marital status and relationship quality. Attitudes of community members might be affected even if their own relationship is unaffected. Our measures of attitudes about the value of marriage included agreement or disagreement with statements about the value of a healthy, happy marriage, and whether children do better in a married-couple family. In addition to attitudes, respondents were also asked about “practices”—how likely they personally were to live with their partner before marriage, live with a partner who does not want to marry, have a baby outside of marriage, raise children without being married, and raise children in a marriage. As shown in Table 5.3, we found no pattern of statistically significant effects from the demonstrations on these attitudinal or practice measures.

Table 5.3. Community Means and Estimated Impacts on Marriage Practices, Attitudes, and Interactions

	Demonstration Community		Comparison Community		Estimated Impact	Adjusted Impact ^a	Adjusted Effect Size
	Base-line Mean	Follow-Up Mean	Base-line Mean	Follow-Up Mean			
<u>Dallas/Fort Worth</u>							
<u>Marriage Opinions and Practices</u>							
Marriage opinions index score (1–5)	2.69	2.71	2.74	2.82	-0.06	-0.10	-0.13
Marriage practices index score (1–4)	2.36	2.44	2.40	2.41	0.07	0.04	0.06
<u>Marriage Attitudes</u>							
Healthy marriage is one of the most important things in life (1–4)	3.70	3.65	3.73	3.64	0.04	-0.01	-0.02
Children do better if raised by married parents (1–4)	3.05	3.06	2.88	2.96	-0.07	-0.03	-0.04
<u>Interactions</u>							
Spoke to peer about relationship in last 6 months (%)	40	43	49	43	9	5	0.09
Person spoke to most attended a class (%)	12	24	18	16	14*	12*	0.35

(continued)

Table 5.3. Community Means and Estimated Impacts on Marriage Practices, Attitudes, and Interactions Measures (continued)

	Demonstration Community		Comparison Community		Estimated Impact	Adjusted Impact ^a	Adjusted Effect Size
	Base-line Mean	Follow-Up Mean	Base-line Mean	Follow-Up Mean			
<u>St. Louis/Kansas City</u>							
Marriage Opinions and Practices							
Marriage opinions index score (1–5)	2.70	2.56	2.69	2.77	-0.22	-0.15*	-0.17
Marriage practices index score (1–4)	2.45	2.39	2.39	2.40	-0.07	-0.04	-0.05
Marriage Attitudes							
Healthy marriage is one of the most important things in life (1–4)	3.52	3.52	3.50	3.49	0.01	0.08	0.12
Children do better if raised by married parents (1–4)	2.68	2.81	2.81	2.76	0.18	0.14	0.15
Interactions							
Spoke to peer about relationship in last 6 months (%)	57	56	59	62	-4	-7	-0.15
Person spoke to most attended a class (%)	23	18	18	17	-4	5	0.12
<u>Milwaukee/Cleveland</u>							
Marriage Opinions and Practices							
Marriage opinions index score (1–5)	2.66	2.63	2.55	2.55	-0.03	0.01	0.02
Marriage practices index score (1–4)	2.29	2.37	2.31	2.32	0.07	0.06	0.10
Marriage Attitudes							
Healthy marriage is one of the most important things in life (1–4)	3.48	3.49	3.50	3.49	0.02	-0.04	0.01
Children do better if raised by married parents (1–4)	2.70	2.72	2.70	2.75	-0.03	-6	-0.05
Interactions							
Spoke to peer about relationship in last 6 months (%)	59	50	60	57	-6	-5	-0.13
Person spoke to most attended a class (%)	14	16	15	14	3	-6	-0.14

^a Adjusted impacts came from logistic regressions in which the outcome measure was the dependent variable and demonstration community was one of the independent variables.

Source: Tabulations and regressions from the longitudinal file with baseline and follow-up data.

*/** Statistically significant at the .05/.01 level.

Regarding social interactions—whether respondents talked with others about their relationships—overall, the analysis findings indicate no pattern of significant impacts. There was a significant difference in the Dallas/Fort Worth pair on the question of whether the person the respondent spoke with most about their relationship attended a marriage and relationship education class. The increase in the number of positive (yes) responses was greater in Dallas than in Fort Worth (from 12 to 24 percent in Dallas compared with a decrease from 18 to 16 percent in Fort Worth).

Relationship Attitudes

- **Marriage Opinions.** An index comprising six questions asking about respondents' approval of particular practices—living together before marriage, living together but not intending to marry, father or mother having a baby without marrying, divorce, and a couple raising children without marrying. These six items were scored from 1 to 5—"strongly approve" to "strongly disapprove." Scores from each of the six items were averaged to create the index score. A higher score indicated disapproval of these practices.
- **Marriage Practices.** An index that asked respondents how likely they personally were to live with their partner before marriage, live with a partner who does not want to marry, have a baby outside of marriage, raise children without being married, and raise children in a marriage. The index was scored 1 to 4, ranging from "very likely" to "not at all likely." Scoring on the final item (raise children in a marriage) was reversed when the index was created. Scores were averaged across all five measures. A higher score reflected less likelihood of engaging in these practices.
- **Marriage Attitudes.** Attitudes toward marriage were measured using two individual items, not combined or scored together. The items were "A happy healthy marriage is one of the most important things in life," and "Children do better if raised by married parents." Both items were scored 1 to 4, from strongly disagree to strongly agree. A higher score indicated stronger agreement with the statements.

