Community-Based Research: A Mixed Methods Study of the Influence of Community Educators' Efficacy Beliefs, Program Attitudes, and Fidelity Intention on Practice

by

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Abstract

Although the availability of evidence-based prevention and health promotion programs is on the rise, there is still much to learn about these programs once they are disseminated at the community level and in diverse "community classroom" environments outside of prescribed "lab" settings (Durlak & Dupre, 2008; Katz & Wandersman, 2016). There is evidence to suggest variability in community-based program implementation, but the focus of past research has primarily been on single dimensions, such as program components and dosage, without much consideration of the process of implementation or the influence of "frontline" staff (Suarez-Balcazar, Mirza, & Hansen, 2015). The purpose of this sequential, mixed methods study was to advance our understanding of community-based research by exploring social-cognitive factors and program attitudes that influenced community educators' approach to research and practice during the implementation of an efficacy trial of evidence-informed couple relationship education (CRE) programs. The research questions and framework for analysis were guided by social-cognitive theory of human agency, the theory of planned behavior, and the action-oriented research model.

The first, quantitative phase of the study examined the relative influence of community educators' self-efficacy beliefs and perceived program benefits on program fidelity intention and program fidelity. Quantitative data were drawn from community educators' ($N = 51$) self-report, pre- and post- program implementation process surveys completed as part of established university-community partnership protocols for monitoring program activities. Findings indicated that community educators expressed moderately high, to high, levels of self-efficacy, perceived program benefits, program fidelity intention, and implementation practices that supported program fidelity. Perceived program benefits were significantly and uniquely

associated with program fidelity intention, such that higher levels of perceived benefits for couples from participation in the evidence-informed programs were associated with higher levels of program fidelity intention. Community educators' fidelity intention was a significant predictor of program fidelity, such that higher levels of intention to deliver the program as designed predicted program fidelity in practice.

In the second, qualitative phase of the study, a phenomenological approach guided semi-structured interviews with community educators ($N = 4$). Findings from inductive and deductive analysis of the community educators' experiences illustrated that effective university-community partnerships promote shared learning and play a positive role in the community (Strier, 2011). The university-community partnership discussed in this study facilitated "bridging the gap" between research and practice through a systematic, action-oriented approach to community-based research. The community educators defined collaboration among university and community partners as "working together" and organizational elements such as shared-learning experiences and centralized resources were effective in broadening opportunities for using rigorous research methods in community-based settings. The university partner was described and the centralizing and directive agency, providing oversight and ongoing technical assistance. Community educators described being actively engaged in community-based research, with roles and responsibilities that were dynamic, clearly defined, and relative to the roles and responsibilities of the university partner. The university-community partnership model in this study was unique in that the university partner served as a direct implementation site, simultaneously engaged in the same kind of community engagement work as the community educators, which promoted receptivity to university directives among the community educators.

Additionally, findings demonstrated community educators were efficacious in developing different methods for balancing program fidelity and maintaining a flexible, participant-focused approach toward research and program activities. Implementation efficacy was demonstrated through perceived influence over the community-based research "classroom" environment, ongoing self-directed reflection, and intentional actions to make a positive impact in their communities by implementing the CRE programs as designed. The more seasoned community educators experienced some internal conflict between "adding their own style" and maintaining program fidelity out of their desire to encourage participant engagement and build rapport with "real-life" examples.

Qualitative findings suggest community educators' perceived the evidence-informed CRE programs as beneficial, with the potential for making a "big impact" in their local communities. The random assignment design utilized in the efficacy study, which resulted in a portion of interested participants not being assigned to a CRE program group, challenged community-educators' receptivity to the rigorous research design. However, in-person, university-led training in the purpose for the research design and the evidence-informed background of the CRE programs promoted buy-in. Additionally, the community educators reported valuing being a part of the research process based their first-hand observations of benefits to participants, such as their personal growth and developing supports that continued beyond the program workshops.

The community educators' community level connections and commitment were instrumental in extending the reach of university resources into different, off-campus settings, while also broadening opportunities for using rigorous methods to answer challenging and practical family life questions. It is recommended that "train the trainer" trainings and other

organizational supports should not only focus on readiness to deliver program content, but also

on developing positive efficacy beliefs and receptivity toward evidence-based programs and its

usefulness for potential program participants.

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"Never give up on a dream just because of the time it will take to accomplish it. The time will pass anyway." – Earl Nightingale

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Chapter 1: Introduction

Background

Community level initiatives are essential to building and sustaining healthy communities. The central goal of community-based programs and research is to create an environment that supports healthy social change and positive community level outcomes by involving community members in the process. The implementation of community-based prevention services and health promotion programs is a complex, iterative process, with multiple dimensions and stakeholders (Tremblay, Martin, McComber, McGregor, & Macaulay, 2018). Increasingly, standards that were once reserved for controlled lab settings, such as university-based settings, are being required of community-based program implementation and research efforts (Fitzpatrick, Sanders, & Worthen, 2004). There are many different factors (e.g., provider characteristics, innovation characteristics, community factors) influencing the implementation process of community-based programs and interventions (Durlak & DuPre, 2008). To what degree and how community level factors influence the success (or lack of success) of implementing evidence-informed and evidence-based programs as designed by the developers and researchers are not well understood (Abell, Cummings, Duke, & Wells-Marshall, 2015). Although the availability of evidence-based prevention programs is on the rise, there is still much to learn about these programs once they are disseminated at the community level and in diverse "community classroom" environments outside of prescribed "lab" settings (Durlak & Dupre, 2008; Katz & Wandersman, 2016).

Since the 1990s, there has been an increased interest among social science researchers, including family science scholars, in community level, action-oriented research. Community-based implementation of research has emerged as a valuable approach for connecting rigorous research methods with practice through university-community partnerships (Small & Uttal,

2005). University-community partnerships have the potential to mutually increase capacity among universities, practitioners, and local communities in addressing social issues to make an impact at state and local levels (Small & Uttal, 2005; Lerner, Fisher, & Weinberg, 2000). This contemporary approach to "bridging the gap" between research and practice through community level initiatives highlights the great potential of university-community engagement (Suarez-Balcazar, Mirza, Hansen, 2015).

Unlike transactional relationships, which are based on exchange processes for the achievement of one institution or group, transformational partnerships involve multiple dimensions, wherein partners comprehensively pursue common goals and actions (Butcher, Bezzina, & Moran, 2011). Participatory approaches intentionally involve stakeholders who live and work in the communities of interest to facilitate entry in to the community and develop partnerships that advance scholarship of practice (Russ-Eft & Preskill, 2009; Suarez-Balcazar, Hammel, Helfrich, Thomas, Wilson, & Head-Ball, 2005). The formation of university-community partnerships (UCPs) as part of healthy marriage and relationship education initiatives offers a unique opportunity for evidence-based couple relationship education (CRE) programs to be effectively disseminated into community-based settings (Vaterlaus, Skogrand, Higginbotham, & Bradford, 2016). Evidence shows that by working collaboratively, UCPs can strengthen the accessibility of free, evidence-based CRE into hard to reach, diverse community settings (Vaterlaus, et al., 2016). As a result of sustained state-wide initiatives, CRE programs are now accessible to citizens across the nation and continue to grow significantly as an area for community level interventions among diverse populations (Bradford, Huffaker, Stewart, Skogrand, & Higginbotham, 2014; Fincham & Beach, 2010). The preliminary evidence for developing research-practice partnerships as a promising approach for expanding the role of

research into the educational community is also in line with the action-oriented principles of UCPs for engaged scholarship, but empirical study of partnership designs and involvement of practitioners in research activities are only just beginning to emerge (Coburn & Penuel, 2016).

As part of a national movement to implement supports for couples at risk for the negative impacts of family instability, U.S. policymakers developed new legislation and dedicated public funds towards strategic community level action to strengthen families in the form of healthy marriage and relationship education (HMRE) initiatives (Dion, 2005; Hawkins & Erikson, 2015). Couple relationship education (CRE) programs are the core of community level HMRE initiatives. CRE programs are distinguished by their primary objectives, such as, strengthening co-parenting relationships or supporting couples in preparing for and strengthening marriages and the scope of the community level intervention (Dion, 2005). The delivery of CRE programs vary in structure, content, and target populations (Halford, & Snyder, 2012). Therefore, there are a great variety of program dimensions and delivery methods that shape how programs are disseminated, of which some dimensions and methods have been evaluated for program effectiveness and others that have not (Bradford, Higginbotham, & Skogrand, 2014; Dion, 2005). A comprehensive framework for CRE programs proposed by Hawkins, Carroll, Doherty, and Willoughby (2004), suggests seven different program dimensions that may vary program-to-program, including (a) lifespan stage when program is offered; (b) target audience; (c) methods for how content is carried out; (d) format of dosage; (e) program information; (f) delivery setting; (g) who delivers content and how.

Program fidelity is particularly important to the research of community-based program interventions, such as efficacy trials and prevention services, because of the community level conditions that present "real world" challenges to program design (Dane & Schneider, 1998).

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Chen (1998; 2014) identified four key domains affecting program fidelity related to implementation, including: (a) delivery context; (b) implementation system; (c) implementers; and (d) target audience. Among the limited studies of variability in program implementation that are available, the focus has primarily been on program components and dosage (Durlak & DuPre, 2008; Berkel, Mauricio, Schoenfelder, & Sandler, 2011). Only limited research attention has considered the role of community level practitioners, such as the community educators, during the process of implementation, with limited research beginning to evaluate the implications of educator characteristics on program implementation (e.g., Bradford, Adler-Baeder, Ketring, & Smith, 2012; Higginbotham & Myler, 2010; Turner, Nicholson, & Sanders, 2011). Research examining the relative importance of community educator characteristics and the influence of frontline staff in the delivery of community-based program implementation is needed (Bradford, Higginbotham, & Skogrand, 2014).

Statement of the Problem

Evidence-based programs have proven effectiveness in the capacity to positively influence participant trajectories in a range of fields (e.g., mental health services, relationship education) and settings (e.g., school-based, community-based), but it is critical that programs be implemented well to achieve desired results (Durlak, 1998). Research of program effectiveness suggests that community educators who implemented programs with high levels of program fidelity were more effective in program implementation than community educators who implemented programs with low levels of program fidelity (Blakely, et al., 1987). Indicating the relative importance of the influence of community educators on whether a program/intervention is delivered as designed by program developers (Berkel, Mauricio, Schoenfelder, & Sandler, 2011).

Although there is evidence for variability in community-based program implementation, the few studies that are available have focused on single dimensions (e.g., reach, dosage of participant's program attendance) of program implementation without consideration of the influence of community educators on programmatic elements (Berkel, Mauricio, Schoenfelder, & Sandler, 2011). This is a significant limitation in past studies. For instance, although a community educator may have the skills to implement an evidence-based program well, their implementation effectiveness may be influenced by multiple cognitive factors, such as their beliefs and attitudes about the program for their community, but community educator characteristics are often overlooked in evaluation (Turner, Nicholson, & Sanders, 2011). Considering community educator beliefs, attitudes, and behaviors in the process of program implementation would be valuable for innovating curriculum design and pedagogy (Hawkins & Erikson, 2015; Saunders, Evans, & Joshi, 2005).

Community level HMRE initiatives have led to remarkable growth in the field of marriage and relationship education (Doherty & Anderson, 2004). Extant research shows promising outcomes for couples who participate in couple relationship education (CRE), such as increased relational quality (Adler-Baeder, Shirer, & Bradford, 2007) and individual well-being (Bradford, Adler-Baeder, Ketring, Bub, Pittman, & Smith, 2014). Considering CRE programs are available through externally funded community level initiatives, it is essential to understand how community educators influence programmatic elements and the behaviors involved in increasing participant engagement and support for programs in their community (Hawkins & Erikson, 2015). An integrated approach to exploring the elements involved during "real time" program implementation which lead to positive outcomes for participants and shed light on

community educators' implementation behaviors that create a participatory learning environment in which community participants voluntarily engage (Berkel, Mauricio, Schoenfelder, & Sandler, 2011).

Environmental factors, such as program supports, compatibility of the program delivery model with existing workplace practices, and alignment with the goals of the community organization matters for program implementation and extension of evidence-based interventions into the community (Durlak & DuPre, 2008). Yet, there is little empirical evidence about the process of implementing community-based programs and research that directly includes the perspective of community partners, with even less being reported on the attitudes and perspectives of frontline staff, such as CRE community educators (Suarez-Balcazar, Mirza, Hansen, 2015). Considering the key role that community educators play in couples' experiences in CRE programs (Ketring, et al., 2017) and in the success of community-based research, it is critical to explore the influence of community educators' self-efficacy, program attitudes, intentions, and implementation practices on program fidelity and quality of implementation. Understanding the influence of CRE community educators on the program implementation process matters for informing program developers, researchers, and practitioners who have a vested interest in program fidelity and partnerships that extend the delivery of evidence-based services into diverse communities and beyond "lab" settings (Hulleman & Cordray, 2009).

This mixed methods dissertation will address these significant gaps in the literature by exploring social-cognitive factors and program attitudes that influenced community educators' implementation practices during the implementation of a community-based efficacy study of couple relationship education. Integrating both quantitative and qualitative research will lead to a

greater general understanding of the link among community educators' self-efficacy, program attitudes, and intentions on implementation practices. Qualitative data and results will add richness to quantitative results by illustrating the context of program delivery as part of an efficacy trial based on the community educators' experiences (Creswell & Clark, 2018). Findings will advance our knowledge of community-based research based on the views and experiences of community-based, frontline staff facilitating programs to extend the reach of evidence-informed CRE programs and resources as part of a federally funded, community level initiative, made possible by a long-standing university-community partnership.

Purpose of the Study

Empirical evidence indicates an important link between program fidelity and participant outcomes, suggesting the processes involved in the activities of implementing programs matters for the success of community-based prevention and health promotion programs (Durlak & DuPre, 2008). Program fidelity is especially important to the evaluation of evidence-informed programs, such as in efficacy studies determining if participant outcomes are in fact a result of the programming (Caroll, et al., 2007). Following the design and facilitation protocols of evidence-based programs in "real world" settings is critical to the success of the processes in program implementation and validation of the participant outcomes that follow (Berkel, Mauricio, Schoenfelder, & Sandler, 2011; Durlak, 1998). However, assessing implementation practices as part of the credibility and utility of research is rare (Caroll, et al., 2007). Whether because they are difficult to capture or poorly defined, factors influencing the process of delivery are often left unexamined in community-based education and research (Abell, et al., 2015). Less than a handful of studies have researched the influence of practitioners' attitudes and beliefs in

combination with environmental and contextual factors, on program implementation and outcomes (e.g., Turner, Nicholson, & Sanders, 2011).

Exploring the influence of community educators' beliefs and program attitudes on the implementation of a community-based efficacy study of CRE programs is an innovative approach to researching program fidelity processes in real-world, community-based settings. To-date, there are no comprehensive studies of community educators' engagement in the process of facilitating evidence-based curricula and research design protocols as members of a university-community partnership that implemented a rigorous, community-based efficacy study. Although there is growing interest surrounding the efficacy of evidence-based interventions in fields like education and human sciences, most studies examining research-practice partnerships were written from the perspective of faculty and researchers; rarely have experiences in the process of direct implementation been examined based on the reflections of the practitioner (e.g., community educator, Extension field agent) (Coburn & Penuel, 2016).

Research examining the active role of community partners in program and research implementation, and processes involved for effectively developing and sustaining action oriented community level initiatives, would be greatly enhanced by including the community partners' perspective and experience (Varterlaus, et al., 2016). While community partners may not consider research a primary focus of their work, community educators play a key role in the success of efficacy trials through their facilitation practices and provision of program supports (Royse, Thyer, & Padgett, 2015). Recent research of CRE programs showed the processes involved in implementing CRE programs are shaped by context of delivery, such as the setting of program delivery (e.g., community center) and the structure of program delivery (e.g., small

group meetings) (Bradford, Higginbotham, & Skogrand, 2014). To advance understanding of community-based program and research implementation, this study included the perspective of community educators, based on their participatory role as active members of a university-community partnership, to examine the influences of community educators' efficacy beliefs, program attitudes, and program fidelity intentions on the process of implementing evidence-informed CRE programs for a community-based impact evaluation.

This study employed a sequential, mixed methods research design. The purpose of this sequential explanatory mixed methods study was twofold. The first, quantitative phase of the study, examined the influence of community educators' self-efficacy, program attitudes, and intentions on implementation practices and fidelity to program and research design for a multi-site, community-based efficacy study of couple relationship education (CRE) programs. The second, qualitative phase explored community educators' self-efficacy, program attitudes, and program implementation practices in greater depth through interviews. Maximum variation sampling was implemented to understand how the phenomenon of interest was understood and experienced among different community educators, working at community organizations based in different types of communities (e.g., rural, urban) that were among the network of community organizations partnering with the university partner (Cohen & Crabtree, 2006).

Research Questions

Quantitative Phase of Study

The first, quantitative phase of the study will focus on the relative influence of self-efficacy and program attitudes on program fidelity intention and implementation behaviors that support program fidelity during implementation.

For the first, quantitative phase of this dissertation, the research questions are:

1. What is the influence of community educators' self-efficacy and perceived program benefits on their program fidelity intention?

2. What is the influence of community educators' program fidelity intention on their program fidelity behaviors?

Qualitative Phase of Study

The second, qualitative phase of the study will focus on a co-constructed account of the program implementation experiences and research efficacy of community educators to better understand their role on a large-scale, community-based efficacy study of CRE programs. This phase of the study will focus on community educators' illustration of the processes involved in promoting the program in their community, their beliefs about their implementation practices, and their accounts of different practices they used to be effective in program implementation, as well as challenges they may have experienced.

For the second, qualitative phase of this dissertation, the central research questions are:

1. What are the program planning and program delivery experiences of community educators as partners in a university-community partnership promoting and implementing community-based couples' relationship education and research?

2. How do community educators' efficacy beliefs and program attitudes support program implementation fidelity for evidence-informed CRE programs delivered to couples in their community?

The guiding research questions include:

1. What is it like being a community educator for a university-community partnership implementing community-based relationship education and research? What are community educator roles and responsibilities?

2. In what ways do community educators' belief in their facilitation abilities and attitudes about the program support successful program implementation? Are there aspects of program implementation in which they have more (or less) confidence?

3. In what ways do community educators' beliefs in themselves as community educators connect to fidelity of program implementation?

4. In what ways do community educators' attitudes about the program and fidelity of program implementation connect? Are there other factors that they believe affect program implementation facility?

5. How do community educators assess their program implementation fidelity? What are their methods and practices they have developed to ensure program and research protocols are implemented as intended?

Terms and Definitions

a. *Action research* is "a methodological approach for doing collaborative research with practitioners and community partners that can inform practice, programs, community development, and policy while contributing to the scientific knowledge base" (Small & Uttal, 2005, p.936). Action-research from this perspective includes a democratic, cyclical process of action and reflection and collaboration among researchers and community partners (Reason & Bradbury, 2001).

b. *Agency* is a social cognition, including the act of engaging in and influencing one's internal and external environment through daily functioning and behaviors such as

proactive planning, self-reflection, drawing on knowledge and skills to achieve desired results (Bandura, 2006).

c. *Couple Relationship Education (CRE)* is a curriculum-guided approach to healthy relationship educational programs implemented through community level Healthy Marriage and Relationship Education initiatives. CRE programs provide "skills-based training" to build practical interpersonal strategies (e.g., communication, conflict management), as well as focus on promoting positive relationship attitudes (e.g., shared relationship expectations) (Halford, Markman, & Stanley, 2008; Halford & Snyder, 2012).

d. *Demographics* will include characteristics such as gender and years of experience facilitating programs. Background characteristics of community educators included in this dissertation will help to illustrate "who" are the frontline staff that implemented CRE programs for an efficacy study and will highlight variability in years of experience and perspectives.

e. *Efficacy Research* is an evaluation of the impact of a program intervention with a specific target population to determine program outcomes when delivered under optimal conditions (Glasgow, Lichtenstein, & Marcus, 2003; Rabin, Brownson, Haire-Joshu, Kreuter, & Weaver, 2008).

f. *Intention* is the extent to which an individual is willing to make an effort to perform a behavior that is perceived within their control (Ajzen, 1985). The theory of planned behavior proposed motivational factors influence actual behavior and emphasizes the link between intentions and actions (Ajzen, 1991)

g. *Program Attitudes* is defined by community educators' receptivity to integrating the recommended program in their community or local context (Gendreau, Goggin, & Smith, 1999). Rational for inclusion: Community educators have a unique perspective in the process of implementation based on their role as the implementer of the evidence-based and/or evidence-informed programs in a community setting.

h. *Community educators* are practitioners staffed at public community organizations who have been trained in delivering couple relationship education and research protocols as members of a university-community partnership implementing an efficacy study of CRE programs. Community educators work with local partners in their community as well as a university partner who has secured federal funding to implement the efficacy study of CRE as part of a community level initiative supporting children and family well-being through delivery of relationship education and resources. Note: This definition will likely be adapted during the research process and may be enhanced through emergent factors, co-constructed with community educators based on the themes that emerge from the community educators' perspectives of their roles in the program implementation and research process.

i. *Program Implementation fidelity* is a key element in the process of program implementation and is defined as "the degree to which an intervention or program is delivered as designed" (Dusenbury, Brannigan, Falco, & Hansen, 2003). Implementation fidelity is considered essential to the validity and reliability of efficacy trials, and is important to program developers and evaluators (O'Donnell, 2008).

j. *Program Implementation* involves putting into practice a set of activities with pre-determined elements (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005). In this

study, it is the process of facilitating an evidence-informed, healthy relationship

education program to couples in a community setting by trained community educators,

and is not considered a single event, but an ongoing process (Ogden & Fixsen, 2014).

k.   *Evidence-informed programs* in public health and community level initiatives are

educational programs/interventions informed by empirical evidence in the field and

include prescribed practices and guidelines for implementation with targeted audiences

(Rabin, et al., 2008).

l.   *Self-efficacy beliefs* are beliefs about our own knowledge and abilities, and

continuously play an important role in our daily thought patterns, affect, and behaviors

(Bandura, 1982). Rational for inclusion: When individuals have a firm belief in their

efficacy, they are more likely to persevere and figure out ways of exercising control

over the environment, even in environments where there are limited opportunities for

exercising control (Bandura, 1993).

m. *University-Community Partnerships* are collaborative relationships between an

academic institution and community organizations with a shared goal of building the

community's capacity for addressing community-level concerns affecting local-level

quality of life (Caron, Ulrich-Schad, Lafferty, 2015; Lesser & Oscos-Sanchez, 2007).

Theoretical Perspective

The social-cognitive theory of human agency (Bandura, 1989; 2006), the theory of

planned behavior (Ajzen, 1991), and an action-oriented research framework (Small, 1995; Small

& Uttal, 2005) inform the current study. The social-cognitive theory of human agency provides a

guide to help us to understand the ways in which community educators are active agents in the

process of implementing community-based CRE programs and research. Although a community

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educator may have the ability or skills needed to implement an innovative program in their

community, the implementation process may be influenced by their attitudes towards the

program, self-efficacy for dissemination, and environmental factors (e.g. supports provided by

colleagues) (Bandura, 2006). The theory of planned behavior proposed that motivational factors

influence behavior and the extent to which an individual is willing try to perform a behavior

(Ajzen, 1991). In this study, the theory of planned behavior will provide a lens to understand the

link between community educators' intentions to deliver the programs as designed and their

behaviors during implementation to achieve desired program results. The dynamic principles and

pragmatic framework of action-oriented research is a valuable approach to community level

initiatives focusing on individual, social, and organizational goals (Balcazar, et al., 2004; Small

& Uttal, 2005). The action-oriented research will provide a framework for understanding the

environmental elements of the collaborative relationship among the university and community

partners working to implement a federally funded community level healthy relationship

education initiative (Small & Uttal, 2005, Strier, 2011).

The Social-Cognitive Theory of Human Agency

Social cognitive theory proposes an agentic view of "human development, adaptation,

and change" (Bandura, 2006, p. 164). From this perspective, individuals actively engage in and

influence their internal and external environment through daily functioning and behaviors such

as proactive planning and self-reflection (Bandura, 2006). Human agency in social cognitive

theory was founded in four core properties: (a) intentionality; (b) forethought; (c) self-

reactiveness; and (d) self-reflectiveness (Bandura, 2006). The first core property of human

agency, intentionality, is defined as an individual's plans and actions for bringing plans to

fruition. The second property of human agency, forethought, goes beyond future-directed plans

and includes goals that individuals set for themselves and their anticipated outcomes to reach

those goals, which are based on cognitive representation that directly motivates efforts and

behaviors. The third core component of agency, self-reactiveness, indicates that individuals do

not only plan and think ahead, they are also capable of regulating their behaviors to be deliberate

in attaining a desired outcome. Self-reactiveness both directs behavior and acts as a motivator

when constructing a course of action (Searle, 2003). The fourth component of agency, self-

reflectiveness, proposes that individuals do not only act, but also examine their action and

develop self-awareness and personal efficacy.

Self-efficacy is one construct that is critical to understanding community educators'

program implementation and research behaviors (Turner, Nicholson, & Sanders, 2011).

According to Bandura's (1982) social cognitive theory, individual's experiences are emergent

and interactive, as well as "reciprocal" and influenced by the environment and personal factors.

Self-efficacy beliefs, beliefs about our own knowledge and abilities, continuously play an

important role in daily thought patterns, affect, and behaviors (Bandura, 1982). Individuals are

capable of thinking about and judging their abilities, and as such, their self-efficacy beliefs have

an effect on their motivation and actions (Bandura, 1982). Efficacy beliefs are the result of

complex processes that rely on diverse sources of information, such as mastery experiences and

social encouragement of one's capabilities (Bandura, 1989). As individuals consider and make

decisions about what actions to take and what measures are needed for supporting their

constructed experiences, self-efficacy beliefs play a central role in exercising emergent agency

(Bandura, 1989).

Self-efficacy beliefs influence the types of lived experiences individuals construct and the

ways in which these experiences contribute to their skills and management of skills (Bandura,

1993). When individuals have an internal locus of control they are more likely to experience higher self-efficacy than individuals with an external locus of control (Sherer, Maddux, Mercandante, Prentice-Dunn, Jacobs, & Rogers, 1982), but ordinarily individuals are not in complete control over their environments and the conditions that affect their experiences (Bandura, 2006). For instance, as part of the implementation of a community-based efficacy trial utilizing randomized control, community educators do not have control over which community participants receive programming and which participants are assigned to the "no program" group. However, when individuals have a firm belief in their efficacy, they are more likely to persevere and figure out ways of exercising control over the environment, even in environments where there are limited opportunities for exercising control (Bandura, 1993). The ability to anticipate outcomes of prospective actions are important to motivation and regulating actions (Bandura, 1989). In acting as agents in their external environments, individuals draw on their skills and knowledge to produce desired outcomes (Bandura, 1989). From this perspective, community educators' self-efficacy beliefs evolve from diverse sources of information, including social interactions and performance experiences, are purposeful towards meeting desired outcomes and behaviors, and are not a fixed trait (Bandura, 1993).

