NATIONAL RESEARCH CENTER ON HISPANIC CHILDREN & FAMILIES

A Guide to Healthy Marriage and Responsible Fatherhood Programs for Hispanic Couples and Families

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Why research on low-income Hispanic children and families matters

Hispanic children currently make up roughly one in four of all children in the United States,[1] and by 2050 are projected to make up one in three, similar to the number of white children.[2] Given this, how Hispanic children fare will have a profound and increasing impact on the social and economic well-being of the country as a whole.

Notably, though, two-thirds of Hispanic children live in poverty or near poverty, defined as less than two times the federal poverty level.[3] Despite their high levels of economic need, Hispanics, particularly those in immigrant families, have lower rates of participation in many government support programs when compared with other racial/ethnic minority groups.[4] High-quality, research-based information on the characteristics, experiences, and diversity of Hispanic children and families is needed to inform programs and policies supporting the sizable population of low-income Hispanic families and children.

1 Federal Interagency Forum on Child and Family Statistics. (2014). America's Children: Key National Indicators of Well-Being, 2014, table POP3. Washington, DC: Government Printing Office. from http://www.childstats.gov/americaschildren/tables.asp

2 Federal Interagency Forum on Child and Family Statistics. (2012). America's Children: Key National Indicators of Well-Being, 2012, Tables POP1 and POP3. from http://www.childstats.gov/americaschildren/tables.asp

3 Lopez, M. H., Velasco, G. (2011). Childhood Poverty Among Hispanics Sets Record, Leads Nation. Washington, DC: Pew Research Hispanic Center. from http://www.pewhispanic.org/2011/09/28/childhood-poverty-among-hispanics-sets-record-leads-nation/

4 The Kaiser Commision on Medicaid and the Uninsured. (2013). Health Coverage for the Hispanic Population Today and Under the Affordable Care Act. Washington, D.C.: The Henry J. Kaiser Family Foundation. from https://kaiserfamilyfoundation.files.wordpress.com/2013/04/84321.pdf

Overview

The Administration for Children and Families' (ACF)[a] Healthy Marriage and Responsible Fatherhood program aims to provide low-income couples and individuals with the tools needed to form and sustain healthy marriages and relationships, promote father engagement, and increase economic self-sufficiency.[1,2] Research finds that health promotion programs are most effective when they are culturally appropriate to the population served—when the program design, content, and delivery are responsive to cultural norms.[3] Accordingly, ACF has emphasized the importance of developing culturally-sensitive Healthy Marriage and Relationship Education (HMRE) and Responsible Fatherhood (RF) programming for diverse populations.

To better understand what HMRE and RF programs are doing to reach and serve Hispanic families, we conducted an extensive review of federally- and non-federally-funded programs serving Hispanic couples and fathers. Based on this review, we developed a program guide summarizing multiple aspects of HMRE and RF programs that target and serve Hispanic populations, including location of the program, target population, and a range of implementation and evaluation factors (see Table 1 and Table 2 for more detail). This guide is accompanied by detailed profiles for each program listed in the guide, and can be used to easily and quickly access information about HMRE and RF programs serving Hispanics. This guide can also can be used to compare and further categorize programs, for example, to review only those programs that are offered in Spanish.

We include two categories of programs in the guide: (1) programs that serve a Hispanic majority (50 percent or more of the population served is Hispanic), and (2) programs that have a Hispanic presence (at least 20 percent of the population served is Hispanic).

[a]ACF is the second largest division of the U.S. Department of Health and Human Services. ACF's focus is federal programming that promotes the economic and social well-being of families, children, and individuals.

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Key Findings

Several key finding emerged from this review:

- **While many programs serving Hispanics have adapted their programs to better serve these families, most adaptations are fairly limited in scope.** Most adaptations of HMRE and RF programs for Hispanics are largely restricted to translation of materials into Spanish or the inclusion of a bilingual facilitator.

- **Few programs or curricula are developed for Hispanics from the outset**. Even when the population programs served was largely Hispanic, few implemented curricula developed specifically for Hispanic populations, with culturally-appropriate design and content.

- **Of the 26 programs included in the guide, only five had undergone a rigorous evaluation.**[b] While this review only considered programs that have undergone some type of evaluation, most program evaluations lacked rigor and did not extend beyond descriptive analyses of program participants. Even when programs had undergone a rigorous evaluation, those evaluations rarely analyzed the outcomes for Hispanic participants separately.

