BRIEF REPORT

Lessons from the Field. Continuous Quality Improvement: A multiyear HMRF case study of best practices in outreach program excellence

Tyler S. Nesbit[1] | Victor W. Harris[1] | Brian Visconti[1] |
Charles Bradford Sewell[2] | Kate Fogarty[1] | Jeneé C. Duncan[1] |
Liva LaMontagne[1] | Nelly Nelson[3]

[1]Department of Family, Youth and Community Sciences, University of Florida, Gainesville, FL

[2]Purdue University Extension, West Lafayette, IN

[3]University of Florida Institute of Food and Agricultural Sciences, Gainesville, FL

Correspondence
Tyler S. Nesbit, P.O. Box 110310, Gainesville, FL 32611-0310, USA.
Email: tnesbit@ufl.edu

Abstract

Objective: We describe the process and outcomes of developing continuous quality improvement (CQI) procedures for a multiyear, multimillion-dollar healthy marriage and responsible fatherhood (HMRF) relationship enhancement education program. We present lessons learned, including adaptations used to move all programming online due to the COVID-19 pandemic.

Background: Continuous quality improvement (CQI) is a set of best practices that are often neglected in outreach programming due to challenges associated with funding, available expertise, and fear of underwhelming results. However, this practice provides valuable insight and benefits to programs and participants and can be implemented without interrupting program delivery.

Method: We developed a "living" CQI plan over the course of 5 years using three sources of data to track, evaluate, and inform CQI high-performance decision-making: program data, fidelity data, and outcome data.

Results: A sample of the preliminary descriptive quantitative results is presented including program registrations and show rates, facilitator effectiveness scores, intervention outcomes, and participant responses to online delivery to illustrate how the three types of data collected are used in the SMART Couples Project to support CQI efforts.

Conclusions and Implications: Our study demonstrates the benefits of using CQI as a powerful tool for program improvement, with staff and participants alike. It is the nature of the CQI process to be amenable to changes, including unforeseen disruptions in program delivery. Implementing an intentional formative and summative

CQI strategy provides benefits to social outreach and family life education programs across delivery formats and contexts.

Family fragmentation costs state and local taxpayers an estimated 112 billion dollars nationally per year in foregone tax revenues, justice system expenses, Temporary Assistance for Needy Families (TANF), Medicaid, State Children's Health Insurance Program (SCHIP), and child welfare program expenditures (Scafidi, 2008). Estimates of social and emotional costs in terms of lost productivity and decreased quality of life are generally much higher (Raley & Sweeney, 2020; Schramm, 2009). Research-based relationship and marriage education (RME) and family life education (FLE) programs provide theoretically grounded and data-based approaches to address the economic and human costs of family fragmentation and child welfare (Futris & Adler-Baeder, 2013). Continuous quality improvement (CQI) of outreach programs through tracking and acting on program, fidelity, and outcome data represent critical best practices for the future and relevance of family science as a discipline.

Program evaluation

Program evaluation is critical to assessing the validity of family and social science outreach programs (Dahlberg & McCaig, 2010). Common reasons for evaluation include assessing program impact (e.g., by measuring client knowledge and skill attainment, program reach, and client satisfaction), providing justification and accountability to program stakeholders (e.g., to influence relevant policy), and improving program implementation (e.g., identifying what is and is not working, making changes to delivery, services, and/or resource allocations as needed; Darling et al., 2022). Two broad categories of evaluation are formative and summative evaluation. Formative evaluation occurs in the early and middle stages of program implementation to assess the degree to which program components contribute to program goals and what changes are needed to advance program objectives (Boothroyd, 2018). For example, process evaluation is a type of formative evaluation that assesses how well a program is being implemented as intended (i.e., program fidelity; Centers for Disease Control and Prevention, n.d.). Summative evaluation occurs near or at the end of implementation to assess the overall outcomes achieved and to determine the value of continuing or adapting a program plan of action (Boothroyd, 2018).

Ideally, the evaluation process commences well before implementing programming in order to set goals and monitor progress (Darling et al., 2022; Newcomer et al., 2015). Despite the benefits of program evaluation to the delivery and effectiveness of RME and FLE and other social science outreach programs, many programs neglect this process due to challenges associated with funding, available expertise, and fear of underwhelming results (Hawkins et al., 2020). Certainly, program evaluation can be time-consuming and resource intensive, often involving hiring an external evaluator. When an evaluation is undertaken with an aim to appease grant funders or to satisfy other external stakeholders, it may be viewed with disdain by program management and staff as an onerous task disconnected from the real-world impacts of program participants (Newcomer et al., 2015). However, many approaches to program evaluation offer multiple benefits for internal programmatic purposes, and in some cases, can be implemented using simple approaches in real time without impacting program activities (Darling et al., 2022, p. 173).

Continuous quality improvement

Approaches to CQI have evolved initially from the context of business and management theory (e.g., Deming, 1986; Deming, 1994). Implementation and further adaptation have been applied effectively in the health care industry as well (e.g., Hill et al., 2020; Vachon et al., 2015). It is only relatively recently becoming broadly recognized, however, in the FLE literature as essential to effective programming and is now endorsed by numerous practitioners and evaluators as a primary way to maximize program impact (e.g., Berkel et al., 2019; Edwards et al., 2019; Hawkins et al., 2020; Small et al., 2009). Due to the recent emergence of CQI as an area of focus for FLE and RME programs and confounding factors related to the economics of social outreach programs, in general (Neubeck, 2016), there is a relative dearth of literature specifying CQI design, implementation, and evaluation procedures for these programs. Furthermore, there are unique challenges to fostering the organizational culture of strategic learning on which the implementation of a fruitful CQI process depends (Williams, 2014; Winkler & Fyffe, 2016). We hope that by sharing our experience and the lessons learned in implementing CQI in the SMART (Strengthening Marriage and Relationship Training) Couples Project, we will contribute to developing helpful guidelines for applying this approach to other RME, FLE, and social outreach programs.