The Theory of Planned Behavior

To account for actions in specific contexts, such as program implementation behaviors of community educators, the theory of planned behavior extended the theory of reasoned action to include an individual's intentions to perform behaviors within their volitional control (Ajzen & Fishbein, 1980). The theory of planned behavior considers three key elements to behaviors, including: (a) individuals' beliefs about the likely outcomes of behaviors and their evaluation of the outcomes; (b) beliefs about others' expectations and the degree to which one wants to meet

those expectations; (c) beliefs about control and factors that support or impede behaviors (Ajzen, 1985). Taken together in combination with attitudes towards behaviors, intention towards performing the behavior is formed (Ajzen, 1991). Generally, it is proposed that the stronger the intention to carry out a behavior, the more likely an individual is to perform the behavior; however, one can decide at any point whether to carry out their intentions or change their performance. Performing specific behaviors therefore depends on motivational factors, efficacy beliefs, and availability of resources, such as skills and the cooperation of others, as well as beliefs about the behaviors to be carried out, which ultimately guide the decision to act on behaviors (Ajzen, 1985).

It is assumed that if an individual has the required opportunities and resources to perform a behavior, they should succeed to the extent that they are willing to try, but perceived behavioral control matters for one's beliefs about the difficulty of a task, and can vary across situations (Ajzen, 1991). As proposed by Bandura's (1982) concept of self-efficacy, perceived behavioral control matters for actual behavior because it strongly influences one's confidence in their ability to perform an activity. Self-efficacy in the theory of planned behavior is integrated within the constructs of general attitudes and beliefs (Ajzen, 1991). For example, even if two community educators have equally strong intentions to follow program fidelity, following theory of planned behavior it could be hypothesized that the community educator who is confident in their ability to follow program fidelity would be more likely to perform behaviors in line with program implementation fidelity (Ajzen, 1991).

A key element to understanding the influence of intentions on behaviors is that intentions and behaviors of interest be compatible (Ajzen, 1988). Additionally, theory of planned behavior suggests keeping beliefs and attitudes as distinct constructs to avoid muddling areas of distinct

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theoretical and practical interest (Ajzen, 1991). Evidence of the utility of the theory of planned

behavior has been demonstrated in many different contexts of human behavior (e.g., Madden,

Scholler, & Ajzen 1986) and is compatible with exploring community educators' intentions to

engage in program implementation behaviors and understanding influences on program

implementation fidelity.

Action Research

One valuable approach to community level initiatives focusing on individual, social, and

organizational goals, are the dynamic principles and pragmatic framework of action-oriented

research framework (Balcazar, et al., 2004; Small & Uttal, 2005). The first scholar credited with

developing the term "action research" was Kurt Lewin, who during the 1940s developed an

alternative to "scientific management" by demonstrating a structured approach to "action

research" as an empirical method of field-based social science experimentation (McTaggart,

1994; Adelman, 1993). The first quasi-experiments led by Kurt Lewin took place in factories and

neighborhood communities, which involved him and his doctoral students investigating and

demonstrating how democratic participation in group processes and social relationships within

groups and between groups enhanced and sustained productivity and co-operation in "real

world" contexts (Adelman, 1993). Based on his finding through action-oriented research, Lewin

(1947) proposed a systems approach to generating knowledge, as well as encouraged working

with knowledge gained through research to change and improve the systems that were in place,

in turn benefiting the community (e.g., factories, neighborhoods). Later, scholars from a diverse

range of disciplines adopted action research, but with a wide range in approaches to "no action

without research; no research with action," (Lewin, as cited by Adelam, 1993). As a result,

elements of the philosophy and framework of action research can be found in the philosophical

work and educational studies of John Dewey (Adelam, 1993), the collaborative work in anthropology of Sol Tax (Tax, 1975), and the activist work promoting institutional change of Paulo Freire (1970; 1972).

There exist tensions between the two distinct orientations that prevail in action research, the pragmatic orientation and a critical orientation (Johansson & Lindhult, 2008). Both orientations have evolved over time among researchers based on their disciplinary backgrounds and diverse fields of practice (Johansson & Lindhult, 2008). The foundation of action research formed during a period in time when positivism reigned in social science; however, the basis of action research is pragmatism (Johansson & Lindhult, 2008). Importantly, a pragmatic view asserts that interaction with the environment creates and tests knowledge, and knowledge consists of reflection, instrumentality, and workability (Johansson & Lindhult, 2008). Lewin (1946) argued for science to be carried out in the community (i.e., outside of the lab) as a means for more interaction between research and practice. A pragmatic orientation of action research suggests a focus on practice; open and democratic communication among practitioners, researchers, and participants; and an action plan is that is workable and suitable to initialize a process of change (Johansson & Lindhult, 2008). In the pragmatic orientation, researchers often initiate dialogue among community members and stay actively involved with the research process, including developing research activities and practice strategies, as well as guiding the development of community partnerships (Small & Uttal, 2005; Johansson & Lindhult, 2008).

For the purpose of this study, action oriented research will be defined as "a methodological approach for doing collaborative research with practitioners and community partners that can inform practice, programs, community development, and policy while contributing to the scientific knowledge base" (Small & Uttal, 2005, p.936). Action-research

from this perspective includes a democratic, cyclical process of action and reflection and collaboration among researchers and community partners (Reason & Bradbury, 2001). Common principles of action research propose a post-positivist approach to social science, meaning the rejection of the researcher and research process as objective and removed from the research topic, as well as the rejection of the superiority of the researcher as the expert (Small, 1995; Oquist, 1978). Instead, action research principles put forward that knowledge is a socially constructed construct and recognize that all research takes place in systems with inherent values interactions among participants (Brydon-Miller, Greenwood, Maguire, 2003). Action research can be a long-term and at times laborious approach to program implementation and research, but also offers unique opportunities for engaging stakeholders and enhancing the implementation and evaluation of community level interventions (Doherty & Anderson, 2004).

Action research does not have a specifically prescribed methodology, but because of the pragmatic orientation, which emphasizes addressing practical problems, through collaborative action and experiential learning, research is conducted in the real-world settings in which the issue is occurring (Small, 1995). There are strategies specific to university-community partnerships for implementing common principles of action-oriented research to develop and maintain positive, productive, action-oriented research partnerships (Small & Uttal, 2005). The initial step for the university partner in developing an action-oriented research project is finding a community partner that is interested and willing to collaborate as a partner, and both partners need to be clear of what their expectations and needs are from the partnership (Small & Utall, 2005). For instance, the university partner should be forthcoming in explaining the research questions, the program/action to be implemented and anticipated measures of outcomes. Although researchers should strive to flexible, when community partners have a thorough

understanding of the value of a particular research design, they are also more likely to be open to the methodology in practice (Small & Uttal, 2005). Further, an important principle of action research is being sensitive to the unique perspectives of community partners, and this should be considered realistically in light of available resources to implement the proposed research design to ensure "buy-in" from community partners (Small & Uttal, 2005).

Currently, action research is implemented as an accessible approach to research for practitioners in field-based settings (Glanz, 2014). Community-based research is a significant area for the application of action research as a social science philosophy and framework used to facilitate the processes involved in understanding systems or behaviors through basic research, as well as generating awareness, capacity building, and social change (Jason, Keys, Suarez-Balcazar, Taylor & Davis, 2004). Due to it's complex, multi-disciplinary history, at times action research is still considered "a work in progress," with one of the greatest challenges being moving beyond "doing good" in localized contexts, to applying principles of action research to large-scale social change efforts (Brydon-Miller, Greenwood, Maguire, 2003, p. 13). As a theory and an approach to research practice, action research aims for the interrelatedness of researchers and practitioners, minimizes hierarchy, and lends itself well to community level initiatives, including community-based CRE initiatives (Johansson & Lindhult, 2008; Doherty & Anderson, 2004).

Chapter 2: Literature Review

To continue extending the reach of research into health and educational practice and serve as accountable stewards of funds for community level initiatives, it is essential to evolve our understanding of factors that influence the implementation of community-based programs and research (Hawkins & Erikson, 2015). Exploring factors that support the integrity of research and facilitate programmatic objectives are important to informing community level policies and developing consistent methodology for assessing and evaluating program fidelity (Dusenbury, et al., 2003). It is becoming increasingly common for community practitioners, such as CRE community educators, to fulfill the role of implementing evidence-based programs and collecting research data used to advance practice and theory (Fitzpatrick, Sanders, & Worthen, 2004). In the past, CRE programs were often implemented in university-based settings with minimal variability among community educators (Bradford, Adler-Baeder, Ketring, & Smith, 2012). Today however, CRE is being offered in a range of community-based settings among diverse populations, and there is a growing opportunity to explore the influences of community educators on the program implementation process (Bradford, et al. 2012; Ooms & Wilson, 2004).

CRE programs implemented in community-based settings provide couples at state and local levels with evidence-based, healthy relationship resources and educational experiences implemented in group settings, by trained community educators (e.g., community educators, family life educators) (Dion, 2005). The program manual, or curriculum, includes specifics about the program, such as how the program is organized and the responsibilities of the community educators (Bond, Evans, Salyers, Williams, & Kim 2000). Extant research shows promising

outcomes for couples who participate in CRE, such as increased relational quality (Adler-Baeder, Shirer, & Bradford, 2007) and individual well-being (Bradford, Adler-Baeder, Ketring, Bub, Pittman, & Smith, 2014).

Community-Based Program Implementation

Following the design and facilitation protocols of evidence-based programs in "real world" settings is critical to the success of the processes in program implementation and delivery outcomes that follow (Berkel, Mauricio, Schoenfelder, & Sandler, 2011; Durlak, 1998). Implementation involves putting into practice a set of activities with pre-determined elements (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005). Throughout the literature, the terms *program*, *curricula*, and *intervention* have been used interchangeably when referring to promoting or implementing prevention and educational services (Durlak & DuPre, 2008). Implementation fidelity is a key element in the process of program implementation and is defined as "the degree to which an intervention or program is delivered as designed" (Dusenbury, Brannigan, Falco, & Hansen, 2003). Implementation is not considered a single event, but an ongoing process (Ogden & Fixsen, 2014).

Evolving view of community-based program implementation

Historically, as part of the popular federally sponsored Research, Development, and Diffusion (RD&D) models of the 1960s and 1970s, program developers assumed that program adopters (e.g., community organizations, social service agencies) were passive consumers in the process of disseminating community-based programs (Tornatzky, Fergus, Avellar, Fairweather, & Fleischer, 1981). This assumption of evidence-based innovations in practice was framed by the diffusion of innovation theory (Rogers, 1995), which viewed "consumers" as passive in the implementation process. For example, it would be expected that a health promotion program or

social service intervention selected by a community site (e.g., community organization, social service agency) or educational institution (e.g., public high school), would be facilitated exactly as designed by the program developers without thought of the real world processes that differed from more controlled lab and efficacy trial settings (Nordstrum, LeMahieu, & Berrena, 2017).

Later, during the late 1970s and 1980s prevention science scholars began questioning the assumption of passive implementation (Rogers, Eveland, & Klepper, 1977; Blakely, et al., 1987). Researchers and program developers alike began to recognize that delivery context, such as the inherently unique characteristics of a community organization adopting the program, would be influential element in the success of program implementation fidelity (Dusenbury, et al., 2003). This also led to a shift in paradigm in favor of a more active model of community engagement that empowered community partners to be a part of collaborative teams working with evidence-informed and evidence-based programs to improve local social and economic outcomes (Phenice, Griffore, Hakoyama, & Silvey, 2009).

Moreover, the concept of university outreach and community level programming is not new, but what is evolving is the landscape of university-community partnerships (UCPs) (Fitzgerald, Bruns, Sonka, Furco, & Swanson, 2016). In the past, "university-community partnership" has been used as an umbrella term for a broad range of university-community interactions (e.g., community-based research projects; service-learning projects; Russell & Flynn, 2001). The concept of "partnership" can be elusive at times, holding different meanings based on the roles of those who were involved in the partnership, the model used in forming the relationship, and the scope of activities regarded as the goal of the partnership activities (Russell &Flynn, 2001; Tomlinson, 2005). Further, the term "community" has been represented in many different ways, such as "individuals" (e.g., teachers) or "institutions (e.g., community agencies),

and this also has influenced the ways in which the UCPs have been articulated and how the "partners" are expected to act in the relationship (Strier, 2014; Tomlinson, 2005).

Traditionally when universities reached out to community organizations to form UCPs, the university role was to act as the "experts" available to deliver knowledge and resources for addressing local community challenges (Fitzgerald, et al., 2016). This type of one-dimensional framework for UCPs led to obstacles in relationship building, such as inequality in power between the university and community partner, as well as insufficient clarity by both sides of the partnership in "planning, implementation, and evaluation processes" (Miller & Hafner, 2008, p. 69). However, during recent years, there have been changes in views of community-based program implementation with community partners. For one, there has been an increased pressure in the social sciences to conduct applied-research that responds to social problems faced in communities by individuals, organizations, and practitioners (Lerner, Fisher, & Weinberg, 2000), such as the challenges that marital instability present to family and children (Waldfogel, Craigie, & Brooks-Gunn, 2010). Policy makers, government, and funding agencies are now pursuing the promising benefits of UCPs for addressing pressing social issues and revitalizing the field of university engagement by funding institutions of higher education developing and maintaining long term partnerships with community organizations (Amey & Brown, 2005; Cooper, Kotval-K, Kotval, & Mullin, 2014). As a result, there are new budding opportunities for collaborative relationships between universities and community-based organizations to develop and carry out research and innovative programming (Suarez-Balcazar, Harper, & Lewis, 2005; Strier, 2011). This novel approach to evidence-based program implementation is also occurring in the field of healthy marriage and relationship education as more extramurally funded initiatives are

collaborating with community organizations to extend the reach of CRE into diverse community settings (Bradford, et al., 2014).

Recent examination of community-based program implementation as part of UCPs illustrated that community partners and university partners perceived the benefit of programs based on their experiences, knowledge, skills, and abilities (Caron, Ulrich-Schad, & Lafferty, 2015). Even when programs are innovative and evidence-based, the adoption of a program or community level initiative is a decision making process shaped by the "attitudes of the adopters and the supports and constraints of their workplaces" (Turner, Nicholson, & Sanders, 2011, p. 97). Although a community-based organization may be in the position to adopt an evidence-based program, they may be weary of doing so for various reasons, such as lack of in-service training or program supports to facilitate delivery of program protocols (Shapiro, Prinz, & Sanders, 2007).

University-Community Partnerships

Universities and community organizations are seeking meaningful, transformational partnerships, that are replacing superficial interactions for increasingly diverse and mutually beneficial, dynamic collaborations (Miller & Hafner, 2008). Unlike transactional relationships, which are based on exchange processes for the achievement of one institution or group, transformational partnerships involve multiple dimensions, wherein partners comprehensively pursue common goals and actions (Butcher, Bezzina, & Moran, 2011). Participatory approaches intentionally involve stakeholders who live and work in the communities of interest to facilitate entry in to the community and develop partnerships that advance scholarship of practice (Russ-Eft & Preskill, 2009; Suarez-Balcazar, Hammel, Helfrich, Thomas, Wilson, & Head-Ball, 2005). In a recent study assessing formative and summative results of training community members in

an evidence-based public health promotion program, results showed increased individual and community capacity (Fastring, Mayfield-Johnson, Funchess, Green, Walker, & Powell, 2018). By training community members to be the educators for the delivery of a health promotion program, research methods, and research ethics, community members of an underserved community were then able to address health disparities within their community and increase access of services to typically underserved members of the community (Fastring, et al., 2018).

The construction of meaningful UCPs is a complex task (Strier, 2011) and collaborations between universities and community partners can take on many different forms and purposes (Buys & Bursnal, 2007). For instance, there are many UCPs that form as a result of geographical proximity, but lack in essential components like a shared vision for the partnership (Miller & Hafner, 2008), flexibility to adapt to internal and external circumstances influencing the organization (Strier, 2014). Meaningful partnerships between universities and communities have the potential for many benefits, such as increased community resources and opportunities for extending the scope of university research and teaching (Buys & Bursnall, 2007). Findings from a collaboration between Extension faculty at a land-grant university and off-site community organizations working together to deliver various community-based CRE programs, indicated significant increases in participants' relationship knowledge across multiple community sites (Bradford, Higginbotham, & Skogrand, 2014). In the current climate emphasizing responsible dissemination of grant funded resources for community level initiatives (Maynard, Goldstein, & Nightingale, 2016), this is an important and practical time for gaining insights into the perspectives of community partners who can offer rich insight to the benefits of partnerships and the realities of working within diverse communities (Suarez-Balcazar, Mirza, & Hansen, 2015).

Abell, et al. (2015, p.7) refer to the "organizational climate sphere," in which the UCP is comprised of a host or sponsoring agency (e.g., a University) collaborating with local partner(s) (e.g., community organizations) who share common goals to deliver educational programs (e.g., couple relationship education). The organizational climate sphere involves the relationship between the host/sponsoring agency who has resources to disseminate, such as funding and/or technical support (e.g., grant funder, university), and the community organization, who are in the role of sponsoring community-based educational programs (e.g., couple relationship education). The organizational climate also includes the quality of the work environment, such as the frequency of communication and type of communication, as well as awareness of the context of program implementation and evaluation, and the level of involvement community program educators have in decision making (Abell, et al., 2015). Within the organizational climate, UCPs require building relationships among the partners through negotiation, coordination, empowerment, and reflecting on lessons learned (Desivilya & Palgi, 2011).

In general, effective partnerships, include: (a) an agreed upon purpose; (b) shared meaning; (c) clearly defined roles; (d) supports for innovation in research and teaching; and (e) increased resources within communities (Buys & Bursnall, 2007). Recent research in family life education also adds that the success of collaborations is similar to the formation and maintenance of interpersonal relationships, wherein factors like communication and teamwork influence the success of UCPs (Carlton, Whiting, Bradford, Dyk, & Vail, 2009; Vaterlaus, et al., 2016). First, an *agreed upon purpose* emphasizes communicating the "big picture" and having a shared mission between the university and community partners (Marek, Brock, & Savla, 2015). An agreed upon purpose is important to the perceived benefits for the program in the community matters, which impacts quality of program implementation (Marek, Brock, & Savla, 2015).

Having a clear plan in place with objectives, a clear vision and goals, and a clearly defined structure for brining collaborative efforts into the community all support and guide community-based research activities (The Lewin Group, 2003 as cited by Vaterlaus, et al., 2016). Secondly, *shared meaning* includes being mindful of the question, "Are we speaking the same language? Do we both mean something similar when using specific terminology or envision program goals?" Practices such as collaborative conversations where multiple perspectives are heard and respected is one way to build shared meaning (Chorpita, & Daleiden, 2014). Another important aspect of shared meaning is partners being transparent in communicating their goals and priorities towards working together to reach the agreed upon purpose of the partnership (Chorpita, & Daleiden, 2014). Third, *clearly defined roles,* requires ongoing, open communication about each team member's roles and activities (Ankrah, & Omar, 2015). Questions that are important in UCPs when developing clearly defined roles include: (a) "What human, financial, community, etc. resources are needed to 'do' the work?";(b) "What are the processes, tools, events that are part of the program?" Futris (2007) suggested partners working together to evaluate the sustainability of their efforts to implement CRE and to assess progress towards goals.

It is also important to note that UCPs face inherent tensions that can threaten or challenge partnerships if not taken as an opportunity for growth (Strier, 2014). According to alternative organizational paradox theory, challenges do not have to be threats to partnerships, but by intentionally working with challenges, university and community partners are able to be proactive in evolving and improving implementation efforts (Strier, 2014). For instance, Suarez-Balcazar, Mirza, and Hansen (2015) found that even though as the academic partners, they thought that they had worked with community partners to develop a shared vision for the

community-based research project, during a meeting a community participant shared that they

felt out of place and were considering leaving the partnership. After considering the

circumstances and reflecting on their relationships with community partners, the researchers

came to the conclusion that they had not adequately prepared to accommodate for diverse

experiences. By acknowledging the tension, the partners were able to move forward with a plan

to intentionally emphasize that different members had different strengths and contributions to

make (e.g., research knowledge, cultural awareness), which led to encouraging the community

member to continue their engagement in the partnership. As illustrated in this example,

challenges to university-community partnerships may include power imbalances, lack of shared

vision, lack of preparedness by academic partners, and lack of cultural competence (Suarez-

Balcazar, Mirza, & Hansen, 2015). There may also external threats to the university-community

partnership, such as lack of resources, lack of sustainability, or unrealistic expectations (Suarez,

Hammel, Mayo, Inwald, & Sen, 2013).

The research conducted by Suarez-Balcazar, Mirza, and Hansen (2015) demonstrated

how "building university-community partnerships is critical to both practitioners and researchers

as these relationships bring multiple benefits to both" (p.11). Unlike lab-based research

coordinated in highly controlled settings, community-based education and research is a

participatory process that is not completely in the control of the researcher (Suarez-Balcazar, et

al., 2004). By working with community partners to make connections between theoretical

principles and "real-life" environments, UCPs depart from traditional research in significant

ways that embrace culturally aware practices and equip practitioners with evidence-based

training to meet the evolving health and educational needs of the 21st century (Seifer & Connors,

2000). Implementing community-based CRE programs and evaluation requires actions to

transform program theory and conceptual design into "programmatic efforts capable of achieving

identified outcomes given a particular set of participants and staff within a specific

organizational climate and community" (Abell, et al., 2015, p. 1). Through the practice of

engaging multiple stakeholders, UCPs are better equipped with the human and financial

resources, as well as the social capitol needed to comprehensively address local community

health concerns in diverse settings (Caron, Ulrich-Schad, & Lafferty, 2015)

 There are multiple factors that influence the delivery of community level programs, such

as the political context, provider characteristics, characteristics of the program, organizational

capacity, coordination among agencies, professional development and roles of staff members,

and availability of technical assistance (Duerden & Witt, 2012; Durlak & Dupree, 2008). The

context of program implementation and practice can interfere or support the effectiveness of how

well a program model translates in the community classroom (Hughes, 1994). CRE programs

have been effective in improving relationship quality, but programs can vary in key dimensions

(e.g., target audience; methods of delivery) and there are critics who argue CRE programs lack of

empirical examination of structure and delivery methods (Bradford, Higginbotham, & Skogrand,

2014).

Program Implementation and Evaluation

 Community level initiatives, such as HMRE initiatives, are developed to enhance

community well-being with diverse and contextually relevant designs. Implementing and

evaluating community initiatives involves many layers because program designs "tend to be

local, specific, and contextual" (Doherty & Anderson, 2004, p.429). Evidence-based CRE

programs have demonstrated the capacity to change developmental trajectories in positive ways

(Hawkins & Erickson, 2015). Increasingly standards that were developed for more controlled lab

settings are being required of program evaluations that are being conducted "outside of the lab"

and in diverse community-based settings (Fitzpatrick, Sanders, & Worthen, 2004). According to

Goodman (1998), a clear theory of action (e.g., logic model, program theory), which specifies

the problems to be addressed, the interventions that will be implemented, and the anticipated

outcomes of the intervention (i.e., program intervention), is key to guiding program

implementation and evaluation. Evaluations differ depending on the context of the evaluation

and the types of questions being asked, but process evaluations add an additional layer to

program evaluations by assessing how the program is implemented, which can be used to inform

or modify program theory and implementation protocols (Rose, Thyer, & Padgett, 2015)

Considering the complex task of implementing community level programs effectively, it

is unrealistic to expect "perfect" or close-to-perfect implementation (Durlak & Du Pre, 2008).

However, for programs to be effective and for program evaluation results to be meaningful, it is

essential that they be implemented as designed (Durlak, 1998). Process evaluations, which can

be quantitative or qualitative, are important to helping researchers identify and understand why

the program intervention was or was not effective (Oakley, Strange, Bonell, Allen, Stephenson,

& RIPPLE Team, 2006). Additionally, because community level initiative outcomes matter for

communities at large and not just individuals, understanding whether programs work is

becoming increasingly important when applying for competitive funding where funds are tied to

performance (Doherty & Anderson, 2004). Attention to accountability matters because

variability in implementation of community level educational programs is related to the program

outcomes achieved (Berkel, et al., 2011).

However, among the limited studies of variability in program implementation that are

available, the focus has been on program components and dosage, but limited attention, if any, in

evaluation research has been given to the program educators' themselves during the process of implementation (Durlak & DuPre, 2008; Berkel, et al., 2011). One notable finding from a review of 500 implementation studies indicated high variability in implementation is common among community sites and even among community educators at the same community sites (Durlak & DuPre, 2008). Of the eight dimensions of program implementation identified by Durlak and DuPre (2008), four occur within delivery of program modules, and are significant to the connection or disconnection between the program that was designed by program developers and the program that is implemented. Moreover, three of the four dimensions are directly driven by the program faciltator, and include: (a) fidelity (i.e., adherence to program design); (b) quality of delivery (i.e., educator's skill in delivering content); and (c) adaptations made to the program (i.e., changes made to program modules; added content).

Community Educators' Self- Efficacy

A large body of evidence supports that self-efficacy is an important influence on behaviors in various contexts (Bandura, 1997). Much progress has been made in assessing traditional classroom teachers' self-efficacy in education, and some even argue that efficacy measurement and research is on the tipping point of maturity (e.g., Tschannen-Moran, Hoy, & Hoy, 1998). Self-efficacy beliefs "influence how people feel, think, motivate themselves, and behave" and undoubtedly, efficacy is one of the key motivation beliefs influencing teachers' behaviors and student outcomes (Bandura, 1993, p. 118). For instance, despite the effectiveness of an instructional strategy for influencing student outcomes in a school-based setting, not all teachers will feel capable of implementing new strategies in their classroom (Zee & Koomen, 2016).

In general, past research assessing the origins of self-efficacy presented individuals with graduated scales of self-efficacy in which various tasks are represented with different levels of difficulty or perceived stressfulness relevant to a particular domain (Bandura, 1982). Research within the self-efficacy framework has also attempted to clarify the link between perceptions of efficacy and action by considering the weight and integration of inferential and situational contributions (Bandura, 1982). According to the social cognitive theory (Bandura, 1997), there are three dimensions in which self-efficacy beliefs vary, including: (a) level of perceived difficulty of a task; (b) certainty of ability to perform a task successfully; and (c) generalizability of beliefs in different settings and with different tasks (Chen, Gully, Eden, 2001).

In comparison to school-based teachers, much less is known about the self- efficacy beliefs of community-based practitioners implementing evidence-based programs (Turner, Nicholson, & Sanders, 2011). Preliminary research has shown self-efficacy is important for feelings towards disseminating evidence-based programs and maintaining implementation fidelity in the community-based learning environment but more research is needed (Turner, Nicholson, & Sanders, 2011). In a study assessing the role of practitioner self-efficacy among a predominately female (95%) cohort, of non-mental health primary care workers providing program interventions to community participants, researchers found that that multiple factors influenced the practitioners' self-efficacy after the initial training, including perceived program supports and barriers, professional experience, and perceived quality of training (Turner, Nicholson, & Sanders, 2011).

Klassen, Tze, Betts, and Gordon's (2011) review of the teacher efficacy research literature from the last 30 years strongly indicated there is still much to learn about the processes, context, and factors that influence educators' self-efficacy. Specifically, Klassen et al. (2011)

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highlighted six areas needed to be addressed in efficacy research, including: (a) diverse methodologies (i.e., qualitative research); (b) in depth investigation of sources of efficacy that address practical issues; (c) attention to self-efficacy in specific domains; (d) a wider variety of cultural and teaching settings (Ho & Hau, 2004); (e) collective efficacy and organizational climate; and (f) efficacy items with forward-looking capability (Bong, 2006). This review suggested the lack of research examining sources of efficacy risks not only progress in efficacy research, but also the utility of efficacy research in educational settings beyond "traditional" educational settings (Klassen, et al., 2011). By exploring the social cognitions of community educators that influence the program implementation process, there is a unique opportunity to make an important step towards closing the existing gap between education research and practice in diverse settings, such as the local contexts of the community-based, adult learner, learning environments.

