

## Research to Practice Brief

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# Strengthening the Implementation and Evaluation of Healthy Marriage and Relationship Education Programs for Youth: Considerations from Four Recent Impact Studies

Healthy marriage and relationship education (HMRE) programs for youth provide young people with information on the social and emotional aspects of romantic relationships through structured, classroom-based curricula (Scott et al. 2017). Programs are typically offered as part of a school class, such as health or family and consumer sciences, or as a voluntary afterschool or community-based program. In the short term, these programs aim to improve young people's understanding of romantic relationships and teach them healthy communication and conflict-management skills; in the longer term, HMRE programs aim to prepare young people to develop and maintain healthy, stable romantic relationships beginning in adolescence and extending into adulthood (Alamillo et al. 2021).

Since 2005, Congress has made an ongoing investment in HMRE programs for adults and youth through grants administered by the Office of Family Assistance within the U.S. Department of Health and Human Services' Administration for Children and Families. For the five-year grant cycle that started in 2015, nearly two-thirds of the organizations receiving grants provided HMRE programming to youth or young adults. Together, these organizations served more than 60,000 young people in 17 states (Avellar et al. 2021).

To provide evidence on the impacts of HMRE programs for youth, four grantees from the 2015 cohort conducted impact studies of their funded programs (Table 1). All four studies used random assignment evaluation designs to compare the outcomes of youth offered HMRE programming with outcomes of a control group of youth not offered HMRE. The studies measured impacts on outcomes such as knowledge of the characteristics of healthy relationships and perceived relationship

#### **ABOUT THIS BRIEF**

The considerations presented in this brief are based on findings from four impact studies of youth HMRE programs conducted by organizations awarded five-year grants from the Office of Family Assistance in 2015. We reviewed the final evaluation reports from these studies and had follow-up conversations with the participating grantees and evaluators.

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skills. Although the four studies were well implemented and carried out as planned, they found limited evidence of programs leading to intended outcomes. Only two of the four studies found evidence of favorable impacts for any of the outcomes examined.

This brief discusses possible ways to strengthen the implementation and evaluation of HMRE programs for youth. Specifically, it presents several practical considerations to inform future evaluations and increase the chances for programs to show evidence of favorable impacts on their intended outcomes. The first three sections of the brief focus on program design and implementation. The last two sections address evaluation issues.

This brief was written as part of the Strengthening Relationship Education and Marriage Services (STREAMS) evaluation, sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services. In 2015, ACF contracted with Mathematica and its partner, Public Strategies, to conduct the STREAMS evaluation to help identify strategies for improving the delivery and effectiveness of HMRE programs.

Table 1. Characteristics of the four HMRE programs and impact studies

Grantee name	Population and location	Program design and setting	Outcomes examined	Findings
Center for Relationship Education (Rhoades et al. 2020)	High school students in Denver area, Colorado	Students received about five hours of the REAL Essentials Advance curriculum as part of a semester-long health class for primarily 9th-grade students.	<ul> <li>Relationship skills</li> <li>Relationship attitudes (disapproval of teen dating violence)</li> <li>Relationship behaviors (verbal conflict and sexual activity)</li> <li>Well-being</li> </ul>	Based on follow-up surveys conducted at program exit and six months after enrollment, the study found no statistically significant differences in outcomes between students offered the program and a control group of students offered the regular school curriculum.
Texas State University (Hutson et al. 2020)*	Adolescent parents in San Marcos, Texas	Adolescent parents received consecutive semesters of two of three curricula—Love Notes, From Teen Parenting to Team Parenting, and Life After Graduation (10 or 20 hours each)—in a school class for adolescent parents.	<ul> <li>Co-parenting attitudes</li> <li>Co-parenting communication</li> <li>Relationship attitudes</li> <li>Relationship behaviors and relationship conflict</li> </ul>	Based on follow-up surveys conducted at the end of each semester and three months after the program, the study found that students in the treatment group reported lower co-parenting conflict and better relationship attitudes than students in the control group; the study found no statistically significant differences for other outcomes.
Children's Harbor (Leip 2020)	Young adults involved in foster care in Ft. Lauderdale, Florida	Young adults in foster care were offered 13 hours of the Love Notes curriculum (once or twice per month) and supplemental job readiness and financial stability services at a community center or program office.	<ul><li> Healthy relationship knowledge</li><li> Job readiness perception</li><li> Overall well-being</li><li> Financial stability</li></ul>	Based on follow-up surveys conducted at program exit and seven to nine months later, the study found no statistically significant differences between youth offered the program and a control group of youth not offered the program.
More Than Conquerors Inc. (Alamillo and Goesling 2021)*	High school students in Atlanta area, Georgia	Students received 8 lessons (12 hours) or 12 lessons (18 hours) of the Relationship Smarts PLUS curriculum as part of a semesterlong health class for primarily 9th-grade students.	<ul> <li>Relationship skills (general relationship skills and conflict management)</li> <li>Relationship attitudes and knowledge (disagreement with unrealistic relationship beliefs, disapproval of teen dating violence, desire to avoid teen pregnancy)</li> </ul>	Based on a follow-up survey conducted about 12 months after study enrollment, the study found no statistically significant impacts for 9 of the 10 primary outcomes examined. For the one exception, students offered the 12-lesson curriculum were more likely than students in a control group to disagree that feelings of love are enough to sustain a happy marriage.

