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A Promising Public Policy

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This paper will summarize the Healthy Marriage Initiative (HMI). The HMI was begun in 2002 to help couples who have chosen marriage for themselves gain greater access to marriage education services, on a voluntary basis, where they can acquire the skills and knowledge necessary to form and sustain a healthy marriage. The initiative/public policy has been run by the Administration for Children and Families (ACF), part of the U.S. Department of Health and Human Services.

Healthy Marriage is defined as a concept including, but not limited to, the following characteristics: “commitment of the couple, satisfaction, communication, conflict resolution, lack of domestic violence, fidelity, interaction/time together, commitment to the children, intimacy/emotional support, and duration/legal marital status” (Child Trends, 2004).

Often when discussing the HMI, Wade Horn, Ph.D., Assistant Secretary of the Administration for Children and Families, would add that this initiative is not about coercing anyone to marry or remain in unhealthy relationships; withdrawing supports from single parents, or diminishing, either directly or indirectly, the important work of single parents; stigmatizing those who choose divorce; limiting access to divorce; promoting the initiative as a panacea for achieving positive outcomes for child and family well-being; running a federal dating service; or an immediate solution to lifting all families out of poverty.

In addition to benefiting from a supportive President, this initiative was possible in 2002 because of an accumulated body of work, writings, conferences and websites contributed by many policy makers, researchers and practitioners. Domestic violence is addressed in the legislation, which requires that all healthy marriage grantees consult with domestic violence experts and produce and maintain domestic violence protocols. Cultural concerns are addressed through culturally competent initiatives, such as the African American Healthy Marriage Initiative, the Hispanic Healthy Marriage Initiative, the Native American Healthy Marriage Initiative, and the Asian Pacific American Healthy Marriage Network. Programs also serve refugees and immigrants.

Healthy Marriage programs have been funded in most program offices at ACF. Programs are funded through the Deficit Reduction Act, including \$100 million for Healthy Marriage and up to \$50 million for Responsible Fatherhood, which began in fiscal year 2006. Allowable activities authorized in the legislation include but are not limited to the following: public advertising campaigns; education in high schools; marriage education, marriage skills, and relationship skills programs; divorce reduction programs that teach relationship skills; marriage mentoring programs; and programs to reduce the disincentives to marriage in means-tested aid programs if offered in conjunction with any of the other seven activities.

As with most public policy initiatives, critiques of the HMI have arisen in the past several years. Even so, evaluations are being conducted, and the programs are funded in nearly every state, as well as in American Samoa and Puerto Rico. Most of the funding will continue through 2011 and the research efforts will run through 2013.

Given the growing bipartisan support and the success of both the African American and Hispanic Healthy Marriage Initiatives, the Special Assistant for Marriage Education predicts that the HMI will likely continue and be expanded under the new Administration. The implications for the future are that research and evaluation may facilitate continuation, and that language matters in how the government role is explained and supported.

The views expressed are those of the author and do not represent those of HHS/ACF. The author wishes to acknowledge the significant content and editorial contributions of Emily Luschin.

What is the Healthy Marriage Initiative?

Shortly after Wade Horn, Ph.D., was appointed the Assistant Secretary of the Administration for Children and Families in 2001, he outlined his nine key priorities, one of which was the Healthy Marriage Initiative. He described the mission as helping couples who choose marriage for themselves to develop the skills and knowledge to form and sustain healthy marriages.

In 2002 the wording was revised to... *helping couples who have chosen marriage for themselves **gain greater access to marriage education services, on a voluntary basis, where they can acquire the skills and knowledge necessary to form and sustain a healthy marriage.***

From the outset, the Healthy Marriage Initiative (HMI) focused on:

- *Implementing demonstration projects.* ACF is working with States and communities to implement broad-based demonstration projects to strengthen marriages that will involve local governments, businesses, faith-based and civic organizations, non-profits and other key community sectors.
- *Emphasizing marriage in Federal programs.* ACF's program offices are promoting healthy marriages in every appropriate program. For example, marriage education and enrichment services are being provided, alongside existing services, to some low-income couples who utilize Refugee Resettlement, Children's Bureau, Community Services and TANF services (described later in this section).
- *Conducting research.* This initiative is using existing funds to study the effectiveness of various marriage-strengthening services so that future resources can be efficiently targeted.
- *Training.* The initiative is providing training about healthy marriage issues to interested Federal ACF staff. (My first Tuesday of the month Marriage Education video conference continues to this day.)