Community Educators' Program Attitudes

Training community educators in health programs and research protocols are alone not enough to ensure program fidelity (Dusenbury, et al., 2003). Community educators' program attitudes, including perceived benefits for a program, also referred to as "buy-in" for a program, is defined by receptivity to the integrating the program in the community and local context (Gendreau, Goggin, & Smith, 1999). Training and technical assistance are important for providing knowledge and developing skills, and additionally training can facilitate community educators' "buy-in" for a program (Fagan & Mihalic, 2003). Community educators' perceived benefits for a program is related to decreased resistance to implementing evidence-based practices and builds enthusiasm for program implementation (Castro, Barrera, & Martinez, 2004). When community educators have a sense of ownership for the program, this too enhances

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and supports the success of program implementation (Buys & Bursnall, 2007).

In addition, community educators have a unique perspective in the process of program implementation based on their role as the implementer of the evidence-based program in a community setting and in a community-based efficacy study; they have the added perspective of communicating with participants about participating in research. Community educators who find the program to be helpful to the people they serve in their community and who recognize the need for the program, "feel more confident in their ability to do what is expected" (i.e., self-efficacy) (Kallestad & Olweus, 2003). A community-based community educators' perceptions of the influence and effectiveness of the program has the potential to positively affect program fidelity (Ringwalt et al., 2003) as well as program outcomes (LaChausse, Clark, & Chapple, 2014). For instance, buy-in can effectively translate into the quality in which knowledge and skills that were acquired during training are transferred into program fidelity during program delivery (Durlak & DuPre, 2008).

Research shows working directly with community educators through training, technical assistance, and building enthusiasm for the program proactively increases the quality of program implementation and adherence to evidence-based protocols (Fagan, Hanson, Hawkins, & Arthur, 2008; Fagan & Mihalic, 2003). The organizational capacity of community sites and community educators can be positively enhanced by providing effective training (Berkel, et al., 2011; Dusenbery, Brannigan, Falco, & Hansen, 2003). Training provides the "knowledge, skills, and desire to successfully implement programs" (Fagan & Mihalic, 2003, p.238). Training can consist of different approaches with the objective of supporting the systems in place to ensure proficiency in program implementation (Durlak & DuPre, 2008). Research in the drug prevention health literature with school-based program implementation shows that educators

who participated in training workshops were more likely to follow evidence-based health

programs in comparison to untrained educators (Dusenbeury, Hansen, & Giles, 2003). Training

in both program content and how to utilize the curriculum manual are also essential to effective

implementation (Dane & Schneider, 1998; Durlak & DuPree, 2008). Community educators who

were well trained in a program were better able to make connections between the program theory

and goals, along with the objectives of the program (Tucker & Rheingold, 2010). Therefore, it is

important to not only provide community educators with a curriculum manual and facilitation

materials, but also clear descriptions of program activities and strategies for implementing the

activities as intended (Dane & Schneider, 1998). Training should incorporate background

information about the purpose of the program to encourage community educators to gain

understanding of the program, and enhance commitment of community educators to implement

the program as designed (Fixsen, Naoom, Blase, & Friedman, 2005).

In addition, considering the timing of training opportunities can improve the effectiveness

of trainings and ongoing training attendance (Katz & Wandersman, 2016). For instance, to

accommodate for staff turnover, hosting multiple trainings can help to ensure all community

educators are trained before and during periods of program implementation (Fagan, et al., 2008).

Trainings can also be held on-site in the community setting where the program will eventually be

implemented (Fagan, et al., 2008). It may also be beneficial for key personnel from the

community to become certified trainers to enhance locally based human resources (Fagan, et al.,

2008).

Although community educators may participate in training for program delivery, training

alone is not enough to ensure program implementation. This limitation in community-based

program implementation and research can be addressed through ongoing technical assistance,

which is the next layer after initial training to promote fidelity once program implementation has begun (Berkel, et al., 2011; Fagan, et al., 2008). Technical assistance is part of a "hands-on" approach to capacity building (Katz & Wandersman, 2016). Research showed ongoing training and feedback during different phases of implementation was an important element of support for community educators that positively influenced program fidelity (Cornett & Knight, 2009; Rohrbach, Gunning, Sun, & Sussman, 2010). Technical assistance provided community educators with a combination of additional resources and guidance, which ranged from supplementary training or retraining to emotional support (Durlak & DuPre, 2008).

As community educators go out into the community classroom, it is understandable that they will encounter challenges to following program implementation guidelines, and this leads to increases in the likelihood of making adaptations (Castro, Barrera, & Martinez, 2004). However, by engaging community educators as collaborative partners, and providing technical assistance to work through local challenges, researchers are able to support community partners in making informed decisions and in working through challenges to promote program fidelity (Gearing, et al., 2011). The arrangements used to provide ongoing technical assistance can also vary, but should be decided on and communicated early on among partners in the process to set clear expectations among all partners. Follow-up technical assistance can include email check-ins, regularly scheduled site visits, observations and timely feedback of implementation, and phone calls (Fagan, et al., 2008).

The strategic use of information technology as a tool for technical assistance can also be used to build organizational capacity and increase communication (Hackler & Saxton, 2007). Although community partners have historically been slow to warm up to the idea of using information technology to enhance their practice, information technology is becoming a new

vehicle for supporting accountability and high-quality services (Hackler & Saxton, 2007). For

instance, technical assistance can be implemented by the university partner hosting a shared file

storage system (e.g., Dropbox accounts) for all community educators to have access to readily

available, "real-time" as needed, such as "program protocols" or "data collection protocols. Also

web-based conference platforms that are becoming more user-friendly (e.g., Zoom), can be used

to host a live, interactive environment for technical assistance without the costs involved with

traveling to geographically diverse community sites. Research shows that technical assistance

supports, such as training video-based instruction "boosters" on specific program content can

also be used as an effective tool for renewing commitment to program fidelity (Gager & Elias,

1997; Dusenbery, Hansen, & Giles, 2003). It may be that web-based conference platforms would

be an effective, cost-efficient method for providing these types of additional assistance as well.

Program Fidelity

The objective of evidence-based program implementation is to enhance knowledge

and/or skills that lead to improvements in the participant's well-being (Ogden & Fixsen, 2014).

Developing an effective program for community-based implementation and then demonstrating

that the program is useful as a tool to facilitate desired outcomes for program participants, is an

important first step towards utilizing educational programs building and supporting healthy

communities (Rabin, et al., 2008). Unfortunately, because of the many complex phases involved,

some interventions never make it to the community level (Durlak & Dupre, 2008). As such, there

are different opinions in prevention science as to the desirability and feasibility of promoting and

verifying program fidelity (Dane & Schneider, 1998). For instance, some scholars argue that

adaptation is necessary to meet the needs of community participants due to the dynamic contexts

in which community-based program interventions are implemented (Shelton, Cooper, Stirman,

2018; Castro, Barrera, & Martinez, 2004). However, the consensus has indicated that maintaining a high degree of implementation fidelity is important to program implementation (Ringwalt, et al., 2003).

Understanding program fidelity is important for a range of practical reasons, such as gaining understanding of how quality of implementation can be improved to validity of program outcomes being contributed to the research-base of a particular program (Dobson and Cook, 1980). Although it is widely accepted that fidelity is significant to program outcomes, acceptable standards for measuring program fidelity can vary widely (Berkel et al., 2011; Durlak & DuPre, 2008). At times program implementation fidelity is measured by the percentage of content covered or the amount of time dedicated to core components (Berkel at al., 2011). Quality of program implementation also captures program fidelity and relates to the community educator's facilitation skills when delivering program content (Dane & Schneider, 1998; Berkel et al., 2011). Quality of program delivery includes skills such as providing an interactive and supportive environment (Berkel et al., 2011) and enthusiasm for the program (Dane & Schneider, 1998). Studies show quality of implementation is related to participant responsiveness (Rohrbach, Gunning, Sun, & Sussman, 2010), but more variety of facilitation strategies or facilitation "tools in the toolbox" does not necessarily mean "better" quality (Carroll, et al., 2007). The fourth dimension is participant responsiveness, defined as "enthusiasm for program" (Dane & Schneider, 1998), which is determined by the participants (Durlak and DuPre, 2008).

Although it may seem reasonable on the surface that "some program participation" is better than "no program participation," not providing a program as intended by program developers has proven to have negative consequences on program evaluation outcomes (Melde, Esbensen, & Tusinski, 2006). For instance, in one study evaluating fidelity of a parenting

program, researchers found that high program fidelity was related to improvement in parenting practices, whereas low program fidelity was related to a lesser effect on parenting practices (Forgatch, Patterson, & DeGarmo, 2005). Program implementation fidelity can be a potential moderator between programs and program outcomes and is important to answering the question of whether program outcomes are a result of the program (Caroll, et al., 2007). Assessing program implementation fidelity helps program evaluators better understand what is often referred to as the "black box" of ingredients that are necessary for supporting desired program outcomes (Sullivan, Blevins, & Kauth, 2008; Ogden & Fixsen, 2015).

The potential for the implementation of programs to be different in practice than what was intended by program developers is common, and evaluators from the fields of education, health, and human sciences are developing methods for capturing the context of program delivery, and the degree to which community educators adhere to protocols in community-based setting (Zvoch, 2012). A review of studies that have assessed program implementation indicated that the primary methods for assessing fidelity features self-reports from community educators, direct observation of program implementation, or a combination of both (Durlak & DuPre, 2008). One of the challenges of assessing program fidelity is that historically there have been multiple dimensions for assessing program implementation, including "fidelity, dosage, quality, participant responsiveness, program differentiation, monitoring of control conditions, program reach, and adaption" (Berkel, Mauricio, Schoenfelder, & Sandler, 2011).

The criteria for assessing program fidelity can also be differentiated by fidelity to program structure (e.g., duration of program) and fidelity to program processes (e.g., quality of delivery) (Mowbray, Holter, Teague, & Bybee, 2003). Dosage refers to the "amount" of the program received by the participant, which can be measured with different measurement tools,

like checklists or logs, and is considered an important part of adhering to program structure (Dusenbery, et al., 2003). Since there are different structures and methods for assessing program fidelity, assessing program fidelity is enhanced when clear guidelines are established in advance for what is considered "high" fidelity (e.g., 80-100% program adherence) and "low" fidelity (e.g., less than 50% program adherence) (Gearing, et al., 2011), and shared with community educators so that they are aware of the expectations. It is also important for measures of program fidelity to qualify as valid and reliable (Gearing, et al., 2011).

Program fidelity matters for determining the effectiveness of educational and prevention programs and for assessing the validity of program outcomes (Dumas, Lynch, Laughlin, Smith, & Prinz, 2001). Program implementation in community level initiatives bridging research with practice, such as community-based efficacy trials of prevention programs, is distinct because of the community level conditions that present daily challenges to program fidelity (Dane & Schneider, 1998). However, until about forty years ago, researchers did not even consider investigating program implementation fidelity because it was assumed that program implementers were "passive acceptors" of the program who would follow the program exactly as designed in any delivery setting (Rogers, 2003, p.180). Today, researchers acknowledge that the potential for the implementation of programs to be different in practice from what was intended by program developers is common (Zvoch, 2012). Evaluators from the fields of education, health, and human sciences are developing methods for capturing the context of program delivery, and the degree to which community educators adhere to protocols in community-based setting (Zvoch, 2012). However, research of the process of program implementation is relatively new in couple relationship education (CRE) (Bradford, Huffaker, Stewart, Skogrand, & Higginbotham, 2014).

Chapter 3: Methodology and Procedure

Purpose of the Study

The purpose of this two-phase, sequential mixed methods study was to advance understanding of the implementation activities that matter for the success of community-based prevention and health promotion programs from the perspective of community-based community educators. This study contributed a novel approach to program fidelity by examining the under-examined influence of community educators' cognitive factors and attitudes, in combination with the environmental factors of a university-community partnership, on community-based couple relationship education (CRE) research and program implementation. A mixed methods design was an alternative, practical approach to gaining insight by integrating both quantitative and qualitative approaches (Creswell & Clark, 2018). In the first phase, a quantitative research approach established a general understanding of community-based community educators' initial beliefs and program attitudes, and the relative influence of program beliefs and attitudes on intention for program fidelity and the implementation behaviors that followed. The second, qualitative phase of the study, added a meaningful framework to the first phase of the study by including an in-depth follow-up to the reflections and perspectives of community-based community educators' as active members of a university-community partnership implementing a community-based efficacy study of CRE programs. To achieve the purpose of this study, the following questions guided the research:

1. What is the influence of community educators' self-efficacy and perceived program benefits on their program fidelity intention?

2. What is the influence of community educators' program fidelity intention on their program fidelity behaviors?

3. What are the program planning and program delivery experiences of community educators as partners in a university-community partnership promoting and implementing community-based couples' relationship education and research?

4. How do community educators' efficacy beliefs and program attitudes support program implementation fidelity for evidence-informed CRE programs delivered to couples in their community?

Research Design

This study applied a mixed methods design, drawing from both quantitative and qualitative approaches in methods and analysis and pragmatically assumes that quantitative and qualitative methods are compatible (Tashakkori & Teddlie, 1998). The research design drew on the strengths of both quantitative and qualitative research to enhance our understanding of community educators' beliefs, attitudes, intentions, and implementation behaviors (Johnson & Onwuegbuzie, 2004). The mixed methods research design was appropriate for several reasons, including: (a) one data source was not enough to understand the complexities and influence of community educators' beliefs, program attitudes, and fidelity intention on program fidelity; (b) multiple data sources provided an alternative approach to understanding the community educators' participatory role in action research; (c) framing the quantitative results with qualitative insight allowed for a deeper understanding of the university-community partnership context from the community partners' perspectives; (d) Unknown or unanticipated beliefs, attitudes, and experiences were more likely to emerge and be captured through qualitative procedures (Plano & Clark, 2018).

This sequential, explanatory design involved two phases of research within one study, including first, the quantitative phase of the study, and second, the qualitative phase of the study, and then the integration of data and analysis results from both phases into one comprehensive discussion of the study (Cresswell & Clark, 2018). Implementing the qualitative research steps after the initial quantitative phase helped to develop understanding for quantitative analysis outcomes, potential variations in outcomes, and ways in which context influenced outcomes (Cresswell & Cark, 2018). The rational for implementing this type of mixed methods approach is that the data and results from the first, quantitative phase would provide a general picture of how community educators' beliefs, attitudes, and intentions influence implementation behaviors; then the second, qualitative data and analysis phase would add context and richness to the results by including the community educators' voice. This study is a novel approach to research of community-based CRE program implementation, particular with the emphasis on the perspective of the community-based, community educator. The nature of this mixed method design was planned to lead to a deeper understanding of community-based research, as well as to increase the strength of reliability, credibility, trustworthiness, and validity of results by corroborating evidence from multiple sources (i.e., pre- and post- program process surveys, in-depth interviews) and methodologies (Anfara, et al., 2002).

Participants

Purposeful sampling was performed during both the quantitative and qualitative phases of this study, meaning participants were purposefully selected to gather an exhaustive sample and develop understanding of the phenomenon being researched (Creswell & Poth, 2018). During phase one of the study all potential participants were included. During phase two of the study, a select group who participated in phase one were invited to participate. To address the research

questions, and increase the utility of the research, it was essential that participants have direct, applied experience with implementing community-based programs and protocols for an efficacy study of CRE programs, as well as experience collaborating within a university-community partnership (Patton, 1990). This study involved community educators who were "front-line" practitioners staffed full-time or part-time across nine geographically diverse community organizations that were part of a state legislated Network of Family Resource centers and a land-grant university, which served as a tenth implementation site, based in the Southeastern United States. The university and community organizations worked in collaboration as an applied-research, community level, university-community partnership to increase awareness of the importance of healthy relationships for families and communities and extended access to healthy relationship education and resources statewide (www.alabamamarriage.org).

Prior to the start of the community-based efficacy study of the evidence-informed CRE programs, the community educators in the current study participated in multiple in-depth, interactive trainings planned and led by the university partner. Community educators participated in training to prepare for implementing *ELEVATE: Taking Your Relationship to the Next Level* (Futris et al., 2015) and *Couples Connecting Mindfully* (McGill, Ketring, & Adler-Baeder, 2015). Both CRE programs were fully packaged, "ready to use curricula," including program delivery guidelines, mixed media materials, and facilitation methods. For each evidence-informed program, community educators participated in 2-day, in-person trainings, led by program developers. The trainings emphasized preparation for implementing the programs as skills-based approaches to strengthening couples' communication skills and awareness of the connection between individual physiology and couples' interactions.

In addition to training in the curricula and program delivery, community educators

participated in experiential training for carrying out the prescribed research guidelines and protocols that were an integral part of the community-based efficacy study. Central university-based faculty and staff led multiple trainings both prior to the start of the efficacy study and continuing on during the efficacy study, to illustrate critical elements of the efficacy study (e.g., consistency in program delivery methods, sensitivity to random control design). The initial training was carried out in-person and later, follow-up trainings were carried out via a web-based video conference platform (i.e., Zoom). Trainings were also used as opportunities for question and answer sessions and solutions-focused trouble shooting. Feedback from the community partners was integrated into the prescriptive processes involved in data collection.

Phase 1 Participants

Participants in phase one of this study were fifty-one community educators (49% female; 51% male) who implemented community-based couple relationship education (CRE) programs for a rigorous efficacy study of two innovative, evidence-informed CRE programs in the "community-based classroom." Community educators led CRE program workshops in male-female pairs, utilizing a co-facilitating team approach to presenting program materials to couples. All had completed educational degrees beyond high school in the fields of education, human services, social sciences, theology and other related fields (6% Associates degree; 59 % Bachelor's degree; 35% Master's degree or beyond). Among the community educators, there was a diverse range in years of experience implementing CRE programs (69% fewer than 2 years; 8% between 2-4 years; 12% between 5-9 years; 12% 10 or more years). Race/ethnicity data were not available in existing data set to report. Table 1 illustrates the descriptive demographic statistics for the community educators.

Table 1.

Descriptive Demographic Statistics for Participants in Quantitative Sample
(N = 51)

Variable	N (%)
Gender	
Female	25 (49%)
Male	26 (51%)
Education Level	
Associate's Degree	3 (6%)
Bachelor's Degree	30 (59%)
Master's Degree	15 (29%)
Beyond Master's Degree	3 (6%)
Experience with CRE Programs	
Less than 2 years	35 (37%)
Between 2-4 years	4 (12%)
Between 5-9 years	6 (29%)
10 or more years	6 (22%)

Phase 2 Participants

Four participants from phase one of the study were invited to participate in the second,

qualitative phase of the study. Community educators in phase two represented differences in

program implementation behaviors based on their reported level of program fidelity measured

during phase one, demographic backgrounds, and years/level of experience implementing

community-based CRE programs (Creswell & Clark, 2017). Selection criteria in the qualitative

phase of the study considered: (a) diversity in years of experience implementing CRE programs

(e.g., less than 2 years, 2-5 years); (b) diversity in location of the community organization and

community context (e.g., rural, urban); and (c) diversity demographics (e.g., gender) (see Table 2

for background information). This purposeful and maximum variation sampling process was

utilized to maximize the potential for including a variety of perspectives and experiences about

the phenomenon being researched in the qualitative phase of the research design (Creswell &

Poth, 2018).

Table 2.

Background Information of Community Educators in Qualitative Phase of Study (N =4)

Participant	Gender	Ethnicity	Area Community Organization is Located (Rural/Urban)	Years of Experience Facilitating CRE programs (at the start of study)	Highest Degree Earned
Walter	Male	European-American	Rural	Between 2-5 years	B.A., Social Studies
Lynn	Female	European-American	Rural	More than 10 years	B.S., Psychology
Michael	Male	Hispanic	Urban	Less than 2 years	M.S., Community Counseling
Anastasia	Female	European-American	Urban	Less than 2 years	B.S., Interdisciplinary Studies

Note: Participant names listed are pseudonyms chosen by the participants.

Phase 1 Quantitative Approach

The first, quantitative phase of the study focused on the relative influence of self-efficacy and program attitudes on program fidelity intention and implementation behaviors. The participants were community-based community educators (*N*= 51) who implemented CRE programs and research in their local, rural and urban communities in a southeastern state as part of a federally funded, multi-site efficacy study of two different evidence-informed healthy relationship education programs designed for couples. The quantitative phase of this study is a secondary analysis of an existing data set that was originally collected to assess implementation processes of evidence-informed CRE programs. Across five waves of a larger efficacy study of the impact and comparative effectiveness of community-based CRE programs, community

educators participated in activities for monitoring program fidelity, including completing pre-
and post-program implementation process surveys. Responses to the pre- and post-program
implementation process surveys were selected for examination to address the research questions
in the first phase of this study.

To support a high response rate among community educators (above 95% response rate),
the university partner engaged educators as collaborative members of the research team. There
was transparent, ongoing communication among the university and community partners about
the purpose and utility of maintaining accurate, up-to-date, program and research performance
data collection. Participants had the option to skip questions that they did not want to answer or
did not feel comfortable in answering when completing the surveys. Following the framework of
action-oriented research approach (Small & Uttal, 2005), the university partner worked together
with the community partners to facilitate activities for monitoring program fidelity, and the
community partners communicated with the university, as well as other local community
organizations to develop, support, and facilitate program monitoring activities and data
collection procedures across all sites, including the university site.

Quantitative Data Collection

The first phase of the study included community educators' self-report, pre- and post-
program process surveys that were originally collected as part of monitoring program activities
and operations for the randomized control trial efficacy study. A link to complete the pre-
program process survey was emailed to community educators via Qualtrics, a web-based survey
tool for creating and administering surveys, a full week prior to the start of a 6-week CRE
program series. The university-community partnership coordinator, who is in the role of
researcher in the current dissertation study, sent the program process and fidelity monitoring

emails.

The week prior to facilitating the first session module of the CRE program, the partnership coordinator would contact all community educators individually via email with a note requesting they complete the pre-program process survey and provided a link to the confidential survey. On the day prior to the first scheduled community-based CRE session, community educators who had not completed the pre-program process survey were sent a follow-up reminder email with a new link to the pre-program process survey. Data collection for the pre-program process survey was scheduled to close via Qualtrics on the hour the community educator was scheduled to begin facilitating the CRE program session (e.g., 6:00 pm if the program session was scheduled to start at 6:00 pm). The pre-program process survey included self-assessment items, measured on 7-point Likert scales.

Following the completion of the 6-week program series, the partnership coordinator emailed the community educators the post-program process survey via a Qualtrics link to the confidential survey. The community educators were asked in an email format to complete the survey within a week after receiving the survey link. During continuous quality improvement calls and ongoing technical assistance, the community educators were reminded of the importance of monitoring program activities and the value of their feedback. A follow-up reminder to complete the survey was sent via email to community educators who had not completed the post-program process survey one week after the initial link was sent. A second reminder was sent two weeks after the initial post- program survey was sent. Post-program process survey data collection stopped two weeks after the second reminder email (i.e., 4 weeks after the last program session was implemented based on the study cohort schedule). The post-program process surveys included multiple self-assessment items, measured on 7-point Likert

scales. There was an overall 95% survey completion rate. Missing data were limited to a small number of cases and missing at random. Cases with missing data were not included in the analysis.

Quantitative Measures and Reliability

CRE program implementation process items were drawn from an adapted *Planned Behavior & Implementation Questionnaire* (*PBIQ*) (Totura, Tarquini, Naoom, Karver, & Kutash, 2008) to assess self-efficacy, perceived program benefits, and intentions to implement program and research protocols as designed. One set of pre and post community educators' *PBIQ* responses (the first set of responses collected) were included in the analysis to avoid duplication. See Appendix 1 and 2 for the adapted *PBIQ* pre- and post- survey instruments.

Community educator's perceived program benefits were measured prior to the start of program implementation using six items to assess attitudes towards implementing the program based on perceived benefits of the program for participants and the community. Responses were on a seven-point Likert scale (1 = strongly disagree to 7 = strongly agree). Negatively worded items were reverse coded and a mean score was calculated. Higher scores indicated a greater sense of perceived program benefits for the program participants and local community. An example item is, "The program will have lifelong benefits for the participants who take it." Reliability was very good (α = .83).

Community educator's self-efficacy was measured prior to the start of program implementation using three items to assess beliefs in ability to implement the program and follow the curriculum guide. Responses were on a seven-point Likert scale (1 = strongly disagree to 7 = strongly agree). A mean score was calculated. Higher scores indicate a greater sense of efficacy in ability to implement the program activities and materials as designed. An example

items is, "I am confident that I can implement the activities in the program in strict accordance with the curriculum guide." Reliability was excellent ($\alpha = .98$).

Community educator's fidelity intention was measured prior to the start of program implementation using six items to assess intention towards implementing the curriculum material as designed. Responses were on a seven-point Likert scale (1 = strongly disagree to 7 = strongly agree). Negatively worded items were reverse coded and a mean score was calculated. Higher scores indicate a greater level of intention to follow the curriculum guide and maintain the integrity of program activities and materials. An example items is, "I intend to follow the curriculum guide in the process of teaching the program." Reliability was very good ($\alpha = .82$).

Community educator's program fidelity was measured after implementing the CRE program in the community using six items to assess implementation practices during the process of program delivery. Responses were on a seven-point Likert scale (1 = strongly disagree to 7 = strongly agree). Negatively worded items were reverse coded and a mean score was calculated. Higher scores indicate a higher level of program fidelity. Meaning, program activities and materials were implemented as designed by curriculum developers. An example items is, "I followed the curriculum guide in the process of teaching the program." Reliability was acceptable ($\alpha = .76$).

Quantitative Measures and Validity

Program evaluation professionals with prior experience evaluating the effects of organizational climate, intentions, and implementation of community level prevention programs conducted a thorough review of the content validity for the pre- and post- process surveys that were adapted for use in this study as self-report, survey measures (e.g., Totura, et al., 2009). Construct validity was established by assessing the measurement sub-scales for alignment

relative to the underlying theoretical concepts of the theory of planned behavior (Ajzen, 1985; 1991), self-efficacy and human agency (Bandura, 1982; 1989;2006), and a review of program fidelity in community level implementation of evidence-based prevention and education programs literature (e.g., Durlak & Dupre, 2008; Hulleman & Cordray, 2009).

Phase 2 Qualitative Approach

An individual's self-perceptions are important for understanding future behaviors (Leedy, 1997). In the second phase of the study, a phenomenological approach was implemented to gain a deeper understanding of program implementation fidelity by exploring community educators' lived experiences implementing CRE programs in the local communities they serve (Cresswell & Poth, 2018). The phenomenological approach facilitated the process of illustrating and examining the beliefs, attitudes, and implementation behaviors of community educators, from the perspective of the community educators themselves, who were the "frontline" practitioners engaged in a university-community partnership to provide and evaluate CRE programs in their local communities (Creswell & Poth, 2018).

Phenomenology includes both an examination of subjective experiences of the individual and objective experiences that are in common with others, which puts this approach somewhere in the middle on the continuum between qualitative and quantitative research, and made it a good fit for this sequential, mixed-methods study design (Creswell & Poth, 2018). Data collection and analyses were approached was an iterative process (Creswell & Miller, 2010). This approach allowed for developing insight into what it is like to be a community educator (within this context) from the perspective of the individual, as well as illustrated the ways in which community educators as a collective group influenced the community-based research process through their implementation reflections and practices (Creswell & Poth, 2018).