- **It is difficult to assess what HMRE and RF programs are doing to serve Hispanics well.** Due in part to the lack of evaluation evidence, there is a gap in our understanding of which HMRE and RF program elements effectively serve Hispanic participants.

- **There is a lack of HMRE and RF programs that have a Hispanic majority in regions where the Hispanic population has recently increased.** Most programs in the United States that serve a Hispanic majority or have a Hispanic presence operate in established Hispanic communities (communities with a long history of Hispanic population settlement, and thus large Hispanic populations), such as California, Texas, and New Mexico. However, states that have experienced the most rapid growth of Hispanic populations in recent years (such as North Carolina and Georgia) are lacking in HRME and RF programs that serve Hispanics.

- **Many RF programs serving large proportions of Hispanic men are not reflective of Hispanics' unique family formation patterns and service needs.** For example, though large proportions of low-income Hispanic fathers live with their partners and children,[4] several RF programs serving Hispanic fathers focus on issues related to non-residential fatherhood. This means that married and/or residential Hispanic fathers are not likely to be targeted by existing outreach efforts. Additionally, the content of programs may not reflect segments of the Hispanic population.

Methods

To identify programs for the guide, we reviewed published program reviews and evaluation reports that included information on federally and non-federally-funded programs serving Hispanic families or fathers. Through this review, we identified approximately 70 programs that serve Hispanic populations, including programs that are currently operational and those that are no longer operating (see Appendix A for a full list of published materials that were reviewed for this project). We also reviewed information about current ACF Office of Family Assistance Healthy Marriage and Responsible Fatherhood grantees to identify programs currently serving Hispanics.[c]

We narrowed down the larger set of programs from these initial searches, based on the following criteria:

- Programs had to either (1) serve a Hispanic majority (50 percent or more participants served) or (2) have been tailored in some way (even if only minimally) for Hispanic populations and have a Hispanic presence (20 percent or more of participants served); and
- Programs had to have undergone some type of evaluation (irrespective of the study design used and whether internally or externally conducted) and have evaluation results available.

Information from evaluation studies and program reviews for the 26 programs that met the above criteria were coded and entered into the guide.

[b]Defined as having had a randomized control trial (also known as a random assignment experimental study), which involves using a "lottery" system to randomly assign participants to either a treatment group that receives program services or a control group that does not receive these services and then comparing outcomes for the two groups.

Components of the program guide

Program

- The name of the program. If the program had no official name, we used its setting, location, and services to identify it. One example is the "Office of Child Support Enforcement Responsible Fatherhood Programs Supportive Services for Non-Custodial Parents (CA)."

Location

- The city (or cities) and state(s) in which the program was implemented or is currently operational. In some cases, only information on the state or region was available.

Operational

- Whether the program was being implemented as of January 2015.

Target population

- Describes different characteristics of participants who the programs intend to serve.
- For HMRE programs, includes categories for teens/young adults, unmarried individuals, and parents.
- For RF programs, includes categories for teens/young adults, non-residential fathers, unmarried fathers, and incarcerated/juvenile justice.

Components

- Describes the content presented in the programs.
- For HMRE programs, includes categories for reproductive health, healthy relationships, co-parenting, parenting, financial literacy, job placement, and job training/advancement.
- For RF programs, includes categories for reproductive health, healthy relationships, co-parenting, parenting, child support, job placement, and job training/education.

Implementation

- Documents aspects of the programs that relate to their application, including whether the program activities were developed or adapted for Hispanic participants, whether the programs were delivered in Spanish, and the types of program activities offered (e.g., group activities, individual services/case management).

Evaluation

- Summarizes the evaluation evidence for the programs, and categorizes the types of evaluations as: (0) qualitative (or descriptive) only; (1) pre-test/post-test, no control group; (2) quasi-experimental; and (3) RCT experimental evaluation.[d]
- Programs classified as a 2 or 3 are then categorized based on whether there were positive changes for at least one evaluated outcome.

Program profiles

There are detailed profiles linked to the program guide that provide more information about each program. These profiles include: an overview, including the focus of the program; a program description, including the target population, service delivery unit (e.g., couples), curriculum, dosage (e.g., 30 hours over six weeks), setting, location, any adaptations for Hispanic populations, and the demographics of the populations served; and information about the program's evaluation, including the evaluated population, evaluation study design, outcomes, and results, including any specific results for Hispanic subgroups. When available, the profiles include contact information for the program and the researcher or center responsible for its evaluation. Profiles also include links to publications, when available, which contain more detailed information about the programs. Profiles also include links to publications, when available, which contain more detailed information about the programs. Click here to access the HMRE program profiles. Click here to access the RF program profiles.