Note: Asterisks denote impact studies that found statistically significant differences between the treatment and control groups on at least one outcome.

#### **DETERMINING THE RIGHT DOSE**

Dose refers to the amount of the intervention that a program intends to deliver—for example, the number of instructional hours devoted to HMRE in a high school health class. Among the four HMRE grantees discussed in this brief, three offered programming in school. The dose of these programs ranged from about 5 hours of HMRE offered over one to two weeks (Center for Relationship Education [CRE]) to 20 hours of HMRE offered over two semesters (Texas State). A fourth grantee—Children's Harbor—offered 13 hours of HMRE outside of school either once a month for 13 months or twice a month for 7 months.

Maximize dose without sacrificing attendance. The fact that the four impact studies found limited evidence of favorable impacts on youth outcomes suggests that it is hard for programs to change these outcomes. To increase the chances for favorable impacts in future evaluations, HMRE providers should try to maximize program dose by offering as much or more HMRE than was provided in these studies—that is, at least 18 to 20 hours. Trying to maximize program dose, however, can also present challenges. For example, Texas State's impact study found that when offering programming over two semesters, attendance declined in the second semester. In our follow-up conversations with the grantees and evaluators, staff from Texas State said they planned to shorten their program's length in the future because of the challenge of maintaining strong attendance. Similarly, staff from Children's Harbor decided to shorten the overall length of their program (without reducing dose) midway through their impact study because of difficulty getting youth to regularly attend the program over an extended period. Providers must find the right balance between maximizing dose and maintaining strong attendance.

### OTHER RESEARCH ON HMRE PROGRAMS FOR YOUTH

The four studies discussed in this brief contribute to a broader, emerging research literature on the impacts of HMRE programs for youth. For example, a recent review of the literature identified 15 impact studies examining HMRE programs that served youth younger than 18 (Alamillo et al. 2021). The studies examined program effects relative to a comparison group on outcomes such as relationship attitudes and beliefs, openness to future relationship services, relationship skills, conflict-management behaviors, and relationship quality with a romantic partner. Most of the studies evaluated programs delivered in high schools during the day; two studies evaluated community-based programs. The programs used different HMRE curricula but covered many similar topics. Several studies found favorable impacts on outcomes measured immediately after the program. Fewer studies examined long-term impacts measured a year or more after the program.

#### Offer booster sessions or other opportunities for supplemental

**programming.** Booster sessions are another way to increase program dose. Although none of the four grantees highlighted in this brief offered booster sessions, researchers studying HMRE programming for adults recommend offering booster sessions to enhance program impacts (Stanley et al. 2019). The same approach might hold promise for HMRE programs for youth, especially for school-based programs that have limited class time available. For example, for school-based programs offered in 9th or 10th grade, providers could seek to maintain contact with students through additional online or in-person sessions offered later in high school. In this approach, the initial class sessions would act as a building block for future programming. Many HMRE providers have built their capacity to deliver online sessions because of the shift from in-person to online classes during the COVID-19 pandemic. Therefore, finding ways to increase program dose through supplementary online classes might be a particularly promising approach.

#### **MAKING CONTENT RELEVANT**

Because providers are often limited in the dose they can offer, the choice of when to offer programming and what content to deliver is another key decision. To increase the chances for programs to show evidence of favorable impacts on their intended outcomes, providers must deliver content that is relevant to youth and resonates with them. Content that is relevant to youth can enable them to better engage in classroom activities and discussions, which, in turn, might lead to deeper learning of program content.