Qualitative Data Collection

To gain a deeper understanding of quantitative data and results, a phenomenological approach guided the semi-structured interviews utilized for data collection during phase two of the study. Purposeful sampling was carried out to include four community educators who were representative of the diversity in experience and background among the community educators who were included in phase one (e.g., range in years of experience with CRE programs, community location). Four community educators were invited via an informational email to participate in the second phase of the study (see Appendix 3 for copy of informational email), which included in-person, audio-recorded interviews with the researcher. All four community educators who were invited to be a part of the qualitative phase of the study agreed to participate. The in-person interviews were scheduled in advance at a time that worked around the community educators' schedules. In keeping with protecting the privacy of the community educators as research participants, participants had the option to choose the location where they felt most comfortable to meet for the in-person interviews. Based on participants' preferences, two interviews took place at the community organization where the community educators worked. Two interviews took place at the researcher's office on a university campus. All interviews took place in an office with a meeting space area and with a closed door for privacy.

Prior to the start of the interview, participants were given the informational consent form to review (see Appendix 4 for informed consent letter). The researcher discussed the purpose of the study, the voluntary nature of participation, and steps in place to maintain participant confidentiality. All participants signed the informed consent form prior to participation in the interview sessions. The core questions of the semi-structured interviews were developed to be reflective of relevant literature and theoretical frameworks, as well as to further develop findings

from the first, quantitative phase of the study (see Appendix 5 for interview protocol). Additional exploratory questions were included to uncover themes that were not captured by the quantitative measures or previous studies of community-based program implementation (Schwandt, Lincoln, & Guba, 2007).

The aim of the interviews was to collect information about community-based research implementation from the participants' perspectives, in their own words (Leedy, 1997). The interview protocol began with a few easy, icebreaker questions and then transitioned into the key elements address the central research questions (Berg & Lune, 2012). Initial icebreaker questions asked community educators about their years of experience working with children and families and for their description of what "a day in the life" of a community educator was like. Open-ended interview questions related to community educators' efficacy beliefs, attitudes towards CRE programs and descriptions of their implementation behaviors. For example, "In what ways do you think offering this program was helpful in your community?" Additional open-ended questions asked community educators to reflect on their experiences implementing CRE programs, their roles on a large-scale, community-based evaluation of CRE programs, and processes for maintaining program fidelity. For example, "How did you plan for program implementation?"

In addition, a curriculum copy of the CRE program(s) facilitated by the community educator was included during the interview as a research artifact. This artifact was included to facilitate discussion about how the community educator engaged with the program materials (e.g., was the curriculum copy used when facilitating?; were there notes in the margins?) (Anyon, 1981). The semi-structured interviews were set-up to facilitate the participant to do

"most of the talking and the researcher doing most of the listening" (Leedy, 1997, p. 162). The interview audio recordings were later transcribed into text format for analysis.

Establishing Authenticity, Trustworthiness, and Credibility

Validity in qualitative research is defined by the extent to how accurately the study accounts for the participants' experiences of the social phenomena and is credible to the participants (Schwandt, Lincoln, & Guba, 2007). Several different methods for establishing trustworthiness and credibility were implemented. Mixing quantitative and qualitative methods in this study was one important step in study design chosen to complement, expand, and establish trustworthiness by converging multiple data collection methods and data sources to check the validity of findings (i.e., interviews, surveys) (Greene, Caracelli, & Graham, 1989; Leedy, 1997). The first, quantitative phase of the study utilized data collected from self-report survey instruments and the second phase of the study, the qualitative phase, utilized data collected through in-person interviews. Collecting multiple forms of data and integrating both quantitative and qualitative methods supported breadth and depth during analyses. In addition, the two complementary approaches and sequential design provided insight into the context of the setting, which was valuable to understanding the community educators' experiences, beliefs, and attitudes through rich, thick description in the findings (Denzin, 1989 as cited by Creswell & Miller, 2010).

To establish reliability, two coders, including the study researcher and a graduate research assistant, participated in assessing and coding participant interviews. The researcher trained a fellow graduate student research assistant in the coding system. Each coder, separately coded interview data set against the codebook developed by the researcher. While coding, new themes that emerged were noted, as well as examples that contradicted a priori codes. The two

coders met periodically, and talked as needed to seek agreement about the interpretations of codes and passages (Creswell, 2007).

Coding was approached as a cyclical, ongoing, iterative analysis process (Cresswell & Miller, 2010). First, the researcher carried out initial open coding for each interview and asked herself, "What do the data say?" (Saldana, 2016). Next, theory-driven deductive coding was conducted (Saldana, 2016). This comprehensive approach was taken by the researcher to include both *a priori* and *emergent* kinds of codes in the codebook. The codebook included the code name, the kind of code (i.e., a priori or emergent), source of the code (i.e., literature, data, literature & data), the operational definition, and sample quotes from interviews (see Appendix 4 for codebook excerpt).

To establish credibility, member checking was carried out. The researcher asked the participants to reflect on the analyses and interpretations made by the researcher from the interviews (Creswell, 2007). The researcher emailed the participants their interview transcript and interpretation of findings. See appendix 5 for an excerpt of feedback from a participant after reviewing the researcher's findings. Member checking also helped to assure the researcher was accurately representing the community educators' perspective and voice during analysis (Creswell, 2007). To establish dependability and confirmability, the researcher maintained an audit trail tracking research development, steps for data collection and analysis, and processes for decision making during data analysis (Rodgers, 1993). Field notes taken during interviews and about interviews were also used as an aid in critical reflection and to improve the depth of qualitative findings (Phillippi, & Lauderdale, 2018).

Role of the Researcher

Qualitative research, and a constructivist viewpoint, propose that multiple-constructed realities exist, including the researcher and study participants' perspectives (Guba, 1990). The researcher in this study held a post-structuralist view that knowledge is co-constructed and that research is bound by the researcher's values (Guba, 1990). For the first phase of the study, data collected as part of evaluating program fidelity for the efficacy study of CRE programs were used for analyses. For the second phase of the study, which utilized qualitative data collection and analysis, the researcher served as both the instrument for data collection and analysis (Creswell & Poth, 2018). Therefore, as the researcher, I must acknowledge my role in the study and my interest in the topic of community-based research and the influence of community educators' beliefs, attitudes, and implementation practices on program implementation. The phenomenological approach assumes that a researcher can serve in an interactive role with research participants, that the researcher select a topic that they are personally connected to, and that the researcher is personally involved with the people and phenomenon being studied (Leedy, 1997). I fulfilled these assumptions.

I have been working with the university-community partnership that is a part of this study for over eight years. I have served in different roles, including a research assistant, program coordinator, and during the past five years, I have been in the role of partnership coordinator. As partnership coordinator for the university-community partnership, I am responsible for the important work of monitoring all aspects of the community educators' work at our community partnership sites, including fidelity with multiple healthy marriage and relationship education (HMRE) curricula and facilitation methods and data collection procedures. I am committed to supporting and understanding the work of our community partners to maintain and strengthen our collaborative university-community partnership.

During my time serving as staff on the university-community partnership implementing relationship education and related resources across our state in the southeastern US, I have been trained in the principles of a participatory action research model and approach to community-based programs and research. I have observed first-hand the impact community educators have on the process of community-based research, the ecological system of co-ownership among the university partner and community partners in program implementation, and diversity in styles and approaches to communicating with local stakeholders and engaging community participation in healthy relationship education for diverse groups. My experiences may affect how I interpret the data and results, this is acceptable in action research, and may add an additional lens of authenticity and richness when interpreting the meaning of the results (Lincoln & Guba, 1989).

In my role as the researcher designing and carrying out this dissertation study, I was both an "insider" and "outsider" to the community educators' experiences, and therefore must be mindful of monitoring my "subjective I" at all stages of the research process through reflexivity and maintaining an audit trail (Peshkin, 1988). My "insider" experiences were essential to the development of the research questions, research design, and maintaining trust with the community educators. For instance, being a part of the university-community partnership played a big part in facilitating the recruitment of the community educators to participate in the qualitative phase of the study. The familiarity the community educators had with me and the rapport I had developed with them potentially influenced how open and receptive they were to participating in the current study and the trust they placed in me that I would understand their experiences and follow through in the credibility of study findings. My role within the university-community partnership also allowed me to approach the current study with familiarity and knowledge of what topics I wanted to address from an action-oriented position of seeking to

understand and inform the process of university engagement based on the community educators' experiences.

I was also an outsider because I did not facilitate CRE programs for the efficacy trial and I was not a community educator working at a community agency; I was part of the university-based staff. I was involved in many aspects of the efficacy trial, including monitoring program fidelity and supporting the process of community educators' maintaining fidelity to the research design of the efficacy trial from start to completion of implementation. Therefore, although I bring familiarity and the potential for shared experiences, I cannot fully comprehend what it is like to be a community educator because I have not personally experienced what it was from the perspective of a community educator based at a community organization during the efficacy trial of the CRE programs. I realize the value of the experiences that were entrusted with me and the great responsibility of not only ensuring confidentiality, but also of neutralizing potential power dynamics to seek honesty in responses. To assure the community educators that their decision to participate in the interviews and any information they shared would not affect their current or future relations with the university partner, I was transparent about the purpose of the study. I also explained to the community educators why I was seeking to understand their experiences, including because their perspective on the work they are doing is valuable, but when talking about community-based research, we typically hear the voices of the researchers/ evaluators and not the practitioners.

Research Permission and Ethical Considerations

Ethical considerations, including approval from Auburn University's Institutional Review Board (IRB) for human subject research were deliberated and implemented with guidance from my faculty chair. I completed the Auburn University CITI training courses in human subjects

studies and health science. This mixed methods study did not involve an intervention or collection of sensitive information. Participants completed self-report process surveys as part of their community educator responsibilities for the community-based efficacy trial. My names was added on the approval form for examining the data obtained through community educator surveys. Names were not linked to their completed surveys in the quantitative database. Confidentiality of participants' quantitative data was protected utilizing a numerical coding system (i.e., participant identification numbers) for organizing survey responses.

For the second, qualitative phase of the study, I sought Auburn University Institutional Review Board (IRB) approval under the guidance of my faculty chair. Participation was 100% voluntary and participants were assured confidentiality of their data. Participants were asked to sign an informed consent letter that explained the purpose of the qualitative phase of the study and their rights as research participants. Confidentiality of participants' qualitative data was protected by creating a "clean" data set that used pseudonyms selected by the participants instead of their real names. All proper names and locations mentioned during the interviews were replaced with general descriptions/ pseudonyms, such as "community center" instead of the organization's name, or completely removed. During transcription of interviews, I kept my door closed and/or used headphones so that others would not overhear the interview recordings.

All electronic versions of study data, including the quantitative measures database, web-based survey files, interview recordings, and transcribed interview text, were kept in a secure, password-protected file system, on Auburn University's password-protected firewall system. Paper copies of research records, including hand written interview notes and print versions of transcripts, were stored in a locked cabinet, in my office located on the Auburn University campus. My office has restricted access and a door that was locked when I was not present.

Access to participants' data was restricted to the researcher, faulty advisor, and personnel listed on the Auburn University IRB application.

Data Analysis Plan

Phase 1 Quantitative Approach

The first step in statistical analysis included preparing the data for analysis through data screening, recoding items (e.g., reverse coded negatively worded items), and computing new variables (e.g., mean scores for sub-scales). Data were reviewed for trends and checked for univariate and multivariate normality. Descriptive analysis was conducted for all variables and basic assessments including the correlations among variables were conducted utilizing SPSS 24 for Windows. Descriptive statistics and correlations will be summarized and reported in the results section. Sub-scales measures were assessed for reliability and validity and reported. A path analyses was utilized to examine the associations among community educators' self-efficacy, program attitudes, intentions, and implementation behaviors (see Figure 1 for conceptual model). Statistical results were summarized and interpreted with respect to the literature review and theory (Creswell & Clark, 2018).
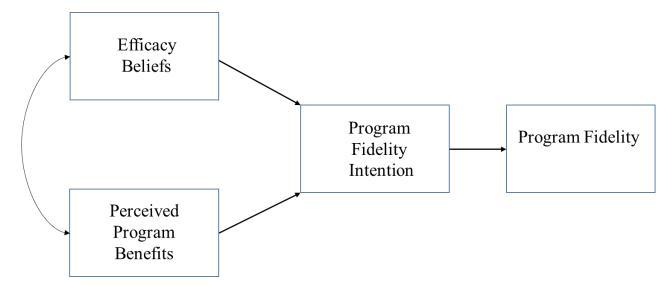
Figure 1. The conceptual model based on empirical links (e.g., Durlak & Dupre, 2008), the social-cognitive theory of human agency (Bandura, 1989; 2006), and the theory of planned behavior (Ajzen, 1991).

Phase 2 Qualitative Approach

Deductive and inductive qualitative analysis were conducted to address the overarching research questions, which included codifying and categorizing data in a systematic order to classify and synthesize emergent themes (Saldana, 2016). Data were analyzed within cases and across cases. Analysis included "the search for patterns" in data and or ideas that help explain why those patters are there in the first place (Grbich, 2013, p. 338). Reading through transcripts will be an ongoing, iterative process as data are being collected and formatted (as opposed to "after" data collection). An initial read-through of transcribed interview data was carried out for each transcript and memos with initial thoughts were recorded. As I transcribed audio-recorded interviews, preliminary words or phrases about the community educators' experiences were noted and bracketed in a word processing system (Saldana, 2016). Next, I completed *open coding*, an inductive approach to data analysis, to capture themes of what it is like being a community educator working along with a university-community partnership to implement

community-based relationship education and research with couples (Saldana, 2016). *Values*

coding was carried out to explore the ways in which community educators believe their

facilitation abilities and attitudes support program implementation; ways beliefs in themselves as

community educators connect to fidelity of program implementation and other factors they

believe affect program implementation (Saldana, 2016). I also conducted "process coding" to

apply theory-driven analysis to how community educators assessed their program

implementation fidelity through their self-efficacy, intentions, and principles of action research

in daily routines and behaviors as part of the university-community partnership in (Saldana,

2016). Findings will be represented as descriptions and themes and evidence including quotes,

multiple perspectives, and a rich description will be presented in the results section (Creswell &

Clark, 2018). Findings were summarized and interpreted related to the literature review and

theory in the discussion section. Qualitative findings were integrated with quantitative results in

this mixed-methods study to develop a novel assessment of community-based research from the

lens of community educators and how their beliefs, program attitudes, and implementation

behaviors shaped program fidelity.

Chapter 4: Results

This two-phase, sequential mixed methods study examined the influence of community educators' self-efficacy, program attitudes, and intention to maintain program fidelity on their implementation practices. Data analyses consisted of separately analyzing quantitative and qualitative data. In the first, quantitative phase of the study, data analyses was conducted using SPSS 24 for Windows and proceeded from descriptive analysis to a path analyses to test the conceptual model corresponding to *Ajzen's Theory of Planned Behavior* (Ajzen, 1985). Data were analyzed to better understand the relative influence of community educators' self-efficacy beliefs and program attitudes on fidelity intentions and program implementation behaviors. In the second, qualitative phase of the study, an iterative process of deductive and inductive qualitative data analyses were carried out using the QDA Miner Lite text processing software program. Qualitative data analysis and results added depth and richness to the quantitative analysis by framing findings with the community educator's accounts of their internal and external experiences with community-based research and program implementation fidelity. Consistent with qualitative approaches, the mixed methods design implemented in this study allowed for unforeseen questions and themes to emerge through the iterative process of data collection and analysis (Cresswell & Clark, 2018). Analyses of the multiple sources of data included "the search for patterns" and followed with a deeper exploration of why those patterns were in place as explained through the lens of the community educators' perspectives (Grbich, 2013, p. 338).

Phase 1: Quantitative Results

Preliminary Results

All descriptive statistics for community educators' self-efficacy beleifs, program

attitudes, program fidelity intention, and program implementation behaviors were calculated in

SPSS version 24.0 and presented in Table 3. Community educators in the current sample, on

average, expressed moderately high to high levels of self-efficacy ($N = 49$, $M = 6.74$, $SD = .40$,),

positive program attitudes ($N = 49$, $M = 6.39$, $SD = .47$), program fidelity intentions ($N = 49$, $M = 5.93$, $SD = .94$), and program fidelity implementation behaviors ($N = 48$, $M = 5.92$, $SD = 1.01$).

For most psychometric purposes, values of skewness and kurtosis between +/- 1.0 is considered

excellent, and for small sample sizes a value between +/- 2.0 is considered acceptable (George &

Mallery, 2010). Based on this guideline, it was determined that skewness and kurtosis for all

variables were within the range of excellent to acceptable, and variables were normally

distributed (See Table 3).

Table 3.
Descriptive Statistics for Perceived Program Benefits, Self- Efficacy, Program Fidelity Intention, and Program Fidelity

Variable	N	M (SD)	Min	Max	Skewness	Kurtosis
Perceived Program Benefits	49	6.39 (.47)	5.14	7.00	-.45	-.47
Self- Efficacy Beliefs	49	6.74 (.40)	6.00	7.00	-1.11	-.56
Program Fidelity Intention	49	5.93 (.94)	3.83	7.00	-.69	-.53
Program Fidelity	48	5.92 (1.01)	3.00	7.00	-.92	.28

Historically, social science statistical guidelines for multivariate statistics have suggested

200 cases as a minimum goal for analysis (Tanaka, 1987). However, more recent guidelines

propose this standard may be unrealistically high for applied social sciences, and suggest it is acceptable to perform applied quantitative methods, including path analysis models, with smaller sample sizes as long as there is a minimum of 10 participants per estimated parameter (Hoe, 2008; Schreiber, et al., 2006). Based these proposed guidelines for applied social sciences, it was determined reasonable to conduct a path analysis to examine the relationships among self-efficacy beliefs, program attitudes, program fidelity intention, and program implementation behaviors in the quantitative phase of this study.

Correlations between the predictor variables and the outcome variables were calculated and are presented in Table 4. Examinations of the zero-order correlations indicated several significant, positive associations, including a positive relationship between perceived program benefits and program fidelity intention ($r = .54$, $p = \leq .01$), program attitudes and self-efficacy ($r = .46$, $p = \leq .01$), program fidelity intention and program fidelity implementation behaviors ($r = .49$, $p = \leq .01$). The correlation results did not suggest a significant association between self-efficacy and program fidelity intention or program fidelity, or between perceived program benefits and program fidelity. Since correlations only consider the bivariate relationship between constructs, it may be that considering community educator's self-efficacy and perceived program benefits in relation to program fidelity intention would result in significant indirect associations with program fidelity (Pearl, 2009).

Table 4.

Correlations for Perceived Program Benefits, Program Fidelity Intention, Self-Efficacy, and Program Implementation Behaviors

Variable	1	2	3	4
1. Perceived Program Benefits	___			
2. Program Fidelity Intention	.54**	___		
3. Self- Efficacy	.46**	.06	___	
4. Program Fidelity	.28	.49**	-.05	___

**Correlation is significant at the .01 level.

Phase 1 Research Question: What is the influence of community educators' self-efficacy, program attitudes, and fidelity intention prior to program implementation on their program implementation behaviors?

The first research question focused on the relationship among community educators' self-efficacy beliefs, program attitudes, intentions to maintain program fidelity, and program implementation behaviors. To understand the patterns of correlation/covariance among the variables and comprehensively explain their variance, Amos 24 was used to test the path of influence from the predictor variables of interest including perceived program benefits and efficacy beliefs to program fidelity intention and toward program fidelity behaviors (Hoyle, 2011). Goodness of fit indices demonstrate the path model fits the data well ($X^2 = .79$, $df = 2$; $p = .67$; CFI = 1.00; RMSEA = .00).

The results of the path analysis indicated approximately 33% of the variance in program fidelity intention (i.e., intention to deliver the evidence-informed CRE programs as designed) can

be accounted for by community educators' self-efficacy beliefs and perceived program benefits ($R^2 = .33$). In the model, perceived program benefit was significantly and positively related to community educators' program fidelity intention, ($\beta = .64$, p < .01), such that higher levels of perceived program benefits for participants and the community were associated with higher levels of program fidelity intention. Community educators' self-efficacy was not significantly related to program fidelity intention, ($\beta = -.23$, $p = .08$). The path from program fidelity intention to program implementation behaviors indicated approximately 26% of the variance in program implementation behaviors can be accounted for by community educators' program fidelity intention ($R^2 = .26$). Community educators' fidelity intention was a significant predictor of program fidelity, ($\beta = .51$, p < .01), such that higher levels of intention to deliver the program as designed predicted program fidelity in practice. See Figure 2.
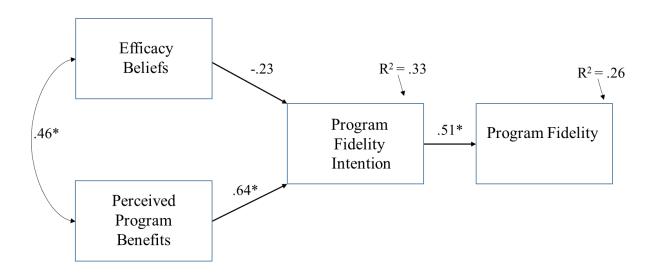
Figure 2. Standardized results for path analysis model depicting the direct effects of efficacy beliefs, perceived program benefits on program fidelity intention and program fidelity.

Phase 2: Qualitative Results

Participant Background Demographics

Participants in phase two of the study were purposefully selected from phase one to maximize the representation of the diverse knowledge, backgrounds, and experiences held among the community educators (Leedy, 1997; Creswell & Poth, 2018). The four participants in this phase of the study were "front-line" practitioners, in the role of "community educator" working among one of nine community-based implementation sites that were a part of a university-community partnership. The community educators each shared their experiences as active members engaged in the process of implementing community-based research and programs for an efficacy study of CRE programs that utilized a randomized control trial design.

The participants included, two male community educators and two female community educators. All four community educators shared the experience of working in co-facilitating teams, set-up as male-female pairs, in accordance with program facilitation guidelines. Among the community educators, two had experience working at community organizations located in rural communities and two worked at community organizations located in urban communities. All sites served youth and adults, including individuals, couples, children and families in the local county and surrounding areas.

Three of the four community educators held a bachelor's degree and one held a master's degree. Among the community educators, there was a range in years of experience implementing a variety of CRE programs prior to the start of the efficacy study. Two community educators held less than two years of experience at the start of the efficacy study, one held between 2-5 years of experience, and one held more than 10 years of experience with implementing CRE programs. Among the group, three community educators participated in the implementation of

all five of the study cohorts and one community educator was a part of three out of five study

cohorts for the efficacy study evaluating the effectiveness of two evidence-informed CRE

programs. See Table 2 (p. 50) for a summary of general background information for each of the

community educators. All names listed in the table are pseudonyms selected by the participants

and are included for the researcher to be able to draw on in conjunction with participant

comments in the results and discussion that follow.

Central Qualitative Research Question 1: What are the program planning and program

delivery experiences of community educators as partners in a university-community

partnership promoting and implementing community-based couples' relationship

education and research?

     Inductive and deductive analysis. The first step in the iterative analysis process was to

assess the community educators' perceptions and experiences as community-based partners in a

university-community partnership through an open exploration of the community educator's

individual stories, which were shared during in-depth interviews (see Table 7 for summary of

themes and key assertion). Next, cross-case analysis for emerging themes was carried out and

individual stories were again revisited for emerging themes. Direct statements about perceptions

of the university-community partnership, university engagement practices and resource sharing,

and community educators' research and program implementation practices were highlighted.

Additionally, qualitative memoing was carried out as a reflexive process to make meaning of the

emerging themes situated within the context of the community educators' individual and shared

experiences. The dynamic principles and pragmatic framework of action-oriented research was

also applied to provide a theory-driven understanding of the environmental elements involved in

the collaborative relationship among the university and community partners working to implement a federally funded community level healthy relationship education initiative (Small & Uttal, 2005, Strier, 2011). This iterative approach to analysis led to a co-constructed understanding of what it was like to be a community educator within the context of this university-community partnership, inclusive of both emergent themes and elements of the theory-driven, action-research framework.

Findings first described the university-community partnership, with an emphasis on community educators' views of the university partner and practices that facilitated a collaborative partnership. Additional findings illustrated action-oriented research elements of the university-community partnership, which promoted community educators' efficacy in the process of carrying out the program and research design for the rigorous, community-based efficacy study. Findings indicated the community educators were actively engaged in the university-community partnership, with roles and responsibilities that were dynamic, clearly defined, and relative to the roles and responsibilities of the university partner (See Figure 3). Based on the community educators' reflections, it was determined that by working collaboratively, the university-partnership effectively carried out evidence-informed programs and research evaluation of the effectiveness of the programs, into local, community-based settings.

Community Partners

All Partners

University Partner

Community Partners
Local community connection
Develop public awareness
Recruit participants for study
Enroll participants into study
Translate research
Data collection
Maintain participant records
Provide program supports
Monitor program attendance
Provide local services/resources
Develop local partnerships

All Partners
Community engagement

Direct program and research implementation site

Meet federal and university standards and requirements

Facilitate research-based programs for efficacy study

University Partner
Centralizing agency
Develop research-based programs
Program and research oversight
Secure funding
Develop research design
Develop facilitation guidelines
Random assignment
Technical assistance
Provide in-service training
Integrate feedback
Organize implementation tools

Figure 3. Clearly defined roles and responsibilities within a university-community partnership implementing a community-based efficacy study of evidence-informed CRE programs.

Guiding research question 1: What is it like being a community educator for a university-community partnership implementing community-based relationship education and research?

Collaboration. When sharing their views of the university-community partnership, the community educators communicated mostly positive feelings towards the partnership. The community educators described the partnership with comments such as "it's a good relationship" and "it's always been pretty easy." When describing what contributed to their positive feelings towards the university-community partnership, it was the community educators' experiences with ongoing, active collaboration in carrying out day-to-day tasks that was frequently

highlighted. For instance, Anastasia shared, "We are conducting a study to see how not only this curriculum effects the community, but how it effects nationwide, because we are not the only state that is doing this." Then she went on to add, "There's already been research showing its effective, so we, I find it very interesting that I get to be a part of it." Identifying with being "a part of the study" was important to developing collaboration and co-ownership in the applied-research process.

The community educators described collaboration among the university and community partners in their own words as "working together" to carry out the complex and dynamic processes involved in community-based research. Collaboration included community educators' views about processes for democratic cooperation and ease of communication among remotely located staff within the university-community partnership (Small & Uttal, 2005). The community educators considered the work of carrying out the different programmatic and research requirements of the community-based efficacy study as "a joint effort" to inform research and future practice. For example, Walter said he would explain the purpose of the surveys and the objectives of the efficacy study to his participants by saying, "this is for research, we just want to know what you guys think… We want couples to just come in, take their curriculum… and then they are going to take all that and hopefully teach this one day to people." The community educators' engagement in the university-community partnership was contributed towards extending research and programs into local communities, which they believed would be followed by the university partner taking what was learned from the outcomes of the study to teach others.