The Administration for Children and Families administers over 65 different social programs at a cost of \$47 billion dollars each year. They include child welfare, child support enforcement, programs for runaway youths and anti-poverty programs. The breakup of families and marriages often creates or exacerbates the need for such programs. To reduce the need for these services, we must begin preventing the problems from happening in the first place. One way to accomplish this is to help couples form and sustain healthy marriages.

Congress acknowledged the importance of married-couple families when it reformed the welfare system in 1996. Three of the four stated purposes of the Temporary Assistance for Needy Families (TANF) program, created by the 1996 legislation, relate either directly or indirectly to promoting healthy marriages.

These are:

- assisting needy families so that children can be cared for in their own homes
- reducing the dependency of needy parents by promoting job preparation, work and marriage
- preventing out-of-wedlock pregnancies
- encouraging the formation and maintenance of two-parent families.

President Bush echoed this sentiment when he indicated that healthy marriages would be a focus of his administration. In proclaiming National Family Week in November 2001, he noted: *My administration is committed to strengthening the American family. Many one-parent families are also a source of comfort and reassurance, yet a family with a mom and dad who are*

committed to marriage and devote themselves to their children helps provide children with a sound foundation for success. Government can support families by promoting policies that help strengthen the institution of marriage and help parents rear their children in positive and healthy environments.

Often, when discussing the HMI, Dr Horn would add that this initiative is **not** about:

- Coercing anyone to marry or remain in unhealthy relationships.
- Withdrawing supports from single parents, or diminishing, either directly or indirectly, the important work of single parents.
- Stigmatizing those who choose divorce.
- Limiting access to divorce.
- Promoting the initiative as a panacea for achieving positive outcomes for child and family well-being.
- Running a federal dating service.
- An immediate solution to lifting all families out of poverty.

What were some of the factors that made it possible to implement the initiative in 2002?

When President Bush introduced his welfare reform agenda in February of 2002 he said (from the transcript): *We will work to strengthen marriage. As we reduce welfare case loads, we must improve the lives of children. And the most effective, direct way to improve the lives of children is to encourage the stability of American families.*

Across America, no doubt about it, single mothers do heroic work. They have the toughest job in our country. Raising children by themselves is an incredibly hard job. In many cases, their lives and their children's lives would be better if their fathers had lived up to their responsibilities.

Statistics tell us that children from two parent families are less likely to end up in poverty, drop out of school, become addicted to drugs, have a child out of wedlock, suffer abuse or become a violent criminal and end up in prison. Building and preserving families are not always possible, I recognize that. But they should always be our goal.

So my administration will give unprecedented support to strengthening marriages. Many good programs help couples who want to get married and stay married. Isn't that right? We just talked about one such program. Premarital education programs can increase happiness in marriage and reduce divorce by teaching couples how to resolve conflict, how to improve communication and, most importantly, how to treat each other with respect.

There are also programs for couples with serious problems – alcoholism, infidelity or gambling. Trained mentor couples who have had experience – who have experienced severe marital problems themselves – now teach other couples how to repair their own marriages. Using this approach, one national program reports being able to save up to 70 percent of very troubled marriages.

Under the plan that I'm submitting, up to \$300 million a year will be available to support innovation and to find programs which are most effective. You see, strong marriages and stable families are incredibly good for children. And stable families should be the central goal of American welfare policy.

The written welfare reform plan, *Working Toward Independence*, that President Bush introduced that day, included this section:

Promote Child Well-Being and Healthy Marriages

Overview. The Administration's proposal encourages states to increase their efforts to promote child well-being and healthy marriages. There is an abundant body of research proving that children raised in households headed by continuously married parents fare, on average, better than children growing up in any other family structure. Children growing up without a married mother and father are more likely to experience school failure, to suffer from emotional disturbance or depression, and to abuse drugs. These differences in outcomes for children in two-parent, married families and other families persist even after controlling for family characteristics such as race and parents' education. For example, children growing up without a married mother and father are about twice as likely to drop out of school, over 50 percent more likely to have a child themselves as a teenager, and over 50 percent more likely to abuse controlled substances. As adults, they are over 30 percent more likely to be both out of school and out of work, and tend to have less stable relationships.

The better outcomes experienced by children in two-parent, married families are only partly attributed to higher incomes. Married parents also tend to spend more time with their children, be more connected to their community, and have more stable relationships.