Findings

The program guide includes information for 12 HMRE programs, seven of which have a Hispanic majority (50 percent or more of the population served is Hispanic) and five of which have a Hispanic presence (at least 20 percent of the population served is Hispanic). There are 14 RF programs included, 12 of which have a Hispanic majority and two of which have a Hispanic presence.

[c] Not all programs included in this guide were funded by ACF.

[d] Randomized control trial experimental studies (also known as random assignment studies) involve using a "lottery" system to randomly assign participants to either a treatment group that receives program services or a control group that does not receive these services and then comparing outcomes for the two groups. Only rigorous experimental studies can definitively establish that a program causes changes in outcomes. Quasi-experimental studies also examine outcomes; however, they do not involve randomly assigning participants to treatment and control groups. A quasi-experimental study might compare outcomes for individuals receiving program activities with outcomes for a similar group of individuals not receiving program activities. The third type of evaluation design considered compares outcomes for one group of individuals before and after the group's involvement in a program, with no control group (known as "pre-test/post-test design").

Operational programs

As of January 2015, there are seven HMRE and five RF programs in operation.

Location of programs

Programs serving Hispanic families are distributed throughout the United States, but concentrated in regions with large proportions of Hispanics, such as the Southwest (Arizona, New Mexico, Texas), California, and Mid-Atlantic regions. This is not surprising given that nearly 80 percent of the United States' Hispanic population lives in nine states: California, Texas, Arizona, New Mexico, Colorado, Illinois, New York, New Jersey, and Florida.[5]

The Hispanic population in the U.S. has also dispersed to other areas in recent decades, however. Eight states in particular—Washington, Oregon, and Nevada in the West, and Massachusetts, Virginia, North Carolina, Georgia, and Florida in the East—saw a rapid increase in their Hispanic populations.[5] States with established Hispanic populations also saw those populations grow, but at a much slower rate.[5]

Despite the large increases in the number of Hispanic families in certain states that have experienced recent growth only a few have programs tailored to Hispanic communities (Oregon, for example). In some states with emerging communities of Hispanics, such as North Carolina and Georgia, there are no HMRE or RF programs at all that met our criteria for this review. A review of current ACF-funded HMRE and RF programs shows that there are no programs serving a Hispanic majority in emerging communities. Nor are there many ACF-funded HMRE and RF programs serving general populations in these areas. Programs that seek to fill the service gap in these areas may benefit by considering the needs of the emerging Hispanic populations.

Population served

Most HMRE programs serving a Hispanic majority target unmarried and/or teen parents. Only two of the currently operational programs serving a Hispanic majority target married couples or older individuals (i.e., do not target teens/young adults).

Eight out of 14 RF programs included in the summary tables target non-residential fathers and/or incarcerated fathers. Only two of the currently-operational RF programs serving a Hispanic majority target residential fathers.

Evaluation findings

In general, evaluation evidence is scarce for programs with a Hispanic majority or Hispanic presence. Further, only one HMRE program evaluation and none of the RF program evaluations included subgroup analyses for Hispanics.

Only two of the HMRE programs included in the guide were rigorously evaluated.

- The couples-based *Supporting Father Involvement Prevention Intervention* found that participating fathers experienced a greater decline in parental stress than comparison fathers, and mothers reported greater increases in fathers' assumed share of parenting, but also greater increases in conflicts with fathers about child discipline.

- In the *Supporting Healthy Marriage* (SHM) program, impacts were generally modest, and observed for only some of the outcomes. At both the 12-month and 30-month follow-ups, the program group reported: higher levels of marital happiness; lower levels of marital distress and infidelity; greater warmth, support, and positive communication; and less psychological abuse.
  - SHM was the only program included in the guide that analyzed impacts specific to Hispanic couples, finding slightly more positive impacts on relationship warmth and support and marital appraisals at 12 months for Hispanics compared to others; however, the evaluation authors caution that racial/ethnic differences are difficult to interpret

because they cannot be easily disentangled from other subgroup differences, such as levels of distress at baseline or clustering at specific program sites.[6] Furthermore, race/ethnicity did not seem to moderate impacts at the 30-month follow-up point.[7]

Three of the RF programs were rigorously evaluated.