Collaboration among the university and community partners was necessary to facilitate the multifaceted responsibilities of an applied, community-based study. The university and community partners worked to together to plan for and deliver evidence-informed CRE programs

in diverse communities and manage data collection to evaluate the CRE programs and participants' experiences with program participation. Several examples were shared illustrating how the university and community partners coordinated with one another to maintain "a team effort all around" towards meeting the community-based research study requirements. For example, when describing the process of setting up participant enrollment and random assignment for an upcoming study cohort, Lynn said, "What we did is, we provided, we got the names of the couples… we sent them to the university, the university mixed them up and got them into groups." Lynn then added that there was a system for organizing participant information, which she described as "our system where all of our participants are kept." To effectively follow the prescribed research design and maintain an organized participant database, all implementation sites had access to, and were trained in, utilizing a central web-based data management system developed by the funding agency. The community educators recruited couples from their local communities to participate in the study and then utilized the web-based data management system to maintain accurate participant records. The university partner would then access participant information through the shared participant database and would manage randomly assigning couples into one of three study groups, a process which Anastasia described as "the nitty gritty of it all." Once couples were randomly assigned into groups, then again, there was communication between university staff and the community educators to clarify program intervention assignments. Anastasia explained that after random assignment, the community educators would use the random assignment information provided by the university partner to deliver the information to participants about what group they were assigned to. The community educators then would also explain program details, such as, "Hey, you were assigned to Elevate class on Wednesday night from 6-8." As this example illustrated, participant enrollment and

random assignment into the study required shared responsibilities and ongoing communication between the community educator and university staff at multiple stages. This cyclical process of action and communication is fundamental in action research (Reason & Bradbury, 2001).

University-directed research and program processes. The community educators elaborated on the many different roles and responsibilities that were required to collaborate in planning, delivery, and assessment for a multi-cohort, multi-site, community-based research study. This university-community partnership required transparency on "who" was responsible for "what." For instance, when asked to describe the university partner, Michael said, "They set up the way they want it to be done, uh, here at our community organization we have tried to meet the requirements and fulfill whatever they ask of us." Walter added, "They are our boss, you know! We try to do everything they say (laughs)." Then went on to say, "They are always there, anytime I have called…They are very receptive, any question I have, or even probably some ideas that we may not have thought of... they'll check on it, or say, 'let me run this by, let me see if we can do this.' So yeah, they have been very helpful." These responses indicated that the community educators viewed the university partner as serving in a unique and clearly defined management role. As the centralizing agency, the university partner was responsible for research and programmatic oversight, as well as a source of support through technical assistance and resource sharing.

Evidence-based programs in public health and community level initiatives include prescribed practices and guidelines for implementation with targeted audiences (Rabin, et al., 2008). For instance, Anastasia illustrated the university-community partnership like this:

"We are partnered with the University. The university will kind of set the… (pause)… help set the standard of the amount of numbers that we need to reach for a certain cohort,

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and then we have to reach those numbers. And then they help set-up how we do the surveys, kind of help us, help guide us in that way."

As her experience showed, the "joint effort" included the university's role of setting standards for the rigorous research design, monitoring delivery of the research and programs as designed, and providing guidance during the process.

Hierarchical power relations in university-community partnerships risk putting a strain on developing and maintaining equity among partners, but by developing interdependency between partners, some of the negative effects can be avoided (Bringle & Hathcer, 2002). For instance, "top-down" hierarchies can be necessary for achieving social change with institutional support, but to be compatible with an empowerment model in university-community partnerships, Strier (2014) suggests there should be diversity in the types of interactions and activities in which the partners engage in together to support relationships that are equitable and fair. For instance, the community educators reported that the university partner was also "helpful on the research side" by providing training and ongoing technical assistance, in both programmatic elements (e.g., facilitation guidelines) and research practices (e.g., data collection). The ongoing technical assistance and guidance from the university partner was part of a shared goal of building the community partner's capacity for addressing community-level objectives for healthy, stable relationships. Although, the university partner's role in the partnership emerged as directive, the influence of the university partner helped to promote research efficacy and program fidelity among community educators.

Technical assistance. There was a combination of resources available to the community educators to carry out the community-based research study. The community educators felt supported during the process of implementing the community-based research and program plans

because of their access to material and human resources made available within the university-community partnership. Human resources included university-based staff being available to provide ongoing support and technical assistance. Walter discussed how helpful he felt the university partner was and how open communication facilitated confidence in what he was supposed to be doing, stating, "You guys helps us out a lot… everything from sending in, you know all our financial stuff… it's been pretty easy. Yeah, you guys are always there when we call, send emails… there is not a lot of drop of communication, or 'what should we be doing?'" The community educators felt that they could easily reach university-based staff. This ease in communication was facilitated through technical assistance and information sharing by phone and email as needed in "real time." In addition, clear, open, and ongoing communication ensured staff across all sites (i.e., university and community organizations) were informed of project objectives and remote activities.

Material resources, such as a web-based data management system developed by the funding agency, the "curriculum" and "surveys" and "protocols" were different shared materials listed by the community educators as "tools" that were shared by the university partner to facilitate community-based data collection and program delivery. In reference to carrying out data collection, Anastasia said, "they [university partner] help us on the research side by giving us the tools that we need to do that," such as "a tablet that we are provided through the partnership" for participants to complete "their surveys." Program participants completed their surveys on a web-based data collection system and the community educators had their own set of tablets to facilitate the data collection process in their community classrooms. The community educators also mentioned that the use of program delivery guides were helpful. Anastasia said, "I like that I have a curriculum and a guide, here's what you do, here's what you don't do, it gives

me a kind of parameter to go within… it kind of, it takes all that stress away from having to deal with that." Having the program delivery guide helped organize the workshop objectives so that Anastasia could "focus on making the participants comfortable" and she said it made it easier "knowing what's expected."

In addition to shared program and research implementation tools, having access to all the tools in a shared storage location was also viewed as a helpful among the community educators. Walter said, "Just having the materials, a lot of these things on Dropbox, being able to get to them is nice." The university partner maintained an organized, central location for resources that were accessible digitally via a web-based platform, for "live," shared access to materials across all sites as long as community educators had been "invited" by the storage administrator to join. By having access to the tools and materials they needed, the community educators were able to focus on being effective during research and program implementation.

Shared experiences. The university-community partnership in this study was also unique in that the university partner was not only the centralizing agency that secured federal funding and oversaw the training and implementation of program and research designs, but also served as a direct implementation site. By actively and simultaneously sharing the experience of carrying out the study design in their local area (e.g., recruiting couples from their local communities; local program data collection; and local program implementation), the university partner established a connection with "what it's like" for the community partner and promoted acceptance for the rigorous efficacy trial design. As Walter said, the university serving as a direct implementation site "helps us relate to each other quite a lot." By also serving as a direct implementation site, the community educators viewed the university partner as sharing in similar experiences as they were having, which created common ground. Walter added, "It's nice that

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the university is here, but then you guys actually do the work, too. So that is nice, that uhm, so we're not calling in to some headquarters that all they do is just administration stuff... and they don't really know what we have to go through teaching wise." The university partner serving as a direct implementation site positively influenced the community educators' receptivity to the rigorous efficacy trial design by promoting acceptance the university's directives.

As demonstrated in earlier feedback from the community educators, the university providing oversight and being available for technical assistance was important for the effectiveness of the efficacy study. However, what seemed to be an important influence on how oversight and technical assistance was experienced among the community educators related directly to a shared sense of collaboration within the university-community partnership. For instance, the community educators reported that they were more receptive to feedback and technical assistance from the university partner because the university partner was simultaneously doing the same kind of community engagement based within the university's local area (i.e., Local County). Staff among all sites had the shared experience of direct, community level engagement, which facilitated rapport building and strengthened the university-community partnership. The community educators felt that the staff at the university were empathetic to their experiences, including successes and challenges, because they had shared similar experiences engaging as a direct implementation site. Walter explained, "When you do get, 'Hey, here's a suggestion,' or 'this is what we have found that worked,' we are a little more receptive to be like, 'Oh, we'll try that.'" Shared experiences in direct community-based implementation of research and programs encouraged co-ownership in the success of the study and promoted research design and program fidelity.

Relationship building. Personal interactions between the university-based program developers and community educators was an important aspect in relationship building to promote research efficacy and program fidelity. By meeting and engaging directly with the program developers during initial and later training, the community educators were able to put a face with the names of the program developers. The community educators felt this relationship building made the program source more locally relevant. For instance, Walter said:

> "We have been trained of course, but we, I have met, we have talked with the person who literally wrote this curriculum, he's gone through the reasoning behind a lot of this stuff... and so yeah, that's cool, too. It's not just some university out in California that wrote it all…and you don't really know the people that wrote it… it just makes you care about the program more."

Training in the guidelines for facilitating the program were acknowledged by the community educators as an important, even an "obvious" step for preparation and capacity building. However, it was interesting that engaging in conversation with the program developers, getting to know them during trainings, and hearing from them directly about the research behind the evidence-informed programs built an important connection for the relevance of the programs in the community educators' communities. The community educators valued that the programs were developed in their geographic region by a program develop who they had the opportunity to personally engage with during training. So, although geographic proximity is not enough to sustain an effective university-community partnership (Miller & Hafner, 2008), perhaps a local connection may help facilitate buy-in for the relevance of a evidence-informed program.

Guiding research question 2: What are community educator roles and responsibilities?

Disseminate research and program activities. When asked to describe their work as part of a university-community partnership, Anastasia simply put is as, "I'm a relationship educator" and followed with "we are part of the study." This response revealed that being an "educator," or in other words, a facilitating relationship education programs, was the role the with which she primary identified. The "study" component was secondary, but as has been highlighted throughout, being a community educator was not independent from the study, it was meaningfully interconnected. It was clear that the community educators were actively engaged in, and responsible for, multiple facets of programmatic *and* research programmatic activities. In their own words, the range of activities they navigated included: (a) "always recruiting for couples;" (b) "teaching the classes;" (c) communicating with participants about completing surveys, such as by calling and saying, "Hey, you're getting a survey, you need to do the survey...;" and (d) providing additional program supports, such as "setting up childcare" and "dinner" to promote retention for evening workshops.

There was an important connection illustrated by the community educators between the components of the study and the implementation of CRE programs. The study informed and guided how participants were recruited for participation, how they were enrolled, how data were collected, and ultimately how the CRE programs were planned for and implemented in the community classroom. For instance, when describing program implementation for the study workshops, Anastasia explained, "we have to stick to the curriculum, so we are the same across all cohorts, all classes, to take out those variables that we don't want to mess up the data." Additionally, when describing how he would explain the CRE programs to potential participants who may (or may not) be assigned to a program group, Michael said he would explain,

"This is not therapy… but there are things in here that are going to maybe challenge you,

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or maybe topics that you haven't touched on in a while. And, so, communication is the

foundation to almost every relationship. And, so, being able to have those conversations

might help you or might you and your partner improve your relationship."

The community educators had a firm grasp of the study and were skilled in communicating their

knowledge of program and research components to community participants with diverse family,

cultural, and educational backgrounds. Anastasia described that she valued her participants, that

and that they needed to know "that their voice matters." Therefore, she was conscientious about

putting research terminology into language community-based participants from all backgrounds,

including lower income families and families with barriers between educational levels "can

understand" in their own terms.

In addition, the community educators were cognizant of the quality assurance

requirements of the efficacy study and acknowledged that the requirements of the efficacy study

informed how they prepared for and facilitated CRE programs. For instance, they were

responsible for ensuring they had all program supplies ready to facilitate the program modules as

designed, such as "workbooks, IPads for the surveys, speakers for the sound." The community

educators were committed to following the "strict" program delivery guidelines required for the

efficacy study. Michael shared, "we tried to stay as close to the material as we could." This

statement resonated across the group, even though they acknowledged that it was "challenging at

times." By following the research protocol and the curriculum guides, the community educators

influenced the research process and the participants' experiences in the study.

Extend university's reach for community level engagement. The community

educators were the face of the efficacy study in their local communities, and as such, were

instrumental to the success of the community level education and research initiative. Not only

were the community educators knowledgeable about the study and facilitating the evidence-informed programs, two of the greatest supports they provided to the success of the community-based research study was in knowing their communities well and their commitment to serving their communities with educational programs and resources developed by the university partner. Walter stated it well when he said, "I am from this area. We are committed to this community and that's key… anyone can teach it… but then to be able to relate, to be from this community, it's huge. At least for our little town."

In the context of this university-community partnership, the community educators served as a liaison between the university partner and their local communities. The community educators were "insiders" within their local communities and helped to build trust for the evidence-informed programs among their study participants. They understood the culture of the area, which informed their program implementation beliefs and recruitment of participants into the study. For instance, when Lynn described her efforts to develop public awareness for CRE programs and recruiting couples to participate in the study, she mentioned taking fliers to different local organizations and business, including "some of the day cares, the health department, and posting them up on bulletin boards and laundromats." Lynn posted fliers in these community locations based on her experience living and working in the local area and her knowledge of establishments frequented by the population they needed to recruit for the study. In reference to program implementation, Walter said, "you have to trust the co-facilitators that are doing this, for this stuff to be effective." He believed that his role as a community educators mattered for building rapport with the study participants, which in turn mattered for the effectiveness of the program intervention. The community educators' community level connections and commitment helped to extend the reach of university resources into different,

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off-campus settings, while also enriching the quality and richness of the research process by including a more widespread, diverse population.

Table 5.

Planning and Program Delivery Experiences of Community Educators as Partners in a University-Community Partnership

Guiding Research Questions	Overarching Themes	Examples
What is it like being a community educator for a university-community partnership implementing community-based relationship education and research?	1. Collaboration 2. University-directed research and program processes 3. Technical assistance 4. Shared experiences 5. Relationship building	"a team effort all around" "We are conducting a study to how not only this curriculum effects the community, but how it effects nationwide…" "… you guys actually do the work, too. So that is nice, we are not calling in to some headquarters that all they do is just administration stuff…" "We have been trained of course, but we, I have met, we have talked with the person who literally wrote this curriculum, he's gone through the reasoning behind a lot of this stuff… it just makes you care about the program more."
What are community educator roles and responsibilities?	1. Disseminate research and program activities 2. Extend university's reach for community level engagement	"I'm a relationship educator." "We are part of a study." "always recruiting for couples" "Hey, you're getting a survey; you need to do the survey…" "teaching the classes" "I am from this area. We are committed to this community and that's key… anyone can teach it… but then to be able to relate, to be from this community, it's huge."

Key Assertion: Effective university-community partnerships promote shared learning and play a positive role in the community (Strier, 2011). Community educators were actively engaged in the university-community partnership, with roles and responsibilities that were dynamic, clearly defined, and relative to the roles and responsibilities if the university partner. The community educators' community level connections and commitment were instrumental in extending the reach of university resources into different, off-campus settings, while also broadening opportunities for using rigorous methods to answer challenging and practical family studies questions.

Central Qualitative Research Question 2: How do community educators' efficacy beliefs and program attitudes support program implementation fidelity for evidence-informed CRE programs delivered to couples in their community?

Deductive and inductive analysis. Deductive and inductive analysis were carried out next to address the second central research questions to address how community educators' efficacy beliefs and program attitudes supported program fidelity for community-based research (see Table 8 for summary and key assertion). The community educators' program efficacy beliefs and program attitudes were analyzed in accordance with the social-cognitive theory of human agency (Bandura, 1989; 2006) to help better understand the ways in which community educators were active agents in the process of implementing community-based CRE programs and research. In addition, the theory of planned behavior (Ajzen, 1991) provided a framework to understand the link between community educators' intentions to deliver the programs as designed and their behaviors during implementation to achieve desired program results. Findings illustrated community educators maintained a participant-focused approach to carrying out research and program activities. Community educators also shared the methods and practices they developed to ensure program and research protocols were implemented as intended.

The self-efficacy beliefs of the community educators mattered for their agency in implementing community-based CRE programs and research as part of a multi-site, university community partnership. Efficacy trials utilizing a random control design are typically held in highly controlled lab settings or university-based research settings, but this limits the reach of university resources and diversity of participants. This university-community partnership was unique because community educators, who were "practitioners," were an integral part of carrying out a federally funded community-based research plan. The community educators' positive

research and program implementation efficacy was demonstrated in their expressed perceptions

of their influence over the community-based research environment.

Guiding research question 3: In what ways do community educators' belief in their facilitation

abilities and attitudes about the program support successful program implementation? Are

there aspects of program implementation in which they have more (or less) confidence?

Community educators felt pressure. Following program delivery guidelines and

facilitation methods as designed by the program developers was important to the efficacy study

for validity of results when evaluating the comparative effectiveness of two unique evidence-

informed CRE programs. Anastasia mentioned, "Research actually plays a part in facilitating"

for the efficacy study. Michael added that implementing the CRE program for the efficacy study

"put on a little extra pressure." The community educators understood the connection between

program fidelity to the potential outcomes of the efficacy study and as Michael stated, they

"didn't want to mess up" during the process of delivering the program as designed. Michael also

shared how "he was pretty nervous going into it" because he "wanted to make sure" that he "set

everything right" and "filled in all the boxes that needed to be filled in that section."

In response to quality assurance requirements set forth by the university partner and the

funder, the community educators demonstrated self-agency in their reflections and

implementation practices. The community educators expressed how they intentionally regulated

their implementation practices to meet the "pretty strict" requirements of the efficacy study.

They referred to monitoring their actions, reflecting on the results of their planning and logistics,

and developing their own cognitive guides to produce desired results for research and program

activities (Bandura, 1989). They also shared their strategies for advanced preparation, including:

(a) reviewing materials with a co-facilitator; (b) developing checklists and checkpoints; and (c)

making notes in the margins of specific wording to use and where to highlight key points.

Advanced preparation. When discussing how she prepared in advance for

implementing the evidence-informed CRE programs, Anastasia said, "The week before I'll read

through each session. 'Okay, alright, I'll need to grab the chocolate for the newlywed game' or 'I

need to grab the blindfolds for the fingertip activity.' So, I've learned what I need and I just do a

brief refresher." Walter also similarly brought up having his own self-checking system when

preparing in advance of program implementation. He explained that to stay organized, he created

his own "lovely checklist." His comprehensive checklist included everything from a list of

supplies needed for facilitating program module activities and materials for data collection

reminders for supplied needed to provide additional, simultaneous program supports, like meals

and childcare. Walter also added, "As much as we could, obviously way before the day of, we

would prep before… We already knew our parts, you know, all this mapped out way before…

It's not just 'Okay, I've got this page, you've got this page.'" It was clear from the community

educator's description of their different tasks and responsibilities and the deliberate care they put

in to organizing and preparing for data collection and program implementation, that the

community educators did not just "show up and teach" the CRE program for the efficacy study.

During program implementation, the community educators were also intentional with

their actions. Anastasia stated that she was aware of "this is what you need to do, session 1,

session 2" and went on to describe how she developed her own checking system for her program

binder like this, "I have a marker in my book, this is where you start and this is where you stop. I

like to know where I need to be. Also, the curriculum has kind of like timing. This should take

five minutes, this should take ten minutes, and that helps with timing, too." This example

illustrated self-regulation and monitoring the get the desired results of program delivery fidelity and maintaining the prescriptive nature of a rigorous efficacy study. Walter said, "I actually drew a little stick figure" and pointed to stick figure drawings next to the description of each physical pose for the mindful movement section of the program. He said he did this "because it helped me… we could read it, and we did, we would read through it, but I just needed a visual that if I am showing them this, here is a little stick man doing, that's what it supposed to look like." In this example, Walter illustrated self-agency by being aware that enlisting a cognitive guide would help him get the desired results of demonstrating the movements correctly, which in turn supported program fidelity.

Post-program self-reflection. The community educators also demonstrated their self-agency after implementing programs. Anastasia described how after facilitating the program sessions she would go through self-reflection questions, that included questions like, "'How did this class go, how can I do better next time?'" Also, monitored herself, stating that if she "didn't finish everything, like let's say someone really got to talking about stress and we missed one little page" then she would consider, "'How can, how can I, manage my time better next time?' Just helping keep it rolling." The community educators reflected on whether they met the requirements and had "checked" the boxes for the program session. If they had not, then they planned for making up whatever they missed during the next program session. For example, Lynn shared that timing could be a challenge and that "sometimes, different issues we didn't get everything done that night, so we had to make up the next… which we did, some of the activities that we planned we kind of cut a little shorter, but we did so them."

Creating a comfortable environment. The community educators believed that through their actions, they created a community-based classroom environment that was "comfortable."

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Creating a comfortable environment was an essential step towards making a positive difference in the participants' experiences with the study. The community educators began by explaining how it was critical to set a "nonjudgmental" tone and a "safe" space for data collection and program participation. Anastasia said, "We try to make this more of a fun, relaxed environment so they feel free to express themselves, they feel free to discuss. Because we are talking about some maybe some stuff that is more personal and we want them to feel comfortable enough that they can share." Case in point, when Anastasia described how she explained informed consent to participants, she went into detail about her approach to "find the words that makes people comfortable and help them understand from their point of view" because she said, "participants want to know their information is safe." Anastasia was thoughtful and participant-focused in her explanation of the study and how participant data were used to ensure participants would "answer more openly and more comfortably" when completing surveys.

In addition, part of creating a comfortable environment was the awareness to self-regulate reactions during their interactions with program participants from their local communities. For example, Lynn explained, "you can't be judgmental… no, and don't be shocked by what they say… because they will try to shock you with things…but, just be honest with them, give them the education that they need and a lot of them learn a lot." An important part of creating a comfortable environment for all participants started with the community educator monitoring their reactions and dialogue with participants, as well as navigating awkward or "shocking" comments that came up by moving forward and bringing it back to the educational material.

Also, as Walter explained, the community educators wanted program participation to "hopefully be as enjoyable as possible, because if you're bored you are not going to really want to learn a whole lot. So, we tried to be as prepared, as comfortable with the curriculum as we

can." In addition to preparing for facilitating the programs and explaining research to study participants, there were many strategies implemented by the community educators to construct an environment that supported program participation and created an accessible welcoming environment. Lynn added how they wanted program participation to feel like a "date night" for couples." Following the design for the community-based efficacy study, community educators implemented several strategies, including: (a) held classes during the evening hours; (b) provided dinner; (c) provided free childcare; and (d) set up their projector screen, laptop, binders, materials, etc., before participants arrived.

Positive attitude and buy-in for the study mattered. The community educators did not passively regurgitate information that had been handed down to them from the university partner (i.e., mechanical agency) or act independently from the social environment (i.e., autonomous agency), but they were active participants in the research process and showed emergent, interactive agency for their work (Bandura, 1989). The community educators explained that their attitude toward the study and delivering the programs in their community mattered. Having a positive attitude and buy-in for the study was important to create a positive program environment. For instance, Michael said,

> "I think it's a lot about how you present it. If you and your co-facilitator aren't into the material, or uh, are hesitant, or dislike what you are presenting, I think it's truly hard to cover that up. If you're enthusiastic about it and you truly see the benefit that could come from it, people are going to kind of feed off of that, and you know you can turn something really boring into something manageable..."

The community educators demonstrated their contextual agency, based on their beliefs that their behaviors influenced the participants' experiences with the program. They wanted their program

participants to benefit from program participation and took self-directed action to influence the classroom environment by drawing on their knowledge, skills, and implementation practices.

Development of confidence. The community educators' confidence developed over time and as they had more opportunities to engage in the process of research and program implementation. Their efficacy beliefs were influenced by their beliefs about the study, attitudes towards the program, and their sense of control over implementation. Actions such as reviewing program materials in advance, understanding the program delivery guidelines, and becoming comfortable with program content reinforced confidence. For example, Michael explained,

> "I was new to the material when I first started. So, my confidence I think started off a little bit lower than where it ended. By the end of, well not really by the end of, by the end of the first time I did it. I definitely felt way more confident when I went into it the second or third time. Uhm... And so, I don't know a number per say but it definitely increased the more that I did it."

Gaining experience in community-based program implementation supported the community educators' efficacy beliefs in their abilities as a community educator facilitating evidence-informed programs. With time, the community educators learned how to navigate the program confidently. Anastasia explained that she felt "really confident" when she facilitated the program because she had learned how to use the curriculum and program delivery guide as a tool for "here's what you do, here's what you don't do." She shared the guidelines provided her with "a kind of parameter to go within."

Personal use of skills taught. The community educators also expressed a need for personal connection with the CRE program materials to be confident in their ability to effectively implement the programs. For example, Lynn shared that when she first started working with the

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university-community partnership and training in the CRE programs she said to herself, "I can't apply what I, you know, what I am teaching to someone else if I do not use it myself, or even implement it in my own relationship." Lynn explained that she needed to apply the skills and knowledge from the evidence-informed CRE programs that she was facilitating into her own life and in her own marriage in order to have confidence in her effectiveness as a community educator for the efficacy study. Michael also mentioned a connection between his efficacy beliefs and having personal experience with the programs and the experience of being in marriage, because the programs were tailored for couples and couples were the target population of the efficacy study. He said that because he was "not married" he had wondered, "Why should people listen to me?" However, he said that over time he came to the conclusion that maybe it did not whether or not he was married or in a committed relationship because the topic never came up among his participants. Not being asked his relationship status, helped his confidence when implementing the program, and he added that ultimately, "I think having more knowledge of the material was definitely helpful, but also myself growing as an educator, also helped."

Personal conflict with being authentic while maintaining program fidelity. The community educators had a firm grasp of the expectations for program fidelity. However, at least initially, it seemed like the community educators experienced some internal conflict between being authentic and "adding their own style" while maintaining program fidelity. The prescriptive nature of the randomized control trial design and the requirements of the program evaluation added a new element that felt restrictive to the more seasoned community educators' ability "to be effective" and created some nervousness among the newer community educators "to get everything right." For instance, Michael shared how the emphasis on fidelity to program design and following facilitation guidelines changed his implementation practices "until he

became used to it" and it "became more normal." He added that "... the first couple of times I was pretty nervous going into it because I wanted to make sure I set everything right and uh, you know I filled in, all the boxes that I needed to in that section." Walter said, "We did try to stick to the book as, uhm, as you know, we've been doing this so long, it's not the easiest." He explained that community educators wanted to "be able to add stuff" because it helps "make people feel more comfortable, you're not just some teacher up there saying, 'This is what's best for you, listen to me.'" Walter described personal stories and real-life examples as a facilitation method used by community educators when implementing programs to "humanize it, putting it in a real perspective." As a result, their awareness of the importance of program implementation fidelity and their intention to monitor their implementation practices to maintain program fidelity, may have unintentionally had a negative influence on the community educators' confidence in their facilitation skills

Guiding research question 4: In what ways do community educators' beliefs in themselves as community educators connect to fidelity of program implementation?

Matching content to community educator's skills. The community educators believed that the process of facilitating community-based programs was more than "just about the program." For instance, Walter expressed that community educators influenced program delivery, saying, "You're not just standing with a book in front of you, anybody can do that." To be effective community educators, they would implement different strategies prior to program implementation and during program implementation. For instance, prior to program implementation, the community educators would review program materials and activities in with their co-facilitator. During this time set aside for preparation, they would also decide who would

be mainly responsible for specific sections in the program modules. Walter explained, "Me and the other facilitator split everything up. So, we, because that's just how we found it was a little easier, we go back and forth, I call it a tennis match. Decisions about "who" covered "what" during program implementation also took into account their perceptions of who the program participants would be more "receptive" to on that topic or activity. Walter also shared an example of this, illustrating how his co-facilitator would take the lead for mindful breathing practices, saying, "We found really quickly, not that a man can't do it, but it, it's just there is something... it seemed like people would, were more receptive to it." Based on their observations of participant receptivity, the community educators would adjust and make decisions about who led certain activities in an effort to be effective and maintain program fidelity. Their personal beliefs about the program, such as "this program is beneficial" and their beliefs about their ability to deliver the program effectively, such as their level of "comfort" with different program sections, made a difference in program delivery.