Interactions

- **Relationship Discussed with Peers.** Respondents were asked if they had discussed their relationship concerns with anyone in the last 6 months. Responses were recorded with a simple binary yes/no measure.
- **Peer Attendance.** This was also a simple binary yes/no measure, indicating whether the peer with whom the respondent spoke the most also attended a class.

5.4 Parenting and Child Well-Being

The longer term goal of improving couple relationships is to ensure more stable, positive environments for children. The parenting stress index captures attitudes about parenting such as whether the respondent feels "trapped" in parenting, finds parenting "more work than pleasure," and is "satisfied" in their relationship with their child. As shown in Table 5.4, the index is essentially stable across all communities and over time. Although two comparison communities experienced improvements (lower stress index measures) in this measure than in their matched demonstration communities, the differences were not statistically significant.

Parenting

- Parenting Stress Index. Respondents indicating that they were the biological or adoptive parent of a child in their household were asked a series of questions about their parenting experience. The five items used in this index were the following: “Being a parent is harder than respondent thought,” “Respondent feels trapped by parental responsibilities,” “Respondent finds caring for children to be more work than pleasure,” “Respondent is worn out and tired from raising a family,” and “Respondent is satisfied with their relationship with their child.” These items were scored from 1 to 4, on a scale of strength of agreement. A higher score was interpreted as less stress in parenting.
- Negative Behavior. Parental report that their adolescent child has ever 1) had to go to juvenile court, 2) had a problem with alcohol or drugs, 3) been in trouble with the police, 4) done something illegal to get money, 5) dropped out of school before graduating, or 6) been pregnant or gotten someone pregnant. These questions were asked of parents with a focal child who was 14 years of age or older. The score ranges from 0 to 6, where 6 means parents report none of the behaviors, and 0 means parent reported all of the behaviors.
- Positive School Behavior. Parents report that their child 1) has never repeated a grade, 2) has never been suspended or expelled, 3) does well or very well on schoolwork, 4) is involved in extracurricular activities, and 5) was absent 5 or fewer days in the previous school year. The score ranges from 0 to 5, where 5 means that the child displays all five positive behaviors.

Table 5.4. Community Means and Estimated Impacts on Parenting Measures

	Demonstration Community		Comparison Community		Estimated Impact	Adjusted Impact ^a	Adjusted Effect Size
	Base-line Mean	Follow-Up Mean	Base-line Mean	Follow-Up Mean			
<u>Dallas/Fort Worth</u>							
Parenting stress index score (1–4)	2.66	2.59	2.73	2.67	–0.01	–0.07	–0.12
Positive child behavior (0–5)	2.25	2.31	2.16	2.26	–0.04	–0.03	0.13
Lack of negative child behavior (0–6)	5.73	5.52	5.64	5.56	–0.13	–0.13	–0.02
<u>St. Louis/Kansas City</u>							
Parenting stress index score (1–4)	2.60	2.75	2.59	2.61	0.13	0.06	0.08
Positive child behavior (0–5)	2.16	2.35	2.13	2.12	0.2	0.20	0.16
Lack of negative child behavior (0–6)	5.56	5.46	5.90	5.72	0.08	0.09	0.19
<u>Milwaukee/Cleveland</u>							
Parenting stress index score (1–4)	2.52	2.53	2.49	2.63	–0.13	–0.10	–0.16
Positive child behavior (0–5)	2.14	2.30	2.19	2.22	0.13	0.12	0.13
Lack of negative child behavior (0–6)	5.69	5.66	5.67	5.60	0.04	0.05	0.16

^a Adjusted impacts came from logistic regressions in which the outcome measure was the dependent variable and demonstration community was one of the independent variables. Source: Tabulations and regressions from the longitudinal file with baseline and follow-up data.

*/** Statistically significant at the .05/.01 level.

5.5 Relative Impacts by Subgroups

The impact analysis also assessed whether demonstration program effects were larger for some subgroups than others. Six subgroups of interest were identified before the analysis began as having the potential to yield differential impacts from the intervention—African Americans, Hispanics, employed respondents, married respondents, parents, and those younger than 30 years. Data from all three demonstration communities were combined for these analyses. The Hispanic subgroup was limited to respondents in the Dallas/Fort Worth pair where nearly all Hispanic respondents resided.

Only 6 of the 150 comparisons tested were statistically significant and three of these impacts went in the wrong direction (Table 5.5). Moreover, the 6 significant effects are approximately the number of significant tests that would be expected simply by chance alone (4 percent). Half of these impacts were found for respondents' awareness of program advertising. The advantage in demonstration over comparison communities were significantly less among younger respondents (29 or under) than among older respondents (30 or older) in terms of awareness of media messaging or advertising. The gains in awareness of advertising for demonstration communities were larger for married and Hispanic respondents than those not married and not Hispanic.