Continuous quality improvement is a progressive evaluation method in which a program is intentionally and incrementally adjusted throughout the implementation phase (Children's Bureau, 2012). The CQI process is adaptive and iterative by design; thus, its scope can be adjusted over the course of a program to best suit the emerging needs of participants, staff, and communities in real time. Adhering to a CQI plan contributes to program evaluation through its emphasis on benefiting current programming efforts and the broader focus on evaluating overall impact. As a result, CQI practices provide program directors, managers, educators, and practitioners with an entry point to a holistic approach to formative and summative program evaluation (Zuchowski et al., 2019). Depending on the program and intended use, various models of CQI may be more appropriate for a given context. The CDC presents an eight-step CQI process in their 2016 guide for Promoting Science-Based Approaches to Teen Pregnancy Prevention Using Getting to Outcomes (PSBA-GTO; Lesesne et al., 2016). In 2005, the National Child Welfare Resource Center for Organizational Improvement and Casey Family Programs collaborated to produce a CQI framework based on key principles and components, including the organizational culture, mission, vision, and values of the implementing agency (Casey Family Programs, 2005). The CQI framework adopted by the SMART Couples Project team is described below.

Objective

This article chronicles the CQI efforts of the SMART (Strengthening Marriage and Relationship Training) Couples Project over the course of a 5-year period from late 2016 through late 2020. We describe the procedures to develop a CQI plan for the project to improve the process, experience, and outcomes for participants and program staff. We document program delivery for the period, including the implementation strategies to achieve program objectives of participant recruitment and retention, teaching quality and fidelity, and the processes of administering participant referrals for wraparound services and pre- and postprogram participant surveys. Additionally, we discuss the adaptation to the obstacles presented during the initial outbreak of the COVID-19 pandemic. Our objectives in the current report are to (a) present an example of implementing CQI best practices in social outreach programming through the SMART Couples Project experience, and (b) introduce a range of approaches for family life educators and practitioners to engage in CQI best practices to strengthen their outreach programs across a variety of contexts.

Research question

This study is exploratory and descriptive in nature, examining the evaluation processes and data that facilitate CQI in the context of the SMART Couples Project. The following general research question provided the focus for our data collection and analysis: How can program data (e.g., registrations, enrollments, show rates, completion rates), fidelity data (e.g., context, compliance, and competence), and outcome data (e.g., program impacts and outcomes) be used to guide CQI processes in the SMART Couples Project? Qualitative and quantitative data were collected according to a concurrent mixed methods design intended to provide an enhanced understanding of the formative and summative evaluation of the intervention (Creamer, 2018).

METHOD

SMART Couples Florida Project

The SMART Couples Project is a federally funded healthy marriage and responsible fatherhood (HMRF) program offering a suite of resources and training to youth and adults through in-person, virtual, and online workshops and resources for Florida residents. The goal of the SMART Couples Project is to strengthen marriages, relationships, and families across ethnicities and income levels. The workshops offered cover four focus areas: (a) marriage and relationship education and skills, (b) premarital education, (c) marriage enhancement, and (d) youth relationship education (University of Florida Institute of Food and Agricultural Sciences [UF-IFAS], 2021). The research- and evidence-based curricula used to deliver the intervention include ELEVATE for couples (married or unmarried, with or without children) with the goal of improving overall relationship quality and satisfaction (Futris et al., 2014), Before You Tie the Knot, a premarital education program for dating and engaged individuals considering marriage (UF-IFAS, n.d.), and Relationship Smarts Plus 3.0 for youth (Pearson, 2013). Programming is delivered in the context of a county Cooperative Extension network, an organizational environment not typically accustomed to CQI in the same ways as are, for example, the corporate or health care settings.

SMART Couples Project CQI framework

The Administration for Children and Families HMRF program provided a CQI template to all grantees (Appendix A, supplemental materials) to increase the effectiveness of providing RME to families and couples. This template is built on a five-stage CQI cycle, including (1) identifying a challenge and setting a goal, (2) choosing an improvement strategy, (3) conducting a trial run or "road test," (4) implementing and monitoring program-wide processes, and (5) communicating results and planning the next steps (Kalisher et al., 2021). The SMART Couples Project CQI team adapted the HMRF template to fit the needs of the SMART Couples Project (Appendix B, supplemental materials). Jacobs's (2003) five-tiered approach to evaluation was also drawn on to assess the programmatic design, implementation, delivery, and effectiveness outcomes: Tier 1—Needs Assessment; Tier 2—Monitoring and Accountability; Tier 3—Quality Review and Program Clarification; Tier 4—Achieving Outcomes; and Tier 5—Establishing Impact (see Darling et al., 2022, Appendix E).

Model of change

Change is a unique process for every individual and each relationship. The model of change employed in the SMART Couples Project programming is adapted from Mace (1981).

From this theoretical perspective, the process of change begins with incoming *information*. The incoming information has the potential to speak to unmet needs and desires and, therefore, stimulate a perceived *psychosocial crisis*, which may occur because a participant realizes they are lacking the skills, for example, to negotiate intimacy or to successfully resolve conflict. This realization process leads to *insight* into potential changes that can facilitate healing, trust, or some other aspect of the relationship. As the realization of what needs and desires are not being met becomes an acute awareness, the *commitment to change* unfolds. This commitment to change may then lead participants toward *experimental action*, with increased motivation to search for new problem-solving information and skills. This could include an increased desire to, for example, explore solutions for communication issues in a relationship, learn how to parent a difficult child, or seek a therapist when relationships fall stagnant. *Shared growth* is a sign that the intervention is working, and that change is occurring as participants integrate the new knowledge and skills through practice and homework and then begin sharing what they have learned with others.

Workshop delivery

Adult SMART Couples Project courses were advertised through multiple media outlets, including county Cooperative Extension offices, university-level departmental emails, radio advertisements, printed materials, social media channels, and the online registration platforms of EventBrite and the SMART Couples website (www.smartcouples.org). As a best practice for maximizing efficiency and personal connection with participants, workshop instructors were the only point of contact between participants and program staff from registration through program completion. Program incentives for participants included a light meal at the start of each session and gift cards for completing end-of-session and program surveys.

