Researching recruitment challenges in low-income marriage education programs:

Participant perspectives on faith based, professional

and community based service delivery venues

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At the turn of the 2003 New Year, the Oklahoma Marriage Initiative (OMI) was at a pivotal point in their operational progress. The OMI, a state-wide marriage education (ME) service delivery program, had sponsored workshop leader training on the Prevention and Relationship Enhancement Program (PREP) since its inception in August of 2001. This effort resulted in 450 individuals completing the full three-day training with signed agreements to deliver four workshops over the twelve months following their training date. Eighteen months later, however, January 2003 records showed that only 81 workshops had been reported by these leaders with a total of 1,182 citizens completing the full twelve-hour curriculum. These results were troublesome as the entire basis of the OMI service delivery system was dependent upon this volunteer agreement working well. In consultation with their senior advisors and members of the OMI Research Advisory Group, the program went into action by launching a 30-minute open-ended qualitative interview with their workshop leaders to find out what was happening "out there." This internal research, entitled "Project 450," provided helpful information for the OMI which by that time had spent close to four million state-allocated dollars to reach marriage enhancement objectives (Public Strategies, 2003).

The most significant findings of that particular study had to do with under-reporting the actual number of services delivered to couples and feelings of low-confidence in curriculum subject matter delivery. However, a secondary finding was that over half of the workshop leaders (53.4%) answered "Yes" to the statement: "It is difficult to recruit couples to workshops." Other findings showed that leaders needed support by way of receiving referrals for workshops (34.7%), or had attempted workshops but had experienced poor attendance and felt discouraged (24.3%). Beyond these findings, when asked how the OMI could better support their efforts, the next greatest responses of significance consisted of requests for marketing support in order to recruit participants to their workshops (Public Strategies Inc., 2003).

What can be gained from this illustration? While it is true that the focus of Project 450 was not upon the delivery of ME to low-income couples in particular, the OMI estimates that just under half of those served qualify as "low-income" by federal standards (Department of Health and Human Services, 2003). And with this population, there is a larger problem that now seems

to be evolving across the nation as healthy marriage initiative programs and research projects commence and mature. The problem is that recruiting couples in general and low-income couples in particular to ME classes is difficult (Adler-Baeder & Higginbotham, 2004; D. Ellis, personal communication, July 22, 2005; M. Fishman, personal communication, July 22, 2005; Ooms & Wilson, 2004).

Literature over the topic of recruitment in prevention programs such as marriage education or other social services programs sponsored by faith-based and community initiatives is sparse. Subject matter specifically related to specifically recruiting couples is even rarer. Yet successful recruitment is a fundamental principal related to all other outcomes attached to any service delivery, especially programs as new as the national, state and localized community marriage initiatives. If programmers are unable to get their target populations in the door, then measures of efficacy cannot be rendered. Therefore, the notion of whether or not marriage education influences positive long-term health and child welfare related benefits could not be powerful enough to keep this idea in play for policymakers in the future.

This paper will overview what is currently known about recruiting low-income couples to marriage education programs. New data collected in a recent national survey will be presented that shows why it is essential that faith-based, community and professional systems promote collaborative discourse related to better understanding of couple attitudes about attending programs. Discussion will cover shifts present in the data depending upon the specific target population being addressed, and will highlight which differences in venue choice by the respondents are significant. Based upon these data, a model will then be introduced representing populations currently being served by faith-based, community and professional providers and an attempt to enhance the meaning of this model with qualitative perspectives from each venue will follow. Expansion upon these ideas will be offered by discussing conundrums the data present and recommendations will be made toward steps to bridge the gaps found through this work. Finally, an overview of current events that could potentially countermand good practice efforts toward removing recruitment barriers and influencing positive increases in the number of participants being served within each of the three venues will conclude this discussion.

What is known about recruiting low-income couples

So what is known and what needs to become known about recruiting in order to help support the success of these programs? Although studies are limited, a few have been published that touch on recruitment covering the following topics: (1) recruiting low-income couples into prevention programs; (2) venues of service delivery that may be most comfortable for participants; (3) what might be important to men; and, (4) information regarding constraints or barriers to marriage education help-seeking behaviors and attitudes.

In terms of recruiting families or committed couples to human service prevention-based programs, we know that rates are typically low (Braver, 1989). A key reason is that "prevention programs, by definition, serve those who are not currently experiencing the problem for which they are at risk. Without an obvious current problem, targeted individuals need a high level of motivation to outweigh the perceived costs of participating (e.g., time, effort, self-consciousness, possible shame)"(Dumka, Garza, Roosa, & Stoerzinger, 1997). Dumka, et al. exemplifies this research using data collected from a culturally adapted parenting program for African Americans. They report that "in the first cohort, 25% of available subjects said they would participate, but only 14% did so, and in the second cohort, 13% agreed to participate but only 6% actually did. Thus, despite systematic recruitment efforts, they enrolled only a small portion of their target population" (pg. 26). Not only does their data illustrate the minimum rates of participation, it also shows a progressive decline in the numbers over time. Anecdotal reports from programmers in marriage education conferences over the past few years echo this same pattern wherein the readily available pool of participants quickly declines, then dries up, and they are then left with the "what next?" question.