In addition, the demonstration communities were more effective generating interest in classes among parents than among nonparents but less effective at raising awareness of class locations among African Americans than among those of other racial/ethnic groups. Finally, the gains in demonstration communities with respect to avoiding negative conflict in relationships were lower among married than among unmarried individuals. For the remaining outcomes, there were no differential subgroup effects.

Table 5.5. Significant Findings from Subgroup Analyses

Subgroup	Reference Category	Outcome	Estimated Impact	Effect Size
Black	Non-Black	Awareness of class locations	-13%	-0.26
Young (29 years or under)	30 years or over	Awareness of advertising	-15%	-0.31
Married	Unmarried	Awareness of advertising	19%	0.41
Married	Unmarried	Avoidance of negative conflict	-15%	-0.25
Parents	Nonparents	Interest in classes	9%	0.22
Hispanic (in Dallas and Fort Worth)	Non-Hispanic in Dallas and Fort Worth	Awareness of advertising	14%	0.35

*/** Statistically significant at the .05/.01 level.

5.6 Summary

Despite the scale of the grantees' programs, virtually none of the primary analysis variables show a statistically significant impact. Those impacts that are significant are just as likely to imply a negative as well as positive influence from living in a demonstration community that received special funding for relationship and marriage education and related activities. The absence of any consistent pattern of effects on family life as measured by the evaluation is perhaps understandable, given the lack of significant impacts on levels of participation in services or awareness of advertising or media messaging among survey respondents. Although a substantial number of adults did report taking part in relationship skills training, they did so in both demonstration and matched comparison communities.

Where impacts were found, the effect sizes were often small, or less than 0.2 of a standard deviation, with only a few exceptions. This is consistent with findings of other marriage and relationship education demonstrations (Wood et al., 2012; Hsueh et al., 2012). The exceptions, cases where effect sizes were larger than the 0.2 threshold, were for 1) interest in parenting classes in Milwaukee, 2) awareness of classes to improve relationships in Dallas, 3) whether the person they spoke to most about relationships had attended a class in Dallas, 4) whether respondent is faithful to partner in St. Louis, and 5) whether respondent always feels safe in the relationship in Milwaukee. The last two effect sizes, though larger than 0.2, were negative, meaning that those in Kansas City comparison community were more likely to report being faithful to their partners and those in Cleveland comparison community were more likely to report always feeling safe in their relationships.

The subgroup analysis yielded few outcomes for which a differential impact for a particular subgroup was found. Interestingly, for the few that were detected, the effect sizes were all larger than 0.2, although only marginally larger for three of the six. Awareness and interest in classes was higher for those who were married, parents, or Hispanic. This finding may reflect the salience of the messages to these groups.

5.7 Limitations and Caveats in Interpreting Impacts

As mentioned earlier, some divergence between program implementation and the evaluation design warrant consideration when interpreting the findings. First, the follow-up survey took place before the end of the grant period so that grantees and their partners in the demonstration communities were still very actively providing additional individuals and couples with services. For this reason, participation as reflected in the follow-up survey underestimates the ultimate programming coverage. Second, as noted in Chapter 3, considerable program resources went toward serving young people in high schools and incarcerated individuals. In some communities, high school students and incarcerated individuals made up almost half of the overall participation. Our data collection did not extend into these institutions but instead surveyed only adults (18 to 49 years of age) living

in the service areas the grantees defined. Thus, the evaluation did not capture any program impacts on youths and incarcerated individuals.

Despite these cautions, the survey results provide a valid basis for assessing impacts of the selected CHM demonstrations because the focus of the evaluation was on community-level impacts. This is a critical distinction; the impact estimates are a reflection of whether the intervention achieved what the demonstrations were designed to do in a specific time period, for a specific audience, but does not capture other directions their programming took along the way.

6. PARTICIPANT EXPERIENCES

Although the evaluation goal was to determine community effects and no causal analysis was undertaken to determine program impacts on participants, the evaluation nevertheless collected data to present descriptive analyses of what participants in demonstration communities experienced and what they perceived about the benefits of having participated in relationship and marriage education classes. This section examines the characteristics of participants and their assessments of the classes. The analysis presented in Chapter 5 deals with differential changes among community residents in demonstration communities compared to comparison communities. Because the gains in participation in marriage and relationship skills classes were not significantly higher in demonstration than comparison communities, it is not surprising that significant community-wide impacts on relationship and family outcomes did not emerge. This result does not imply that those who participated in classes or received other services did not benefit. To learn about those who actually participated in a grant-supported service, a one-time survey of a random sample of program participants in the three demonstration communities was conducted.

6.1 Methodology

Using lists provided by the grantees of all their participants in Year 3, the researchers sampled a subset of participants aged 18 to 49 years old. Approximately 750 participants completed the interview—about 250 per demonstration community. The information from the participant sample does not provide estimates of the impacts of the demonstration programs, but it does offer descriptive information about participants and their perceptions of the services. Participants were asked the same questions as the community sample and some additional participant-specific questions. All measures presented in this chapter are the same as the measures presented in Chapter 5.

