



Local Evaluation Highlights from the 2015 Cohort of Healthy Marriage and Relationship Education Grantees Serving Adults

Healthy Marriage and Relationship Education (HMRE) grantees seek to support and strengthen families for the well-being and long-term success of children. Evaluations can help grantees improve services and better support families by examining what is working well and what is not. In the 2015 HMRE grantee cohort, funded by the Administration for Children and Families' Office of Family Assistance (OFA), 37 HMRE grantees served adults, and 13 of those grantees conducted local evaluations (Exhibit 1). In a local evaluation, a grantee works with an independent evaluator to design and execute a study to address questions of interest about grantees' programs and clients. The grantees that conducted local evaluations were not necessarily representative of the 2015 cohort, or of HMRE programs in general. However, the results from their evaluations can be helpful to other organizations that serve similar populations, provide similar services, or plan to do so.

This brief highlights selected results from the local evaluations of HMRE grantees serving adults. Full reports are available online (for more information, see [OFA's page on Data and Reports](#)). This brief first describes the services offered by HMRE grantees for adults, which provides context for interpreting the evaluation findings. It next summarizes findings from the descriptive evaluations that examined strategies for engaging adult participants and encouraging high attendance in HMRE services.¹ The brief concludes with a high-level summary of the local impact evaluations that highlights the effects those grantees achieved and implementation insights.

Exhibit 1. Local evaluations conducted by HMRE grantees serving adults



Grantees conducted descriptive evaluations about grantees' **program operations, service implementation, and changes in client outcomes** over time



Grantees conducted impact evaluations that answered questions about whether and **how the programs affected clients' relationships, parenting, and economic well-being**

¹ Although descriptive local evaluations focused on several topics, this brief focuses on the findings from those that examined participation, because this is a common implementation challenged faced by grantees.

HMRE adult grantee services

HMRE grantees typically offered group-based workshops in marriage and relationship education to build clients' relationship and parenting skills. Workshops took place during one or more sessions, and most adult clients (88 percent of individuals and 82 percent of clients in couples) participated in at least one HMRE workshop. Adult clients participated in a median 12 hours of workshops.²

Some grantees also offered individual service contacts, such as case management. On average, adult individuals participated in five service contacts and clients in adult couples participated in four service contacts (the median).

Attendance and program completion: A focus of descriptive evaluations

Five local HMRE evaluations reported on lessons learned for improving client participation in services. Although most enrolled clients attended at least one workshop, nearly half of the 2015 cohort of HMRE grantees (45 percent) reported that getting enrollees to attend services regularly was somewhat of a problem or a serious problem during the five-year period. When participants miss curriculum content, the grantee's program may have less opportunity to promote healthy relationships.

The [Children's Aid Society evaluation](#) found that program completers were generally older, had fewer children, and were unemployed or retired. Put another way, this group tended to have fewer competing demands on its time that could have interfered with attending services.

One evaluation examined a behavioral approach to strengthening attendance, specifically, asking participants to declare their intention to attend subsequent sessions. The [University of Central Florida's evaluation](#) found that participants who said that they were at least "very likely" to attend the next session usually did. For this evaluation, the baseline, and one-month and three-month follow-up surveys included a question asking program participants if they were likely to return for the next scheduled session (their "intent to return"). High percentages of participants (92 to 97 percent) reported they were very likely to return for the next session, and 90 to 97 percent of that group attended the next session. Although this strategy was not evaluated using a causal design (Exhibit 2), the act of stating an intention at the end of one session to return for the next session is a type of commitment device that research has shown to be effective in changing behavior.³

Exhibit 2. A note about the findings

The descriptive evaluations examined connections between program attendance and strategies to encourage attendance. They also compared the characteristics of enrollees with high and low attendance. The findings, however, do not establish a causal link. For example, we cannot conclude that a particular strategy caused higher attendance.

To demonstrate a causal connection, the research would need to include a control group, so that attendance for one group that experienced a particular strategy could be compared with attendance by a control group that did not experience the strategy.

² These results describe all HMRE grantees serving adults. For more information on the grantees that conducted local evaluations, see [Avellar, Sarah, Leah Shiferaw, Christine Ross, and Joanne Lee \(2021\). Supporting Healthy Relationships: Final Report on the 2015 Cohort of Healthy Marriage Adult Grantees Serving Adults, OPRE Report 2021-170, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.](#)

³ Gharad, Bryan, Dean Karlan, and Scott Nelson. "Commitment Devices." *Annual Review of Economics*, vol. 2, no. 1, 2010, pp. 671–698.

Grantees tried a range of strategies to accommodate clients' busy and sometimes unpredictable schedules:

- **Offering shorter formats.** The [Children's Aid Society evaluation](#) found that participants were more likely to complete the program in a one- or two-day retreat instead of a weekly workshop for 8 or 9 weeks.
- **Emphasizing make-up sessions.** The [Korean Community Center evaluation](#) had high program completion rates (98 percent), which they credited to the diligence of facilitators and participants in rescheduling missed sessions.
- **Allowing clients to attend any workshop that fit their schedule.** [WestCare Pacific Islands](#) engaged in a continuous quality improvement process and found that participants had to work around their extended families' schedules and their own variable work schedules to find time to attend the workshops. Because the grantee offered several workshop sessions each week, the program decided to allow clients to attend the session that best suited their schedule each week. Although a cohort model in which a group of clients attend at the same day and time each week might be desirable to build trust and community among the group, these benefits might be weakened if attendance is spotty.

Several evaluations examined how HMRE Adult grantee programs were adapted to meet specific needs of participants. These modifications might improve client engagement and increase the likelihood of high attendance.