With regard to choosing delivery venues that are positive or meaningful good fits for recruiting low-income couples, we know that "Religious organizations *may* be in a very strong position for helping couples of all kinds because they tend to be embedded in the culture in which the couples live (Stanley et.al, 1995)." Thus, there is some evidence that the faith-based connection is important.

Of venues and male gender responsiveness, Theodora Ooms of the Center for Law and Social Policy (CLASP) writes, "I'm coming to the conclusion that marriage education programs should be offered to low income couples as part of a component of a program or setting where they already come for services, and especially where men are comfortable" (T. Ooms, personal communication, July 22, 2005). This suggests that the community-based connection might be important. And Mark Eastburg, Ph.D., Executive Director of the Healthy Marriages Grand Rapids program expanded these thoughts about venue by adding an element of "trust" to the discussion. He writes:

> One of the keys to recruiting low income participants to voluntary marriage related programming is trust. Recruitment is far more effective when potential participants trust the organization where services will be provided, trust the persons suggesting that they attend, trust that the materials apply to their situation, and can rapidly form trusted relationships with presenters because of common life experiences or demographics. This principal seems to be particularly important in recruiting men (M. Eastburg, personal communication, July 19, 2005).

Thus, we have the beginnings of a collective framework when considering faith-based or community initiatives and possible information helpful to preparing for low-income couples' ME programs. It appears that each venue has strength elements in terms of a potential venue of choice for these couples. For example, the faith-based venue may have the better embedded connection and the community venues have the "already up and running" aspect. If these strengths are then coupled with the earned *trust* mentioned previously in this discussion, then it follows that there is already evidence for an imperative toward inter-system collaboration in order to be the most successful.

Finally, important elements of "what is known" are key findings in a survey project funded by the Oklahoma Department of Human Services (OKDHS) and administered to a randomized sample of Oklahomans in order to identify barriers to seeking marital education

services (Fournier & Roberts, 2003). Those findings show that for Oklahomans, the venue of service delivery *is* important and there are specific data for low-income individuals that are different from the general population in this area. Also found was the notion that an element of "trust as important" *is* signified by the male responses when asked about their preferred service provider and the credentials they carry, and the faith community *is* trusted by the majority of those surveyed as "gatekeepers" to marital services; be it education, premarital or marital inventories inventories, or counseling. These data reinforce the notion that there are differences among venue choice depending upon the ethnicity of the target population, and they reinforce some of the previous work reviewed and expert discussions related to recruitment, at least within that particular state (p. 3).

As part of an Administration for Children and Families (ACF) research grant sponsored by the Office of Policy, Research and Evaluation (OPRE), a team of social scientists from Oklahoma State University (OSU) recently administered the Oklahoma Help-Seeking Survey to a national sample in order to see if some of these key findings replicated across the United States (ACF, 2005). Surveys were conducted over the summer and fall of 2006 and data was collected from an average of 100 individuals in each of ten selected cities specifically targeted for the possibility of increasing diversity and low-income responses. Although many of the attitudinal and behavioral items showed shifts from the original Oklahoma data set, particularly when various geographical regions were compared to others, one set of findings replicated very closely across regions related to the respondents preferred venues of service delivery. While there are many paths a researcher could take with recruitment challenge questions, findings that replicate across regions – or "common ground" – are useful places to begin.

A primer on the venue data findings

The survey respondents (*n=*1112*)* were asked a series of questions to learn about which of three common sponsoring marriage education service venues would they be the most inclined to attend; a private professional, a church, or a community center. The questions were read separately to each respondent and were worded in this way: "Some people consider the sponsor or location in their decision to attend couple services. First, would you be more or less likely to

use services if a CHURCH sponsored them? Would you say A, I would be more likely to use the service; B, it would have no effect at all on my choice; or C, I would be less likely to use the service?" The respondents were then asked the same type of questions using the same set up language but substituting the targeted variable of "CHURCH" with a "COMMUNITY or CITY" sponsor, and then finally a "PRIVATE PROFESSIONAL" sponsor.

For this discussion the focus will be on only the low-income respondents, although the entire data set had similar results. "Low-income" is defined by the total household income being equal to or <$35,000 annually. There were a total of 558 respondents in this group. They reported the overall highest favorable ratings toward services sponsored first by a private professional (71%), followed by a church sponsor (65.2) and then a community- or city-sponsored venue (54.0) (see Table 1).

Table 1. Would you be more or less likely to use services sponsored by a…?

	More Likely	No Effect at All	Less Likely
CHURCH	65.2	7.7	27.1
COMMUNITY OR CITY	54.0	12.4	33.4
PRIVATE PROFFESSIONAL	71.0	6.5	22.6

When testing the entire group for significance related to their venue preference, services are significantly more likely to be accessed in a private professional sponsored venue than in either a church- (faith-based) sponsored or community-sponsored venue; whereas church-sponsored and community-sponsored venue choices are not significantly different.