Align the program's content and expected outcomes with participants' age or grade level. Among the four HMRE grantees discussed in this brief, More Than Conquerors Inc. (MTCI) and CRE delivered programming to students early in high school. Schools might prefer this timing because it often coincides with when students take required classes such as health or family and consumer sciences. From a practical perspective, these classes are a logical fit because the topics commonly covered in HMRE curriculum align with class requirements. However, studies of how people learn indicate that people are more likely to retain information and skills when the material is immediately relevant to their lives (Merriam and Bierema 2014). These studies support offering HMRE programming to older high school students, who are more likely to report dating someone than students just entering high school (Eickmeyer 2020). Older students may be more readily able to apply the concepts and skills into their current relationships, as compared to younger students who are not in relationships yet. For example, Texas State offered programming to a specific group of youth—adolescent parents—for whom HMRE might have special relevance. This group of youth may be able to practice skills taught in classes in their romantic or coparenting relationships.

Make the program content culturally sensitive. In our follow-up conversations, grantees and evaluators discussed various ways they sought to make program content culturally sensitive, such as adapting and translating curriculum materials and using images and videos that reflected the demographic and cultural backgrounds of their participants. For example, after learning that a higher-than-expected proportion of its participants spoke Spanish as their primary language, MTCI translated its student workbooks and homework assignments from English into Spanish and had its facilitators participate in a training on best practices for working with English-language learners. Staff from Children's Harbor supplemented the images featured in their curriculum materials with additional images and videos of people that more closely resembled their participants. For a more in-depth approach to making their program culturally sensitive, staff from Texas State held focus groups with youth from their community to learn how to adapt one of their curricula for their intended population of Hispanic parenting youth.

#### **BUILDING RELATIONSHIPS BETWEEN FACILITATORS AND YOUTH**

Facilitators affect how participants engage with and absorb a program's content, which in turn affects what they learn from the program. A strong relationship, or working alliance, between facilitators and participants can help promote learning and increase the chances a program will have its intended effects (Stanley et al. 2019). Research indicates effective group facilitators understand the needs of participants, meet them where they are, and know how to put them at the center of the classroom environment (Stanley et al. 2019).

**Employ strategies to build relationships between facilitators and participants.** All four HMRE grantees discussed in this brief used program-employed facilitators to lead their HMRE sessions, rather than schoolteachers or other nonprogram staff. Using program-employed facilitators reduces burden on schoolteachers or other nonprogram staff. In addition, program-employed facilitators can receive specialized training on delivering an HMRE curriculum, which can increase fidelity to the intervention. But building rapport with youth can be hard for program-employed facilitators, especially when programs have few sessions or are delivered over a short period. In follow-up conversations, grantees and their evaluators discussed several strategies providers could use to build relationships between facilitators and participants, such as selecting a curriculum that gives facilitators time to engage with participants (in addition to lecture), providing training on facilitation techniques, and encouraging facilitators to share appropriate personal anecdotes as a way to connect with participants.

Consider the facilitator-participant relationship when making staffing decisions. In our follow-up conversations, grantees and evaluators suggested that youth might find the HMRE content more relatable if facilitators had experiences or upbringings similar to their own. For example, Texas State used only female facilitators because the population served by their program was mainly pregnant and parenting mothers. Texas State staff further hypothesized that, because the participants were primarily Hispanic, the lessons might have resonated even more with participants if the facilitators shared the same demographic and cultural backgrounds. Similarly, when identifying and training staff for its school-based program, MTCI sought to use facilitators that matched the expected demographic make-up of the student population. They learned during the first year of the study that a higher-than-expected proportion of their participants spoke Spanish as their primary language. In follow-up conversations, MTCI staff said they would have tried to hire more Spanish-speaking facilitators if they knew to expect more Spanish-speaking students in the program.

#### **PICKING THE RIGHT OUTCOMES TO STUDY**

For a program impact study, HMRE providers and their evaluators must decide the primary outcomes the study will assess, which will be used to draw conclusions about the overall success and effectiveness of the program. Providers are often hopeful that their programs will have meaningful effects on multiple aspects of young people's lives. However, when selecting primary outcomes for an impact study, it is important think carefully and be realistic about which outcomes are most likely to change relative to baseline values and given the strength of the intervention.