6.2 Participant Characteristics

6.2.1 *Combined Demographic Characteristics*

Table 6.2.1 presents key demographic characteristics of respondents who participated in relationship and marriage education in the demonstration communities in the third year of the grants. Approximately two thirds of participants were female. Sixty percent were non-Hispanic Black. Their average age was 34, with two thirds older than 30 years of age. At the time of survey from late 2008 to early 2009, the unemployment rate of class participants was 26 percent, five times the national unemployment rate of 5 percent at that time. Approximately one fourth of participants had not received a high school diploma or a GED.

At the time of the survey, 42 percent of the participants reported that they were married; another third were cohabiting, partnered, or currently dating. Thus, about three fourths of adults who took a class were in some form of couple relationship.

Table 6.2.1. Respondent Characteristics by Demonstration Site

Characteristic	Overall	Dallas	St. Louis	Milwaukee
Female (%)	66	65	59	76
Male (%)	34	35	41	24
Average age (years)	34	35	35	34
Between 18 and 29 years old (%)	34	31	33	38
Over 30 years old (%)	66	69	67	62
Unemployed (%)	26	20	30	26
Did not complete high school (%)	23	23	17	29
<u>Race/Ethnicity</u>				
Non-Hispanic White (%)	10	6	7	17
Non-Hispanic Black (%)	61	48	87	43
Hispanic (%)	27	46	1	38
Other (%)	3	0	5	3
<u>Marital Status</u>				
Married (%)	43	62	29	40
Cohabiting (%)	13	10	12	18
Partnered (but not cohabiting) (%)	12	7	15	13
Dating (%)	5	3	7	3
Single (%)	28	17	38	26

6.2.2 Awareness of Messaging

Table 6.2.2 indicates how participants learned about the relationship classes. Approximately one quarter of participants (26 percent) initially learned about the relationship classes through their church. Nearly another quarter of participants (23 percent) were referred by a human service agency. Although only 15 percent initially heard about the classes through some form of advertising, almost half of participants reported that they were aware of advertising in their community promoting healthy marriage, healthy relationships, or responsible parenting. Of those participants who were aware of the advertising, 63 percent discussed the message of this advertising with someone, such as a friend, family member, or someone at work.

Table 6.2.2. How Participants First Heard about the Classes

Source	Overall	Dallas	St. Louis	Milwaukee
Church (%)	24	28	26	18
Human services agency (%)	22	16	15	35
Friend (%)	15	7	25	9
Saw poster, billboard, literature (%)	8	11	4	10
Other advertisement (%)	6	6	6	7
Spouse (%)	6	6	5	6
Court (%)	3	4	2	2
Other (%)	9	14	7	6

Note: Participants could select more than one.

6.2.3 Relationship Quality

Participants reported having high-quality relationships; in all three demonstration communities, they had quality of marriage index scores of more than 4 on a 5-point scale, indicating a high quality (see Table 6.2.3). Global satisfaction with their relationships was also relatively high, with participants' scores ranging from 7.41 in St. Louis to 8.32 in Dallas on a 10-point scale.

Moreover, participants in all three demonstration communities reported relatively high scores for both positive conflict behavior and negative conflict avoidance, averaging above 3 on a 4-point scale. However, 21 to 30 percent of participants across the communities reported that they did not always feel safe in their relationship. In addition, the analysis indicated a large range in the percentage reporting that they were faithful to their partner (73 to 91 percent) and a similar range in the percentage of participants reporting that they think their partner is faithful to them (62 to 81 percent).

6.2.4 Relationship Attitudes and Interactions

The absolute levels of the index scores related to opinions and attitudes about marriage and relationships were only somewhat higher than the levels of the community sample. The marriage opinions index scores reported by class participants, which were similar across the communities, indicate slight disapproval for such practices as living together before marriage, living together but not intending to marry, having a baby without marrying,

Table 6.2.3. Relationship Quality

Measure	Dallas	St. Louis	Milwaukee
<u>Quality of Marriage</u>			
Index score (1–5)	4.29	4.01	4.15
Quality of marriage index global satisfaction rating (1–10)	8.32	7.41	7.76
<u>Positive Conflict Behavior</u>			
Index score (1–4)	3.22	3.05	3.18
<u>Negative Conflict Avoidance</u>			
Index score (1–4)	3.52	3.28	3.42
<u>Intimate Partner Violence</u>			
How often have you been hit, kicked, punched, hurt (%)	5	13	9
How often have you hit your partner (%)	7	21	14
Frequency of always feeling safe in the relationship (%)	79	70	74
<u>Fidelity</u>			
Spouse/partner is faithful to respondent (%)	81	62	79
Respondent is faithful to partner (%)	91	73	87

raising children without marrying, and divorce (see Table 6.2.4). The marriage practice index score indicated that class participants also reported that they were about as likely to engage in these practices as they were not to engage in them. At the same time, these participants strongly believed that a healthy, happy marriage is one of the most important things in life. Participants also agreed, albeit somewhat less strongly, that children do better if raised by married parents.