- **Reflecting the clients' language and culture.** The [Korean Community Center evaluation](#) noted that program facilitators spoke one of the three languages spoken by participants (Korean, Chinese, or Vietnamese) and understood participants' cultural backgrounds.

For example, facilitators were sensitive to participants' concerns that obtaining relationship education could be perceived as admitting to a problem with their marriage. The facilitators also understood that participants viewed relationships as private and experienced some discomfort discussing their marriages in a group setting. Facilitators emphasized the confidentiality of all workshop discussions, and participants later reported that the services were useful and that everyone could benefit from trying to improve their relationship a bit.

- **Considering relationships with extended family.** A focus group for the [WestCare Pacific Islands evaluation](#) suggested that, because of extended families' influence on couples' relationships and decision making, HMRE programs could consider adding information about approaches to communicating and connecting with the extended family.
- **Modifying the HMRE schedule to align with substance use treatment.** The [Phoenix Houses of New York's evaluation](#) noted that the program was originally offered weekly for eight weeks but switched to two sessions per week for four weeks so participants in the residential facility could complete the program within the 30 days they were authorized to remain in the facility.⁴

Effects of HMRE grantee programs for adults on key outcomes

Six HMRE grantees serving adults conducted evaluations to assess how their programs affected participants' outcomes. The impact evaluations showed some favorable effects of the grantee programs, although the grantees that conducted impact evaluations were not representative of all HMRE grantees serving adults. In addition, not all evaluations examined the same outcomes (Exhibit 3).

⁴ Health insurance companies typically authorize payment for substance use treatment for 30 days.

The number of outcomes differed within evaluation and across the six domains: relationship skills, conflict skills, relationship satisfaction, parenting (closeness to children), mental health, and economic well-being. For example, the parenting domain had 2 outcomes measured in one evaluation, whereas the relationship satisfaction domain included 11 outcomes across 5 evaluations. Nonetheless, for grantees considering how their services might affect their clients, knowing the impacts of other programs is a good place to start.

The impact evaluations found some favorable results as well as some areas in which the program goals were not achieved. Exhibit 4 shows, for each domain, the number of outcomes and number of evaluations with at least one favorable impact, but many of these evaluations also had at least one outcome in that domain with no impact (that is, no statistically significant difference).⁵ Favorable effects were common though not universal for outcomes about relationships, such as conflict management skills and relationship satisfaction. For other domains, such as parenting and mental health, findings with no effects were as or more common than favorable outcomes.

Exhibit 3. Methods to combine findings

To summarize the findings of the HMRE impact evaluations, we grouped the impact estimates by domain (such as healthy relationship outcomes or mental health outcomes). We placed all impact estimates on a similar standardized scale so we could make comparisons across outcomes originally measured on different scales. We then characterized the findings within each domain based on whether there was at least one favorable, statistically significant finding.

Although impact evaluations generally focus on the effects on clients who could receive HMRE services compared to those who could not receive services, one local impact evaluation also examined the effects of different approaches to implementation. The [University of Miami](#) tested the effects of two online couple relationship education programs – OurRelationship and ePREP – against a control group that did not receive either program. The evaluation also randomly assigned some couples in the two relationship education programs to receive coaching during the program.

Exhibit 4. Number of outcomes and evaluations with favorable impacts

Domain	Number of outcomes		Number of evaluations	
	Favorable	Total	Favorable ^a	Total
Relationships				
Client-reported relationship skills	6	9	3	4
Client-reported conflict skills	6	9	4	4
Client satisfaction with their relationships	7	11	3	5
Parenting and well-being				
Closeness to children	1	2	1	1
Mental health	2	6	2	3
Economic well-being	4	8	2	3

Source: Avellar et al. (2021).

^a Evaluation had at least one favorable impact for an outcome in the specified domain.

⁵ For more details on the impact findings, see Avellar, Sarah, Leah Shiferaw, Christine Ross, and Joanne Lee (2021).

Couples who received coaching were more likely to complete the services than those with no coach contact. However, the programs' impacts on the couples' relationships were similar for couples with and without coaching. Both groups—the couples with and without coaching—reported higher levels of relationship satisfaction than the group that did not receive the program services. The findings suggest that online programs can be effective and that coaching can support better attendance.

Exhibit 5 also describes a few other takeaways from the impact evaluations.

Conclusion

Although the local impact and descriptive evaluations discussed in this brief were not representative of the 2015 HMRE cohort, they provide useful information for HMRE programs as they seek to engage participants in services and support healthy families. These grantees and evaluators demonstrated a commitment to using evaluation to better understand their operations and effects. HMRE leaders can build on and extend this knowledge as they implement their programs to serve couples and individuals building healthy relationships.

Exhibit 5. Selected impact evaluation findings

- A mindfulness approach to HMRE can be effective. An evaluation by [Auburn University](#) examined two HMRE programs, ELEVATE and Couples Connecting Mindfully (CCM), relative to a no-program control group. CCM used a mindfulness approach. Compared to the control group, both HMRE programs improved relationship skills immediately following the program, and couple satisfaction a year later. ELEVATE improved couples' mental health relative to the control group, but CCM did not.
- HMRE services can be effective for refugee and immigrant couples and individuals. An [evaluation of U.S. Committee for Refugees and Immigrants' Refugee Family Strengthening Program](#) found that providing healthy relationship services, case management, and either financial management or family stress and conflict management instruction to refugee and immigrant couples and individuals improved relationship skills and conflict management relative to a control group that received only case management. The services did not have impacts on families who enrolled.

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This brief is in the public domain. Permission to reproduce is not necessary. Suggested citation: Ross, C., and Avellar, S. (2022). Local Evaluation Highlights from the 2015 Cohort of Healthy Marriage and Relationship Education Grantees Serving Adults (OPRE Report 2022-132). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services (<https://www.acf.hhs.gov/opre>).

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