A Researcher–Practitioner Collaboration to Enable Replication of an Evidence-Based Financial Education and Coaching Program That Improves Health in Low-Income Single Mothers

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Financial strain is a social determinant of health (SDOH). Although public financial education helps individuals improve financial well-being, specifics are lacking on how and why effective programs work, potentially limiting their successful replication in other practice settings. In this study, researchers and practitioners cocreated the core components and theory of change of a novel financial education and coaching program, which a randomized controlled trial found was effective in significantly improving participants' financial and health-related behaviors. A Cocreating Knowledge Translation Framework within a case study design was used at a university-affiliated nonprofit in Omaha, Nebraska, from August to December 2020. Twelve practitioner and alumni participants were purposefully sampled. An administrative records review, semi-structured interviews (n =3), survey (n = 10), and facilitated backward mapping session (n = 5) were conducted. Transcripts were coded to identify themes. Thirty-one core components were identified within program principles, design, tools, activities, and expectations of participants and coaches. Ten theory of change outcomes described participants' pathway to change. Interventions occurred at individual, relationship, and community levels from initial engagement, through behavioral changes, to improved health-related quality of life. Activities and indicators were mapped to each outcome. The program's intersecting and reinforcing design was key to enabling participants' outcomes. Its theory of change described how and why the model improved financial and health behaviors. Findings suggest that other SDOH-focused organizations may benefit from researcher–practitioner collaboration to investigate their interventions' core components and theories of change. This may enable replication, promoting downstream health benefits in new community settings.

Keywords: financial stress; social determinants; financial education; theory of change; researcher–practitioner collaboration; knowledge translation

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BACKGROUND

Social determinants of health (SDOH) are relevant in screening patients for health interventions. Risk modeling using financial strain and other SDOH alone, without adjustment for clinical comorbidities or costs, predicted nearly 100% of cardiovascular risk in minority and nonminority Medicare patients (Hammond et al., 2020). Overall, SDOH contributed 47% to the 2015 County Health Rankings' health outcomes composite score (Hood et al., 2016). Consequently, interventions targeting SDOH may improve health outcomes.

Financial strain is an SDOH in the Accountable Health Communities Screening Tool (Centers for Medicare and Medicaid Services, n.d.). It is integral to financial stress; an emotional response to financial strain that can adversely impact mental health (Asebedo & Wilmarth, 2017). Higher levels of financial stress are also associated with poorer physical health behaviors and conditions, especially for low-income mothers (Anderson et al., 2015). Financial stress has been correlated with increased risk of incident coronary heart disease in African Americans. It may also be associated with other stress-related behaviors and health conditions, including smoking, diabetes, and depression (Moran et al., 2019). In fact, greater financial strain predicted lower smoking cessation rates among racially and ethnically diverse smokers (Kendzor et al., 2010). In addition, overall financial health impairment is increasingly being recognized as a root cause of other SDOH, including food and housing insecurity, and utility needs (Weida et al., 2020).

Many Americans struggle with financial stress. Despite the strong economy in 2019, 46% reported economic stress in a nationwide poll; this increased to 63% in 2020 during the coronavirus disease 2019 (COVID-19) pandemic (American Psychological Association, 2020). In addition, the pandemic disproportionately impacted low-income adults, women, adults below the age of 30 years, African American and Hispanic adults, and those without a college degree (Parker et al., 2020). Accordingly, interventions addressing financial stress may also help address health disparities.

Public financial education helps individuals improve financial well-being and make more effective financial choices (Haroon et al., 2016). However, effective programs generally lack a clear and detailed analysis of how and why program components are specifically linked to behavior changes (Peeters et al., 2018). This makes successful replication in additional settings more challenging due to unique practitioner and participant characteristics, social dynamics, and implementation environments (Horton et al., 2018). Practitioners may better tailor interventions to local contexts, while retaining quality, by understanding how and why they work (Fichtenberg et al., 2019).

PURPOSE

Analyzing a program's core components and theory of change may help practitioners better understand how and why an effective program works, and adapt it to new practice sites without compromising effectiveness. Core components are principles and activities considered necessary to produce desired outcomes, related to the theory of change that describes how and why a program works (Blase & Fixsen, 2013). A theory of change illustrates participants' pathway of outcomes and connection with activities and success indicators (Taplin et al., 2013). Researchers and users of research outcomes (knowledge users) may collaboratively move evidence into practice, using knowledge translation (KT) frameworks to explicitly integrate scientific and community expertise (Kitson et al., 2013). A financial education model found to enable successful behavior change in single-mother, low-income households is the Financial Success Program (FSP).