There was some variability regarding whether participants discussed their relationship with others, ranging from 48 percent in Dallas to 61 percent in Milwaukee. Twenty-nine to 37 percent of participants reported that the person with whom they discussed their relationship also attended a class.

6.2.5 Parenting

Parenting attitudes were strikingly similar among participants in the three demonstration communities (Table 6.2.5). These scores indicate moderately low levels of parenting stress as measured by the parenting index.

Table 6.2.4. Relationship Attitudes and Interactions

Measures	Dallas	St. Louis	Milwaukee
Marriage Opinions			
Index score (1–5)	2.90	2.91	2.85
Marriage Practice—Likelihood			
Index score (1–4)	2.54	2.41	2.47
Marriage Attitudes			
A healthy, happy marriage is one of the most important things in life (1–4)	3.68	3.71	3.63
Children do better if raised by married parents (1–4)	3.08	3.13	2.97
Interactions			
Spoke to peer about relationship in last 6 months (%)	48	59	61
Person spoke to most attended a class (%)	37	31	29

Table 6.2.5. Parenting Attitudes

Measures	Dallas	St. Louis	Milwaukee
Parenting Index			
Index score (1–4)	2.62	2.61	2.62
Positive Child Behavior Index			
Index score (0–5)	3.60	3.41	3.47
Negative Child Behavior Index			
Index score (0–6)	5.44	5.83	5.44

6.3 Perceptions by Participants of the Value of Relationship Skill/Marriage Education

Despite the lack of significant impacts of the marriage and relationship activities at the community level, participants gave overwhelmingly high marks to the healthy relationship programming. More than 80 percent reported that the classes improved their relationship with their spouse or partner; 42 percent stated that their relationship improved “a great deal” as a result of the class. Seventy-seven percent reported that the improvement to their relationship was ongoing, meaning that the positive changes to their relationship had not ended. Additionally, 80 percent of class participants reported that their relationships with their children improved,

80 percent of participants said that the classes improved their relationship with their spouse or partner.

and 74 percent reported that the classes led to improvements in their relationships with others.

Class participants most commonly selected communication skills as something they learned from taking a relationship class (47 percent). As shown in Table 6.3, conflict resolution (17 percent of participants), anger management (10 percent of participants), and relationship expectations (8 percent of participants) were also commonly reported learned skills. In addition, 35 percent of class participants indicated that the classes helped them find additional services or counseling.⁸ More than three fourths of all class participants talked with three or more other people about what they learned and nearly half spoke with five or more other people. One striking indicator of how participants viewed the value of their classes is that nearly all participants (97 percent) said they would recommend the classes to others.

97 percent of participants would recommend the class to others.

Table 6.3 Most Commonly Identified Knowledge or Skills Participants Reported Gaining from the Classes

Skill	Overall	Dallas	St. Louis	Milwaukee
Communication (%)	47	61	36	48
Conflict resolution (%)	17	21	11	19
Anger management (%)	10	11	7	13
Other (%)	10	11	9	10
Relationship expectations (%)	8	9	5	11

Note: Participants could select more than one.

⁸ This reflects the percentage of respondents who answered “Finding additional services or counseling you may need” to the question “As part of the class or workshop, did you receive help with any of the following?”

7. DISCUSSION

The primary goal of the CHMI evaluation is to test the impacts of programs providing free access to relationship and marriage education on outcomes such as relationship quality and stability. The theory is that a large-scale intervention intended to reach large segments of the community can exert positive impacts on adults in the community in the following ways: 1) increasing access to services increases participation in relationship skills/marriage education classes; 2) widespread participation in classes generates awareness of the information taught in classes for both attendees and nonattendees, through peer and family conversations with those participating in classes; and 3) the extensive services, and media and organizational messages change social attitudes and alter community norms. Ultimately, if the projects reach a critical mass of the community, relationship and marriage attitudes and patterns could change over time.

Like many community change interventions, there are multiple layers to consider in documenting and evaluating the intervention's effects. We draw from recent experience with the "Free to Grow" demonstration and evaluation sponsored by the Robert Wood Johnson Foundation in assessing strengths and weaknesses of the CHMI in the context of community change evaluations (Wolfson et al., 2011). Like the CHM demonstrations, "Free to Grow" was designed to increase family and community protective factors to improve child well-being in low-income communities through family, community, and partnership strengthening. Lessons from the "Free to Grow" evaluation are relevant to the CHMI evaluation because they reflect the challenges of evaluating change in an entire community and involved measuring outcomes of child well-being in low-income communities.

The first step in analyzing community-based interventions is to look at whether the anticipated family, community, and partnership strengthening occurred. We assessed this area through an implementation study, which documented the development of the initiative, including the structure of funding, the makeup of the sponsors, links with community partners, and the delivery of direct services and media messaging campaigns. Over the five year grant period, the grantees did develop partnerships and service delivery networks serving over 77,000 individuals. Nearly 40 percent of participants were high school students, with the proportion varying from 25 to 67 percent.