Cohabitation is not equivalent to marriage in promoting the well-being of children. By the time they reach age 16, three quarters of children born to cohabiting parents will see their parents separate, compared to only about one third of children born to married parents. In the last decade, the proportion of cohabiting mothers who eventually marry their child's father fell from 57 percent to 44 percent.

Congress recognized the fact that two-parent, married families represent the ideal environment for raising children when it enacted TANF in 1996. TANF features a variety of family formation provisions. **However, state efforts to promote healthy marriages represent just one percent of total TANF program expenditures.** The limited attention paid to family formation by states is due in part to the lack of knowledge about how to implement successful marriage and family formation programs.

Our proposal will place a greater emphasis in TANF on strengthening families and improving the well-being of children. Enhanced funding will be made available for research, demonstrations, technical assistance, and matching grants to states. An increased focus on marriage and child well-being will be added to both the purposes of the program and the state plan requirements. . ."

Note: Some elements of the plan were not implemented, and the Healthy Marriage funding was reduced to \$100 million when the Deficit Reduction Act was signed into law four years later.

In addition to benefiting from a supportive President, this initiative was possible in 2002 because of an accumulated body of work, writings, conferences and websites contributed by policy makers, researchers and practitioners, including: Wade Horn, Ph.D., Assistant Secretary of ACF; Chris Gersten, Principal Deputy Assistant Secretary of ACF; Diane Sollee, Founder and Director of The Coalition of Marriage, Family and Couples Education; David Blankenhorn, Founder and President of The Institute for American Values; David Popenoe and Barbara Dafoe Whitehead, Co-Directors of The National Marriage Project; Governor Keating, Jerry Regier, Howard Hendrick and Mary Myrick in Oklahoma; Robert Rector and Pat Fagan of the Heritage Foundation; Maggie Gallagher and Linda Waite, co-authors of *The Case for Marriage*; Ron Haskins, Brookings Institution; Theodora Ooms, CLASP; Bob Lerman, Urban Institute; Scott

Stanley and Howard Markman of PREP; Mike McManus, Co-Founder of Marriage Savers; the work of Fragile Family researchers; the early work of The National Extension Relationship and Marriage Education Network; David and Vera Mace, Founders of The Association for Couples in Marriage Enrichment (ACME); Julie Baumgardner, Executive Director of First Things First; Jeff Kemp, President of Families Northwest; Ron Mincy at Columbia University; and others.

What are the criticisms of it?

As with most public policy initiatives, negative critiques of the HMI have arisen in the past several years. The main arguments are related to the initiatives' origins, merits and outcomes.

“Religious Roots” Critics claim that the HMI was produced and supported “within the context of the political Right’s family values ideology” (Hardisty, 2008) and within a religiously-minded agenda (Mencimer, 2008). These same skeptics assert that “the arguments in favor of marriage and fatherhood as a cure for poverty are ultimately ideological in nature,” (Hardisty, 2008; Mencimer, 2008) rather than research-based.

“Poverty Panacea” A corollary criticism is that the HMI allegedly asserts itself as a panacea for lifting all families out of poverty, whether by supporting “organizations that encourage women – especially welfare recipients – to marry their way out of poverty,” (Hardisty, 2008) or by the “naïve belief that we can inoculate people to make their marriages immune to the chronic economic and social stress that destabilizes low-income families” (Smock, 2006; Jones-DeWeever, 2002). Additional critics argue that “such proposals reflect the widespread assumption that failure to marry, rather than unemployment, poor education, and lack of affordable child care, is the primary cause of child poverty” (Coontz & Folbre, 2002).

“Efficacy” Other critiques are that the programs are untested (Smock, 2006), that outcomes are unmeasurable (Mencimer, 2008), that minimal real evaluations are being conducted (Mencimer, 2008), and that this initiative may not “actually leave most people better off” (Smock, 2006).

Also, unsuccessful lawsuits were brought by Americans United for the Separation of Church and State, and Legal Momentum (the legal advocacy group founded by the National Organization for Women).

Upon reviewing the criticisms, I would claim that many of those who disparage the HMI do not fully understand what it is and how it is being implemented. This document speaks to all of the issues that are raised: 1) the HMI was produced and supported by research; 2) the HMI does not claim to be a poverty panacea, rather, one more tool in the existing service structure to help individuals and families succeed; 3) the HMI uses significant funding for research; and 4) research reports indicate that attendees find programs engaging and helpful.

How do we define Healthy Marriage?