The Financial Hope Collaborative (FHC) has provided financial education and coaching since 2009 through the FSP, primarily serving low-income African American single mothers. Participants receive nine weekly classes followed by 1 year of individual monthly coaching sessions. Staff, trainers, and coaches engage participants to believe in themselves, build trust and community, examine their psychological relationship with money, and be accountable to work the program. Participants are provided knowledge and tools, skills practice, and guided reflections. The program manager serves as coach for all participants in each group cohort until graduation, and models coaching behaviors for financial coaches. Financial education is conducted within a context of coaching and support from staff, trainers, and peers, to community agencies that present financial topics during classes (Financial Hope Collaborative, 2020). A 3-year randomized controlled trial found that participants reported a significant increase in income, promotions, and savings, and improvements in other financial behaviors (Packard et al., 2021a). Significant health-related improvements included increased rates of smoking cessation, reduced financial strain, and reduced avoidance of needed medical care due to cost (White et al., 2021). In addition, evidence from a small sample of participants who completed the study during the COVID-19 pandemic suggested that the FSP's model may have equipped them to be more resilient, hopeful, and better adapted to adversity (Packard et al., 2021b).

These findings have considerable implications for the FSP's role in reducing mental and physical health disparities. A 20-year longitudinal study of the Intervention Cohort is underway to examine whether increased economic stability translates to long-term improved health outcomes by delaying the onset of chronic diseases. In addition, the FSP is currently being scaled through an interprofessional medical–financial partnership to collaboratively improve health outcomes of low-income communities through financial stress reduction (White et al., 2021). The purpose of this study was to apply KT and other implementation science tenets to cocreate the FSP's core components and theory of change, and thereby enable its successful replication.

METHOD

This case study was conducted at the FHC, housed at Creighton University in Omaha, Nebraska (Figure 1).

The FSP's three underlying theories were used to inform the study design. First, participants managing limited resources must make daily trade-offs and decisions. The limited resource theory explains how this erodes self-control reserves (Packard et al., 2021a; Vohs et al., 2014). Second, the transtheoretical model of change (TTM) reflects participants' nonlinear process of contemplating, preparing, enacting, and maintaining new behaviors (Prochaska et al., 2015). Third, hope theory holds that people with plans to reach their goals, and confidence in their ability to do so, will be more hopeful and thus more likely to succeed (Snyder et al., 1991). The FSP's curriculum and activities are intentionally designed to increase self-control reserves, apply strategies from the TTM, and increase hope. Understanding why and how they work together was a primary focus of the study.

Implementation science and KT tenets were used to design the study. Program core components considered essential to enable participants' behavior changes were investigated (Blase & Fixsen, 2013). Researchers and knowledge users formally collaborated to design data collection methods, analyze and interpret the results, and cocreate the FSP's core components schedule and theory of change documentation (Kitson et al., 2013; Taplin et al., 2013).

Twelve program stakeholders, representing FSP staff, trainers, coaches, and alumni, were purposefully selected as program experts and knowledge users based on their program insights and experiences. They were engaged throughout the study by adapting Steps 1 to 3 (issue framing; data collection, refining, and testing; and knowledge interpreting, contextualizing, and adapting) of Kitson et al.'s (2013) co-KT framework (Table 1).

Core components were identified through administrative records review and three semi-structured interviews, and validated by surveying 10 stakeholders (Blase & Fixsen, 2013). The theory of change was developed through a facilitated session with five stakeholders (Taplin et al., 2013; Table 2).

The small sample size was addressed by using multiple sources of evidence. Data from administrative records, interviews, survey responses, and theory of change session were triangulated to compare themes and observations. The core components schedule and theory of change documentation were developed from converging lines of inquiry (Yin, 2003).

Core Components

FHC's administrative records were reviewed regarding coach recruiting, orientation, training, contracts, communications, agendas, rosters, and evaluations. Next, Haroon et al.'s (2016) well-researched, participant-centered, practice-oriented resource—*Financial Coaching Program Design Guide*—was used to develop a semi-structured interview guide covering (1) FSP overview, (2) fundamentals and practices; (3) context; (4) target audience; (5) organizational readiness; (6) program model and delivery methods; (7) coach selection and support; (8) recruiting, engagement, and exit; and (9) evaluation. Following informed verbal consent, phone interviews with FHC's executive director, senior program manager, and coaches' trainer were conducted, recorded with permission, and transcribed verbatim. Interview transcripts were analyzed, coded into themes, and 31 core components were developed. These were reviewed with the executive director, and a Likert-type survey was developed to validate them.