Implementing community initiatives involves a number of challenges. These "first generation" grantees, without a blueprint to follow, were able to navigate a number of the typical challenges community initiatives face. Typical challenges include ambitious but vague mandates without clear theories of change, short time frames and low levels of resources considering expected activities and outcomes, and organizational mobilization without reaching individuals in the community. The grantees addressed many of these challenges. For example:

- Grantees had a specific charge: to increase access to relationship and family strengthening education in their communities.
- Grantees developed theories of change and knew how their activities related to the outcomes they were focused on changing.
- Grantees had sufficient resources, including time, with 5-year grants.
- Grantees served large numbers of participants who comprised a significant share of the households in their service areas.
- Grantees had a balance of flexibility and accountability.

Early revisions of the detailed goals and metrics for grantees sometimes implied major changes in approach. For example, most grantees had planned on delivering multiple sessions of relationship education so each participant could learn and practice new skills within the context of a supportive class over a period of several weeks' time. Most grantees also focused their proposed efforts on community-based classes in local partner organizations. Over time, to better ensure meeting performance goals related to participation and completion rates, grantees became more focused on one-time classes, of approximately 8 hours, often delivered within institutions such as high school classrooms, TANF job clubs, or jails or prisons. Using such institutional settings could reduce the recruitment and retention challenges and increase the likelihood of being able to count complete cases toward grant goals.

To determine how the initiative affected members of the demonstration communities—both participants and nonparticipants—the evaluation relied on an analytic strategy comparing changes in outcomes in demonstration communities with changes in outcomes in comparison communities. Outcome measurement was based on primary data collection from residents in the three demonstration communities and three matched comparison communities. The survey samples were representative of adults, aged 18 to 49, living in specific census tracts. For demonstration communities, the census tracts were designated by sponsors as areas where they expected to concentrate services. For comparison communities, the census tracts in the survey were the closest match to the target census tracts in demonstration communities. The differential increase in demonstration communities relative to comparison communities yields the impact of the initiative.

Detecting community-level impacts also is challenging. Typical pitfalls facing community-based evaluations include a lack of comparison or counterfactual, poor definition of outcomes and community areas, and limited data collection or aggregate data. Again, the impact study successfully navigated a number of challenges typical of community change evaluations. For example:

- Evaluators did consult with grantees to define the outcomes of interest, their relationship to the activities, and the service delivery areas grantees had defined for themselves.
- The evaluation did have well-matched comparison communities, and matching was based on observable characteristics of sets of census tracts that matched service delivery areas, as well as more qualitative dimensions, including face validity of comparisons and knowledge of similar openness to relationship and marriage education.
- The match between communities generally did not deteriorate over time, even faced with the significant economic downturn. Between the two survey periods (late 2007 to early 2008 and late 2009 to early 2010), the increases in unemployment rates were nearly identical in the Dallas/Fort Worth and the St. Louis/Kansas City paired communities but somewhat higher in Cleveland than in Milwaukee. In none of the community pairs did we observe developments outside the initiative that would likely generate higher gains in family and relationship outcomes in demonstration communities than in comparison communities.
- Individual-level data about receipt of services were collected from the same person at baseline and follow-up. This aspect of the data collection is rare in community-based evaluations and may be one piece of the puzzle that explains why substantial organizational activity often does not yield community-level impacts. If individuals do not participate, organizational activity is not enough to generate community-level impacts.
- Individual-level data were also collected from those who participated in classes.
- The evaluation had the statistical power to detect effects that would be meaningful in a policy context, the evaluation had good response rates, and samples were representative of the demonstration communities.

The evaluation did not find increases in participation rates in demonstration communities relative to comparison communities. Because most other impacts were hypothesized to be related to participation in relationship and marriage education, it was not surprising that the initiative did not result in changes in relationship and family outcomes.

Several factors may explain the lack of positive community impacts on couple and family outcomes. First, the relationship skills and marriage education classes operated at sufficient scale in comparison communities to reach as high a proportion of 18- to 49-year-old residents as the classes did in the demonstration communities. Apparently, organizations in comparison communities were able to mobilize significant resources in the absence of large-scale federal investments in relationship skills/marriage activities. Moreover, in the targeted census tracts, neither demonstration nor comparison communities reached more than 9 percent of 18- to 49-year-olds. Grantees in demonstration communities allocated significant resources to high school students, people from outside the census tracts, and people in jail or prison. Because the survey samples did not include these groups, some demonstration-comparison communities' differences in participation were not counted. Between

implementation and measurement issues in demonstration communities, and the extent of relationship skills and marriage education activity in the comparison communities, there was no measured differential in participation between demonstration and comparison communities, thus no measured difference in outcomes related to participation.