Make spontaneous adjustments to enhance engagement. Community educators implemented different practices, such as "gauging" the room to assess their program implementation. Michael said while facilitating the program he and his co-facilitator would think to themselves or ask themselves, "Were people engaged? Were they asking questions? Were they communicating with one another about whatever we were presenting?" Participant engagement was an important factor in determining how the program implementation was going and if adjustments needed to be made, which influenced program fidelity. Lynn gave an example, too, illustrating how community educators' beliefs about program implementation and their program facilitation abilities influenced their implementation practices.

Lynn: "If I see they are kinda getting, you know, like 'aahh this is slow,' we get them up

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and do activities standing up.

VF: So you're watching them to see?

Lynn: "Yeah, we're trying to keep them moving and keep them interested…"

In this example, the community educator is monitoring participant engagement to determine program effectiveness. At times when or if participants seemed to be less engaged, community educators adjusted their program facilitation methods, such as asking participants to stand up for activities.

Community educators' personal growth. The community educators shared experiences in community-based research and their own personal growth supported implementation practices. For example, Anastasia shared, "I've really grown a lot in this, but I also like to see the research side of this and how that plays a part because I came from an undergrad doing that, then I get to see the other side how the research actually plays a part in facilitating." Anastasia made a positive connection program implementation and research outcomes. She expressed her beliefs that research is important to facilitating programs and her commitment to facilitating the process in her community because she has grown from experiencing different aspects of program implementation. Michael shared, "I think having more knowledge of the material was definitely helpful, but also myself growing as a community educator, also helped." As he grew personally from engaging with the program and facilitating the program, his confidence grew, and this personal growth enhanced his skills and abilities with program implementation.

Facilitating services to their community. The community educators' beliefs about themselves also expanded into their sense of having a greater capacity for serving their communities by facilitating access to evidence-informed resources. Their beliefs in themselves as community educators expanded beyond their experiences with the university-community

partnership and their role in facilitating the efficacy study. For example, Walter said, "being a community center, we, all of our, everything we, we give to the community is for free… and if somebody wants a service, we're going to try to give them that service or get them to a place to get that service." The evidence-informed CRE programs became a part of the resources available for them to offer in their communities. Community partners provided free services, without discrimination, to anyone in their community who needed or wanted a service. Walter explained that connecting youth, adults, and families who wanted or needed services to free resources, was at the core of their community agency's mission.

The community educators' sensitivity to the needs in their communities and their understanding of the participants who enrolled into the study from their community, in many ways influenced their implementation practices in research and program delivery. For example, when discussing how she explained the study to potential participants, Anastasia explained, "you have to put it in terms they can understand, we've over the course of our four cohorts, we've had to learn how to do it in a way that the community can understand." In this sense, the community educators were literally translating research language into common language to meet the needs of her community members. The community educators' understanding of the study and their expert understanding of their local communities, such as the cultural context, educational levels, and background experiences of the couples participating in the research study, supported their effective extension of university resources and educational materials to diverse, off-campus areas and beyond the limitations of a single university setting.

Guiding research question 5: In what ways do community educators' attitudes about the program and fidelity of program implementation connect? Are there other factors that they believe affect program implementation facility?

Community educators' program attitudes. The community educators' "buy-in" for and perceived benefits of the CRE programs influenced their perceptions of the community-based efficacy trial and their program fidelity. Buy-in and perceived benefits although related, emerged as two separate themes in attitudes about program implementation in this study. In general, the community educators "buy-in" emerged as their receptivity toward the evidence-informed CRE programs that were being evaluated as part of the efficacy trial because they were "needed" in the community and in the community educators' opinion, made a made a positive, community level impact. For instance, Michael thought, "it's important to have programs like this that reach a larger number, or have the potential to reach a larger number of people in the community, than just individual counseling." They also perceived that program participation was beneficial for the participants assigned to a CRE program groups based on the ongoing feedback they received from program participants during the course of facilitating the 6-week program series, such as a participant saying, "We need this, every day" and the positive group dynamics that they observed.

Buy-in for evidence-informed programs. Buy-in for the evidence-informed programs was essential to the community educators' receptivity to adopting the randomized control trial research activities and program implementation requirements. Buy-in among the community educators was essential to developing co-ownership in the community-based research. The community educators were the "frontline" staff explaining the purpose of the study and describing the programs involved in the study to multiple stakeholders in their communities, including local partners, agency board members, and potential participants. Therefore, their buy-in was important to creating buy-in in the communities they lived, worked, and served. When asked to talk about how he would describe the study to different people in his community,

Walter said, " When I would tell people about it, A- it's a great thing, we are doing this new curriculum, all the curriculums we do is evidence-based, and we are actually getting to do the research." He also added, "You can be a part of it, you are going to get paid for it, if you do the surveys, you get paid for every survey. There's a chance you may be in a control group where you don't take a class and there is a chance you will be selected for one of these two classes." In this example, it became clear that the community educator had a positive attitude about being a part of the research study. By adding, "we are getting to do the research", he is referring to himself as well as the potential couples who were participants in the process by completing surveys, attending programs, etc., which may be something they would otherwise not be a part of in their community.

Michael thought being a community educator implementing community-based research was "pretty neat" and that the programs were "definitely something that is needed." He described his buy-in for the community-based research from the perspective of the potential positive impact it could make in his community, stating the purpose of the community-based research study was:

> " …to be able to see if these programs or curriculums are actually working the way they are intended, or if there needs to be improvements or changes. …then just being to work in the community, I think, can lead to big impacts. You know when you are working with individuals it's good, and I, you know, can see changes within that individual and maybe that impacts the people around them, but working with larger numbers, and especially couples or families, you tend to see a bigger impact."

These examples illustrated the community educators' receptivity to the integrating the program into the community and the need they felt for the programs in their local communities.

Perceived benefits of evidence-informed programs. The community educators shared that offering the CRE programs as part of the community-based efficacy study was beneficial for the couples who were randomly assigned to one of the two CRE program intervention groups. The CRE program workshops offered as part of the efficacy study were beneficial to participants (i.e., couples) because it created a positive social engagement opportunity. The community educators observed that participating in the weekly CRE program sessions had the unintended, positive community level impact of developing social connections among participants who may have otherwise not met, and created an opportunity for participants to create new positive experiences with their partners. For example, Walter shared,

> "There was are all kind of different people, different stages of life, ages, young, old, income, all in a room… so you would hear different, different things. But they were all kind of, it seemed like, not working together to get some great goal, but they always, they all kind connected, and even by the end, no joke, cohort B that was massive, they ended up getting together later."

In this example, Walter illustrated how the weekly CRE program workshop meetings created an opportunity for couples with diverse backgrounds and experiences to make social connections and bond with other couples in their community. Lynn similarly described the positive group dynamics that developed during the CRE program workshops and how the participants, out of their own initiative, supported one another. She said, "The groups got along great, they really worked with each other…They helped each other out, they communicated well with each other to kind of, they were vocal, they didn't mind sharing once they felt comfortable." By offering a high quality, educational space, and creating a comfortable environment for program participants, the CRE program workshops became a resource for couples to socialize with other

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couples and build healthy, social connections.

An additional perceived benefit from participation in the CRE program workshops was what Lynn described as healthy, positive scheduled "adult time, which they usually don't get if they had kids." The community mentioned how beneficial it was for the couples to have time together, stating "they seemed to thrive on just being couples" Lynn described the CRE programs as a "date night," which was made possible because of the funding provided for the community level initiative and evaluation of evidence-informed CRE programs. By participating in the efficacy study, the participants assigned to a program group had the benefit of creating new positive experiences as a couple. This was perceived as a benefit of the study because the community educators were able to provide the evidence-informed educational programs facilitated during the workshops, as well as food and childcare and a comfortable meeting space for program participants, because of the network they created with the university partner and availability of program funding for community-based research.

Observations of program participants' personal growth. The community educators' perceived the community-based efficacy study positively based on their beliefs that program participants benefited from the community-based research study. The community educators were encouraged by the program participants' feedback and the positive changes they saw in their community classrooms. For instance, Anastasia expressed that "the most rewarding thing" for her "is just seeing the light bulb come on in someone's head or the feedback that we get from the couples." Anastasia found it rewarding to witness positive changes happening for her program participants, as well as was encouraged by their commitment to attending the program workshops. Seeing these positive outcomes "first hand," informed her perception of the evaluation study as a positive community resource. Like Anastasia, Walter described how he

observed "peoples' minds clicking" during program participation. Observing program participants' growth over the 6-week series made it "worth it" to him to follow the research design. Anastasia added, " I get to see the effect it has on people, not only in the data, once the data comes out, but in seeing people, face-to-face, and seeing the moment it makes an impact." The efficacy trial participant's "growth" helped to motivate the community educators to maintain program fidelity because it felt like the evidence-informed programs and the research design were benefiting program participants.

Challenges with implementing a randomized control trial design. The community educators experienced both practical and personal challenges with implementing community-based research utilizing a random control trial design. The challenges they faced with the randomized control trial design, which resulted in a portion of the study sample not being assigned to a program group, effected their beliefs and attitudes towards facility of program implementation. The community educators struggled with not being able to "guarantee a service" because they were recruiting into a study, not a program workshop. Walter said, "being a community center, we all of our, everything we, we give to the community is for free… and if somebody wants a service, we're going to try to give them that service or get them to a place to get that service." He added, "random assignment was our biggest frustration."

It also added to the community educators' frustration with the random assignment design when a couple who enrolled in the study was randomly assigned to one of the two program groups, but then never showed up to participate in the program workshop. Walter said, "I wanted to get these classes to people that either want them or need them. I'll teach it to whoever, but why am I wasting my time, if you know, you are checking it off a list, or if you're just there to get paid?" He felt that in a way these couples who "got put into a class and then they never show

up" took a spot that could have been given to another couples who really "just wanted a program." However, Walter shared that "the only silver lining to all this, is that now some of those couples are taking a class" because the two-year cycle of being enrolled as a participant in the efficacy study has concluded and all participants, including control group participants, can choose to enroll CRE programs. Walter added, "Yeah, so that's good, at the end of the day I am glad they are getting services, that's what we are here for."

In addition, to potentially prevent some of the frustration with random assignment, such as couples never showing up for a program workshop, Anastasia shared that she learned it was helpful at the time of enrollment to communicate, "if you can't commit' maybe this is not the best time to enroll into the study." She added that she and her colleagues would "put it in a nice way" because they understood that some couples interested in the study really wanted the program experience, while others were more drawn to the incentive of compensation. She also added that enrolling couples who may not ready or in a place to commit to participating in the study also had negative consequences for retention and the quality of the study outcomes.

Guiding research question 6: How do community educators assess their program implementation fidelity? What are their methods and practices they have developed to ensure program and research protocols are implemented as intended?

Program fidelity in practice. The community educators described how they had to learn and develop different methods for implementing the program and getting "everything in that we need, but still allow the participants to have discussion and talk and learn from each other." For example, Walter developed his own "lovely checklist" and Anastasia "sat down and printed everything, went through and read everything word for word, and highlighted." Over time, they

found a balance between following the program delivery protocol as designed and maintaining a focus on the participant's needs in the context of a "real" community setting.

The community educators also took great strides in being thoughtful about how the rooms were set-up and their non-verbal communication. Michael explained,

> "We tried to make sure that everybody was comfortable, that nobody had to be turned backwards in order to see us or the power point. Then we also gave ourselves room to move around if needed. So, we wouldn't just stand behind the podium or in one spot, we're able to move around the room when we taught, or maybe if someone was talking we were able to move around closer to them."

Also, as part of the research design, all sites "provided meals" and "provided childcare." As Anastasia described, their attitude towards program implementation and program supports was, "let's make it as easy as we can to get them in here and then let's make them feel as comfortable as they can."

Successful program implementation. Community educators' meeting program requirements for the efficacy study and their assessment of program participant engagement was part of monitoring for continuous quality improvement. The community educators' definition of program success was participant-focused and driven by their personal reflections of their program participants' experiences. For instance, in her personal assessment of successful program implementation, Anastasia defined "success" as, "When I finish everything I was supposed to finish, when all of the, I checked all the boxes per say, when the group is in a healthy discussion. When they are talking to each other, when they connect with the content." Anastasia had discovered a balance between her desire to meet the requirements of the study and her intentions to meet the needs of her participants. She valued the experience of the participants

and created a welcoming environment for participants, but at the same time, understood the prescriptive nature of the study and the importance of maintaining a similar context for program delivery across cohorts and community sites.

Participant engagement. Like Anastasia, the other community educators also mentioned self-reflection of observations made during program implementation as important to their assessment of program fidelity and their program delivery effectiveness. Part of their assessment of program fidelity was based on their observation of participant engagement. The community educators monitored participants' "engagement during class" as an indicator of the quality of their program implementation. Michael described participant engagement as "healthy conversation" among the participants and participants "communicating to one another about whatever we were presenting."

In addition, direct, in-person, feedback from program participants was valued among the community educators and informed their assessment of successful program implementation. The community educators considered it a "success" for participants to come and speak to them after a program session or the conclusion of a 6-week series. Participants would come to community educators to ask questions in private about the program topics that were covered, to share their personal stories, or to ask for additional supports and connecting with other local resources. Lynn shared how in the rural area she served just "getting people in the door" and then hearing their positive feedback was a success. As she explained in her own words, "E_____ County being a poor county, anyway, not many people think they need marriage education or relationship education. They think that they don't need it. So, we had a hard time getting couples, but once we did get them, they really enjoyed it." In other words, although it was challenging to recruit couples into the study, Lynn described developing buy-in among community members and

having couples share their positive feedback after participating with comments like, "We need this, every day," was a marker of success.

Program participant attendance. Walter added that program attendance, meaning "people coming to class" during the 6-week study intervention period, felt like a success because one, "the participants did not choose what program they were assigned to" (i.e., randomly assigned to program groups) and secondly, as Walter pointed out, participants were "not getting paid to come to the six classes." He felt that "if the attendance was good, then obviously they are interested" and they were glad for participants to come back as an indicator that they were having a positive experience during the program workshops. Michael, Lynn, and Anastasia however had a different opinion about program attendance as an assessment of program implementation. Michael said, "For some it might be attendance, how many people are actually coming back, uhm, that might have factored into their view of success, uhm but I think for, for the majority, and again this is just my opinion, for the, for the majority of the people that I have facilitated with, it was really, 'How engaged are they?'" As Lynn explained, participants didn't make it to classes for many reasons outside of the community educators or even the participants' control such as, "transportation, they couldn't get there anymore, or their jobs." Michael cited "traffic" and "bad weather" as challenges to participation for participants assigned to the program groups. Anastasia added, "Job calls, stuff like that happens. This past cohort we've had the flu." These circumstances point to community level variables, variables outside of the researcher or practitioner's control in a community-based efficacy study.

Participant-focused approach to following protocols. The community educators' roles on this largescale, community-based efficacy trial of CRE programs was to extend healthy couples' relationship education resources and services that were made available in collaboration with the

university partner, as well as working with the university partner to meet the efficacy trial's overall objectives. To ensure to ensure program and research protocols were implemented as intended they maintained a participant-focused approach to following program and research implementation guidelines. For instance, Anastasia explained that program participants had to complete additional surveys on the first night of program participation that study participants in the control group did not have to complete (because they did not receive a program intervention). To maintain a positive outlook for program participation and ensure program participants completed the program services surveys, she empowered the couples by explaining to them that their participation in the program surveys was important. She said to couples, "'Hey, you know, you doing this allows other couples to do what you are doing… and don't let this survey, which may seem big and daunting at first, cloud what the rest of this is going to look like, get through this and then the rest of the class will be great.'" The community educators would reiterate to the couples "that your information and your feedback is very valuable" in order to facilitate the process of pre-program and follow-up data collection. Completing the surveys became an opportunity for program participants to share their experiences and beliefs with a purpose.

In addition, the community educators were strategic in their program implementation practices. They utilized program materials and followed the curriculum guidelines specific to each CRE program. For example, Lynn shared, "we have videos that we watch to help you out as you practice… we do games… then we practice, we work in the book." In other words, the community educators used the program materials required (did not cut out videos, activities, etc.) to implement the program and did not incorporate additional media or materials. The community educators also shared that they would have their program binder in front of them while facilitating. For example, Walter said, "I have my binder" and explained that when facilitating

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"it's nice because even while someone is teaching, we do observe, we do try to pay attention, but we glance down and see what's coming."

The community educators prepared in advance to follow the evidence-informed program guidelines and worked with their co-facilitator to implement the session modules. Walter said that he and his co-facilitator "would have it assigned… literally have my name, and to the stuff it's pointed, and then clearly her name to the stuff it's pointed." This approach for maintaining program fidelity was an internal accountability system that the co-facilitators "mapped out" in advance to make sure they were covering the material, or if needed, that they could help each other out by making a key point if it was accidentally missed by their co-facilitator. The community educators also mentioned they would assess their time, "we would gauge our time, see where we're at" to make sure they were on track with facilitating the program plans that were scheduled for that workshop time.

Addressed challenges with flexibility. Community-level implementation of an efficacy trial means having to make last minute adjustments to plans and less "control" over the research environment in comparison to a lab or university setting. For example, Walter shared a story about a participant who had been randomly assigned to the control group, but showed up to a program group workshop. Water explained, "you can't control these things… one came the first night… and I was just like, 'you can eat with us' but I said, 'Unfortunately you are in the control group' and they just didn't understand." A challenge with a randomized control trial design in a community-based setting is that participants may not fully understand "random assignment" and that they are participating in a study in which they may or may not be assigned a program/ service. The community educators had to be flexible and still try to work with community participants so that they would feel comfortable. Walter explained that he really tried to explain

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things clearly, but like with this participant, he just had a difficult time understanding what being randomly assigned to a not-program group when he really wanted to be in a program group.

Michael shared how as challenges to program implementation came up, they would just "roll with it." For example, having classes in the evenings, participants would be coming from work or other responsibilities and dealing with traffic and sometimes they were late. He said, "So you know if people showed up late, just kind of bring them in to the full, we didn't make a big deal about it or anything like that. Just kept going on with the material, if possible, if there was a break or something and they asked, 'Hey what did we miss?'" They would try to help participants catch up on what they missed, but more importantly, they did not want to make their participants uncomfortable for being late and so they adapted with the flow and welcomed them to join in wherever they may be at that point in program implementation. The community educators' thinking, decision making, and actions reflected their high research efficacy and resilience even when faced with challenges (Bandura, 1993).

Table 6.

Community Educators' Efficacy Beliefs and Program Attitudes Supported Program Fidelity

Guiding Research Questions	Overarching Themes	Examples
In what ways do community educators' belief in their facilitation abilities and attitudes about the program support successful program implementation? Are there aspects of program implementation in which they have more (or less) confidence?	1. Community educators felt pressure 2. Advanced preparation 3. Post-program self-reflection 4. Creating a comfortable environment 5. Positive attitude and buy-in mattered 6. Development of confidence 7. Personal use of skills taught 8. Personal conflict with being authentic while maintaining fidelity	"The week before I'll go through each session… I've learned what I need and I just do a brief refresher." "We try to make this more of a fun, relaxed environment so they feel free to express themselves, they feel free to discuss… we want them to feel comfortable." "My confidence, I think started off a little bit lower than where it ended… it definitely increased the more that I did it." "We did try to stick to the book… we've been doing this so long, it's not the easiest."
In what ways do community educators' beliefs in themselves as educators connect to fidelity of program implementation?	1. Matching content to community educator's skills 2. Make spontaneous adjustment to enhance engagement 3. Community educator's personal growth 4. Facilitating services to their community	More than "just about the program" "You're not just standing with a book in front of you, anybody can do that." "Yeah, we're trying to keep them moving and keep them interested." "I think having more knowledge of the material was definitely helpful, but also myself growing as an educator, also helped." "If somebody wants a service, we're going to give them that service or get them to a place to get that service."
In what ways do community educators' attitudes about the program and fidelity of program implementation connect?	1. Community educators' buy-in for evidence-informed programs 2. Community educators' perceived benefits of evidence-informed programs 3. Participants' personal growth 4. Challenges with RCT design	The programs were "definitely something that is needed" "…just being able to work in the community, I think can lead to big impacts..." "the most rewarding this… is just seeing the lightbulb come on in someone's head or the feedback that we get from the couples" "There was all kind of different people, different stages of life, ages, income, all in one room… so you would hear different things… but they always, they all kind of connected." "random assignment was our biggest frustration"

Table 6 (continues).

Table 6 (continued).

How do community educators asses their program implementation fidelity? *What are their methods and practices they have developed to ensure program and research protocols are implemented as intended?*	1. Program fidelity in practice 2. Successful program implementation 3. Participant engagement 4. Program participant attendance 5. Participant-focused approach to following protocols 6. Addressed challenges with flexibility	"Getting everything in that we need, but still allow the participants to have discussion and talk and learn from each other." "let's make it as easy as we can to get them in here and then let's make them feel as comfortable as they can" Success is… "When I finish everything I am supposed to, when all of the, I checked all the boxes per say, when the group is in a healthy discussion." "communicating to one another about whatever it is were presenting" "How engaged are they?" "traffic" and "bad weather" were challenges "So, you know if people showed up late, just kind of bring them into the full, we didn't make a big deal about it… Just kept going on with the material."

Key Assertion: Community educators' self-efficacy beliefs and program attitudes mattered for their agency in implementing community-based CRE programs and research. Community educators' intentionality in thinking, decision-making, and actions to regulate their implementation practice toward meeting the prescribed requirements of the efficacy study reflected their high levels of efficacy even when faced with challenges (Bandura, 1993). Community educators' buy-in for community-based research and perceived program benefits influenced their program implementation practices.

Integrating Findings

Results of this mixed method, exploratory sequential study first provided a general

picture of community educators' beliefs, attitudes, and program implementation intentions.

Phase one quantitative results led to a better understanding of the connections among community

educators' social cognitions and implementation behaviors. Findings highlighted the significant

influence of community educators' program attitudes on program implementation practices,

which were important to understanding factors that support (or challenge) program fidelity. Next,

a phenomenological approach to analysis helped to fill in the details of the context of this

university-community partnership from the perspective of the community educators. This led to

a better understanding of the action-oriented processes involved in community-based research and illustrated community educators' beliefs, attitudes, and implementation practices in their own words. Qualitative findings indicated community educators were mindfully aware of their shared programmatic and research responsibilities within the university-community partnership, and maintained an active, efficacious, participant-focused approach to their implementation practices.

Integrated together, qualitative findings of the community educators' beliefs, attitudes, and implementation behaviors supported the preliminary quantitative results. Qualitative findings based on the experiences and verbatim explanations from the community educators' helped to make a connection for interpreting the quantitative findings and supported preliminary quantitative results (See Table 9 for joint display representing connected findings). For instance, quantitative results indicated that community educators expressed, on average, moderately high, to high levels of self-efficacy, perceived program benefits, program fidelity intentions, and program fidelity. The qualitative findings also supported the positive educator efficacy beliefs and program attitudes that were found in phase one, such as self-agency, contextual agency, buy-in for the evidence-informed CRE programs, and perceived benefits of the efficacy study for program participants in the local communities they served.

Table 7.
Joint Display Representing Connected Findings for Constructs Measured with Quantitative
Process Surveys and Verbatim Quotes from Qualitative Interviews

| **Community Educator's Self-Efficacy** |
| Drawing on knowledge, skills and behaviors to produce desired results; monitoring actions and enlisting cognitive guides and self-incentives to produce desired internal results |

Quantitative results indicated high self-efficacy $M = 6.74$, $SD = .40$ (possible range 1-7)	"But we try to make this more of a fun, relaxed environment so they feel free to express themselves, they feel free to discuss. Because we are talking about some maybe some stuff that is more personal and we want them to feel comfortable enough that they can share. We have the Vegas rule, "what happens here stays here" and that's the rule for everybody."

| **Perceived Program Benefits** |
| Receptivity to integrating the recommended program and implementation guidelines in the community or local context |

Quantitative results indicated positive program attitudes $M = 6.39$, $SD = .47$ (possible range 1-7)	"So, I think it's important to have programs like this that again reach a larger number or have the potential to reach a larger number of people in the community then just individual counseling."

| **Program Fidelity Intention** |
| Intention to follow the evidence-informed program and facilitation guidelines as designed |

Quantitative results indicated moderately high program fidelity intention $M = 5.93$, $SD = .94$ (possible range 1-7)	"The week before I'll read through each session. 'Okay, alright, I'll need to grab the chocolate for the newlywed game or I need to grab the blindfolds for the fingertip activity.' So, I've learned what I need, and I just do a brief refresher."

| **Program Fidelity Behaviors** |
| Putting into practice a set of activities with pre-determined elements; process of facilitating an evidence-informed, CRE program in a community setting; considered an ongoing process |

Quantitative results indicated moderately high program fidelity implementation behaviors $M = 5.92$, $SD = 1.01$ (possible range 1-7)	"We have to stick to the curriculum so we are the same across all cohorts, all classes, to take out those variables that we don't want to mess up the data. So we try to stick a certain, uhm, this is what we need to do session 1, session 2, session 3. And with that we sometimes have couples that have more to share that are trying to share and we, it's trying to be cognizant of staying within what were supposed to do, that the university says, 'hey, you know, for session 1 we need to get to here.' So we know we need to get to there, so for fidelity reasons to keep it as equal across all the sites."

Findings from phase two of the study were also important for developing a first-hand experience account of "what a day in the life" is like for a community educator. As the literature of university engagement and action research framework indicate, context of community-based research and the organizational climate of university-community partnerships is integral to the implementation process (Buys & Bursnall, 2007). For instance, findings indicated that in the context of this university-community partnership model, the university and community partners shared related, but distinct and clearly defined roles. Community educators' roles and responsibilities, as expressed in their own words, confirmed community educators felt they were integral to the program implementation process. In their own words, they "don't just stand up there with a book." Through the themes that emerged in phase two of the study, an opportunity to create an alternative tale illustrating the lived experiences of community educators using their verbatim comments about their clearly defined roles and responsibilities emerged (See Figure 4 for an Alternative, I-Am poem).

I am a Relationship Educator; We are Part of a Study

I help get participants in; it's always recruiting for couples.

I hear their voices, their voice matters.

I see the effect it has on people, face-to-face, in not only the data, but the moment it makes an impact.

I explain, your name is not on this piece of paper, do not put your name on this piece of paper.

I want them to know how it's set-up and how it works.

I am a relationship educator; we are part of a study

I feel that I've have really grown a lot in this.

I find it very interesting that I get to be a part of it.

I worry about messing up the data, so we stick to the curriculum.

I learn how to keep it flowing, and get everything in that we need.

I hope to make it as easy as we can get to get them here and make them feel as comfortable as they can.

I reflect, how did this class go, how can I do better next time?

I am a relationship educator; we are part of a study.

I understand the research side of this and how that plays a part in facilitating.

I say, this survey may seem daunting, don't let this survey cloud what the rest of this is going to look like.

I dream that if I was in a class like this, I would want to feel that way- No judgement.

I talk about pretty much everything (laughs); Communication is the foundation.

I try to make them feel comfortable; this is a big one, really important.

I learn something new because everybody brings their own experiences to the table.

I am a relationship educator; we are part of a study.