Workshops for adults consisted of five once-weekly evening sessions. During the first, second, and fifth sessions, participants were provided Chromebooks to complete program questionnaires via Qualtrics, the online survey platform, and nFORM (Information, Family Outcomes, Reporting, and Management), a federally maintained database for HMRF grantees. Demographic, contextual, and relationship data were collected, and participants were polled for expectations prior to the workshop as well as the quality of their program experience upon completion. Youth participants underwent a similar procedure, with the following exceptions: recruitment was conducted by school staff where the workshops were administered, youth programming typically included ten 50–60-minute sessions over a 5-week period, and youth participants were enrolled only as individuals, not as couples.

Participants

The SMART Couples Project programs provided services to teenagers 14–18 years old ($n = 1,441$, mean age = 14.7) and adult couples and individuals ($n = 5,934$, mean age = 38.2) either married or preparing for marriage, primarily registered as couples (78.5%) with the remainder registered as individuals. Youth were primarily White (76.1%) with 14.8% identifying as multiracial, and 12.9% identifying as Hispanic. Nearly two thirds of adult participants were White (63.6%), one quarter were Black (24.8%), 17% Hispanic, 4.5% Asian, and 3.3% identified as multiracial. A total of 430 five-week (dosage = 12.5 hours of programming per workshop) in-person ($n = 375$) and virtual ($n = 55$) workshops for adults and 79 ten-week (dosage = 10 hours of programming per workshop) in-person workshops for youth were conducted with 3,974 adult and 1,139 youth graduating participants, who completed all sessions and required surveys.

Personnel

Developing an organizational culture that supports strategic learning and implementation of adaptive practices is essential to the success of CQI initiatives, compared with a culture of compliance that emphasizes a "check the box" approach to program evaluation (Williams, 2014). In this sense, effective CQI requires the engagement of all program staff, not only specific positions such as internal or external evaluators (Winkler & Fyffe, 2016). Although a level of commitment to the process is necessary among all team members, there is still a need for certain individuals to be accountable to take a leading role in CQI efforts. This is especially important at the outset of such efforts and to navigate the transition from a culture of compliance to a culture of learning among the staff (Winkler & Fyffe, 2016).

The SMART Couples Project staff during this period included both full- and part-time employees, including the Project Director, Project Coordinator, and Data Manager. These positions represented the program leadership and the core CQI implementation team. The Project Director oversaw operations including hiring the Project Coordinator and Data Manager. The Project Coordinator managed day-to-day operations and staff supervision. The Data Manager conducted data tracking—reporting requirements for the grant funders, troubleshooting survey collection, and staff data entry. In each of the six counties served, Program Instructors and Community Engagement Liaisons collaborated with the UF-IFAS Cooperative Extension Agent to advertise, host, and facilitate workshops. Program Instructors were responsible for recruiting participants, facilitating workshops, administering surveys, and data entry. Community Engagement Liaisons coordinated with partner organizations to provide wraparound services to participants. They also assisted with recruitment, tasks related to workshop preparation, and survey completion.

SMART Staff Support Mentor

Based on the initial CQI processes undertaken by the SMART Couples Project team (described below), the Staff Support Mentor position was created in the project's 3rd year (2018) as an integral part of the SMART Couples Project CQI implementation team. This position was created based on the initial CQI steps of identifying challenges and choosing an improvement strategy to support the later steps of implementing and monitoring program-wide processes and communicating results. The Staff Support Mentor role was intended to address challenges of uniform program delivery across delivery sites, facilitate communication between program management and staff, and support staff skill development in teaching and facilitation. The Staff Support Mentor provided teaching evaluations and fidelity assessments of and to Program Instructors based on rehearsed "teach-backs" of session material and live workshop sessions by Instructors, which were observed by the Staff Support Mentor. The Staff Support Mentor provided evaluations weekly to Instructors regarding program procedures, effectiveness, program fidelity, and session flow. The Staff Support Mentor role enhanced the CQI process by providing staff training related to recruitment, program delivery, and data entry, and by serving as a liaison between county staff and the CQI team for various stages of deploying and "road-testing" new CQI strategies related to participant recruitment and retention, teaching fidelity and quality, and data collection processes.

Developing a CQI culture

From its inception in 2015, the SMART Couples Project established ongoing systematic evaluation procedures, including qualitative observations from participants and staff and quantitative measures of setting enrollment and retention goals for Instructors at weekly team meetings. These initial formative evaluation processes revealed recruitment challenges in the form of low rates of participant attendance during the initial workshop sessions and challenges in retaining

adult participants throughout all five workshop sessions. Concurrently, feedback from participants in postprogram evaluations revealed inconsistencies in teaching practice, deviations from the workshop curriculum, and variable degrees of professionalism among program staff. This combination of quantitative and qualitative data was used to guide initial strategies for quality improvement with a focus on clarifying role expectations, teaching quality, and fidelity of program delivery. Detailed program procedure guides were developed for workshops, which listed step-by-step actions and the party responsible for each stage of workshop delivery and completion, including administrative tasks and data entry. These guides enabled staff to fine-tune procedures and streamline workshop delivery to improve teaching quality and program fidelity across delivery sites.

In 2017, the SMART Couples program CQI efforts were advanced with the support of an HMRF template provided to document needs and progress toward program objectives, processes, and outcomes (see Appendix A, supplemental materials). The SMART Couples CQI team used the template as a framework to identify and address key variables related to recruitment, retention, workshop facilitation, and data collection to improve program impacts and outcomes. Additionally, weekly performance reports and marketing and recruitment reports were developed as self-evaluation tools to reduce expectation ambiguity by clearly describing roles, responsibilities, and accountability for the completion of administrative tasks, program delivery, and teamwork. The Staff Support Mentor reviewed, tracked, and provided feedback on both forms to each staff member weekly.