The characteristics of a healthy marriage include, but are not limited to, “communication, satisfaction, lack of domestic violence, commitment of the couple, conflict resolution, commitment to the children, interaction/time together, intimacy/emotional support, duration/legal marital status, and fidelity” (Child Trends, 2004).

In our large (\$100m) grant announcement in 2006, we said the following to further clarify “a healthy marriage”:

Marriage Skills-Training Curriculum. Grant activities that implement marriage education services must **include skills-based interventions** specifically designed to increase the likelihood that healthy marriages will form, or existing marriages will experience measurable long-term marital satisfaction and stability. Participants must experience a minimum of eight hours of instruction delivered over time, or the number of instructional hours and days commensurate with the established guidelines required by the author of the model used.

The curriculum used must be designed to help couples learn and apply skills that will:

- Improve **communication** between couples,
- Improve the couple’s ability to resolve their **conflicts**, and
- Strengthen the couple’s **commitment** to increasing marital stability.

How are domestic violence and cultural concerns addressed?

Addressing Domestic Violence. The federal government requires that all healthy marriage grantees consult with domestic violence experts and produce and maintain domestic violence protocols. These protocols articulate in writing a program’s plan for identifying and responding to domestic violence issues. Several resources are available to help grantees and other interested parties in developing domestic violence protocols for marriage education programs and services.

A The Center for Law and Social Policy (CLASP)

In 2006, CLASP and the National Conference of State Legislatures co-sponsored the Building Bridges Wingspread Conference, which convened 35 leaders in the fields of marriage, fatherhood, and domestic violence – fields that, despite shared interest in promoting healthy relationships and child well-being, typically operate independently (CLASP, 2006). The briefs explore how the healthy marriage, responsible fatherhood, and domestic violence communities can work together to promote the well-being of families and children.

Topics include:

- the barriers to building bridges between the three communities;
- current tensions and concerns;
- common ground; and
- possible avenues for cooperation, collaboration, and joint action, avenues that would result in better outcomes for children and adults alike (CLASP, 2006).

Additional resources can be found at the CLASP website, including a sociologist’s perspective on domestic violence, a community psychologist’s perspective on domestic violence, and guidance for responding to domestic violence within healthy marriage programs (CLASP, 2006).

B The National Healthy Marriage Resource Center (NHMRC)

The NHMRC is a clearinghouse for high quality, balanced, and timely information and resources on healthy marriage. The NHMRC's mission is to be a first stop for information, resources, and training on healthy marriage for experts, researchers, policymakers, media, marriage educators, couples and individuals, program providers, and others (NHMRC, 2008).

The NHMRC is also the primary technical assistance provider to healthy marriage grantees of the Office of Family Assistance, Administration for Children and Families, Department of Health and Human Services. It has provided significant training to ensure grantees produce and maintain domestic violence protocols.

At the NHMRC website are supporting documents associated with the March 13, 2007 National Healthy Marriage Resource Center Technical Assistance Call on "Developing and Implementing Effective Domestic Violence Protocols." There is also an audio recording of the call and additional resources provided in response to questions raised by participants.

In addition, a resource packet (CD) was prepared for the National Healthy Marriage Resource Center (NHMRC) with generous support from The Annie E. Casey Foundation (Merriam, 2007). The National Resource Center on Domestic Violence serves as the NHMRC's domestic violence partner. This resource packet includes five related guides developed for relationship and marriage educators and program administrators to help them understand and respond to domestic violence issues that may arise within their programs.

The full resource packet consists of the following guides:

- Understanding Domestic Violence: Definitions, Scope, Impact and Response
- Building Effective Partnerships with Domestic Violence Programs
- Protocol Development and Implementation: Identifying and Responding to Domestic Violence Issues
- Screening and Assessment for Domestic Violence: Attending to Safety and Culture
- After Disclosure: Responding to Domestic Violence

Addressing Cultural Concerns

Prior to 2002, these marriage education programs were designed for – and have mostly served – white, middle-class, educated couples who were engaged or already married (Ooms, 2007). The new ACF-funded programs reach out to serve African Americans, Latinos, Native Americans, refugees and immigrants from many different cultures (Brookings, 2008).

The initiatives listed below seek to develop programs and curricula relevant to their culturally diverse populations.

A The African American Healthy Marriage Initiative (AAHMI)

The AAHMI is a component of the ACF Healthy Marriage Initiative and more specifically promotes a culturally competent strategy for fostering healthy marriage and responsible fatherhood, improving child well-being, and strengthening families within the African American Community (AAHMI, 2008).