- *Non-Custodial Parent Choices PEER* found a positive impact on consistency of child support payments.
- The *Step-Up* program found that mentored fathers were more likely than non-mentored fathers to obtain jobs during the project period and to be employed at the end of the project period, that the average hourly income of mentored fathers rose compared to non-mentored fathers, that a higher percentage of mentored fathers strengthened family relationships with their spouse or significant other compared to non-mentored fathers, and that a higher percentage of mentored fathers became engaged or married during the project period compared to non-mentored fathers.
- In *Webster-Stratton's Incredible Years program*, there were no significant differences between the treatment and comparison groups for any of the outcomes.

Outcome findings

A complete summary of all areas (outcome domains) in which programs measured results for their participants through program evaluation across studies is provided in Table 3. Although the measures used to assess each outcome domain differed across studies, the outcomes examined reflect those that the research and practice field focus on when assessing the importance of HMRE and RF programs for families (e.g., relationship stability, parenting, employment and training, and child support payments). Most program outcomes were obtained through participants' self-reports on surveys. We identified outcome domains in this report based on evaluation reports from programs; thus, the terms we use to describe outcome domains (again, the areas in which programs measured results for their participants) align with programs' classification.

Among HMRE programs, there were 40 unique outcomes examined across the 15 outcome domains depicted in Table 3. The most common outcome examined was relationship status, which was included as an outcome in nine evaluation studies. The next-most-common outcome examined was relationship skills and knowledge, with seven occurrences. Notably, there were no outcomes that pertained to employment and training among evaluated HMRE programs—even though many of these programs have a focus on improving education and employment opportunities—and the importance of these types of outcomes for Hispanic families.

Among RF programs, 54 unique outcomes were examined. The most common outcome domain was child support, which was examined as an outcome for 13 different programs. Programs obtained child support outcomes via administrative records and self-report on surveys. The next-most-common outcomes examined related to parenting and to employment and training, each of which had 10 occurrences across the RF programs. There were no outcomes categorized as co-parenting or intimate partner violence (IPV).

Conclusions

Despite the size and growth of the Hispanic population in the United States, culturally-responsive HMRE and RF programming has not progressed as far as it could in order to effectively reach and serve Hispanic families. Although this review identified a number of HMRE and RF programs and curricula for Hispanic families, the adaptations that these programs/curricula have undergone are limited, the content of the programs is not always reflective of the unique family formation patterns and service needs of Hispanic families, and the programs are not being delivered in regions of the country where new growth of communities with Hispanics families would indicate a need.

For example, our review indicates that residential Hispanic fathers are not being sufficiently targeted by existing RF programs. Because most RF programs tailor their curricula to issues facing nonresidential fathers, Hispanic fathers may be less likely to enroll in these programs or to benefit from them when they do enroll. Also, programs hoping to appeal to fathers through job placement may need to make more significant efforts to engage Hispanic populations. Programs that offer job training (beyond job placement) and educational opportunities may attract greater numbers of Hispanic fathers, given that most low-income Hispanics are employed, and have greater rates of underemployment than other racial/ethnic groups.

More research is needed, particularly (rigorous) evaluation, on HMRE and RF programs serving Hispanic populations. Evaluation evidence would increase understanding about the effectiveness of existing curricula in strengthening outcomes for Hispanic families. Ideally, rigorous evaluation evidence would also help determine potential differences in outcomes within subgroups of Hispanic populations (e.g., differences by nativity status or country of origin). As an initial step in this process, programs serving Hispanic populations should support and consider the strengths and distinct cultural characteristics of Hispanic families in family formation, family structure, and employment. Programs initially developed for Hispanic populations may better serve Hispanic families by incorporating a more meaningful understanding of Hispanic culture and family processes into their services than programs that are simply offered in Spanish. Culturally tailored programs may also be more appealing to Hispanic couples and fathers.

Table 1. Healthy Marriage and Relationship Education Programs Serving Hispanic Populations