Within this low-income set, the three largest ethnic groups were African American (*n*=206), Latino (*n*=172) and Caucasian (*n*=125). When the same venue choice items by ethnic group were compared, some differences were found that help inform faith-based and community initiatives about attitudes within each of these groups. In general, Latinos rated all venues somewhat favorably and preferred the professionally-sponsored venues most, with only a 13

point range between the highest and lowest responses. African Americans rated community-sponsored venues lower, and professional and church venues higher with their highest ratings being the faith-based venues. The Caucasian respondents had overall less favorable ratings than the other two groups, rating community and church venues lower, and professionally sponsored venues higher (see Table 2).

Table 2. Would you be more or less likely to use services sponsored by…?
Only the "More Likely" responses are shown. "Highs" are noted with an *.
"Lows" are underlined.

	African American	Latino(a)	Caucasian
CHURCH	*75%	73%	40%
COMMUNITY OR CITY	44	65	56
PRIVATE PROFFESSIONAL	69	*78	*66

Further analysis shows significant main effects among the groups in terms of likelihood to attend ME as well as the sponsor being a significant factor in that decision to attend ME. There are significant differences by ethnicity, $F(2, 499) = 18.63$, $p < .001$ and by venues, $F(2, 998) = 10.36$, $p < .001$. Moreover, all pairwise (paired group/venue) comparisons for ethnicities are significantly different, meaning that Latino group is more likely to access services, followed by Black and then White groups (see Table 3); or at least the data show that these rankings are most likely to be open to the idea of attending marriage education based upon the sponsor in the aforementioned order.

Table 3. Percentage of people more likely to use services if in following venues.
The table summarizes the percentage of people using services in three different venues from three ethnic groups. The right hand column shows significant differences in favoring particular venues by ethnic groups, accounting to the simple effects of mean differences below.

	1. Church Sponsored	2. Community Sponsored	3. Private Prof. Sponsored	Significant Differences
Black	75%	44%	69%	1&3 > 2

Latino	73%	65%	78%	3 > 2
White	40%	56%	66%	2&3 > 1
Total	65%	54%	71%	3 > 1&2

At face value, this information could be enough on its own to warrant stand-alone consideration, but further analysis showed something interesting and seems to finish out the picture related to venue preference. Despite all ethnic groups being most likely to use the services when in a professional venue overall, a sizable number of minorities are more likely to use the services provided within the other two venues over that of the professional environment. This implies that ME should be made available in all three venues if indeed the goal of healthy marriage programs is to serve the largest number of people. Over one-fourth of African-Americans are more likely to use these services if they are in a church setting than if they are in a professional setting. That percentage is lower for other ethnic groups, but is at least 15% for every ethnic group, even Caucasians (whose overall preference for using the services in a church setting is significantly lower than in a professional setting). Given the initial set of findings, it may come as a surprise, then, that 15% to 20% of all ethnic groups say they are more likely to use the services in a community setting than in a professional setting (see Tables 4 and 5).

Table 4. Percentage of people from each ethnic group more likely using services if in Church Venue vs. Private Professional Venue

	More likely in Church than in Private	Equally likely in Church or in Private	Less likely in Church than in Private
Black	26.7%	51.9%	21.4%
Latino	15.7%	64.5%	19.8%
White	18.4%	38.4%	43.2%

Table 5. Percentage of people from each ethnic group more likely using services if in Community sponsored Venue vs. Private Professional Venue

	More likely in Community than in Private	Equally likely in Community or in Private	Less likely in Community than in Private
Black	16.5%	41.3%	42.2%
Latino	15.8%	56.1%	28.1%
White	20%	52.8%	27.2%

In sum, it is clear to see that much can be gained from considering this data when making decisions about a particular target population and how to begin drafting a recruitment plan. It is also clear that the plan would need to contain not only a primary targeted venue when building community partners through which to deliver ME services, but to include secondary and tertiary venues in these plans based upon which population is being served. In this way, a programmer has the information to make an initial informed choice about where to roll out services first, but also has the understanding that a complete coverage of the area will only be gained if all three venues are eventually utilized.[1]

What other factors explain or muddle these results?

Understanding that the three ethnicities mentioned have differing views about where they might be more likely to participate in ME is just one area of consideration, however. Each venue has a distinct set of factors contributing to the perspectives of those providing the services or managing the programs as well. After setting context for each venue's potential perspective, a visual representation of our collective information will be presented before offering summary discussions and recommendations.