Together, these adaptations marked an ongoing transition by the SMART Couples team toward adopting a strategic learning culture. This process, however, was not linear nor without adversity. For example, initial staff responses to the deployment of program procedure guides, performance reports, and marketing and recruitment reports included a sense of overwhelm at seeing the level of expectation and detail described along with the frequency of weekly reporting. In response, leadership explained that the weekly performance reports were intended as a tool to simplify the many aspects of program recruitment, delivery, and data entry in a single document, to clarify role expectations, identify patterns of program inefficiencies, and isolate bottlenecks for which additional support could then be provided. Within months, the reporting process became integrated as a regular component of program operations for staff.

This transparent communication was an investment on the part of program leadership, requiring a time commitment to validate and respond to staff concerns about adopting additional procedures. As team roles and expectations were clarified and normalized over a several month period, the expected completion of performance reports was eventually reduced from weekly to once per each 5-week workshop series. This adjustment was compatible with the intentions of the self-assessment and maintained the effectiveness of the reports in providing clarity, accountability, and identifying needed training opportunities for program staff.

Developing the SMART Couples CQI Plan

The SMART Couples CQI Plan was designed to be a "living" document in which targeted objectives of key variables were evaluated quarterly to determine if issues had been resolved and to set new objectives. Issues addressed in this manner for the SMART Couples Project during this time period included low registrations, prompt recording of workshop attendance, documenting referral follow-up efforts, and accurately tracking participant status. An example of a SMART Couples CQI quarterly report is provided in Appendix B in the supplemental materials.

Weekly meetings of the CQI team were held to review updated data and assess the program's progress toward meeting its goals. Priority areas for improvement and successes to celebrate were identified and communicated in weekly program-wide meetings with staff and Extension Agents. These meetings provided an opportunity for focused discussions on areas of

growth and to prescribe effective best practices identified using the CQI process. This process of formalizing CQI efforts allowed for reflection on the purpose, potential limitations, and guiding principles of the CQI plan. At each stage of the process, the program mission was revisited to maintain focus and priorities, consistent with CQI best practices (Casey Family Programs, 2005).

Specific practices included pursuing actionable strategies to achieve program objectives such as recruitment and retention goals, customer service for participants, teaching and facilitation skills, reviewing and clarifying key curriculum content, and data entry procedures. A focus on teaching quality and fidelity of program delivery remained a constant theme throughout the duration of the SMART Couples project. As Instructors gained skill and confidence in the delivery of curriculum content, related areas of improvement, such as managing the process of referring participants to wraparound services and introducing and administering participant outcome evaluation surveys also benefitted.

Providing participant referrals was a service element included from the outset of programming. Due to a lack of communication of clear expectations, however, some participants were overusing the process, selecting many more referral options than they were prepared to follow up with. When Instructors attempted to facilitate connecting participants with service providers, as they were trained to do, participants sometimes balked at the Instructors' follow-up attempts. This led to a sense of frustration and a situation where some Instructors began to dissuade participants from selecting any referral services even when the participant was in need and motivated to pursue assistance. Similarly, the important role of participant survey completion was not always clearly articulated, and, instead, some Instructors offered an apology to participants for having to take the surveys prior to survey administration, contributing to a negative priming effect for participants. Both these issues related to participant referral to critical third-party services and program evaluation were addressed through the CQI plan by building on the underlying focus of quality teaching and fidelity of program delivery. With the development of program procedure guides in the program's 2nd year, clear procedures and exact phrases to be used when introducing the service referrals and survey completion procedures were developed and practiced by all Instructors so they and participants were clear about the importance of these two resources.

Data sources

Data collection and analysis play a central role in CQI implementation. Both quantitative and qualitative data are useful in assessing program success and capturing the multiple perspectives of program participants, staff, and management. Determining what data to collect is as important as ensuring appropriate measures and data management practices. For our project, we collected data from multiple sources including workshop participants, Program Instructors, and the Staff Support Mentor. Three categories of data were used to triangulate and measure progress including (a) program data (e.g., registrations, enrollments, show rates, completion rates), (b) fidelity data (e.g., context, compliance, and competence), and (c) outcome data (e.g., program impacts and outcomes).

Program data
Program data include data that are relevant to the administration of the program or for intervention assessment. As participants completed survey instruments and attended workshop sessions, Instructors documented their progress, along with any service referrals based on identified needs. To maintain a sufficiently narrow scope for actionable data in our CQI plan, we focused on the specific program data outlined below.

How participants heard about the workshop. This data point tracked the number of participant responses to different recruitment and marketing strategies, such as SMART Couples website visits, Facebook traffic, word of mouth, radio advertisements, departmental emails, and promotion by Extension Agents.

Registrations. Whether or not registrants enroll in and complete programs, tracking the number of registrations and how participants heard about the program helped to tailor and improve recruitment efforts. In this study, registrations are defined as individuals and couples who provided the required information (name, date of birth, contact information, etc.) to participate in a workshop series.

Enrollments. This measure was used to record the number of participants who completed the Applicant Characteristics Survey, an instrument designed to collect participant information related to demographic, financial, family status, and program participation indicators. All research participants completed this survey during the first workshop meeting for in-person sessions and prior to the first meeting for virtual sessions.

Progress toward benchmarks. This measure refers to the number of participants enrolled in workshops compared with preset benchmark goals for each Program Instructor. For example, an Instructor might have a goal of enrolling 10 couples for an ELEVATE workshop. This indicator was updated weekly beginning 5 weeks prior to the beginning of the next workshop series to track recruitment and enrollment effectiveness.

Show rates. The show rate is calculated by dividing the number of enrollees that attend the first session by the total number of registrations for a given program session. Combined with the registration, enrollment, and retention measures, this variable allowed for a more complete analysis of the effectiveness of program recruitment practices.

Retention rates. The number of participants graduating from a workshop series divided by the number of participants enrolled in that series produces the retention rate. Program graduation required the completion of 12.5 contact hours. In addition to participant self-reported data via survey completion, retention rates provided insight into overall program impact based on the understanding that participants "vote with their feet," meaning that higher retention rates generally indicate greater program engagement and impact.