The AAHMI actively seeks to fulfill its mission in many ways, including but not limited to:

- Hosting an annual Healthy Marriage Research Conference in North Carolina, Chapel Hill, and making these proceedings available online.
- Helping organizations promote and strengthen the institution of marriage in their communities by providing online resources, such as the AAHMI Quick Reference Guide to Local Media and Community Outreach (AAHMI Reference Guide, 2008).
- Highlighting AAHMI activities nationwide through the AAHMI newsletter.

The Center for Law and Social Policy describes how the AAHMI creates culturally relevant curricula and programs: *The AAHMI and other organizations have hosted conferences and other forums to better understand the complex array of economic, historical, and cultural issues that underlie the ‘decline in marriage’ among African-Americans at all income levels. As a result, several marriage and relationship education and enrichment programs have been developed that incorporate relevant Afro-centric themes.*

These themes include: The legacy of slavery in eroding marital ties and breaking families apart, Effects of matriarchy on male-female relations, Gender distrust and infidelity, Strengths of extended families, The important role of churches in black communities, The value of bonding rituals and traditions, and The impact of racial discrimination on couple and family relationships.

In addition, some curriculum adaptations now also incorporate topics especially germane to many urban, low-income African-Americans – especially to unmarried parents: Multi-partner parenting, Male unemployment and incarceration, Domestic violence issues, and Involvement with the justice and child support systems.

Further information can be found at the AAHMI and ACF websites.

B Hispanic Healthy Marriage Initiative (HHMI)

The goal of the HHMI is to address the unique cultural, linguistic, demographic, and socio-economic needs of children and families in Hispanic communities (HHMI, 2008).

Their website includes documents such as fact sheets, Hispanic American marriage statistics, and resources for working with healthy marriage programs. These resources include working papers that are “intended to provide support to program administrators as they expand or implement new marriage education services for Hispanic couples” (HHMI, 2008). They are designed for program developers and staff, healthy marriage programs, and researchers, evaluators and program directors.

Additionally, the HHMI has sponsored three research conferences in which participants identified and discussed the issues that need to inform healthy marriage programs targeting Latino populations. Some of these issues are gradually being incorporated into existing marriage programs and curricula. In addition, a few curricula have been designed specifically for Latino populations (Ooms, 2007).

Specific issues include the need to:

- Acknowledge the tensions families face in accommodating to American ideals of gender equality and individualism, which conflict with the gender roles and group-oriented values of their traditional cultures.

- Build on traditional cultural values – such as machismo, marianismo, and familismo (prioritizing parent-child relations over spousal) – to emphasize their positive aspects and de-emphasize negative concepts (i.e., those related to power and control).
- Recognize Latinos' dependence on extended family and the stressful experience of separation from children and extended family who remain in the home country.
- Adapt to Latinos' nonverbal, indirect communication styles and to their preference to avoid conflict.
- Acknowledge the discrimination, lack of legal documentation, and involvement with the immigration and justice systems can highly stress spousal and family relationships (Ooms, 2007). Further information can be found at the HHMI and ACF websites, in Spanish and in English.

C Native American Healthy Marriage Initiative (NAHMI)

The Administration for Native Americans (ANA) seeks to support projects that include approaches to improve child well-being by removing barriers to form and sustain healthy marriages and strengthen families in Native communities. NAHMI promotes culturally competent strategies to strengthen Native American families and communities by fostering healthy marriages, responsible fatherhood, and child well-being.

The NAHMI includes three components:

1. Education and communication;
2. The creation and enhancement of collaborations and partnerships; and
3. Identifying resources (NAHMI, 2008).

Curriculum and program adaptations are shaped by the particular tribal context and by whether the target population lives on the reservation or is disbursed in the general community. However, there are several cultural challenges that have been experienced across most of these programs.

Native Americans in general regard couple and family issues as intensely personal and private and are uncomfortable talking about them, especially to strangers. There is considerable distrust of 'government-sponsored' programs. The fact that federal officials do not acknowledge the validity of traditional tribal marriages (which have the status of common-law marriages within the tribe) has also been a problem. Nevertheless, these and other challenges are typically overcome when tribal leaders and elders strongly endorse and support the program – for example, as the governor of the Chickasaw Nation has in Oklahoma (Ooms, 2007). Further information can be found at the NAHMI and HMI websites.