Within Oklahoma in general as well as specific groups nationally such as our African and American and Latino data groups nationally, there is now evidence that although a majority of

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[1] Further explanation of these data and more detailed analyses can be found in Appendix A.

the low-income population would first (or second) seek marital education, therapy or pre-marital

services or referrals from their faith leader (Carroll & Doherty, 2003; Fournier & Roberts, 2003;

Halford, et al., 2003; Roberts & Gardner, 2007), recent research has indicated that two-thirds of a

clergy group surveyed (*n*=1255) have "never had a college-level course in how to provide

marriage preparation, and almost half (44.9%) have never attended any kind of seminar,

workshop, or other continuing education opportunity related to marriage preparation or

education" (Wilmoth, 2005). Further, although a consistent finding for the past five years has

been that over 80%-85% of couples within committed relationships are interested and open to the

idea of attending marital education (California Healthy Marriages Coalition, 2008; Johnson &

Stanley, 2001; Roberts & Gardner, 2007; Utah Governor's Commission on Marriage, 2003),

Wilmoth's clergy survey found that many clergy have the perspective that their parishioners are

not interested or would not be willing to attend these types of services (p. 17). With recruitment

challenges being a key issue, and the faith-based sector positioned as potentially receiving some

of the greatest amounts of gate keeping trust from the public, accurately managing this

opportunistic crossroads for marital and relational health is necessary in order to help affect the

hope of culture change imbedded within the philosophies of ME service delivery goals and

objectives.

It is important to note that there is also some evidence of potentially problematic

perspectives *among* faith-based providers, community programmers and private professionals.

In 2003, James Beck of Denver Seminary wrote a case study entitled, "Church-Clinic Tensions:

A Case of Good Intentions Mingled with Misinformation" over this issue. His work provided

insight into several examples in a local faith community wherein the faith leaders and mental

health professionals had differing views related to the "how" of helping couples with marriage

difficulties, and how both the faith system and professional mental health systems need to be aware of how individuals within a couple can manipulate information during marital stress and potential divorce.
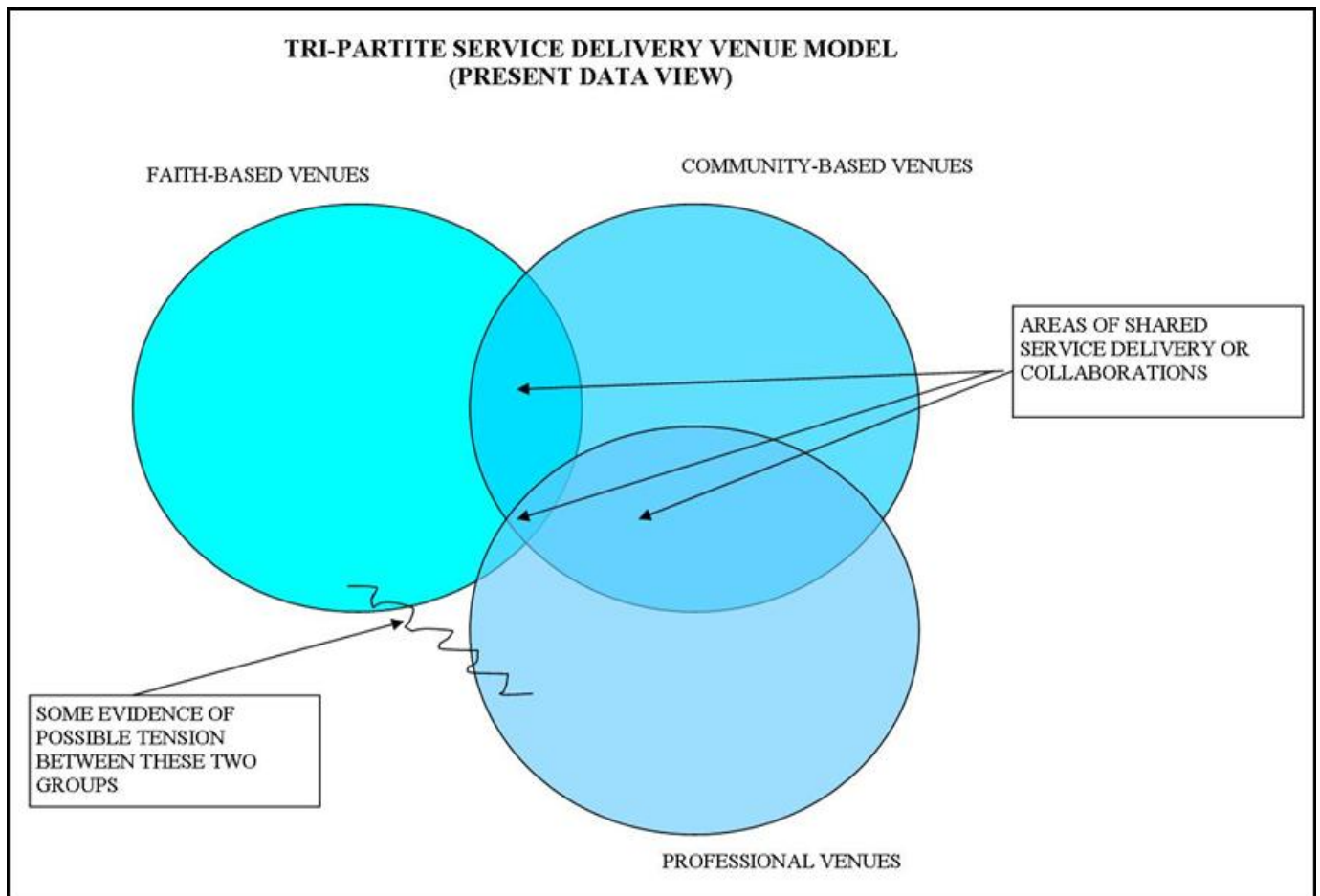
The research team found further possibilities of differing views or misinformation between these two groups during fifteen qualitative one-hour interviews with community-based programmers and some of the local faith-based coalitions they had built, or had tried to build in order to recruit couples to their marriage education programs. One programmer reported that they delivered services within the local church buildings, and that their relationship with the churches was the best thing for the program. She stated that due to this partnership, they had easy access to a population willing to attend the services, and that the venue was a trusted site for the community at large. Another large provider, however, said that the community-based programs and faith-based organizations had always been at odds, citing that they felt the faith-based leaders looked at them as if they were invading their territory (Roberts & Gardner, 2007).