Ten survey participants were identified by the senior program manager, based on their program experiences, to solicit a variety of program perspectives. Each individual was contacted to invite her participation and explain the study. Following informed verbal consent, the survey was emailed to each participant and an individual Zoom session was conducted to present and discuss the survey. The list of core components was read and participants were asked to rate the importance of each component using a scale ranging from 1 (*not at all important*) to 5 (*extremely important*)—and the reason(s) for their rating. Survey ratings and qualitative comments were recorded for each participant. Mean ratings were calculated for staff, coaches, trainers, and alumni, and in total; and discussed with the executive director and senior program manager, along with de-identified qualitative comments.

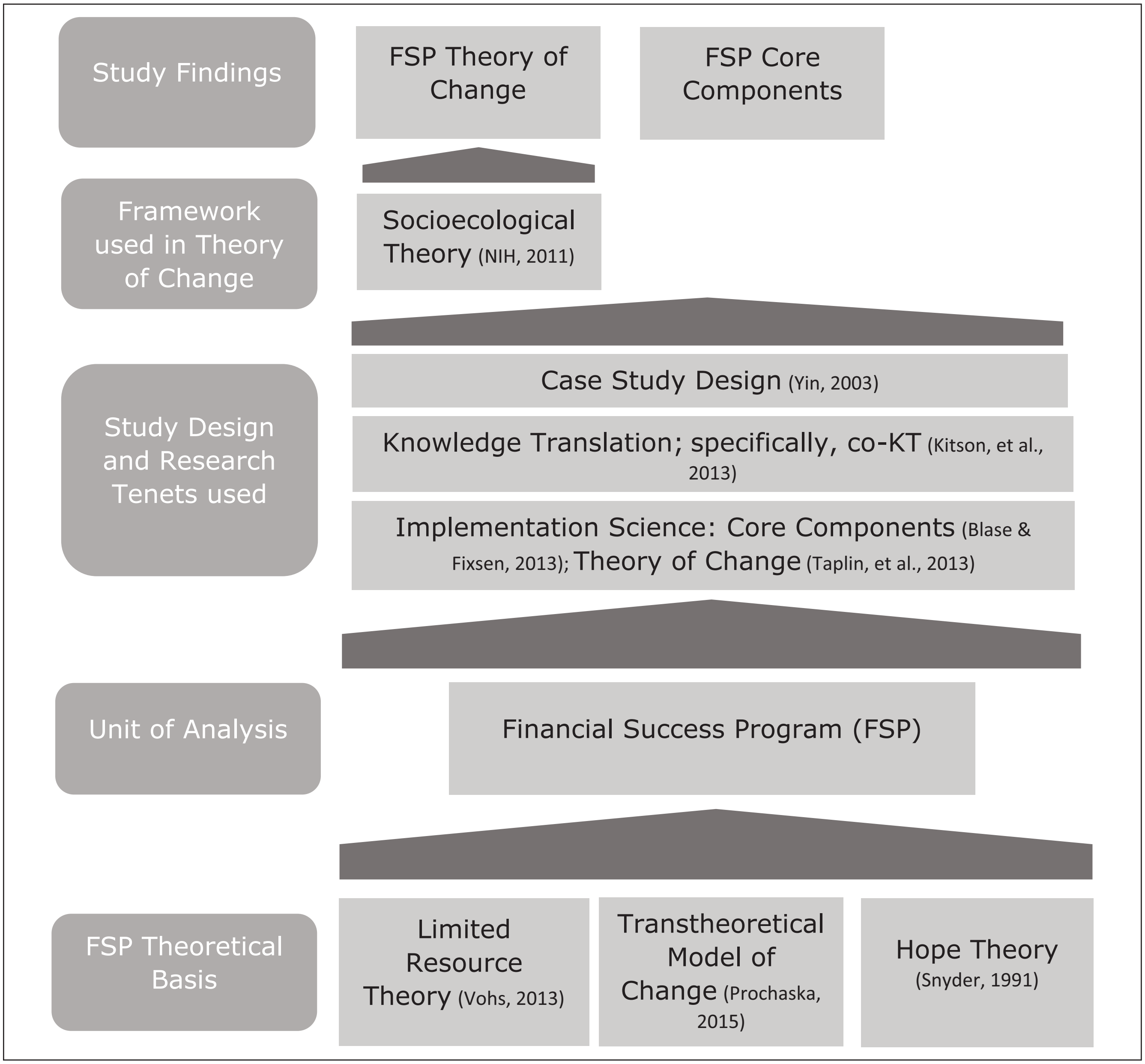

FIGURE 1 High-Level Conceptual Framework

Theory of Change

A program's theory of change can be illustrated as a participant's progressive pathway of outcomes that are linked to specific activities and success indictors. An accompanying narrative describes how and why the program is expected to work, including its theoretical basis and assumptions. A theory of change is often developed with key stakeholders; beginning with the long-term outcome(s) and, working backward, identifying each precondition necessary for the outcome it is expected to produce. This enables the group to critically reflect upon and articulate how and why program outcomes are achieved (Taplin et al., 2013). A 3-hour Zoom session was conducted with three FHC staff and two trainers. Prior to the session, an agenda outlining the process, objectives, expected outputs, and example of a completed theory of change were emailed to participants. These were discussed at the beginning of the session.

TABLE 1
Application of the Cocreating Knowledge Translation Framework (Co-KT)

Step	*Description*	*Activities*
1	Issue framing: Researchers and knowledge users defined and assessed the context-specific issues to be studied and the research question to be answered.	Multiple discussions were conducted to develop research purpose and how results will be used, potential frameworks to identify and operationalize core components and theory of change, data collection methods and timeline, and stakeholder engagement strategies.