Referral follow-ups. In the second session, participants were invited to complete the SMART Assessment, a tool allowing them to request additional resources or services from a range of external social service providers in the community. These organizations service multiple domains, including employment, education, housing, transportation, general health, mental health, substance abuse, domestic violence and safety, pregnancy, and childcare and parenting services, among others. Participant requests referred to these partner organizations for external services are tracked as referral follow-ups once participant contact with the provider has been verified.

Fidelity data

Fidelity data measured the extent to which the program was implemented as intended. SMART Couples Project fidelity data identified what was needed to conduct workshops, what content was chosen, and how effectively the curriculum was delivered. We considered the following three categories for the collecting of fidelity data: (a) context—venue information, accessibility, staff to participant ratios; (b) compliance—curriculum content covered as intended, follow-

through on participant service referrals; and (c) competence—facilitator effectiveness, appropriate community engagement.

Data were collected for the CQI plan through performance reports, marketing and recruitment reports, and observations made by the Staff Support Mentor. Finally, a series of program evaluation and experiential quality questions were asked of all participants via postworkshop surveys. Responses to these questions were compiled quarterly by the Data Manager and used to generate facilitator and program evaluation reports specific to each Program Instructor and county. The Mentor reviewed these reports in individual meetings with Instructors to identify the strengths and evaluate areas for improvement based on participant feedback.

Context. Participant input included responses to the following items regarding the context of program delivery: "The program site was accessible," and "The facilities were comfortable."

Compliance. Compliance data were collected by the Staff Support Mentor. These items included "The Mentor observed sessions to evaluate the degree to which sessions were delivered as intended," and "Follow-through on participant referrals was documented in nFORM."

Competence. An additional measure was established by combining program and fidelity data to assess overall facilitator effectiveness. The measure was triangulated using three metrics: (a) Staff Support Mentor tracking, evaluation, and assessment; (b) facilitator self-assessment; and (c) participant assessment and feedback. The Staff Support Mentor identified Instructor strengths and areas for improvement during each workshop session via live and recorded video assessment of the presentations. Instructors then worked with the Mentor to receive feedback, training, and coaching. The facilitator self-assessment was combined with the Mentor and participant evaluations quarterly to produce an overall composite effectiveness score out of 100 for each Program Instructor. Although each input to the score (Instructor self-assessment, Staff Support Mentor evaluation, and participant evaluation) was weighted equally, adjustments can be made to emphasize one input over another. For instance, participant evaluation may be considered more important to the overall effectiveness score than Instructor self-assessment depending on a program's objectives and emphasis.

Outcome data

Finally, outcome data collected from participants measured the program impact after attending the first and final sessions. Outcome data that assess increases in reports of overall positive interaction, positive bonds, and satisfaction, and decreases in negative interaction are the common "healthy skills" metrics assessed across all three adult and youth SMART programs (Harris et al., 2022). These four skills variables are described below and comprise the overall Healthy Skills scale.

Increased positive interactions. Workshop participants responded to the following item: "Overall, I use healthy skills to increase positive interactions in my relationship" using a Likert scale from 1 = *strongly disagree* to 5 = *strongly agree.*

Decreased negative interactions. Workshop participants responded to the following item: "Overall, I use healthy skills to decrease negative interactions in my relationship" using a Likert scale from 1 = *strongly disagree* to 5 = *strongly agree.*

Increased positive bonds. Workshop participants responded to the following item: "Overall, I use healthy skills to increase positive bonds (friendship) in my relationship" using a Likert scale from 1 = *strongly disagree* to 5 = *strongly agree.*

Increased satisfaction. Workshop participants responded to the following item: "Overall, I use healthy skills to increase happiness and satisfaction in my relationship" using a Likert scale from 1 = *strongly disagree* to 5 = *strongly agree*.

RESULTS

We provide below a sample of the preliminary descriptive quantitative results to illustrate how the three types of data collected (program, fidelity, and outcome) are used in the SMART Couples Project to support CQI efforts in line with the guiding research question of this study: How can program, fidelity, and outcome data be used to guide CQI processes in the SMART Couples Project? A full analysis of the qualitative and quantitative data according to the mixed-methods intervention evaluation design (Creamer, 2018) is in progress.

Program data

Table 1 reports some of the key program data tracked over the 5-year course of the SMART Couples Project. Both the total number of registrants and the average number of participants per series showed a steady increase over the first 4 years of program delivery with a decline in Year 5, attributable to the COVID-19 pandemic and an 8-week pause in workshop offerings. Also noteworthy is the declining show rate from Years 1 through 4 with an increase in Year 5. This can be partially explained by a ceiling effect, given that the initial show rate was 98.3%. Another factor of this trend is the increasing overall registrations over time, inflating the number of registrants who do not attend the first workshop session, thereby lowering the show rate. Interestingly, we observed an uptick in the Year 5 show rate, most likely explained by the convenience offered by attending virtual workshops.

Fidelity data

The Year 4 data in Table 2 present all facilitator effectiveness scores for Program Instructors highlighting data from at least two quarters, with scores ranging from 84.38 to 100.80. A score over 100 is possible due to "bonus points" on performance reports for completing priority recruitment and data entry tasks efficiently each week. Year 4 data are highlighted as this is the first year that facilitator effectiveness scores were calculated, and changes in program delivery and evaluation occurred in Year 5 due to the COVID-19 pandemic. Gift cards and magnetic butterflies (the symbol for the SMART Couples Project) were awarded to staff whose performance excelled. Providing material and symbolic resources to reinforce the cultural shift toward embracing a culture of CQI and to undermine a tendency to perceive evaluation procedures as punitive in nature was the goal for incentivizing superior performance. A word of caution should be noted, however, in that incentives expected by staff for doing their assigned job and not for going above and beyond normal job expectations may disincentivize future performance.