Finally, a group of marital researchers wrote about the community-based venues being in a potentially better position than others if perceptions can be shifted because,

>"Although religious organizations have excellent opportunities to reach many couples with premarital education, there are limits to what religious organizations can do. First couples who are not religiously inclined generally prefer to obtain services from secular providers (Fournier & Roberts, 2003). Second, many economically disadvantaged people are unconnected with religious (and other support) support systems. Hence, although religious organizations can be a good point of access for religiously inclined minorities, they face serious challenges in reaching the very poor" (Stanley, Johnson, Amato & Markman, 2006).

In sum, all three sets of providers/venues have opportunities *and* challenges related to recruiting more couples to attend the services they provide and to work through any barriers that exist between the groups in order to collectively serve a greater number of participants. The following model is a representation of what the data and literature show the current state of service delivery to be, and the relationships between the three identified service venues (see Figure 1).

Figure 1.

**TRI-PARTITE SERVICE DELIVERY VENUE MODEL
(PRESENT DATA VIEW)**

FAITH-BASED VENUES

COMMUNITY-BASED VENUES

AREAS OF SHARED
SERVICE DELIVERY OR
COLLABORATIONS

SOME EVIDENCE OF
POSSIBLE TENSION
BETWEEN THESE TWO
GROUPS

PROFESSIONAL VENUES

Recommendations

Given the likely set of relational circumstances among the three venues being overviewed coupled with the findings of the survey data related to venue preferences of particular low-

income ethnicity groups, the following recommendations are being offered for policy or regulatory consideration as potential steps toward improvement in the inter-system linkages for ME service delivery.

For community-based programmers – It could be beneficial for programmers to scan their own communities in order to see if these findings fit for their particular circumstances. A good first step is acknowledging that there could be potential barriers to remove in order to better serve a particular community. Barriers or perhaps possible strengths not identified within this paper could be found by performing this particular scanning exercise. Ensuring that your recruitment planning includes consideration of these findings, as well as solutions to improve any deficiencies in your inter-system collaborative processes, ME programs could begin to grow more quickly and with less of the burden on one set of any venue's "shoulders." Community-based programmers may have the experience and history of managing human services programs that faith-based may not yet possess, and it will be important to ensure optimum service delivery by reinspecting potential modifications within program structures or marketing messages by considering the reported attitudes and preferences of target audiences.

For mental health professionals – Raising issues of beliefs and perspectives in collaborative meetings will help externalize concerns that may have remained covert among various venue leaders. Mental health professionals are generally invited to attend stakeholder relations or capacity building meetings in order to represent the perspective of their particular profession. However, choosing to include topics related to understanding other perspectives and the potential strengths each community or leader may be able to offer will take discussions further than perhaps a standard, "What activities will we accomplish in order to recruit couples?" If these strengths-examining and perspective-sharing areas are covered prior to planning

activities, the information brought about in the preliminary discussions could hone and more directly impact recruitment planning.