			TARGET POPULATION			COMPONENT				
PROGRAM*	**LOCATION**	OPERATIONAL	**Teens/ Young Adults**	**Unmarried**	**Parents**	**Reproductive Health**	**Healthy Relationships**	**Co-Parenting**	**Parenting**	**Financial Literacy**
HISPANIC MAJORITY PROGRAMS - 50% OR MORE**										
Hispanic Active Relationship Project	Cameron County, TX	X					X			X
Healthy Relationships California***	California	X					X			X
Family Wellness Program	Las Cruces, NM	X					X			
Respecting and Protecting our Relationships	Los Angeles, CA		X		X	X	X		X	
The Supporting Father Involvement (SFI) Prevention Intervention (Couples Based)	California (multiple locations)				X		X	X	X	
The Caring Equation	Arlington County, VA		X		X	X			X	
The Meier Clinics, Family Bridges, Healthy Marriage Initiative (MCFB)	Chicago, IL	X					X		X	X
HISPANIC PRESENCE PROGRAMS - 20 - 50%**										
Smart Steps	Utah	X			X		X	X		X
Supporting Healthy Marriage (SHM)	1) Oklahoma City, OK; 2) Wichita, K; 3) Shoreline, WA; 4) Bronx, NY; 5) Orlando, FL; 6) Bethlehem, PA; 7) Reading, PA; 8) El Paso, TX; 9) San Antonio; TX; 10) Seattle, WA.				X		X	X		
The Greater Portland Healthy Marriage Initiative	Portland, OR	X	X	X			X			X
The Flourishing Families Program (FFP)	Sacramento, CA			X	X		X	X	X	X
The Parenting Center	Fort Worth, TX	X	X		X		X		X	

Table 1 cont. Healthy Marriage and Relationship Education Programs Serving Hispanic Populations

PROGRAM*	COMPONENT		IMPLEMENTATION				EVALUATION	
	Job Placement	Job Training/ Education	Adapted for Hispanic	Spanish Language	Group Activities	Individual/ Case Management	Design****	Positive change for at least one outcome*****
HISPANIC MAJORITY PROGRAMS - 50% OR MORE**								
Hispanic Active Relationship Project			X	X	X		1	
Healthy Relationships California***			X	X	X		1	
Family Wellness Program	X	X	X	X		X	1	
Respecting and Protecting our Relationships			X	X	X		2	Y
The Supporting Father Involvement (SFI) Prevention Intervention (Couples Based)			X	X	X	X	3	Y
The Caring Equation		X			X	X	1	
The Meier Clinics, Family Bridges, Healthy Marriage Initiative (MCFB)		X	X	X	X		0	
HISPANIC PRESENCE PROGRAMS - 20 - 50%**								
Smart Steps				X	X		1	
Supporting Healthy Marriage (SHM)				X	X	X	3	Y
The Greater Portland Healthy Marriage Initiative			X	X	X		0	
The Flourishing Families Program (FFP)				X	X		0	
The Parenting Center				X	X	X	1	

**Click here for more information about each program (http://www.childtrends.org/nrc/resources/publications/program-profiles-healthy-marriage-and-relationship-education/).*
***We include two categories of programs in the guide: (1) programs that serve a Hispanic majority (50 percent or more of the population served is Hispanic), and (2) programs that have a Hispanic presence (at least 20 percent of the population served is Hispanic).*
****Curricula and content across program sites varied. All sites included the reported content areas.*
*****Design Legend: 0= Qualitative or descriptive only; 1= Pre-post test, no control group; 2=Quasi-experimental; 3= RCT experimental evaluation*
******For evaluations coded as '2' or '3' only.*

Table 2. Responsible Fatherhood Programs Serving Hispanic Populations

PROGRAM*	LOCATION	TARGET POPULATION					COMPONENT			
		Operational	Teens/ Young Adults	Non-Residential	Unmarried	Incarcerated/ Juvenile Justice	Reproductive Health	Healthy Relationships	Co-Parenting	Parenting
HISPANIC MAJORITY PROGRAMS - 50% OR MORE**										
Non-Custodial Parent (NCP) Choices PEER	Texas			X				X		X
The STEP-UP program	Phoenix, AZ	X	X					X		X
Non-Custodial Parent (NCP) Choices	Texas	X		X						
Latin American Youth Center Responsible Fatherhood Program	Washington, DC	X	X				X	X		X
Promoting Optimal Parenting Skills (P.O.P.S.) ***	Texas							X		X
Psycho-educational Training for Inmates at the Orient Road Jail	Tampa, FL					X				X
Office of Child Support Enforcement Responsible Fatherhood Programs Supportive Services for Non-Custodial Parents (CA)	San Mateo County, CA			X						
The New Mexico Young Fathers Project	New Mexico	X	X			X	X	X		X
The Parent Empowerment Project	Southwest U.S.	X	X			X		X		X
The Texas Fragile Families Initiative (TFF)	Texas		X		X					X
Wanting to be Good Fathers: Helping Teen Fathers Become Parents	Southwest U.S.		X			X				X
Webster-Stratton's Incredible Years program	New York City metro area				X			X		X
HISPANIC PRESENCE PROGRAMS - 20 - 50%**										
Project Bootstrap	Texas		X		X					X
The Fathers in the Criminal Justice System	Massachusetts			X		X				X