D Asian Pacific American Healthy Marriage Network (APAHMN)

The APAHMN, unlike the three other culturally competent initiatives, was created and championed not by ACF, but by a nonprofit based in California called Korean Churches for Community Development (KCCD). The APAHMN is a focused effort to promote a culturally and linguistically competent strategy for strengthening marriages and families in the Asian American and Pacific Islander community (APAHMN, 2008).

Further information can be found at the APAHMN website.

How is it funded and to what level?

Healthy Marriage programs have been funded at various levels in most program offices at

ACF from Financial Year 2002 to Financial Year 2008. Offices include the Administration for Native Americans (ANA), the Children’s Bureau (CB), Office of Child Support Enforcement (OCSE), Office of Community Services (OCS), Office of Family Assistance (OFA), Office of Head Start (OHS), Office of Planning, Research and Evaluation (OPRE), and Office of Refugee Resettlement (ORR). See complete chart below.

Deficit Reduction Act funding included \$100m for Healthy Marriage and up to \$50m for Responsible Fatherhood beginning in FY2006. Combined funding for FY2008 stood at \$166m. The largest components are in the Office of Family Assistance at 68% and in the Office of Planning, Research and Evaluation at 16%.

Healthy Marriage and Responsible Fatherhood Initiatives Funding Chart							
Office	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
ANA	\$0	\$100,000	\$762,558	\$2.5m	\$4.2m	\$4.2m	\$4.4m
CB	\$150,000	\$2.3m	\$4.3m	\$5.8m	\$6.2m	\$7.2m	\$6.4m
OCSE	\$0	\$3.1m	\$3.7m	\$5.4m	\$2.0m	\$4.5m	\$4.8m
OCS	\$0	\$190,000	\$2.3m	\$5.6m	\$4.4m	\$1.7m	\$0
OFA	\$9,700	\$10,200	\$18,500	\$0	\$116m	\$110m	\$113m
OHS	\$0	\$0	\$0	\$0	\$0	\$0	\$7.8m
OPRE	\$5.1m	\$4.6m	\$10m	\$8.0m	\$24.1m	\$29.6m	\$27.3m
ORR	\$850,000	\$4.8m	\$2.7m	\$2.8m	\$4.4m	\$3.8m	\$3.8m

What are the “allowable activities” in the 2005 legislation that reauthorized the Temporary Assistance for Needy Families (TANF) Program?

The Deficit Reduction Act of 2005 (P.L. 109-171), amends Title IV, Section 403(a)(2) of the Social Security Act (42 U.S.C. 603(a)(2)) and authorizes competitive funding for demonstration projects that promote healthy marriages through any of the following programs or allowable activities:

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.
Marriage mentoring programs, which use married couples as role models and mentors in at-risk communities.
7. Programs to reduce the disincentives to marriage in means-tested aid programs if offered in conjunction with any of the other seven activities.

How is it going so far?

Several grantees are modeling best practices across the country, such as: *The Alabama Community Healthy Marriage Initiative* is a partnership of the University of Auburn, The Children's Trust Fund of Alabama, and the Alabama Cooperative Extension System. The initiative works with many other agencies and individuals at the state and local levels who have joined together to strengthen Alabama families. It provides programming for youth, non-married parents, premarital couples, stepfamilies and married couples. Curricula are research-based and include *Basic Training for Couples: Black Marriage Education, Mastering the Magic of Love, Relationship Smarts Plus, Smart Steps for Stepfamilies, and Together We Can: Caring for My Family*.

In 2006 *The California Healthy Marriages Coalition* (CHMC) received \$11.9 million, the largest grant ever awarded by HHS/ACF in support of Healthy Marriages.

"Through this funding, the CHMC partners with a network of 23 faith- and community-based organizations (FBCOs) throughout California. Each of CHMC's funded partner organizations is a coalition consisting of many other FBCOs, through which they deliver Marriage Education and Relationship Skills classes, enabling CHMC to reach California's diverse population by traversing the key demographic dimensions of geography, ethnic/cultural differences, and agency-type FBCOs" (CHMC, 2008).

Classes are offered state-wide in many languages. The CHMC has also begun a public awareness campaign called "Because of ME!" Additionally, they conduct research, and recently released the results of a state-wide survey of 2,005 Californian adults entitled *The State of California's Unions: Marriage and Divorce in the Golden State*.