Figure 4. This is an I-poem (Gilligan et al., 2011), constructed directly from interview extracts to capture the essence of community educators' experiences with community-based research as described in their own words.

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Chapter 5: Discussion

Overview of the Study

Among the limited studies of variability in community-based program implementation, the focus has been on program components and dosage, but only limited attention in evaluation research has been given to the community educators themselves (Durlak & DuPre, 2008; Berkel, et al., 2011). The purpose of this two-phase, sequential mixed methods study was to address the major question: "How did community educators' efficacy beliefs, program attitudes, and program fidelity intention influence their community-based research implementation practices?" As well as to add meaning to the context of findings by exploring the lived program planning and program delivery experiences of community educators as partners in a university-community and how community educators' efficacy beliefs and program attitudes support program implementation fidelity for evidence-informed CRE programs delivered in their communities.

The first, quantitative phase of the study focused on examining the relative influence of self-efficacy and program attitudes on program fidelity intention and implementation behaviors. The second, qualitative phase of the study explored the context of a university-community partnership to gain a better understanding of the internal and external factors that influenced community educators' engagement in community-based research. The current study took a comprehensive approach to advancing our understanding of implementation activities that matter for the effectiveness of community-based prevention and health promotion programs from the perspective of the community educators who were at the forefront of practice. This novel approach to understanding research-practice partnerships highlighted relative practitioner level factors that influenced program fidelity in "real world," community-based settings. Integrated

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findings illustrated the dynamic processes involved in promoting evidence-informed programs in a community setting, community educators' beliefs about their implementation practices, and their accounts of different practices they used to be effective in program implementation, as well as how they navigated challenges of a randomized control trial design.

Exploring community-based research practices resulted in a co-constructed and detailed account of the lived experiences of community educators facilitating a community-based efficacy study as part of a university-community partnership. Integrating quantitative and qualitative analysis led to important findings about factors that contributed to and challenged program fidelity outcomes for evidence-informed program delivery, including nuances of navigating a randomized control trial design, which resulted in a portion of the community population not receiving immediate programming. Current findings were consistent with the theoretical frameworks used to guide this study, including Ajzen's *Theory of Planned Behavior* (Ajzen, 1991) and Bandura's *Social-cognitive Theory of Human Agency* (Bandura,1989). Findings also supported "best practices" of the action research framework (Small, 1995; Small & Uttal, 2005) for successfully developing and maintaining collaborative, engaged, university-community partnerships.

The current quantitative and qualitative findings illustrated the value of community educators' strong perceived benefits of a program for their community, high degree of self-efficacy for research and program implementation, and program fidelity intention. In the quantitative phase of the study, a positive connection was found between community educators' program attitudes and program fidelity intention, as well as between program attitudes and self-efficacy beliefs. A positive relationship was also found between program fidelity intention and program fidelity implementation behaviors. Quantitative results did not show a significant link

between the community educators' self-efficacy beliefs and their program fidelity intention or program implementation behaviors.

Quantitative findings showed that community educators' sense of perceived benefits for the program for program participants and potential for community level impact was the most meaningful predictor of intention to follow and maintain the integrity of program activities and materials. Furthermore, quantitative findings showed community educators' intention to follow the curriculum guide and maintain program integrity prior to program implementation was a meaningful predictor of program implementation behaviors that supported program fidelity during dissemination activities (e.g., following the curriculum guide in the process of facilitating the evidence-informed CRE programs).

Community Educators' Efficacy Beliefs

Preliminary research with community-based practitioners has shown self-efficacy is important for feelings towards disseminating evidence-based programs and maintaining implementation fidelity in the community-based learning environment (Turner, Nicholson, & Sanders, 2011). However, in comparison to self-efficacy research in the field of education with school-based teachers, there is much more to learn about the self- efficacy beliefs of community-based educators, particularly about the processes and factors that influence self-efficacy beliefs and development (Klassen, et al., 2011). In the current study, community educators demonstrated that they felt well prepared to implement the efficacy study as evidenced in both their quantitative and qualitative responses. However, quantitative findings indicated self-efficacy beliefs were not a significant unique predictor of program fidelity intention or program implementation behaviors.

This unexpected finding in phase one of the study created an opportunity to explore

processes that influenced community educators' self-efficacy beliefs. One previous study of the relationship between program educator characteristics and program fidelity in recreational education programs serving youth indicated that program educators with more years of experience were less likely to follow a program design as intended by the developer (Gagnon, 2014). In the current study, which included a diverse range in years of experience with community-based program implementation among the community educators (e.g., less than 2 years, over 10 years) there was not a significant difference found in degree of efficacy reported. The community educators' fidelity intention was high in this study in part because of the randomized control trial design of the community-based efficacy trial. However, the qualitative phase of the study revealed that there were multiple factors that influenced the community educators' self-efficacy beliefs (after initial training in research design and in the curriculum guidelines). Important positive influences on efficacy beliefs included: (a) knowledge of the program and facilitation guidelines; (b) self-guided preparation/studying; (c) intention to implement the program as designed (e.g., "check the boxes"); (d) participant-focused desire to be "effective" in the classroom; (e) professional experience; (f) personal experience; and (g) perceived program supports and barriers.

For the community educators in phase two of the study, efficacy beliefs were expressed as an important influence on self-regulation and action to create and maintain an effective, welcoming, and participatory environment in their local "community classrooms." In accordance with the social-cognitive theory of human agency (Bandura, 1989), the community educators were actively engaged in the context of community-based research. They drew on multiple sources of knowledge, as well as on a combination of well-developed and emerging facilitating skills, to create "nonjudgmental" environments for participants. The community

educators were also aware of the university partner's and funding agency's requirements for the community-based efficacy study and protocols in place for cohesively meeting targeted objectives across sites. For instance, the community educators applied knowledge gained from initial and on-going in-service trainings in the research design and program implementation guidelines to translate research to community participants when recruiting them into the study. They effectively utilized agreed upon resources, such as scripted recruiting materials and pre-approved recruiting fliers.

In addition, they drew on their background experiences with local community culture and participant needs, and their own experiences living in the community they served, when making decisions, including decisions about: (a) where to advertise/recruit for the study; (b) when/where to schedule program workshops; and (c) coordinating local program supports (e.g., meals, childcare). They utilized protocols and guidelines generated by the funder and/or university partner, but were also efficacious in developing their own checklists and monitoring systems for program logistics. The community educators reported confidence in how they explained the study to potential community participants and local partners, and how they tried different strategies for making the distinction enrolling into a study versus enrolling into a program when recruiting potential community participants.

The community educators also expressed self-agency through reflections on their performance and self-assessment of their effectiveness during and after program workshop presentations. Their capacity for effective program implementation was not a fixed trait, but developed as they gained new experiences both inside and outside of the community classroom. The community educators monitored their actions and enlisted guides and self-incentives to meet the requirements of the efficacy study and maintain a participant-focused approach to program

implementation. For instance, they reviewed program modules in advance to "refresh" their memory and kept their curriculum binder accessible as a "script" to follow during program implementation. After program sessions, they would reflect independently or with their co-educator on the experience to assess what went well and what could have gone better or what they needed to "make-up" in future sessions. This process of self-agency also informed their decision making about future programming. In agreement with social-cognitive theory (Bandura, 1993), the current study shows community educators' self-efficacy beliefs evolved over the course of participating in community-based research and processing diverse sources of information, which included social interactions with co-educators and study participants, as well as their program implementation "performance" experiences.

Community Educators' Program Attitudes

This study illustrated that community educator perceived benefits for evidence-informed programs matters for program implementation effectiveness in community-based research. Findings demonstrated that community educators' program attitudes influenced their program implementation practices, beginning prior to the start of a scheduled program workshop and continuing through completion of exit surveys. Community educators' program attitudes included their "buy-in" for the efficacy study as a valuable, community level initiative, as well as their outlook of participation in the programs as being effective for improving the lives of participants. Quantitative and qualitative findings strongly indicated community educators shared a positive regard toward evidence-informed programs as providing participants with new knowledge and skills to improve their lives. The community educators also felt that the programs that were a part of the efficacy study had the potential to make a positive, community level impact.

The processes that influenced community educators' program attitudes in this study aligned with previous research suggesting training and technical assistance are important for providing knowledge and developing skills, as well as facilitating community educators' buy-in for a program (Fagan & Mihalic, 2003). The community educators shared that they benefited from training in both program content and facilitation guidelines. Qualitative findings showed that in-person, university-led trainings and information sharing prior to initial program implementation supported the community educators' receptivity to following curriculum guidelines and utilizing program materials as designed by program developers at the time of program delivery. It was also helpful that trainings incorporated background information about the purpose of the evidence-informed programs and the reasoning behind why certain types of activities were incorporated into the program design.

Although the evidence-informed programs were developed to serve as a comprehensive "kit," including program delivery guidelines and program materials (e.g., media, workbooks, scripted activities), the community educators felt that opportunities to meet and interact with the faculty scholars who developed the programs was valuable, too. It was specifically mentioned that "knowing" the program developers mattered for developing initial "buy-in" for adopting the programs. Interpersonal interactions and opportunities for the community educators to ask questions and share their experiences with program delivery in their communities led to "caring more" about connecting program theory and the objectives of the program when working with program participants.

It is important to note that not all community educators were receptive to the CRE programs at first, especially to some concepts and practices that were completely new to them

and did not seem to "fit" with CRE programs (e.g., mindfulness-based practices). However, informed by an action-oriented model, the university partner incorporated opportunities for the community educators to put on their "participant hat" and "try on" being the "participant." Qualitative findings indicated that after experiential based training, the community educators felt more receptive to the new, innovative practices that were a part of the evidence-informed programs. The hands-on, experiential training was beneficial for developing understanding of the program, as well as encouraged community educators' commitment to implement the programs as designed based on their new experiences engaging with the programs (Fixsen, Naoom, Blase, & Friedman, 2005).

Community educators' perceived benefits for a program is related to decreased resistance to implementing evidence-based practices and builds enthusiasm for program implementation (Castro, Barrera, & Martinez, 2004). Participating in training for program implementation and in research protocols although critical for preparation and developing buy-in, alone, it is not enough to ensure program fidelity (Dusenbury, et al., 2003). Case in point, as mentioned previously, even after participating in thorough training, some of the community educators were initially apprehensive toward certain program activities, as well as toward the randomized control trial design of the efficacy study. However, as the community educators began the process of carrying out the research design and facilitating the evidence-informed programs themselves in their communities they became more receptive to the process. "First-hand" observations that program participants were benefiting from the programs and participant engagement with the program enhanced their opinion that offering the programs was "a good idea" for community participants. The experience of the community-based research process going well, such as success with

recruiting participants into the study and receiving positive feedback from program participants

(e.g., "we wish we would have had this sooner") supported positive program attitudes. The

community educators enthusiasm for "being a part of research" was also enhanced by

unexpected program benefits, such as participants having opportunities to socialize and build a

network of resources through establishing new relationships with other program participants that

continued after the 6-week program workshops ended.

Promoting Program Fidelity

Understanding the context of community educators' experiences is integral to gaining

insight to practices that promote program fidelity in real world, community-based settings

(Suarez-Balcazar, Mirza, & Hansen, 2015). Highlighted in this study were implementation

practices that supported program fidelity, in the words of community educators, based on their

experiences at the forefront of innovative, community-based research. The community educators

were staffed at community organizations that were in a participatory partnership with a land-

grant university. Accordingly, the community educators were directly responsible for multiple

elements of community-based research and program implementation processes (e.g.,

implementing evidence-informed programs in accordance with guidelines and facilitation

methods).

Integrated quantitative and qualitative findings demonstrated that community educators

successfully implemented community-based CRE programs in accordance with established

evidence-informed curricula guidelines and facilitation methods. Qualitative findings supported

the moderately high score of program fidelity from the quantitative phase with examples

illustrating how community educators followed research design and program facilitation

guidelines, as well internal and external factors that facilitated program fidelity (e.g.,

organizational climate of the university-community partnership). The community educators

expressed their knowledge, beliefs, and attitudes about the range of practices involved in

implementing community-based research, which helped to make a connection between self-

report program fidelity outcomes and their applied experiences and reflections.

Research implementation responsibilities included translating research to community

participants, such as explaining the voluntary nature of participation in the efficacy study and

what participation in the study would involve (e.g., random assignment, completing surveys).

The community educators were also responsible for understanding the research protocols and

guidelines well enough to explain to participants how their information would be maintained

confidential and how it would be used for research purposes. Community educators also

coordinated recruitments efforts by developing local partnerships and posting advertising

materials through various mediums (e.g., social media, newspaper ads, fliers) to recruit couples

to participate in the efficacy study of the CRE programs.

Community educators promoted program fidelity by making the concepts and materials

that were built into the evidence-informed CRE programs approachable for community

participants. For instance, they strategically met participants "where they are" by creating

"community classrooms" and holding workshops at community-based locations, like meetings

rooms in their community organization or local restaurants. In addition, as part of their roles and

responsibilities, community educators coordinated multiple layers of logistics to provide

additional program supports and services to study participants who were randomly assigned to a

program group, such as hiring reliable childcare helpers and setting-up age-appropriate childcare

space and organizing dinner for evening workshops. The community educators also provided the

university partner with program participation data, such as program attendance and maintained updated participant records in the centralized, web-based data management system.

Research shows that a "hands-on" approach to technical assistance enhances capacity for practitioners to implement prevention programs (Katz & Wandersman, 2016). In the current study, technical assistance, provided by the university partner, emerged as a major component that supported the community educators' capacity for maintaining program fidelity. Findings indicated that ongoing training, professional development opportunities, and open communication during different phases of the community-based research implementation process were an important element of support. Easy access to research and program support, including the creative use of technology for "live" web-based platform information storing and sharing (e.g., Dropbox), positively influenced program fidelity (Cornett & Knight, 2009; Rohrbach, Gunning, Sun, & Sussman, 2010). The university and off-campus community partners were remotely located, so technical assistance support came in the form of email "check-ins," phone calls, web-based conference meetings, and regularly scheduled feedback on program operations and progress towards meeting project objectives.

As community educators went out into the community classroom and encountered challenges to following program implementation guidelines, they felt that the university partner was a resource and had resources available to navigate or provide support for handling difficult situations without adapting the research and program design. Ongoing communication among partners and ease of access to centralized resources promoted collaboration and co-ownership of the processes involved to effectively carry out the objectives of the community level research initiative. The community educators expressed that technical assistance, such as shared material resources (e.g., program delivery protocol) and human resources (e.g., project staff available to

run ideas by with and answer questions), provided guidance during difficult circumstances. Also, on account of the university partner operating as a direct implementation site (just like the community partners), supplemental training and feedback were deemed as meaningful to the community educators and they were more receptive to feedback than they might have been if feedback was coming from an "outsider" without "frontline" experience. By engaging community educators as collaborative partners, and providing technical assistance to work through local challenges, the university partner supported community partners in making informed decisions and promoted program fidelity (Gearing, et al., 2011).

Effective University-Community Partnerships

Effective university-community partnerships are essential to community-level research and implementation of evidence-informed practices (Fitzgerald, et al., 2016). It is becoming increasingly vital for communities and universities to collaborate with one another to address social and educational needs; however, despite the current emphasis on research-practice partnerships, there is limited literature available to guide partnerships in action (Buys & Bursnall, 2007; Coburn & Penuel, 2016). In the current study, the university-community "partnership" was a collaborative effort among a land-grant university that secured large-scale, federal funding to implement a community level, applied-research, healthy marriage and relationship education initiative and an additional efficacy study of CRE programs. Findings indicated the university-community partnership was viewed positively by the community educators and as having a beneficial role within their local communities.

In this university-community partnership, the university site served as a leader, as well as a supportive partner among the community organizations. In the community educators' own words, central staff working at the university and program staff working at off-campus

community agencies were "working together," to perform different, but collaborative roles to carry out the multi-site study of CRE programs. The university site was responsible for developing the research design, program delivery plans, and making "big picture" decisions, such as setting targets to meet the efficacy study's objectives, which were then communicated to the community site for direct implementation.

All partners served as direct program and research implementation sites, worked together to meet federal and university standards and requirements for ethics and project objectives, and were engaged in serving their local communities with programs and services that were in addition to the CRE programs and services being evaluated as part of the efficacy study. Qualitative findings revealed that there were five essential elements that supported a positive, mutually engaged partnership, including: (a) collaboration to coordinate dynamic research and programmatic processes; (b) clearly defined roles; (c) technical assistance; (d) shared experiences; and (e) relationship building through personal interaction.

The university-community partnership facilitated the delivery of innovative, evidence-informed resources into diverse communities. As the centralizing agency, the university partner led in organizational capacity building and creating access to human, educational, technological, and financial resources, which supported and encouraged community partners to engage in the process of research and program dissemination. For instance, shared resources included access to organized web-based data management systems for monitoring program operations and activities. As the community liaison, the community educators led in developing local partnerships, recruiting diverse participants, and creating welcoming "community classrooms" to facilitate the dissemination of evidence-informed programs and data collection for the efficacy study. Community organizations provide an array of significant educational and social services

to adults, youth, and families, but "their funding, knowledge base, and structures generally do not include the capacity to effectively integrate emerging and future evidence-based interventions or contribute to the development of new knowledge" (Dulmus & Cristalli, 2012, p.195). Findings in the current study provides evidence that by combining university resources, research knowledge, and program dissemination guidelines, with community partners' community level expertise and applied knowledge, there is a unique and valuable opportunity for research to inform practice and practice to inform research (Dulmus & Cristalli, 2012).

Challenges to Community-Based Research Design

Efficacy beliefs are not a fixed trait and are influenced by mastery experiences (Bandura, 1989). Interestingly, the community educators shared that their knowledge of the program and efficacy study was important for developing their confidence, but to a greater degree, it was "growing as a facilitator" that informed their practice over time. As community educators' facilitation skills and confidence developed, they found themselves wanting to make adaptations, particularly by adding personal stories and examples in order to supplement the material. Community educators were driven by a participant-focused commitment to connect with participants and "humanize" the evidence-informed program material. Adapting the materials based on their own experiences however, was in direct conflict with maintaining program fidelity. A challenge for the community educators as their research and program facilitation skills developed and they became more confident in their implementation abilities, was navigating ownership of the program material and following the program facilitation guidelines as scripted (e.g., using examples in the curriculum versus examples from their own experiences or the experiences of past participants).

The community educators' also experienced personal and practical challenges with

implementing the randomized control trial element of the efficacy study design. Past research

suggests that when individuals have an internal locus of control they are more likely to

experience higher self-efficacy than individuals with an external locus of control (Sherer, et al.,

1982). It is common for individuals to be affected by experiences in which they do not have

complete control over external conditions (Bandura, 2006), such as it was for the community

educators in this study in the context of a community-based efficacy study. For instance, as part

of the implementation of a community-based efficacy trial utilizing a randomized control trial

design, the community educators did not have control over which community participants

received programming and which participants were assigned to the "no program" group. On one

hand, they understood the importance of following research and programs protocols of the

efficacy study for assessing outcomes and the impact of program participation. On the other

hand, there were times when they wanted to adapt the randomized control trial design to meet

potential participants' requests (e.g., "guarantee a class'). The community educators recognized

their bias against the randomized control trial design, but continued to persevere with

implementing the efficacy as evidenced by their strategic efforts to deliver the program as

intended regardless of community variables and obstacle outside of their control.

Limitations

Although the findings from this study serve to inform a critical gap in existing literature

on the context of program fidelity in community-based research by examining the influence of

community educators' efficacy beliefs, program attitudes, and program fidelity intention on

practice of program fidelity, there are some limitations to consider. First, a non-experimental

design was used in this study. The lack in connection between self-efficacy beliefs and program

fidelity found in phase 1 results could be due to a methods effect, because in general, the

community educators' reported a high level of self-efficacy, without much variability across scores. When individuals have a firm belief in their efficacy, they are more likely to persevere and figure out ways of exercising control over the environment, even in environments where there are limited opportunities for exercising control, such as a community-based efficacy trial utilizing a randomized control trial design (Bandura, 1993).

As with all self-report information, social desirability is a possible limitation. Although having working relationships with the community educators was important to facilitating their engagement and commitment to participating in the study, it was also a potential risk for eliciting socially desirable responses (Berger, 2015). For instance, the community educators might have attempted to portray a more favorable image of themselves during the face-to-face interview interactions because of the researcher's role with program implementation oversight (Schlenker & Wein-gold, 1989). It is possible that the community educators responded in ways that reflected the program fidelity "expectations" of the university-community partnership as opposed to "actual" behaviors when responding to the self-report program process surveys in order to present themselves as implementing behavioral practices more favorable to sustaining program fidelity. However, given the participatory, constructivist approach used in this study, it was assumed that community educators were able to assess their own knowledge and behaviors based on their own background and community-based research experiences to develop a meaningful understanding of implementation practices.

In addition, given the qualitative component of the present study, findings were bound by the researchers' own previous experiences in community-based research and as a member of the university-community partnership (Steier, 1991). There was a risk that because of the researcher's familiarity with the community educators' experiences and their involvement in the

university-community partnership, that the researcher would not "hear" the voices of the community educators or would want to represent the UCP in a positive light (Cloke, et al., 2000). Although the researcher could not remove her subjectivity from data collection and analysis, nor was this the goal, an effort was made to monitor subjectivity, such as personal feelings towards the community educators based on their professional relationships. During the interviews, the researcher had to monitor her own reactions, such as a desire to validate the community educators' experiences as they relayed their accounts of facilitating community-based research.. On the one hand, she found herself challenged by deciding how much she could disclose about her own experiences during the interviews in an effort to facilitate discussion and relate to the community educators' stories and experiences. On the other hand, because of having previously developed professional relationships with the community educators, the researcher was better equipped with compassion and the ability to see through the lens of the community educators, which can help to address the "negative effects of power in researcher-researched relationships" (Berger, 2015, p.221).

As noted in the previous section of the role of the researcher, the researcher fulfilled the assumptions of the phenomenological approach and took multiple steps to address possible study biases. This study assumed and acknowledged that the researcher was connected to the research, and findings and interpretations of findings might have been impacted by the researcher's personal and professional experiences (Guba, 1990). For example, during the interviews the researcher was excited to see that while the community educators shared their experiences, they used research terminology, like "cohort" and "random assignment," which spoke to their efficacy in community-based research and their knowledge, but was a source of connection and familiarity to the researcher that needed to be maintained "in check" during analyses. In addition,

the interviews took place at the location of the community educator's choice, but all interviews took place at a "work" setting, and so the professional setting of interviews may have been a factor in the community educators' sharing socially desirable responses versus if the interviews had taken place in more informal, "outside of work" settings. The researcher acknowledged her position of power because of her role as university-based staff, which included monitoring program fidelity. However, the community educators were forthcoming in sharing some of their frustrations and challenges with community-based research, which indicated authenticity on their part.

Lastly, this study provided only one perspective on program implementation in community-based research, that of the community educators themselves, excluding other internal and external stakeholders (e.g., Executive Directors of community organizations, program participants). Although generalizability was not the purpose of this mixed methods study, being the only study examining the influence of community educators beliefs and attitudes on community-based research implementation of a randomized control trial design from the perspective of community educators themselves, this study opens the door for future research on program fidelity in similar community level contexts.

Implications and Future Directions

This study has important implications for advancing our understanding of the context of community-based research and program implementation and the practices of community educators that support program fidelity. The formation of university-community partnerships as part of healthy marriage and relationship education initiative offered a unique opportunity to examine the processes involved in the effective dissemination of evidence-informed CRE programs into community-based settings. In general, the current literature illustrates dosage is an

important assessment of program fidelity in community settings (Durlak & DuPre, 2008; Berkel, et al., 2011); however, the present study proposes extending the assessment of dosage (i.e., how much of a program was delivered) to include evaluation of the dynamic processes that play an influential role in program effectiveness in real-world practice. Exploring the social cognitions of community educators who are the frontline staff delivering programs and facilitating community-based research can help program directors and researchers who have a stake in partnerships that extend the research of evidence-based services into diverse communities and beyond the limitations of university or "trial" settings (Hulleman & Cordray, 2009). As evidenced in the current study, community educators are intentional in their implementation practice. They work independently and with colleagues to be strategic in preparing for program implementation beyond initial training with the program developer(s). They are thoughtful in planning program logistics and maintain a participant-focused approach to assessing program quality in "real-time" as implementation is occurring. Therefore, this study suggests that there is a wealth of opportunity in program evaluation research to include frontline staff in assessment of programs and capture important information to inform research and practice from a perspective beyond that of an outside evaluator.

Current findings showed the important, active influence of community educators' social cognitions on their intention to implement programs as designed and implementation practices as part of a community-based efficacy study. Future program evaluation and efforts to develop evidence-based programs cannot ignore the essential role of community educators and the influence of community educator characteristics (e.g., beliefs, attitudes) on program fidelity and implementation quality. Therefore, it is recommended that future evaluation of community-based research and dissemination of evidence-based programs include the perspective of frontline staff,

such as reflections, impressions, and lessons learned. Including the perspective and experiences of frontline staff in process evaluations has the potential to complement and inform the feasibility of evidence-based programs in practice and a program's community level effectiveness.

Findings from the present study can also inform program developers and/or university faculty scholars and program administrators on how to train and collaborate with community-based partners and community-level practitioners. It is recommended that "train-the-trainer" trainings and organizational supports (e.g., technical assistance), should build on the focus for readiness to deliver program content, by also focusing on community educators' beliefs and attitudes about the program and its usefulness for their community-based participants. Although community educators may be experienced or feel confident in their program facilitation skills, their efficacy beliefs, or readiness to deliver a program, may not be enough to translate into practices that support program fidelity. For instance, more seasoned community educators were challenged by balancing program fidelity with their desire to "humanize" program content by adding their own examples and personal stories. Indicating their higher levels of confidence in their facilitation skills and methods for developing participant engagement was at times in conflict with the prescriptive nature of the efficacy study and program guidelines. However, findings suggest supporting community partners through in-service trainings that begin with the background on the purpose of the program and research design, developed buy-in, which in turn helped to promote program fidelity, even when it was challenging.

Further, findings from this study suggest that community-based research benefits from university-community partnerships. Universities are in an integral position to engage in meaningful partnerships and develop networks with off-campus organizations (Buys & Bursnall,

2007). Effective university-community partnerships extend the scope of university level research, contribute to and facilitate the development of new knowledge, and hold much promise for developing research-practice partnerships that support healthy communities through community level initiatives (e.g., Dulmus & Cristalli, 2012). This study suggests that collaborative university engagement practices, which invites community level organizations to be a part of the research process and develop meaningful, long-term relationships, may support the reduction of barriers to community level participation in evidence-based interventions and access to university resources. Evidence from the current study shows that by working collaboratively, university-community partnerships are a promising approach to strengthening the accessibility of free, evidence-informed CRE programs into hard to reach, diverse community settings, but more empirical study of partnership designs and involvement of practitioners in research activities is needed.

Conclusion

Developing meaningful university-community partnerships is a complex and dynamic process. In this mixed-methods dissertation study, the university community partnership was a collaborative effort among a university that was federally funded to implement a community level, applied-research, healthy marriage and relationship education initiative and community organizations outside of the university system. Quantitative and qualitative findings demonstrated an abundance of mutual benefits for university and community partners (e.g., shared resources, better-informed research and practice) engaged in an action-oriented and participatory community-based research partnership model. The community educators' agreed that effective partnerships have the potential to promote shared learning, support skill-building among community educators and community-based program participants, and are valuable for

informing research design and program practice (Dulmus & Cristalli, 2012). By sharing

ownership of community-based research implementation, the reach of university resources were

extended into diverse communities that might otherwise might not have had access to evidence-

based resources and programs. The quality of research and practice were all-around enhanced by

including more diverse, community level participants and frontline practitioners in answering

challenging and practical family studies questions.