Outcome data

The data presented in Table 3 show the change in mean response scores by participants as measured by a retrospective pretest–posttest design to account for and reduce response shift bias (Little et al., 2020) for the four Healthy Skills scale constructs and the remaining 36 knowledge, skills, and attitudes scales. Cohen's *d* effect size values are listed for each scale, indicating the

T A B L E 1   Program data

Quarter	Registered	Number of series	Average	Session 1 attendance	Show rate (%)
FY1–Total	238	20	11.9	234	98.3
FY2–Total	1,296	122	10.6	1,035	79.9
FY3–Total	2,985	129	23.1	1,941	65.0
FY4–Total	3,132	103	30.4	1,714	54.7
FY5–Q1					
Series 1	620	19	32.6	474	76.5
Series 2	409	19	21.5	307	75.6
Total	1,029	38	27.1	781	75.9
FY5–Q2					
Series 3	263	15	17.5	202	76.8
Series 4	356	21	17.0	284	80.0
Total	619	36	17.2	486	79.5
FY5–Q3					
Series 7	162	15	10.8	132	81.5
FY5–Q4					
Series 8	153	14	10.9	107	70.0
Series 9	273	16	17.1	242	88.6
FY5–Total	2,074	90	15.6	1,616	77.9
Delivery method					
In-person	9,128	464	19.7	6,053	66.3
Virtual	597	45	13.3	487	81.6

Note: FY = fiscal year; Q = fiscal quarter.

standardized mean change in participant scores from pretest to posttest. As seen in Table 3, effect sizes were large, with very few exceptions. The intervention outcomes are a product of concerted efforts made by program leadership and staff to guide the incremental adjustments and improvements identified via the CQI planning process. The program and fidelity data presented in Tables 1 and 2 often go unseen without intentional, formative evaluation efforts like that of CQI, yet they form the basis for overall success in achieving program outcome goals.

Adapting to virtual program delivery

In March of 2020, as the COVID-19 Pandemic spread globally, the SMART Couples Project suspended the in-person workshops that had been offered for the previous 4.5 years. In response, the program staff worked rapidly to adapt the extant program workshops for virtual delivery (Bodenlos et al., 2021). Virtual workshop enrollments began in May, 2 months after the program interruption. Outcomes indicated that virtual participants evaluated their experience of the workshop content and Instructor facilitation comparably to the in-person workshops (Table 4). These outcomes were met by overcoming formidable challenges for both participants and staff. Staff were required to navigate a new online platform and were tasked with learning new procedures (such as data encryption for sensitive information and changing recruitment, survey, and delivery protocols). Workshop activities were replaced with online alternatives, as were physical class materials. When possible, workbooks and other materials were shipped to participants following their attendance at the first virtual workshop.

T A B L E 2   Fidelity data: Facilitator effectiveness scores

Facilitator	Quarter	Self-assessment	*n*	SSM evaluation	*n*	Participant evaluation	*n*	Facilitator score	*n*
County 1a	FY4–Q1	20.28	3	77.00	2	4.75	16	84.38	3
	FY4–Q2	20.43	3	88.00	2	–	–	84.87	2
County 2	FY4–Q1	25.20	5	–	–	–	–	100.80	1
	FY4–Q2	25.08	8	–	–	4.66	16	96.75	2
	FY4–Q3	25.00	12	91	1	4.44	22	93.27	3
	FY4–Q4	25.00	12	–	–	4.57	10	95.70	2
County 3	FY4–Q1	21.48	6	–	–	4.96	11	92.57	2
	FY4–Q2	21.25	10	91.00	1	4.79	31	90.60	3
	FY4–Q3	21.41	13	96.00	3	4.78	26	92.41	3
	FY4–Q4	21.36	13	95.00	1	4.75	32	91.82	3
County 1b	FY4–Q2	21.25	2	94.00	1	4.82	11	91.80	3
	FY4–Q3	24.50	13	97.00	2	4.55	35	95.33	3
	FY4–Q4	24.96	10	97.50	2	4.6	54	96.45	3
County 4a	FY4–Q1	25.24	5	97.75	5	4.59	18	96.84	3
	FY4–Q2	25.40	12	–	–	4.69	77	97.70	2
	FY4–Q3	25.40	9	99.00	1	4.61	43	97.60	3
County 4b	FY4–Q3	22.94	8	95.00	1	4.71	93	93.66	3
	FY4–Q4	25.40	12	95.33	3	4.76	45	97.38	3
County 5a	FY4–Q1	25.40	3	90.00	2	4.64	2	94.80	3
	FY4–Q2	25.40	13	94.50	2	4.71	35	96.77	3
	FY4–Q3	25.40	13	94.00	2	4.68	24	96.40	3
	FY4–Q4	25.40	5	97.00	1	4.78	15	98.07	3
County 4c	FY4–Q1	23.35	6	–	–	4.4	69	90.70	2
	FY4–Q2	23.50	11	94.00	1	4.52	58	92.80	3
	FY4–Q3	22.95	3	–	–	–	–	93.40	1
County1c	FY4–Q2	23.05	2	90.00	1	5	2	94.07	3
	FY4–Q3	23.65	2	–	–	–	–	94.60	1
County 5b	FY4–Q1	21.09	5	–	–	4.65	74	88.68	2
	FY4–Q2	23.73	12	–	–	4.69	66	94.36	2
	FY4–Q3	24.47	12	95.00	2	4.64	24	95.22	3

Note: FY = fiscal year; Q = fiscal quarter; SSM = Staff Support Mentor. The possible ranges for each measure are as follows: 0–25.4 (self-assessment), 0–100 (SSM evaluation), 1–5 (participant evaluation), and 20–101.6 (facilitator score).

With all obstacles considered, the outcomes achieved are remarkable. Much of the success of the program's quick adaptation to online delivery can be credited to the systematic self-improvement facilitated by CQI best practices already in place. In sum, the program's culture of CQI, developed and reinforced during the prior 4 years, was instrumental in the minimized interruption and relatively smooth transition to online workshop delivery (Alamillo et al., 2020). The data in Table 4 display the mean values of participant responses to key variables related to the quality of program content and facilitation.