The Oklahoma Marriage Initiative began approximately eight years ago and serves as a national program model of programmatic design and delivery. The OMI currently offers training in two curricula: the Prevention and Relationship Enhancement Program (PREP), which targets couples in a workshop setting; and Within My Reach (WMR), which targets singles. The OMI designed and completed the first comprehensive statewide survey on marriage, and has been featured in *The New Yorker, The Boston Globe, the Houston Chronicle, and The New York Times*.

First Things First, located in Chattanooga, Tennessee, provides marriage and relationship education classes to all ages and relationship stages. Additionally, it houses a community Marriage and Family Resource Center for the general public, and produces and sells the rights to its comprehensive media campaigns consisting of television, radio, print and outdoor advertising. Recurring events include: National Marriage Week and Black Marriage Day in February; Ride for Families in April; National Teen Pregnancy Prevention Month in May; Movies in the Park in July; Fall Banquet in September; Let's Talk in October, and Families on the Run in December.

Healthy Marriages Grand Rapids, in Michigan, provides marriage preparation, marriage enrichment, marriage mentoring, marriage support, crisis interventions, resources and programs tailored to stepfamilies and blended families, a *Marriage and Family Building Series* that include research-to-practice lectures, and community events. The Chairman of the Steering Committee is State Senator Bill Hardiman.

National Center for Marriage Research, established at Bowling Green State University, Ohio, "aims to improve our understanding of how marriage and family structure affect the health and well-being of individuals, families, children and communities, and inform policy development and programmatic responses. Activities include addressing key research questions, establishing a

strong network of multi-disciplinary scholars, developing and training future researchers, improving research methods and data, and actively disseminating research findings” (NCOMR, 2008).

Also discussed earlier in this chapter, *The National Healthy Marriage Resource Center* (NHMRC), Fairfax, Virginia, “is a clearinghouse for high quality, balanced, and timely information and resources on healthy marriage. The NHMRC’s mission is to be a first stop for information, resources, and training on healthy marriage for experts, researchers, policymakers, media, marriage educators, couples and individuals, program providers, and others. The NHMRC receives support from the Administration for Children and Families’ Office of Family Assistance, Annie E. Casey Foundation, Johnson Foundation, Kohler Foundation, the WinShape Foundation, and others” (NHMRC, 2008).

Healthy Marriage. The website of the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, lists thirty research briefs under the topic of “healthy marriage.”

What research is being conducted?

The Office of Planning, Research and Evaluation at the Administration for Children and Families has over 20 current or past Strengthening Families & Healthy Marriage Research projects (OPRE, 2008) including the Building Strong Families project (see Program Model below) and the Supporting Healthy Marriage project.

The Building Strong Families (BSF) Program Model		
Individual-Level Support from Family Coordinators	Core Component: Group Sessions in Marriage and Relationship Skills*	Assessment and Referral to Family Support Services
Encouragement for program participation Reinforcement of marriage and relationship skills Ongoing emotional support Assessment and referral to support services	Communication Conflict management Affection, intimacy, trust, commitment Considering marriage The transition to parenthood Parent-infant relationships Children by prior partners Stress and postpartum depression Family finances	Education Employment Parenting Physical and mental health Child care Legal issues Substance abuse Domestic violence assistance

*Sample of topics included in marriage and relationship skills curricula (Dion, M. R., et al, 2008).

Implementation of the Building Strong Families (BSF) Program

This report highlights key findings from an implementation analysis of BSF's seven program sites in Atlanta, Baltimore, Baton Rouge, Florida, Indiana, Oklahoma, and Texas during the evaluation's first 6 to 14 months. The analysis documents recruitment and enrollment practices, describes the characteristics of enrolled couples, provides data on program participation, and summarizes the experiences of couples participating in the intervention.

Below are Key Findings on Couples' Experiences and Perceptions of the BSF Program (Dion, M. R., et al, 2008):

- "Prior to the start of BSF, many couples had difficulties with communication and managing conflict and anger, which often led to escalating arguments.
- Most couples had high hopes for the program, anticipating it would improve their relationship and parenting skills.
- Some couples were excited to start the program, while others were skeptical.
- Couples were enthusiastic about most aspects of the group sessions, particularly the facilitators and interacting with other couples.
- Most of the reasons for occasional absences from sessions were related to work or personal situations, such as illness in the family.
- Couples had few suggestions for improvements to the program, and the suggestions given reflected their positive experiences, such as extending the length of the group sessions.
- Focus group participants perceived that BSF helped them improve their communication skills and ultimately, their relationships with their partners and their children."
- The report is available in PDF format at the Mathematica Policy Research, Inc. website under Building Strong Families.