For faith leaders – Begin a discussion with your parishioners about their attitudes regarding marriage education. Ask them where they might be most comfortable receiving the services, and talk about what you find in your discussions with your entire church population. Once you have your findings, plan with your church and your community to set up a system that widens the possibilities of your entire community gaining access to marriage education, and meet together periodically to see how the different approaches are working. If you are a leader within your community, begin this process with other leaders of complementary venues within your community, and continue the dialogue up and down the "ladder" in order for your discussions to gain statewide, or even nationwide, recognition.
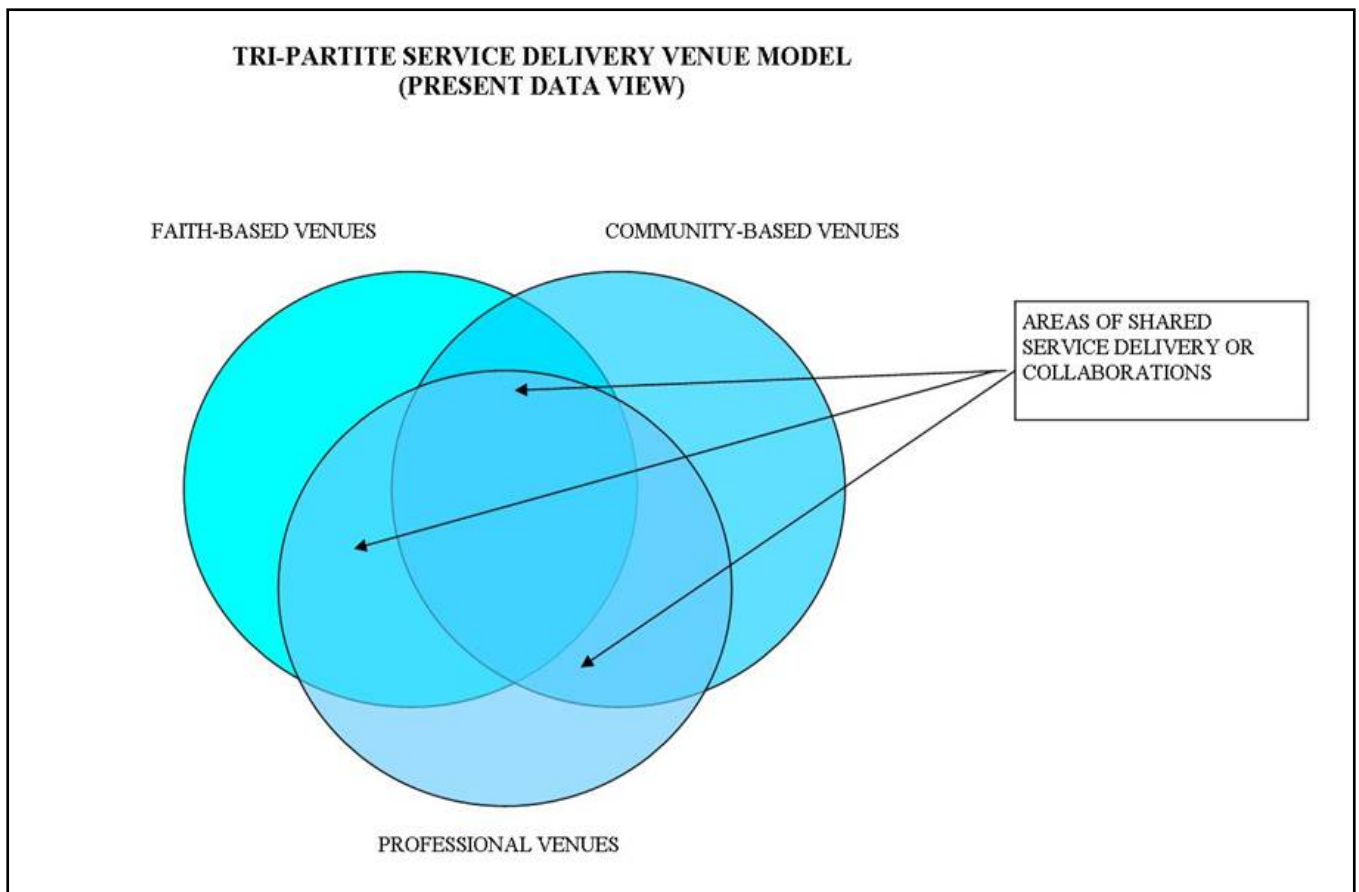
For faith-based higher education systems – Training institutions, such as a seminaries or other institutions of higher learning, should incorporate these findings into current training programs. Higher institutions should examine their curriculum in order to implement preparatory work for clergy within the basic counseling and referral or human services areas of study as well as training about human services systems that exist in order for clergy to have greater collaboration skills and opportunities. If the data showing that two-thirds of the clergy population have never had a class or seminar on how to deliver ME services, and almost half have never attended a class themselves, then helping students become exposed to ME on campuses (both in curriculum as well as for their own relationships) is essential. Data show that faith leaders are trusted gatekeepers; therefore they must be equipped to manage the "gate."

For Healthy Marriage Initiative programming administrators – When providing training and technical assistance to grantees and partners who are managing ME programs, it is important

to assist in examining these three venue linkages in relation to the findings presented. While

language in grants suggests collaborations, an understanding of the dynamics potentially inherent

in these linkages related to low-income or vulnerable populations as well ethnic group venue

preferences should influence greater programming impact, and greater attainment of recruitment

goals. Further, finding ways to include summary sentences of these findings into RFP

documents will help programmers who are awarded grants save steps in recruitment efforts.

If these recommendations are implemented along with others which may come up

through the cooperative discussion process, it may be that the picture of communities providing

ME would look more like the model in Figure 2.

Figure 2.