2	Data collection, refining and testing: Researchers designed and executed data collection methods; collaborated with knowledge users to analyze, refine, and test the data with additional stakeholders; and translated outcomes into usable products following joint interpretation of the findings.	Semi-structured interviews were conducted with selected knowledge users based on FSP administrative records review and *Financial Coaching Design Guide* (Haroon et al., 2016). Survey participants were selected through consultation with knowledge users, and core components survey questions were developed and refined with knowledge users. A theory of change backward mapping session was conducted with researchers and knowledge users.
3	Knowledge interpreting, contextualizing, and adapting: Researchers and knowledge users collectively interpreted, contextualized, and adapted knowledge for use in articulating research findings.	Survey participants' ratings and feedback for each core component were discussed with knowledge users to jointly interpret the findings. The theory of change table and narrative were developed and interpreted with knowledge users. The core components schedule and theory of change documentation were contextualized and adapted for articulating research findings.
4	Future phase: Findings will be incorporated into implementation planning and training materials for new organizations, and tested.	Researchers and knowledge users will cocreate an implementation plan and training manual, using study findings and other documentation, and iteratively test the core components and theory of change to ensure they are sufficient and appropriate to support replication.
5	Future phase: Implementation plan will be piloted with new organization(s).	Researchers and knowledge users will execute the implementation plan in another community setting, collaborating with the new organization(s) to adapt and replicate the FSP in new practice settings.

Note. FSP = Financial Success Program.
Source. Adapted from Kitson et al. (2013).

Next, beginning with the program's long-term outcome, the group worked backward to determine what intermediate outcomes needed to be in place to achieve it. Each intermediate outcome was then analyzed, along with its assumptions and rationales, to determine whether it was both *sufficient and necessary* for the next outcome to be achieved. The process continued until the group determined that the earliest outcome in the pathway had been identified and described. The group also identified activities and indicators of success, mapping them to each outcome level. The session was documented in real time using Zoom's Whiteboard tool. The group paused periodically to read through and evaluate the outcome levels backward and forward, adjusting them for accuracy, completeness, and logic. The session recording was transcribed verbatim, the schedule of outcomes emailed to the group, and their feedback was solicited.