Table 2 cont. Responsible Fatherhood Programs Serving Hispanic Populations

PROGRAM*	COMPONENT			IMPLEMENTATION				EVALUATION	
	Child Support	Job Placement	Job Training/ Education	Adapted for Hispanic	Spanish Language	Group Activities	Individual/ Case Management	Design*****	Positive Outcome for at least one indicator******
HISPANIC MAJORITY PROGRAMS - 50% OR MORE**									
Non-Custodial Parent (NCP) Choices PEER	X	X	X		X	X	X	3	Y
The STEP-UP program			X				X	3	Y
Non-Custodial Parent (NCP) Choices	X	X	X				X	2	Y
Latin American Youth Center Responsible Fatherhood Program			X	X	X	X	X	1	
Promoting Optimal Parenting Skills (P.O.P.S.) ***		X					X	1	
Psycho-educational Training for Inmates at the Orient Road Jail						X		1	
Office of Child Support Enforcement Responsible Father-hood Programs Supportive Services for Non-Custodial Parents (CA)	X			X	X		X	1	
The New Mexico Young Fathers Project	X		X			X	X	1	
The Parent Empowerment Project				X		X		0	
The Texas Fragile Families Initiative (TFF)	X	X	X****			X	X	2	Y
Wanting to be Good Fathers: Helping Teen Fathers Become Parents				X		X		0	
Webster-Stratton's Incredible Years program					X	X		3	N
HISPANIC PRESENCE PROGRAMS - 20 - 50%**									
Project Bootstrap	X	X	X	X		X	X	2	Y
The Fathers in the Criminal Justice System	X				X	X	X	1	

**Click here for more information about each program (http://www.childtrends.org/nrc/resources/publications/program-profiles-fatherhood/).*
***We include two categories of programs in the guide: (1) programs that serve a Hispanic majority (50 percent or more of the population served is Hispanic), and (2) programs that have a Hispanic presence (at least 20 percent of the population served is Hispanic).*
**** P.O.P.S. uses a case management approach to tailor services to the needs of individual fathers. Case managers connect fathers with opportunities for basic and higher education, job skills training, and employment.*
*****Sites could offer GED preparation, but it was not mandatory.*
******Design Legend: 0= Qualitative or descriptive only; 1= Pre-post test, no control group; 2=Quasi-experimental; 3= RCT experimental evaluation*
*******For evaluations coded as '2' or '3' only.*

*Table 3: Incidence of Outcome Domains Examined in Healthy Marriage and Relationship Education and Responsible Fatherhood Program Evaluations**

	Healthy Marriage and Relationship Education		Responsible Fatherhood		TOTAL
OUTCOME DOMAINS	Hispanic Majority**	Hispanic Presence**	Hispanic Majority	Hispanic Presence	
Finances	0	1	1	1	3
Child Support	2	0	8	5	15
Relationship Status	4	5	4	0	13
Ex-spouses or Partner	0	1	1	0	2
Individual Well-being	3	1	3	0	7
Parenting	5	0	10	0	15
Co-Parenting	1	2	0	0	3
Child Outcomes	1	0	1	0	2
IPV	1	1	0	0	2
Relationship Skills and Knowledge	3	4	2	0	9
Paternity Establishment	0	0	1	1	2
Inmate Orders/ Jailing	0	0	1	1	2
Referrals to Services	2	0	2	0	4
Employment and Training	0	0	10	0	10
Reproductive and Sexual Health	3	0	2	0	5
TOTAL	25	15	46	8	94

**Summary of outcome domains examined across program evaluation studies included in this review.*

***We include two categories of programs in the guide: (1) programs that serve a Hispanic majority (50 percent or more of the population served is Hispanic), and (2) programs that have a Hispanic presence (at least 20 percent of the population served is Hispanic).*

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Appendix A: HMRE and RF Program Reviews and Other Published Resources

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The National Research Center on Hispanic Children and Families is a hub of research to improve the lives of Hispanics across three priority areas—poverty reduction and self-sufficiency, healthy marriage and responsible fatherhood, and early care and education. It's comprised of a team of national experts in Hispanic issues, led by Child Trends and Abt Associates along with university partners (University of Maryland - College Park, University of North Carolina at Greensboro, and the Institute for Human Development and Social Change at New York University). The Center was established in 2013 by a five-year cooperative agreement from the Office of Planning, Research and Evaluation within the Administration for Children and Families in the U.S. Department of Health and Human Services.

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