As seen in Table 4, there was little change reported in participant perceptions of the program and facilitation quality between the standard, in-person workshops and the virtual delivery. This finding represents further evidence of the effectiveness of the CQI process in enabling

TABLE 3 Outcome data: Intervention outcome effect sizes (overall)

Scale name	ΔM	n	t	η^2	Effect size
Adult scales ($n = 3,231$)					
Intrapersonal Relationship Quality					
Care for Self	6.21	3,118	−50.91	.454	Large
Mindfulness	−1.61	3,163	20.08	.113	Moderate
Interpersonal Relationship Quality					
Commitment	6.50	3,092	−41.94	.363	Large
Commitment	3.97	2,938	−47.06	.429	Large
Commitment	2.52	2,933	−41.89	.374	Large
Feeling Trapped	0.41	2,937	10.43	.036	Small
Positive Interaction	12.45	3,302	−48.28	.414	Large
Sharing	3.55	2,930	−42.48	.381	Large
Show You Care (self)	2.84	2,908	39.46	.349	Large
Show You Care (partner)	2.53	2,902	−35.34	.301	Large
Positive Interaction (overall)	4.84	3,207	−52.83	.465	Large
Negative Interaction	9.17	3,017	−49.08	.444	Large
Manage Self	6.12	2,843	−55.79	.523	Large
Manage Partner	3.63	2,833	−39.73	.358	Large
Positive Bonds	6.91	3,292	−37.43	.299	Large
Self-Knowledge-Partner	2.66	2,968	−41.62	.369	Large
Partner-Knowledge-Self	2.63	2,974	−39.22	.341	Large
Connectedness	1.05	2,974	−21.67	.136	Moderate
Positive Bonds(overall)	1.38	3,192	−38.31	.315	Large
Satisfaction	11.40	3,293	−45.06	.381	Large
Couple Quality	2.16	2,942	−40.82	.362	Large
Positive/Negative Partner feelings	3.25	3,007	−49.49	.449	Large
Family Harmony	1.64	2,937	−34.11	.284	Large
Consensus	3.61	2,763	−37.61	.339	Large
Overall Satisfaction	2.04	3,195	−38.94	.322	Large
Healthy Skills					
Healthy Relationship Skills	3.36	3,122	−57.84	.517	Large
Youth scales ($n = 1,023$)					
Interpersonal Relationship Quality					
Who am I and where am I going?	2.75	966	−28.50	.457	Large
Attractions and Infatuation	3.70	962	−36.12	.576	Large
Principles of Smart Relationships	3.88	975	−37.21	.587	Large
Is it a Healthy Relationship?	3.25	973	−30.62	.491	Large
Dating Violence and Breaking Up	4.34	977	−34.56	.551	Large
Communication & Healthy Relationships	3.37	973	−30.85	.494	Large
Sexual Decision-Making	4.46	294	−22.96	.643	Large
UF Evaluation Items					
Positive Interaction (overall)[a]	3.33	972	−19.78	.287	Large
Positive Bonds (overall)[a]	1.09	977	−14.49	.177	Large

(Continues)

T A B L E 3 (Continued)

Scale name	ΔM	n	t	η^2	Effect size
Satisfaction[a]	1.50	979	−13.97	.166	Large
Outcomes	4.90	985	−31.03	.496	Large
4-H Common Measure Items					Large
Decision-Making & Problem Solving					
Career Decisions	3.36	986	−27.99	.443	Large
Teamwork and Communication	4.49	980	−25.28	.395	Large
Make Positive Choices	9.94	977	−25.08	.392	Large
Intrapersonal Skills					
Grit	4.13	979	−17.97	.248	Large

[a]Shared with adult scales.

T A B L E 4 Pre–post virtual transition

	Delivery	N	Mean	Std. deviation	Std. error mean
The facilitator(s) was effective in stimulating participation.	In-person	2,915	4.57	0.715	0.013
	Virtual	264	4.53	0.799	0.049
The facilitator(s) cared about the group members and offered support and encouragement during the program.	In-person	2,917	4.57	0.707	0.013
	Virtual	256	4.33	0.892	0.056
The facilitator(s) managed the time and flow of the sessions effectively.	In-person	2,917	4.42	0.824	0.015
	Virtual	265	4.33	0.855	0.052
The facilitator(s) drew upon his/her own experiences in an appropriate and effective way.	In-person	2,915	4.21	0.935	0.017
	Virtual	266	4.18	0.919	0.056
I liked the facilitator(s).	In-person	2,911	4.60	0.708	0.013
	Virtual	266	4.57	0.714	0.044
Overall, how would you rate the quality of the facilitator(s)?	In-person	2,923	4.71	0.589	0.011
	Virtual	266	4.74	0.560	0.034
Overall, how would you rate the quality of the program?	In-person	2,921	4.59	0.647	0.012
	Virtual	267	4.56	0.630	0.039
Would you attend another workshop like this in the future?	In-person	2,925	1.40	0.715	0.013
	Virtual	268	1.44	0.724	0.044

a smooth transition from in-person to virtual program delivery. It also gives credence to the growing trend of offering relationship education virtually.

DISCUSSION AND IMPLICATIONS

This article describes the SMART Couples Project CQI plan as used in context over 5 years. It provides a real-world working example for those conducting FLE and social outreach programs to adapt and build upon as they attempt to integrate CQI best practices into their programs. The SMART Couples Project reached a significant scope of diverse audiences during its grant-

funded implementation period, particularly during a time of disruption and transition from in-person to virtual training and programming due to COVID-19 (Bodenlos et al., 2021). The CQI strategies applied during SMART's program implementation and evaluation relied on three types of data to develop best practices: (a) program data, (b) fidelity data, and (c) outcome data. Each metric was used formatively and summatively to track, evaluate, and inform decision-making within the context of the iterative five-stage CQI framework provided by HMRF (Kalisher et al., 2021) and Jacobs's (2003) five-tiered approach to evaluation. These efforts reinforced the model of change underlying the SMART Couples Project's goal to strengthen marriages, relationships, and families among Florida residents across ethnicities and income levels (see www.smartcouples.org for more information).