Second, it is difficult to detect community-level effects even from sustained interventions. A good example is the “Free to Grow” demonstration. The demonstration attempted to use Head Start partnerships to reduce children’s vulnerability to substance abuse and to promote substance-free communities. Although the program ran for 13 years and included 14 demonstration and 14 matched communities, the evaluation found no evidence of a change in family functioning or neighborhood conditions. One potential reason was the apparently limited implementation, with only 3 of 14 demonstration communities rated as having both strong family- and strong community-strengthening approaches. Stronger implementation will increase the likelihood that a program impact exists. Better measurement approaches targeting those to whom the programs are relevant will improve the likelihood of detecting impacts that exist. We explore this issue for the CHMI evaluation in the technical supplement.

A third possibility is that program impacts were offset by the additional strain on communities of rising unemployment. Community change interventions are notoriously vulnerable to social, economic, and cultural changes that they cannot control. In this case, between the startup and mature phases of implementing the demonstrations, joblessness soared in all six metropolitan areas, with unemployment rates rising by 50 to 60 percent. Theoretically, if healthy relationship/marriage activities are only effective in reasonably good job markets, then dramatic increases in unemployment rates between late 2007 and early 2008 and between late 2009 and early 2010 could help explain the lack of positive impacts of programs. On the other hand, it is also possible that relationship skills and marriage education are particularly crucial to preserving well-being during times of financial stress and couples participating could have better outcomes. The actual interaction is unknown, however.

Although we found no pattern of significant differences at the community level, tabulations from the participant survey indicate that participants in marriage and relationship education classes had very favorable opinions of the classes. They attributed several benefits to their participation, including improved relationships with their spouse or partner and their children (80 percent) and with others (74 percent). However, in the absence of data on trends for a comparison or control group, the reports from these participants do not provide evidence that the classes caused improved relationships. Nevertheless, the participants’ consistently positive perspectives, reported 6 to 12 months after their class participation, are interesting and suggest that healthy marriage and relationship education services may be well received by some members in other similar communities. Two other related

evaluations, Building Strong Families (BSF) and Supporting Healthy Marriage (SHM), had similar findings of high satisfaction with services from participants. However, similar to the findings here, BSF found no pattern of impacts on family life measures for the pooled research sample at either the 15- or 36-month follow-up. The SHM evaluation found a pattern of small effects. The consistency of the finding of high participant satisfaction but modest to no findings on impacts on a range of relationship and family life outcomes may reflect a gap between knowledge and practice or action—both members of the couple taking steps leading to substantial behavior change. The absence of any consistent pattern of effects on family life as measured by this evaluation is perhaps understandable, given the lack of significant impacts on levels of participation in services or awareness of advertising or media messaging among survey respondents. Although a substantial number of adults did report taking part in relationship skills training, they did so in both demonstration and matched comparison communities. There was some divergence between program implementation and the evaluation design that may have affected the likelihood of generating community-level impacts. For example, considerable program resources went toward serving young people in high schools and incarcerated individuals, while impacts were measured from 18- to 49-year-olds living in the community. In some communities, high school students and incarcerated individuals made up almost half of the overall participation. Despite these cautions, the survey results provide a valid basis for assessing impacts of the selected CHM demonstrations because the focus of the evaluation was on community-level impacts. This is a critical distinction; the impact estimates are a reflection of whether the intervention achieved what the demonstrations were designed to do in a specific time period, for a specific audience, but they do not capture other directions their programming took along the way.

The evaluation data do provide a rich portrait of the characteristics of the community samples and may inform future work. For example, a representative sample of adults in these six communities reported high levels on measures of relationship quality before the introduction of healthy marriage and relationship education programming. At the same time, about one third of couples reported that either they cheated on their partner or they believe their partner cheated on them. Prior research indicates that reports of cheating are, not surprisingly, correlated with lower relationship quality scores and lower subsequent marital and couple stability. Similarly, contextual information on other potential stressors on family cohesion and relationships, such as unemployment rates among a target audience, may suggest that providers design programming and approaches that actively link participants to other services or provide direct help in those areas. Further, the wide variation between community pairs in the rate of marriage (ranging from 42 to 43 percent in the Dallas/Fort Worth pair to 15 to 16 percent in the Milwaukee/Cleveland pair), as well as variation in other relational characteristics such as single, dating, cohabiting, or being single parents, suggests that a given program or curriculum may be more relevant in some

communities than in others. These and other indicators may influence the types of programming, content, or curricula used and the types of adults targeted for services.

Although the evaluation did not find evidence of positive gains in the demonstration communities when compared with the matched pairs, the positive assessments by participants in marriage and relationship education classes in the demonstration communities suggest that marriage and relationship skills education are viewed positively by those who engaged in the services. Given this indication and the benefits that research suggests accrue to adults, children, and the broader society from high quality and stable couple relationships, we believe that further testing of approaches to improve relationship skills and knowledge is warranted to build on the knowledge gained from these “first generation” programs.