A working paper describing the rationale and conceptual framework for the Supporting Healthy Marriage project is entitled *Supporting Healthy Marriage: Designing a Marriage Education Demonstration and Evaluation for Low-Income Married Couples* (Knox & Fein, 2008).

The abstract reads as follows: In recent decades, there has been a widening gap between higher rates of marital instability for economically disadvantaged couples and lower rates for nondisadvantaged couples. In addition, out-of-wedlock birth rates have risen, while evidence has grown that children fare better, on average, when raised by both of their parents in stable low-conflict households. All of these trends were important rationales for the development of a federal Healthy Marriage Initiative (HMI) within the federal Temporary Assistance for Needy Families program. Through grants to a range of state and local agencies, the HMI emphasizes provision of marriage education, a voluntary preventive service aimed at providing interested couples with skills and information that may help them to develop and sustain successful marriages and relationships.

In this working paper, we introduce the Supporting Healthy Marriage (SHM) evaluation – the first large-scale, multisite experiment that tests marriage education programs for low-income married couples with children. The SHM conceptual framework recognizes multiple sources of relationship strength and weakness, and the project's program model has followed this framework closely in adapting the content and delivery of marriage education services for low-income married parents. Eight sites (with some sites spanning multiple organizations)

are operating SHM programs around the country. SHM is testing a relatively intensive and comprehensive form of marriage education designed specifically for low-income families. Its year-long program model packages a series of marriage education workshops with additional family support, including case management, supportive services, and referrals to outside services as needed. The evaluation includes two interrelated substudies – one focusing on sites' experiences in implementing the SHM model and the other measuring program impacts on marital quality and stability, child well-being, and a range of other outcomes.

One final major project is Community Healthy Marriage Initiatives (CHMI). The objectives of the evaluation of the Community Healthy Marriage Initiatives are to: (1) provide implementation evaluations for all of the Office of Child Support Enforcement (OSCE) section 1115 waiver healthy marriage demonstrations; and (2) assess the effectiveness of up to three large scale, multi-activity community interventions funded by the Office of Family Assistance (OFA) designed to encourage healthy marriages by evaluating the community impacts of these interventions on marital and family well-being. A unique feature of the community impact study is the focus on evaluating community-level approaches to encourage changes in norms that increase support for healthy marriages.

OCSE Implementation Study: For each implementation study of the OCSE waiver demonstrations, in-depth information on project operations are to be gathered through document reviews, administrative data and on-site visits. Implementation evaluations include collection of information related to various child support outcomes. Initial reports include *Piloting a Community Approach to Healthy Marriage Initiatives in Three Sites: Chicago, Illinois, Boston, Massachusetts, and Jacksonville, Florida*, Summer 2008; *Piloting a Community Approach to Healthy Marriage Initiatives: Early Implementation of the Healthy Families Nampa Demonstration*, October 2005; and *Piloting a Communication Approach to Healthy Marriage Initiatives: Early Implementation of the Healthy Marriages Healthy Relationships Demonstration – Grand Rapids, Michigan*, October 2005.

Community Impact Study: The impact evaluation will use longitudinal data to focus on the changes in marital satisfaction and stability, family well-being, and community outcomes among low-income families in the area where the ACF-funded program is operating. The study will assess impacts of healthy marriage initiatives by comparing changes in outcomes in the CHMI communities with outcomes in comparison communities that are well-matched to the project sites. Residents in the study communities will participate in interviews at several points in time. Interview data will be supplemented by existing administrative data, such as service delivery data maintained by the CHMI program. Implementation studies will also be completed for both program demonstrations and comparison communities.

What might the future hold?

Most of the funding goes through 2011 and the research efforts will not end until 2013. It might be overly optimistic or too naïve, but I think the initiative will be continued and expanded even under the new Administration in 2009. My confidence is based on the growing bipartisan support, the success of both the African American and Hispanic Healthy Marriage Initiatives, and the way most programs have been received by the attendees who find them engaging and helpful.

Implications

- This is clearly an idea whose time has come.
- Research and evaluation may facilitate continuation; we have only just begun.
- Language matters – how the government role is explained and supported is critical. For example, ‘healthy marriage’ instead of ‘marriage,’ and ‘marriage education’ instead of ‘marriage promotion.’

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