Conclusion

It is important to note that the element of "time" is extremely important when presenting findings and recommendations related to social contexts. There are many factors affecting this particular slice of history that could facilitate a more speedy development toward better and more open partnerships between the three venues overviewed. And just as likely, there are as many (if not more) factors that could exacerbate the possibilities for any change this year. For example, one factor potentially influencing better collaboration and thus better recruitment would be efforts such as those made by Mike and Harriet McManus and other faith-based or community leaders who dedicate a great many hours and much energy to expand capacities at the grass roots level. Other positive influences include the "Smart Marriages" organization, the National Healthy Marriage Resource Center project, or the National Healthy Marriage Research Center project. All of these systems have the potential to synergize efforts, resulting in exponential development across communities.

On the other hand, 2008 is an election year and much is being reported on all fronts in the media related to the shifting demographics of the political parties of those being elected into office at the House, Senate, and Executive levels. Further, a poor economic forecast for the next year, coupled with a loss of jobs and a recent housing market problem all make for the potential "low-income" population to grow at a more rapid pace. If this is the case, these data could only be of optimum value for a short period of time given that any large shift into or out of an economic bracket could potentially affect large-scale findings such as those presented in this paper. In conclusion, it is best when papers such as this are taken as only one element of consideration in the vast network of all that makes up the faith-based and community initiatives in the U.S.

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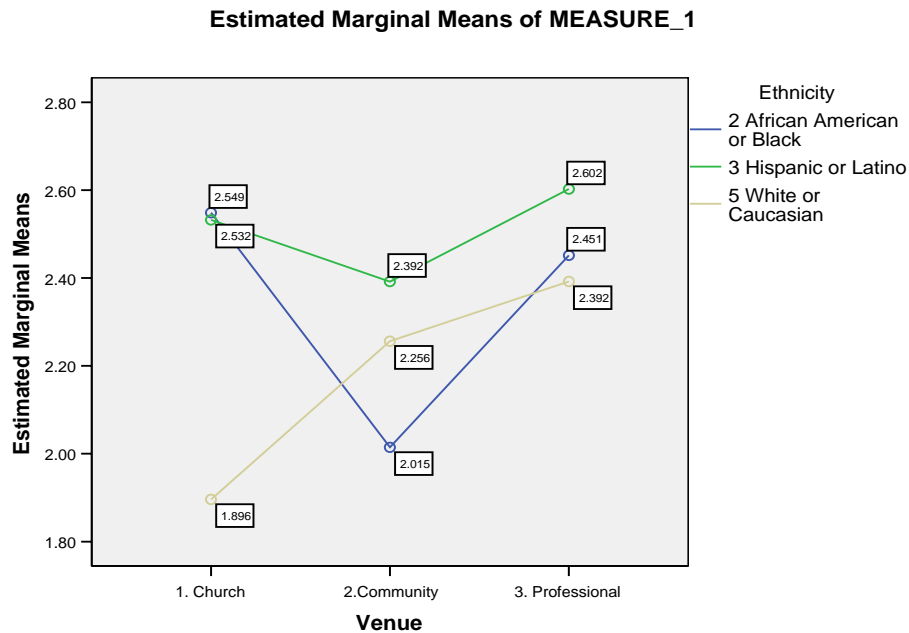
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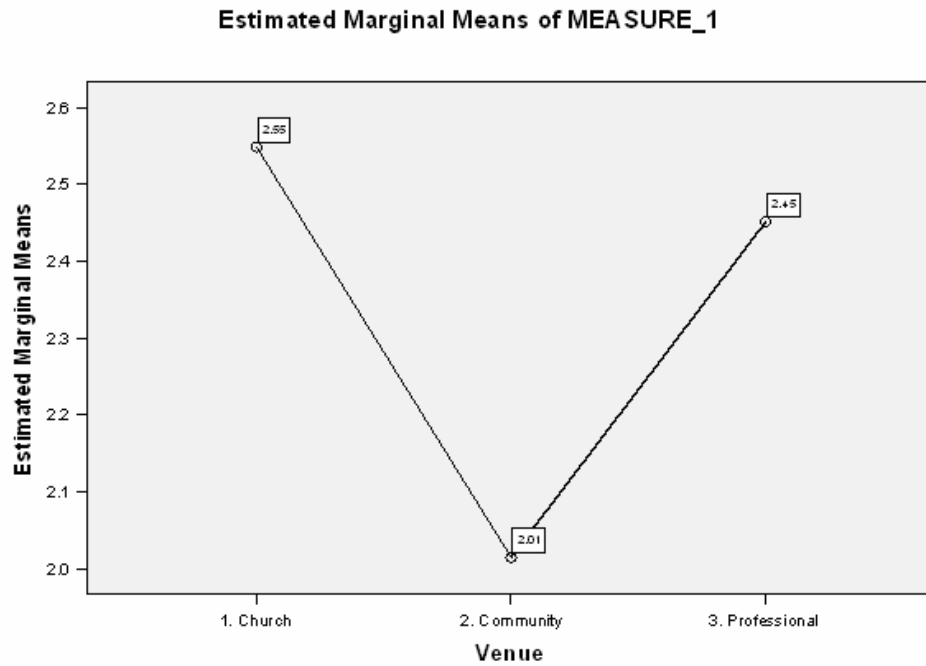
Appendix A