In line with an action-oriented research model (Small, 1995; Small & Uttal, 2005), this

university-community partnership promoted efficacy of community educators in the research

process through co-ownership of the community-based program and research implementation

process, as well as communicating clearly defined roles, and providing ongoing technical

assistance (Buys & Bursnall, 2007). By providing guidance and technical assistance for data

collection and data management, the university partner promoted the research efficacy of the

community partner. During qualitative interviews the community educators' fluid use of research

terms such as "cohort" and "random assignment" when discussing their work on the community-

based research initiative was observed, demonstrating their knowledge and comfort with

research-in-practice. According to the community educators, the university partner was "hands

on" and served as a resource for navigating the intricacies of the study design and program

delivery with community-based participants. Shared resources and shared experiences among the

university and community partners in turn empowered the community educators in their role as

direct implementers of the study in their communities. The university and community partners

engaged in site-to-site contact often and at multiple points in the study process including prior to,

during, and after each study efficacy study cohort. Ongoing communication and collaboration

enhanced the relationship among partners and increased understanding of research design and

practice for community partners.

Further, as the face of the efficacy study in their local communities, the community educators were instrumental to the study. Not only were the community educators knowledgeable about the study and facilitating programs, one of their greatest strengths was knowing their communities well. Due to their rich understanding of the efficacy study and the local community context (e.g., local culture, education levels, family structures), the community educators were able to facilitate extension of university resources into diverse, off-campus areas beyond the limitations of a single university setting. The community educators prioritized the participants' experience and created a welcoming environment for participants, but at the same time, understood the prescriptive nature of the study and the importance of maintaining a similar context for program delivery across cohorts and community sites. The community educators' role on this largescale, community-based efficacy trial of CRE programs was to extend healthy couples' relationship education resources and services that were made available in collaboration with the university partner, as well working with the university partner to meet the study's overall objectives.

Following the program implementation design in the community classroom was challenging at times. The community educators had to develop methods for implementing the programs as designed while maintaining a participant-focused approach that felt welcoming and allowed room for group discussion. As they gained experience with promoting and implementing the efficacy study, the community educators found a balance between following the program delivery protocol as designed and maintaining a focus on the participant's needs in the context of a "real" community setting. Successful implementation was described as maintain program fidelity (e.g., "checking all the boxes") and participants engaging in "healthy discussion" as well

as making a connection with the program content. Overall, the community educators discovered a balance between their receptivity toward the requirements of the community-based efficacy study and their participant-focused implementation practices to engage and meet the needs of their community level study participants.

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Appendix 1

Pre-Program Process Survey

Adapted from the *Planned Behavior & Implementation Questionnaire* (*PBIQ*) (Totura, et al.,

2008).

Default Question Block

Please select an answer for each of the following statements:

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree	I don't know	Not applicable
I am prepared to deliver the program as intended regardless of the obstacles that might arise.	O	O	O	O	O	O	O	O	O
Teaching the program exactly as it was developed by experts is critical to getting expected results.	O	O	O	O	O	O	O	O	O
Adaptations can be made in how the program is taught without jeopardizing its effectiveness.	O	O	O	O	O	O	O	O	O
The program will have lifelong benefits for the participants who take it.	O	O	O	O	O	O	O	O	O
Offering the program is a very good idea for this community	O	O	O	O	O	O	O	O	O
Scientific evidence indicates that the program is effective in improving couple relationships.	O	O	O	O	O	O	O	O	O
Overall, implementing the program is likely to be advantageous for this community.	O	O	O	O	O	O	O	O	O
Research-based programs typically don't work well in most community settings.	O	O	O	O	O	O	O	O	O
The program will provide participants with knowledge and strategies to improve couple relationships in the future.	O	O	O	O	O	O	O	O	O
I intend to add material to the curriculum.	O	O	O	O	O	O	O	O	O
I intend to follow the curriculum guide in the process of teaching the program.	O	O	O	O	O	O	O	O	O
I will make modifications in the activities used to teach the program.	O	O	O	O	O	O	O	O	O
I plan to create my own examples in the course of teaching the program.	O	O	O	O	O	O	O	O	O

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree	I don't know	Not applicable
I intend to use the examples as presented in the curriculum guide.	○	○	○	○	○	○	○	○	○
I plan to add class activities to the program.	○	○	○	○	○	○	○	○	○
I am confident that I can implement the activities in the program in strict accordance with the curriculum guide.	○	○	○	○	○	○	○	○	○
I am confident that I can teach the lessons in the program after reading the curriculum guide.	○	○	○	○	○	○	○	○	○
I am confident that I can comfortably present information to participants on relationships skills.	○	○	○	○	○	○	○	○	○

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Appendix 2

Post-Program Process Survey

Adapted from the *Planned Behavior & Implementation Questionnaire* (*PBIQ*) (Totura, et al., 2008).

Block 2

Please rate the following statements

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree	I don't know	Not applicable
I delivered the program as intended regardless of the obstacles that might have arisen.	O	O	O	O	O	O	O	O	O
Teaching the program exactly as it was developed by experts is critical to getting expected results.	O	O	O	O	O	O	O	O	O
Adaptations can be made in how the program is taught without jeopardizing its effectiveness.	O	O	O	O	O	O	O	O	O
The program will have lifelong benefits for the participants who take it.	O	O	O	O	O	O	O	O	O
Offering the program is a very good idea for this community	O	O	O	O	O	O	O	O	O
Scientific evidence indicates that the program is effective in improving couple relationships.	O	O	O	O	O	O	O	O	O
Overall, implementing the program is likely to be advantageous for this community.	O	O	O	O	O	O	O	O	O
Research-based programs typically don't work well in most community settings.	O	O	O	O	O	O	O	O	O
The program will provide participants with knowledge and strategies to improve couple relationships in the future.	O	O	O	O	O	O	O	O	O
I added material to the curriculum.	O	O	O	O	O	O	O	O	O
I followed the curriculum guide in the process of teaching the program.	O	O	O	O	O	O	O	O	O
I made modifications in the activities used to teach the program.	O	O	O	O	O	O	O	O	O
I created my own examples in the course of teaching the program.	O	O	O	O	O	O	O	O	O
I used the examples as presented in the curriculum guide.	O	O	O	O	O	O	O	O	O
I added class activities to the program.	O	O	O	O	O	O	O	O	O
I am confident that I can implement the activities in the program in strict accordance with the curriculum guide.	O	O	O	O	O	O	O	O	O

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree	I don't know	Not applicable
I am confident that I can teach the lessons in the program after reading the curriculum guide.	O	O	O	O	O	O	O	O	O
I am confident that I can comfortably present information to participants on relationships skills.	O	O	O	O	O	O	O	O	O

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Appendix 3

Initial e-mail Invitation to Participate in Study

Subject: Program Implementation Study

Dear Program Facilitator [insert proper name for individual],

I am Vanessa Finnegan, a graduate student in the Department of Educational Foundations Leadership and Technology at Auburn University, conducting a research study to (1) explore program facilitators' beliefs, attitudes, and practices and (2) examine the supports and challenges that shape program facilitators' implementation of a community-based evaluation of couples' relationship education (CRE) programs.

I hope that this study may benefit practitioners, researchers, and program developers interested in "bridging the gap" between research and practice in community-based programs and services. You are being invited to participate in this study because of your hands-on experience with the planning and delivery of community-based CRE programs and research and are age 19 or older.

Your participation is voluntary. If you decide to participate in this research study, you will be asked to complete an in-person interview about what it is like being a program facilitator carrying out community- based CRE program(s) and research, your beliefs in your abilities to facilitate CRE program(s), and attitudes about the CRE program(s) you are facilitating in your local community. The interview will be scheduled with Vanessa Finnegan at a time that fits with your schedule. You may choose to meet at her office at Auburn University or an office space at your community organization. Your total time commitment will be approximately 1 hour. The interview will be audio-recorded and transcribed into text for research purposes only.

Are there any risks or discomforts? The risks associated with participating in this study are a breach in confidentiality. To minimize this risk, pseudonyms will be used instead of real names, and efforts will be made not to disclose your identity when data are transcribed, presented, or published.

Will you receive compensation for participating? You will not be compensated for participation.

If you would like to participate in this research study, please contact me, Vanessa Finnegan, at (334) 844-8517 or respond to this e-mail with your interest at vzt0004@auburn.edu.

If you have any questions about this study, please contact me, Vanessa Finnegan at (334) 844-8517 or e-mail at vzt0004@auburn.edu, or you may contact my faculty advisor, Dr. David Shannon, at 334-844-3071 or e-mail at shanndm@auburn.edu.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334) 844-5966 or e-mail at IRBadmin@auburn.edu or IRBchaird@auburn.edu.

The success of this study depends on your experiences with and perspective of community-based program and research implementation.

Many thanks for your consideration,

Vanessa Finnegan, M.S., CFLE

Doctoral Candidate
Auburn University

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Appendix 4

Informed Consent Letter

CONSENT FORM
For a Research Study Entitled
"Community-Based Research: An Exploration Program Facilitators' Beliefs, Attitudes, and Program Implementation Practices"

You are invited to participate in a research study to (1) explore program facilitators' beliefs, attitudes, and implementation practices and (2) examine the supports and challenges that shape implementation of a community-based evaluation of couples' relationship education (CRE) programs. This study is being conducted by *Vanessa Finnegan*, Doctoral Candidate, under the direction of *Dr. David Shannon*, Humana-Germany-Sherman Distinguished Professor in the Auburn University Department of Educational Foundations Leadership and Technology. You are being invited to participate because of your hands-on experience with the planning and delivery of community-based CRE programs and evaluation and are age 19 or older.

What will be involved if you participate? If you decide to participate in this research study, you will be asked to complete an in-depth interview about what it is like being a program facilitator implementing community-based CRE programs and research protocols for an evaluation study of the programs, your beliefs in your abilities to facilitate CRE programs, and attitudes about the CRE programs for your local community. Vanessa Finnegan will schedule an in-person meeting with you to take place in a private space (e.g., office, meeting room) at your community organization. The interview will be audio-recorded and transcribed for research purposes only. Your total time commitment will be approximately 1 hour.

Are there any risks or discomforts? The risks associated with participating in this study are a breach in confidentiality. To minimize this risk, all information provided in connection with this study will be treated as private and kept confidential (see more on data security in paragraph below). Real names will not be included when data are transcribed, presented, or published.

Your privacy will be protected. All the information that you provide in connection with this study will be treated as private and kept confidential. The audio-recorded interview will be transcribed and stored as a password protected document on an Auburn University issued computer. Interview notes and paper transcripts will be stored in a locked file cabinet in Vanessa Finnegan's office at Auburn University with restricted access. You will be asked to choose a pseudonym to replace your real name, which will be used to organize the information you provide. The researchers will not identify you, your community, or the community organization, by name in any reports using information obtained from this interview. The researcher will replace any names or locations mentioned during interviews with general descriptions (e.g., "community center" versus the proper community organization name).

Are there any benefits to yourself or others? If you participate in this research study, you may benefit from thinking about the questions being asked during the interview and reflecting on your program implementation beliefs, attitudes, and practices. This study may benefit other practitioners, researchers, and program developers interested in community level research and collaborative research-practice partnerships. We/I cannot promise that you or others will receive any or all of the benefits described.

Will you receive compensation for participating? You will not be compensated for participation.

Are there any costs? There are no costs associated with participation.

Participant's Initials _____

| The Auburn University Institutional Review Board has approved this Document for use from 03/08/2019 to ———— Protocol # 19-054 EX 1902 |

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If you change your mind about participating, you may withdraw participation at any time. Your participation in the study is completely voluntary. You do not have to answer any question you do not want to. Your decision about whether or not to participate or to stop participating will not affect your current or future relations with Auburn University or the Department of Educational Foundations Leadership and Technology.

If you have questions about this study, *please ask them now* or contact Vanessa Finnegan at (334) 844-8517 or at vzf0004@auburn.edu or Dr. David Shannon at (334) 844-3071 or e-mail at shanndm@auburn.edu. A copy of this document will be given to you to keep.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO PARTICIPATE IN THIS RESEARCH STUDY. YOUR SIGNATURE INDICATES YOUR WILLINGNESS TO PARTICIPATE.

_____   _____
Participant's signature   Date

_____   _____
Print Name of Participant   Date

_____   _____
Signature of investigator obtaining consent   Date

_____   _____
Name of investigator obtaining consent   Date

_____   _____
Signature of co-investigator   Date

_____   _____
Name of co-investigator   Date

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Appendix 5

Interview Protocol

Date:

Place:

Time of interview:

Interviewer:

Interviewee:

Interview Introduction:

Hi, _____, as part of my graduate work with the Department of Educational Foundations, Leadership, and Technology at Auburn University, I am carrying out a dissertation study to explore the program implementation experiences of program facilitators implementing research-based programs and research in the communities they serve.

I am interested in learning about your experiences as a program facilitator implementing couple relationship education for an impact evaluation of relationship education programs for couples in your community.

I will be asking questions to gain insight about your beliefs and attitudes about program implementation and different practices you have used to be effective in community-based program implementation.

Interview Questions

1. **Icebreaker Questions:**
   a. How long have you been working with children and families in your community?
   b. How long have you been you been facilitating relationship education in your community?
   c. What does "a day in the life" of a community educator look like?

2. **Research Questions:**
   a. Tell me about the partnership between your community organization and the university to implement relationship education.

   b. What is it like being a program facilitator for a large, community-based relationship education research project?
      i. Probe: Describe some of the activities involved with the project.
      ii. Probe: Who is involved with the different activities?

   c. There are two couple relationship education programs that are part of the evaluation study. Tell me about the programs that you implemented.

        i. Probe: How do you describe the couple relationship programs to friends or family?

        ii. Probe: How do you describe it to potential program participants?

d. How do you use the couple relationship curriculum when facilitating?

e. What is your confidence level when facilitating the program?

f. In what ways do you think offering this program was helpful in your community?

g. In what ways do you think this program was beneficial for participants?

h. What was your comfort level with implementing the research protocol as designed?

        i. Probe: What was it like recruiting participants?

        ii. Probe: What was it like randomly assigning couples?

        iii. Probe: What was it like explaining informed consent?

i. How did you plan for program implementation?

j. What are some ways you knew that you were successfully implementing the programs?

k. What were some challenges that got in the way of plans?

l. How did you handle challenges to implementing the program as designed?

3. Closing question and remarks

Those are all the questions I prepared for talking with you today. I appreciate you sharing with me about what it is like to be a program facilitator implementing community-based relationship education and research in your community.

Is there anything else you think would be helpful for me to know so that I can better understand your point of view?

Thank you for participating in this interview. Your responses to this interview will be kept confidential, meaning your name, any names mentioned, and the name and location of this community organization will not be used when I share what I learned from this interview in my dissertation study.

Appendix 6

Excerpt from Codebook

Code	Kind (a priori or emergent)	Source (literature, data, literature & data)	Operational Definition	Sample Quotes
(1) Community Educator Efficacy Beliefs: Contextual-agency	A priori	Literature: Bandura, A. (1989) Human agency in social cognitive theory. *American Psychologist, 44*(9), 1175-1184.	Facilitators taking action to influence the environment by drawing on knowledge, skills and behaviors to produce desired results.	"but we try to make this more of a fun, relaxed environment so they feel free to express themselves, they feel free to discuss. Because we are talking about some maybe some stuff that is more personal and we want them to feel comfortable enough that they can share. We have the Vegas rule, "what happens here stays here" and that's the rule for everybody." (Anastasia, lines 404-407, p.14). Just helping keep it rolling. *ELEVATE'*s got its fun, and usually have really good groups, they are laughing, having a good time, you can tell, you are making a difference. It was set-up that way for a reason. (Anastasia, lines 517-519, p. 18). I wanted to hopefully be as enjoyable as possible, because if you're bored you are not going to really want to learn a whole lot, so we tried to be as prepared, as comfortable, with the curriculum as we can. (Walter, p.27) We say, "go here and write ideas down," because we see if we keep people involved or thinking, that's the great thing, we know what the answer is, but if they can tell us the answer they feel more involved. So that's why a lot of times we go to the flip chart. We're talking about something, but they are giving you the answers, so they are like, "Oh, we got this figured out." We are not changing the curriculum, we are just maybe presenting it in an easier way for people to digest and you have to feel that out from time to time. (Walter, p.28) I think it's a lot about how you present it. If you and your co-facilitator aren't into the material, or uh, are hesitant, or dislike what you are presenting, I think it's truly hard to cover that up. (Michael, lines 282-284, p.10) Lynn: And we wrote, we had a "parking lot" on the flip chart VF: Okay Lynn: With questions that we might not be able to do right then VF: Yes

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				Lynn: That we would get to, and I would tell them, "Hey, by the end of the sessions, the end of the six sessions, we will touch on them" VF: That's awesome. Did they, did they give you stuff? Lynn: Yeah, and some of them, I said, "Now, if you're embarrassed to write things up" VF: Mhum Lynn: "If you don't want someone to know what you wrote, just" I got, I had little index cards, I said, "fill it out, fold it up, and just lay it up from and we'll get it and we'll write on there for the next week" (Lynn, lines 734-753, p.17)
(2) Community Educator Efficacy Beliefs: Self-agency	A priori	Literature: Bandura, A. (1989) Human agency in social cognitive theory. *American Psychologist, 44*(9), 1175-1184.	Facilitators monitoring their own actions and enlisting cognitive guides and self-incentives to produce desired internal results.	The week before I'll read through each session. Okay, alright, I'll need to grab the chocolate for the newlywed game or I need to grab the blindfolds for the fingertip activity. So, I've learned what I need and I just do a brief refresher. (Anastasia, lines 447-449, p.15 I can go through and that a self-reflection, how did this class go, how can I do better next time, and it allows me to also look at my co-facilitator, how are we working together, and if I didn't finish everything, like let's say someone really got to talking about stress and we missed one little page, how can, how can I, manage my time better next time? Just helping keep it rolling. (Anastasia, lines 514-518, p.17-18) As much as we could, obviously way before the day of, we would prep before... We already knew our parts, you know, all this mapped out way before... It's not just, "Okay, I've got this page, you've got this page." (Walter, p. 15) Michael: So, for the research part it was pretty strict. So we tried to stay as close to the material as we could. I would take the handbook and just study it. You know, just, before every meeting I would study and I'd try to make, they had key points in there, but try to make my own notes with the wording and stuff that they used. So, I'd try to stick to it as close as I could. Uhm, now obviously sometimes it was, it did go off script do to a comment...or a question, or something along those lines, but I really tried to stick to it as best as I could. (Michael, lines 364-368, p.12)

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| (3) University-community partnership:

Collaboration | Emergent/ a priori | Literature and data:

Fitzgerald, H.E., Bruns, K., Sonka, S.T., Furco, A., & Swanson, L. (2016). *The centrality of engagement in higher education. Journal of Higher Education Outreach and Engagement*, 20(1), 223-243.

In-depth qualitative interviews (process coding) | Program facilitators experiences with the university partner and community organization "working together." as a team.

University engagement with community partners as a source of resources and guidance, including leadership and technical assistance, that supported efficacy of community-based research and program implementation. | We are partnered with the university.* The university* will kind of set the amount of numbers that we need to reach for a certain cohort, and then we have to reach those numbers. And then, they help set-up the, how we do the surveys, kind of help us, trying to figure out how to say it, help guide us in that way. (Anastasia, lines 79-82, p. 3)

So that is nice, that uhm, so we're not calling in to some headquarters that all they do is administration stuff…and they don't really know what we have to go through teaching-wise. So I think you all feel are pain, our struggle" (Walter, p. 5).

…It's like a joint effort from my understating. They set up the way they want it to be done, uh, here at BACO we have tried to meet the requirements and fulfill whatever they ask of us, but really a team effort all around to try to make sure we are doing the best job we can for the university. (Michael, lines 114-117, p. 4).

Lynn: What we did is, we provided, we got the names of the couples
VF: Okay
Lynn: We sent them to the university partner*, the university partner* mixed them up and got them in groups (Lynn, lines 216-220, p.5)

Just being able to call somebody and say, "Hey, I messed up, I put this person in" or "we need to change this." It's always been pretty easy. Just having materials, a lot of these things on Dropbox, being able to get to them is nice. (Walter, p.4)

It's been really easy, it's a good relationship. (Walter, p.6, lines 215)

They are always there, anytime I have called, you know, unless they are in a meeting. They are very receptive, any questions I have, or even probably some ideas that we may not have thought of, or how to make something easier, they are usually very, they'll check on it… So yeah, they have been very helpful."

And the other cool thing is you know, it's cool to teach this stuff knowing that you kind of know some of the people who wrote this stuff as well… we have been trained of course, but we, I have met, we have talked with the person who literally wrote this curriculum. He's gone through the reasoning behind a lot of this stuff" (Walter, p. 6) |

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| (4) University-community partnership: Community Educator Roles | Emergent/ A priori | Literature and data sources: Fitzgerald, H.E., Bruns, K., Sonka, S.T., Furco, A., & Swanson, L. (2016). *The centrality of engagement in higher education. Journal of Higher Education Outreach and Engagement*, 20(1), 223-243. In-depth qualitative interviews (exploratory coding, process coding) | The facilitator's implementation practices that supported fidelity to the research and program implementation design of the community-based randomized control trial of CRE program. Includes public awareness and recruiting, coordinating and carrying out program/research logistics, data collection, implementation behaviors during CRE program workshops. | "I'm a relationship educator" uhm, and then, I usually say that "we are part of study." (Anastasia, lines 277-278, p. 10)

Our main focus is really, one of our main focuses is teaching the classes (Anastasia, line 84, p.3)

We are conducting a study to see how not only this curriculum effects the community, but how it effects nationwide, because we are not the only state that is doing this..." (Anastasia, lines 289-291, p. 10)

of course , we have to get the participants into the nFORM. Make sure we have all their information correct, uhm, and just kind of prepare as much as possible for the classes. Some of the classes involve food, gift cards. (Walter, line XX, p. 2)

...we tell them about the class, what information we go over, and some of them, you know, once I tell them what some of the sessions are about, they are like, "Oh, we need that!" (Lynn, lines 243-244, p. 6)

So I guess the first thing is looking at logistics and... making sure you have a place, uhm, to meet, and a time of course, communicating with the participants, letting them know when and where they are going to meet, what to expect. Then it would be, you know, preparing for the class, us making sure you have, if you need, a white board or you need materials, making sure you have that in order. Uhm, looking over the curriculum or whatever the class discussion is going to be and then just doing it, then the time comes. (Michael, lines 65-77, p. 3)

And they get the flier, we take them around to like, some of the day cares, the health department, we post them up on bulletin boards and laundromats. (Lynn, lines 554-555, p. 13)
Lynn: We had a "parking lot" on the flip chart
VF: Okay
Lynn: With questions that we might not be able to do right then
VF: Yes
Lynn: That we would get to, and I would tell them, hey, by the end of the sessions, the end of the six sessions, we will touch on them (Lynn, lines 734-743, p.17) |

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(5) University-community partnership: University Partner Roles	Emergent/ A priori	Data source: Fitzgerald, H.E., Bruns, K., Sonka, S.T., Furco, A., & Swanson, L. (2016). *The centrality of engagement in higher education. Journal of Higher Education Outreach and Engagement*, 20(1), 223-243. In-depth, qualitative interviews (process coding)	The university's role(s) in "working together" with the community partner to implement community level research in this design	…they kind of help us on the research side by giving us the tools that we need to do that… (Anastasia, line 85, p.3) They are always there, anytime I have called, you know unless they are in a meeting. They are very receptive, uhm, any question I have, or even probably some ideas that we may not have thought of…or how to make something easier, they are usually very, they'll check on it, or "let me run this by, let me see if we can do this." So yeah, they have been very helpful. (Walter, lines 169-176, p.5) You guys actually do the work, too. (Walter, p. 5). We sent them to the university*, the university* mixed them up and got them in groups. (Lynn, line 192 in QDA)
(6) Community Educator Program Attitudes: Buy-in	Emergent	Data source: In-depth, qualitative interviews (exploratory coding, values coding)	**Receptivity to the integrating the program in the community and local context** This community level research study is valuable for this community; offering these programs is positive for this community.	Walter: I have met, we have talked with the person who literally wrote this curriculum, he's gone through the reasoning behind a lot of this stuff. VF: yeah Walter: And so yeah, that's cool, too. It's not just some university out in California that wrote it all. VF: Right Walter: And you don't really know the people that wrote it… I think you know on some level, cause it just makes you care about the program more. (Walter, lines 260-275, p. 7). I also like to see the research side of this and how that plays a part because I came from an undergrad doing that. Then I get to see the other side how the research actually plays a part in facilitating. (Anastasia Interview, lines 268-270, p.10 There's already been research showing its effective, so we, I find it very interesting that I get to be a part of it, and I get to see the effect it has on people, not only in the data, once the data comes out, but in seeing people, fact-to-face and see the moment it makes an impact.

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Appendix 7

Excerpt from Member Check Email Communication

Vanessa Finnegan

From:	~~[redacted]~~
Sent:	Tuesday, August 13, 2019 8:00 PM
To:	Vanessa Finnegan
Subject:	Re: Dissertation Interview Transcript & Initial Findings

Hey Vanessa!

Things are going well! It's a pretty busy season for us right now, ~~[redacted]~~
~~[redacted]~~
~~[redacted]~~ It really has become such a place I cherish, but I know
this season has served an amazing purpose in our lives and will be one we will never forget!

How are you doing? ~~[redacted]~~ How'd that go??

And of course! I'm so glad I could help be a part of your dissertation! I read everything you sent and I think it's
wonderful! The work ~~[redacted]~~ I and it's community partners are doing is very special and impactful work. Thank you for
allowing me to be a part of sharing my experience!

I look forward to reading your final results! I know it'll be great!

Best,

~~[redacted]~~

On Aug 9, 2019, at 12:59 PM, Vanessa Finnegan <vzt0004@auburn.edu> wrote:

> Hi ~~[redacted]~~
>
> I hope you are doing well! Last I saw you, y~~[redacted]~~
> ~~[redacted]~~
>
> Thanks again for agreeing to be a part of my dissertation research. Your feedback and interview about
> the experiences you had as a community educator carrying out research and healthy relationship
> programs were invaluable!
>
> I have attached a copy of your interview transcript (with your pseudonym) for your records and also a
> draft of my findings, which includes the perspectives of all 4 community educators who participated.
> Please feel free to read through it all. As I am getting closer to completing the study, I am giving each
> participant a chance to review their transcript and the findings constructed from the interview
> discussion. I tried to keep things verbatim, but made changes such as referencing AHMRE! at "the
> university" when quoting to protect confidentially.
>
> My goal is that the words I transcribed were accurate and correctly captured your thoughts. Please feel
> free to change or update/ explain anything you like. Also, please do not feel like you have to do this, just
> wanted you to have the opportunity to, if you wanted it.

1

I am working on getting a final draft to my advisor by the end of this month, so if you could get back to me by around August 19, that would be great.

Thanks again! I really look forward to sharing the final results with you all.

Take care,

Vanessa

Vanessa Finnegan, M.S., CFLE
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