Key lessons learned

In developing and deploying the CQI plan described herein, the SMART Couples Project leadership and CQI Implementation Team learned many lessons. The importance of creating a shared culture of learning, referred to by Hawkins et al. (2020) as a "continuous quality improvement mentality" (p. 480), is an essential aspect of effectively implementing a CQI plan. Within the SMART Couples Project, there was initial resistance to some of the CQI tools with staff perceiving them, to an extent, as "extra paperwork." This concern was allayed through a combination of transparency and responsiveness, which contributed to shifting the perspective from seeing new CQI practices as an additional burden to seeing them as tools for individual and collective success. Ongoing communication among program leadership, staff, volunteers, and partners is an essential element of developing team buy-in and appreciation of CQI, including understanding program objectives, emphasizing the importance of program evaluation, and clarifying the role of CQI as a critical assessment tool. The role of leadership in providing consistency and setting a positive example is also essential to cultivating a culture of transparency and rigor in the pursuit of team excellence.

The use of CQI best practices in the context of a Cooperative Extension network represents an innovative approach to program assessment and evaluation as well as a general shift in system development and program culture (Alamillo et al., 2020), a shift which is sometimes met with resistance. The SMART Couples Project worked with an advisory board of administrators, including the Associate Dean for Extension and State Program Leader for 4-H Youth Development, and the Chair of the Department of Family, Youth, and Community Sciences, who helped negotiate conflicts among program and extension stakeholders. This was an essential element in generating momentum toward adopting a culture of CQI, complementing the efforts made by the CQI Implementation Team and staff internal to the program, and deploying a 360-degree approach to team excellence.

The coincidence of the COVID-19 pandemic during the deployment of the CQI plan provided unexpected challenges and benefits to formative and summative evaluation processes by allowing the SMART team to assess the versatility of CQI practices in the context of a large-scale programmatic disruption. Prior to the adjustments made in preparing for virtual program delivery, the frequency of bimonthly Staff Support Mentor evaluations was limited by the in-person observations of workshop sessions, which typically occurred on-site. Systematizing the teaching evaluation and feedback process by recording live workshop sessions allowed for more frequent Mentor observations, peer-to-peer feedback among Program Instructors, and review and input by the Project Director and Coordinator. This iterative and evaluative process allowed for fine-tuning of teaching and facilitation practices, such as learning to navigate Zoom, the video conferencing platform used for online program delivery. Although initially developed due to the need to deliver all programming virtually, the use of videoconferencing and recording teach-back sessions emerged as a valuable CQI process beyond the context of the

pandemic. These findings appear to be consistent with the assessment of Berkel et al. (2019) of the potential benefits and challenges of integrating technology into community program implementation and evaluation (p. 123).

Benefits and recommendations

The CQI best practices presented in the current study cover implementation strategies useful across a spectrum of outreach program types and delivery systems. These include tracking simple recruitment and enrollment metrics, meeting regularly with program management and staff to review progress, and regularly referencing the program mission as foundational practices. More involved CQI practices included developing a unique staff position (Staff Support Mentor) to facilitate in-depth reporting of an array of relevant metrics. The array of CQI implementation options introduced in the current study also allows for programs to deploy CQI best practices at a level appropriate to their organizational capacity; practices need not be extensive or complex to be beneficial as indicated by Darling et al. (2022).

Benefits of CQI deployment include improving program dissemination, adoption, implementation, and maintenance by identifying key best practices that will promote preserving positive program outcomes while allowing for flexibility, as observed in the transition to virtual programming. Additionally, implementing CQI standards may help with staff retention by increasing staff awareness of the rationale for program delivery via improved communication of expectations, transparency of measures, and engagement in improving outcomes (Small et al., 2009, p. 7). In sum, we strongly recommend that FLE and social outreach programs incorporate aspects of CQI at a scale appropriate to the program phase of development and resource availability.

Finally, the adaptation to virtual programming for the SMART Couples Project was compelled by the spread of COVID-19. However, the use of virtual programming presented benefits to participants and staff that will likely continue to be relevant to the future of FLE and social outreach engagement (Berkel et al., 2019). Therefore, we also recommend that program staff be trained in virtual and other electronic tasks of program recruitment and delivery as part of an organizational commitment to CQI.

Limitations

Implementing CQI best practices is a worthwhile and achievable goal for any social outreach program. However, there are pitfalls to consider when adopting CQI procedures, such as a proneness for overemphasizing metrics or incentivizing the wrong aspects of work, which can erode staff or participant morale and inadvertently encourage gaming of the system (Crockett, 2019). Additionally, it can be difficult to determine which data are most essential to collect when developing a CQI plan, especially at the outset. This can lead to investing efforts in collecting data that may prove to be not useful, or missing opportunities to collect relevant data, as was the case in the interruption to surveying staff on their perceptions of the SMART Couples CQI plan. Although an instrument was developed to collect data from staff members to evaluate changes in perception of the CQI efforts over time, deployment of the instrument was interrupted by the COVID-19 pandemic, resulting in no data being collected. These obstacles can be avoided, however, with careful reflection and continual reference back to the guiding program mission and objectives. Furthermore, resource limitations may dissuade programs from designating specific staff to lead CQI efforts. However, volunteer assistance can be

invaluable to CQI, as its planning and implementation do not necessarily require extensive skills or experience to improve program fidelity and outcomes.

Conclusion

Continuous quality improvement best practices represent a powerful tool for outreach program implementation and evaluation. Program managers can employ CQI best practices at multiple levels to fit their purposes and resources in order to maximize benefits for participants and staff alike. Instituting the fundamental CQI best practices at any level can have a potent effect on program culture and serve as a protective factor to program sustainability in the face of unanticipated interruptions. Working vertically within the team and horizontally between program partners to prioritize immediacy and transparency in communication, particularly at the start of new CQI initiatives, is essential for establishing a shared understanding and commitment to the process. Lastly, assembling an advisory board of stakeholders can be an effective approach to guide and support mutual 360 engagement throughout program planning and implementation. With these considerations in mind, the ongoing evaluation afforded through CQI best practices can be a transformative contribution to expanding the impact of social outreach and family life education programs.

ORCID

Tyler S. Nesbit https://orcid.org/0000-0002-9734-9561

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.