Finally, we looked to see if there was an interaction effect between Ethnicity and Venues, and also found this to be significant, $F(4, 998) = 10.26$, $p < .001$. The following graph shows the interaction effect:

Table 4. Preferences for using services differ by Ethnicities and by Statistical analysis
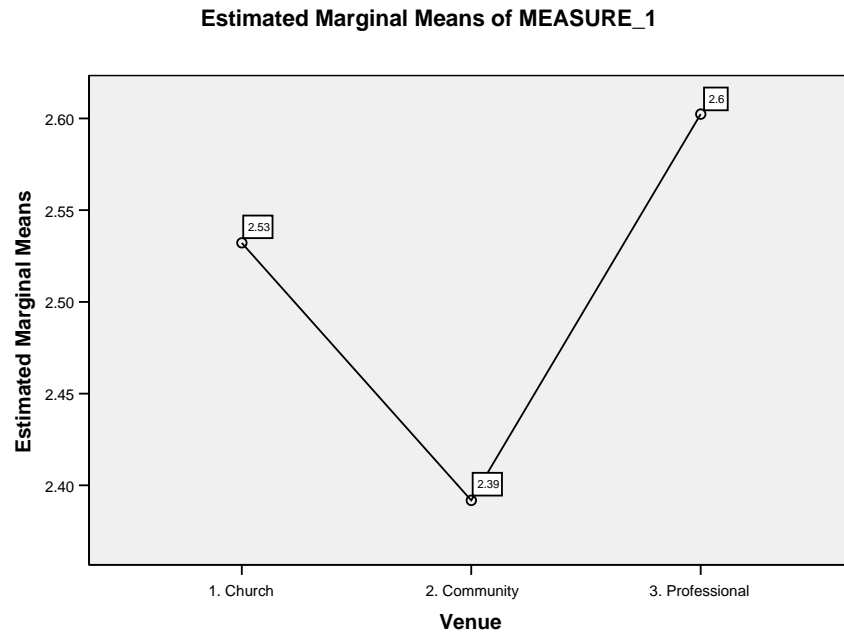

Estimated Marginal Means of MEASURE_1

To explain the interaction effect, simple effects for each ethnicity are statistically tested and summarized in the right hand column along with total effects of different venues in the Table 1. For the Black population overall effect of venues is significant, $F (2, 410) = 20.665$, $p < .001$. The pairwise comparisons showed that Black group is significantly more likely to use the services in either a church sponsored or private professional sponsored venues compared to a community sponsored venue. The following graph illustrates this result:
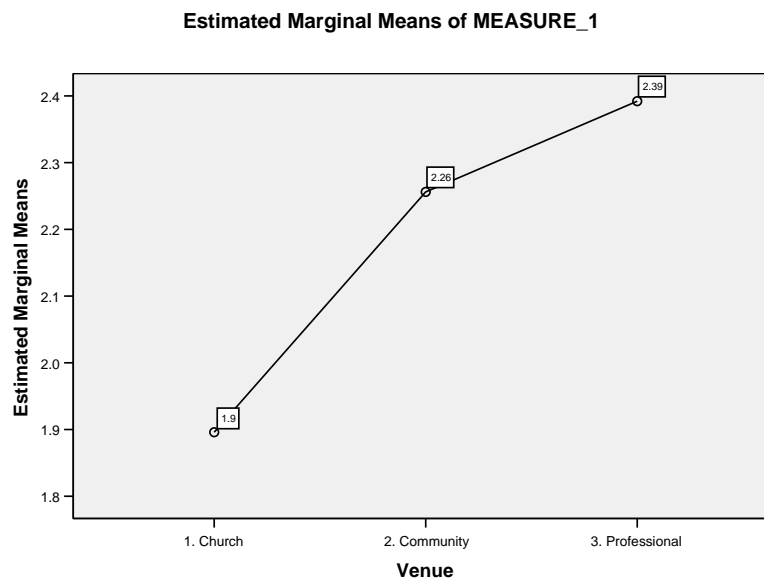
Estimated Marginal Means of MEASURE_1

For the Latino population, overall effect of Venues is slightly significant, $F(2, 340) = 2.89$, $p <$ .10. The pairwise comparisons showed that Latino group is significantly more likely to use services in Private Professional sponsored Venue than in a Community sponsored Venue, $p <$ .025. The Church sponsored Venue does not differ from either of the other Venues.

The following graph illustrates the result:

Estimated Marginal Means of MEASURE_1

For the White population, the overall effect of Venues is significant, $F(2, 248) = 8.56$, $p < .001$. The pairwise comparisons showed that White group is significantly more likely to use the services in either Community sponsored or Private Professional sponsored Venues compared to a Church sponsored Venue. The following graph illustrates the result:

Estimated Marginal Means of MEASURE_1

Conclusion:

Using Private Professional sponsored Venue appears to be statistically preferable for all three Ethnicities. The preference for using one of the other Venues differs by Ethnicity only. The Black and Latinos only prefer Church Venue as much as Professional Venue, whereas White group prefers Community Venue as much as Professional Venues.