Measure youth's relationship skills, attitudes, and knowledge when the program ends. Measuring outcomes at the end of programming is a good way to test if youth absorbed the program content and gained the knowledge and skills the program intended to provide. Prior research suggests that it is possible (though not guaranteed) to find evidence of impacts on youth relationship skills, attitudes, and knowledge when a program ends (Simpson et al. 2018). Measures of relationship skills, attitudes, and knowledge fulfill this purpose because they capture the short-term outcomes most HMRE programs for youth aim to improve. In addition, it is usually possible to measure these outcomes for all students, regardless of their past or current relationship status. For studies involving older youth, it might be possible to measure a program's impacts on youth's relationship experiences or the quality of their romantic relationships when the program ends. However, impacts on these outcomes might take longer to unfold, and the outcomes can be measured only for youth who have experience with dating or romantic relationships.

**Have a clear rationale for measuring longer-term outcomes.** Only two of the four impact studies discussed in this brief included longer-term outcomes measured at least six months after the end of programming. MTCI's impact study found a statistically significant impact for 1 of 10 outcomes measured a year after students enrolled in the study. CRE's impact study did not find statistically significant impacts for any outcomes after six months. This limited evidence of sustained impacts is consistent with prior research on HMRE programming for youth (Alamillo et al. 2021). Limited evidence from prior research does not rule out the possibility that future studies of other programs will show more evidence of impacts after the program ends. However, providers should have a clear rationale for measuring impacts on longer-term outcomes, such as having a strong theory of change or hypothesis for why they expect their program to have sustained impacts. To test longer-term outcomes, providers should consider measuring impacts in programs that offer high doses, intensive services, or booster sessions.

#### **CONSIDERING PROGRAM SERVICE CONTRAST**

For an impact study, the contrast between (1) the information and services offered by the program and (2) other information and services available outside of the program provide important context for interpreting the study findings and should factor into the study design and discussion of results. Youth receive information on romantic relationships from many sources—their friends and families, classmates, the Internet, social media, and through their participation in other school classes, after-school activities, and religious groups. Program impact studies such as the ones discussed in this brief measure the impacts of HMRE programming in the context of all the other sources of information and social influences youth encounter in their daily lives.

Make the contrast in program services as big as possible. Other things being equal, the bigger the contrast between the program and other available information and services, the greater the chance an impact study will find evidence of program impacts on youth outcomes. All four impact studies discussed in this brief measured program impacts by comparing the outcomes of youth offered an HMRE program with the outcomes of other youth offered alternative or no additional programming. For example, CRE's impact study compared the outcomes of students who were offered lessons from the REAL Essentials Advance curriculum with the outcomes of students offered the regular school curriculum. Similarly, the Children's Harbor impact study compared the outcomes of youth offered a group-based HMRE program and supplementary one-on-one mentoring and support services with the outcomes of youth not offered an HMRE program or supplementary services. In our follow-up conversations, grantees and evaluators explained that the contrast in services was sometimes influenced by factors beyond their control—for example, the amount of instructional time schools had available for HMRE lessons, or youth having access to other, similar programs or services in the community. In hindsight, they thought that not having a big enough contrast might explain why their studies found limited evidence of impacts. They saw a need for future evaluations to test a bigger contrast in services—either in the amount or content of programming offered.

Describe the contrast in services when describing the study results. HMRE providers and their evaluators should clearly describe the contrast in services when describing results from a program impact study. A finding of small or no impacts does not always reflect a flaw in program design or implementation. Rather, it could reflect that HMRE programs face the challenge of trying to stand out among the competing sources of information and social influences youth encounter in their daily lives. For example, MTCI's impact study involved students attending two large public high schools near Atlanta, Georgia. The study compared the outcomes of students offered HMRE as part of a required health class with a control group of students from the same schools who also took health class but without HMRE. The study found evidence that students in the classes with HMRE experienced improvements in their relationship skills and attitudes in the year after they enrolled in the study. However, students in the control group experienced similar improvements, presumably due to the common environmental influences all students shared outside of their health classes. Describing this context is a necessary part of accurately describing the study results and can help readers understand how a finding of small or no impacts may reflect other information sources or social influences happening outside the program.

#### **SUMMARY AND CONCLUSIONS**

Research on HMRE programs for youth is still in its early stages. The four studies highlighted in this brief sought to expand available evidence on the impacts of HMRE programming on a variety of youth outcomes. Although the studies found limited evidence of programs leading to intended outcomes, they suggest possible ways to strengthen the future implementation and evaluation of HMRE programs. Future studies will need to establish whether the considerations highlighted in this brief yield more consistent evidence of favorable impacts on youth outcomes.

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