REFERENCES

- Final Grantee Reports from the ACF Office of Family Assistance, 2012.
- Brooks-Gunn, J., Duncan, G., & Aber, J. L. (Eds.). (1997). *Neighborhood poverty I: Context and consequences for children*. New York: Russell Sage Foundation.
- Brown, S. L. (2004). Family structure and child well-being: The significance of parental cohabitation. *Journal of Marriage and Family*, 66, 351–67.
- Carlson, M. & Furstenberg, F. (2007, May). The consequences of multi-partnered fertility for parental involvement and relationships. Working Paper 06-28-FF. Princeton: Center for Research on Child Wellbeing.
- Carlson, M. J., & Magnuson, K. A. (2011). Low-income fathers' influence on children. *Annals of the American Academy of Political and Social Science*, 635, 95–116.
- Carroll, J.S. & Doherty, W.J. (2003). Evaluating the effectiveness of premarital prevention programs: A meta-analytic review of outcome research. *Family Relations*, 52, 105–118.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd Edition). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Cowan, P., Cowan, C. P., Cohen, N., Pruett, M., & Pruett, K. (2008). Supporting fathers' engagement with their kids. In J. D. Berrick and N. Gilbert (Eds.), *Raising children: Emerging needs, modern risks, and social responses* (pp. 44–80). New York: Oxford University Press.
- DeNavas-Walt, C., Proctor, B.D., & Smith, J.C. (2010). *Income, poverty, and health insurance coverage in the United States: 2009*. U.S. Census Bureau. Washington, DC: U.S. Government Printing Office.
- Fomby, P., & Cherlin, A.J. (2007). Family instability and child wellbeing. *American Sociological Review*, 72, 181–204.
- Graefe, D. R. & Lichter, D. T. (1999). Life course transitions of American children: Parental cohabitation, marriage, and single motherhood. *Demography*, 36, 205–17.
- Harknett, K. (2009). Why are children with married parents healthier? The case of pediatric asthma. *Population Research and Policy Review*, 28(3), 347–365.
- Hawkins, R. L. (2004). Single mothers and their children. In C. B. Fisher and R. M. Lerner (Eds.), *Applied developmental science: An encyclopedia of research, policies, and programs*. New York: Sage Publications.
- Heiland, F., & Liu, S.H. (2005). Family structure and wellbeing of out-of-wedlock children: The significance of the biological parents' relationship. *Demographic Research*, 15, 61-104.

- Hsueh, J., Alderson, D. P., Lundquist, E., Michaelopoulos, C., Gubits, D., Fein, D., & Knox, V. (2012). The Supporting Healthy Marriage Evaluation: Early impacts on low-income families. OPRE Report 2012-11. Washington, DC: Office of Planning, Research and Evaluation, Administration of Children and Families, U.S. Department of Health and Human Services. Retrieved from <http://www.supportinghealthymarriage.org/publications/13/full.pdf>
- Lerman, R. (2002). How do marriage, cohabitation, and single parenthood affect the material hardships of families with children? Washington, DC: Urban Institute.
- Lerman, R. (2001, November 1–3). Marriage as a protective force against economic hardship. Paper presented at the 23rd Annual Research Conference of the Association for Public Policy Analysis and Management, Washington, DC.
- Lerman, R. (2005, March 20). The economic benefits of marriage and the implications for public policies to promote healthy marriages. Annual Meeting of the Eastern Sociological Society, Washington, DC.
- Lichter, D., Roempke Graefe, D., & Brown, J. B. (2001, March 29–31). Is marriage a panacea? Union formation among economically disadvantaged unwed mothers. Paper presented at annual meeting of the Population Association of America, Washington, DC.
- McLanahan, S. (2004). Diverging destinies: How children are faring under the second demographic transition. *Demography*, November, 607–627.
- McLanahan, S. & Sandefur, G. (1994). *Growing up with a single parent: What hurts, what helps*. Cambridge, MA: Harvard University Press.
- Parke, M. (2003). Are married parents really better for children? What research says about the effects of family structure on child well-being. *Couples and Marriage Series, Policy Brief No. 3*. Washington, DC: The Center for Law and Social Policy.
- Reardon-Anderson, J., Stagner, M., Macomber, J.E., & Murray, J. (2005). systematic review of the impact of marriage and relationship programs. Retrieved from Administration for Children and Families. http://www.acf.hhs.gov/programs/opre/strengthen/serv_delivery/reports/systematic_rev/sys_title.html
- Thomas, A., & Sawhill, I. (2001). For richer or for poorer: Marriage as an antipoverty strategy. *Brookings Institution Working Paper*. Washington, DC: Brookings Institution.
- U.S. Census Bureau. (2007). *American Community Survey*. Washington, DC: U.S. Census Bureau.
- Wolfson, M., Champion, H., Rogers, T., Neiberg, R. H., Barker, D. C., Talton, J. W., Ip, E. H., D'Agostino Jr. R. B., Parries, M. T., & Easterling, D. (2011). Evaluation of Free to Grow: Head Start partnerships to promote substance-free communities. *Evaluation Review*, 35(2), 153-188.

Wood, R. G., McConnell, S., Moore, Q., Clarkwest, A. & Hsueh, J. (2012). The effects of building strong families: A healthy marriage and relationship skills education program for unmarried parents. *Journal of Policy Analysis and Management*, 31, 228–252. doi: 10.1002/pam.21608