RESULTS

Core Components Schedule and Survey Ratings

Thirty core program components that emerged from the interviews were grouped into five categories and are presented with their rationales and mean ratings by the participant group (Table 3). The highest rated components focused on participants' trust of program staff and their own competence, and actions they took with their coaches. The lowest rated components included

TABLE 2
Study participants' Roles, Demographics, Experience, and Participation

			Core components		Theory of change
Participant role	*Demographic*	*Program experience*	*Interview*	*Survey*	*session*
Staff—Executive director	62-year-old White female	FSP developer (2006); FHC E/D since 2009	x		x
Staff—Senior program mgr	30s Black female	Group coach for each cohort since 2016	x	x	x
Staff—Program mgr	40s White female	FSP alumni, PM since 2017		x	x
Staff—Admin coordinator	30s Black female	Fmr DHHS caseworker, joined FHC in 2019		x	
Coaches' trainer	40s Black female	Joined FHC in 2012 as coach and program trainer	x	x	x
Program trainer	30s Black female	Program trainer since 2012		x	
Program trainer	50s White female	Coach and trainer since 2012			x
Financial coach	40s Black female	Coach since 2017		x	
Financial coach	30s White female	Coach since 2019		x	
Program alumni	30s Black female	Client in 2008, now coach		x	
Program alumni	30s Black female	Worked the program but struggled with it		x	
Program alumni	30s Black female	Took a 1-year break from the program		x	

Note. FSP = Financial Success Program; FHC = Financial Hope Collaborative; DHHS= Department of Health and Human Services.

utility-level payment plan enrollment and engagement with alumni meetings—activities helpful to many but not all participants and which varied with individual needs. These ratings underscored the critical role of building trust for participants to fully engage with the program, and for participants to actively apply what they learn, which builds their confidence and self-efficacy.

Whereas the mean rating by all groups for every component except level payment plan enrollment was at least 4—*very important*—a slight disconnect occurred between alumni and coach groups, and trainer and staff groups. Mean ratings for alumni and coach groups were 4.9 and 4.8, respectively, compared with trainers (4.5) and staff (4.4). This may be because trainers and staff are explicitly responsible for program quality and focus on continuous improvement.

One surprising finding was the relatively lower rating of developing and monitoring specific, measurable, achievable, relevant, and time-based (SMART) goals because goal-setting strategies and execution are generally acknowledged to enable behavior changes. The mean rating of SMART goals was only 4.5 by all survey participants, and only 4.3 for alumni participants—this group's lowest rating for any component. Respondents indicated that, while SMART goals are important, taking action is key to helping participants improve their financial circumstances, even if they do not make progress toward their goals.

Theory of Change Documentation

The theory of change was developed by identifying and logically arranging program outcomes to construct a participant-focused pathway of change. The group brainstormed and structured participants' outcomes from initial program connection to improving their health-related quality of life. A rhythm was established after approximately 20 minutes, a process that one group member characterized as "making sausage . . . not pretty." The value came from group members' diverse perspectives, which evolved into a shared set of understandings. Initially, the group identified 31 individual outcomes, organizing them into 14 levels of progression

TABLE 3
Core Components Survey Mean Ratings and Qualitative Response Summaries

Core component		*Mean rating by category*				
Description	*Why important*	*All*	*Alumni*	*Coach*	*Trainer*	*Staff*
Program principles						
Participants are respected and their lived experiences are valued	Inspire trust and help participants feel comfortable discussing financial fears and issues. Invite questions.	5.0	5.0	5.0	5.0	5.0
Participants start where it's realistic for them	Meet participants where they are and help them not feel overwhelmed—keep change manageable.	4.9	5.0	4.5	5.0	5.0
Developing solutions and taking actions to build hope for the future—keep moving forward	Taking actions enables progress, helps build confidence and hope, and reinforces behavior changes.	4.9	5.0	4.8	5.0	4.7
Participants are accepted, not judged	Establish FHC as an ally. Encourage participants to let go of shame.	4.8	5.0	5.0	4.5	4.7
Participants focus on the actions they can control	Focus on what participants can influence helps build confidence and sense of agency.	4.8	5.0	4.5	5.0	4.5
Participants are capable of overcoming challenges	Participant is resourceful—no need to "fix".	4.7	5.0	5.0	3.5	5.0
Participants and FHC are partners	Coaches do things *with* participants, not to or for them.	4.6	5.0	5.0	4.0	4.3
Encourage and help support resilience	Life happens—setbacks are normal and temporary. Keep perspective; prioritize life events for you and your family.	4.6	4.7	4.5	4.5	4.7
Normalize brainstorming solutions together and asking questions.	Not realistic to expect any one person to have all the answers—strength of collaborative approach to develop answers together.	4.5	5.0	4.5	5.0	3.7
Expectations of participants						
To make decisions and take actions when needed.	Participants influence their circumstances and reinforce financial behavior changes.	4.9	5.0	5.0	5.0	4.7
To actively engage with the program	Participants build confidence and self-efficacy.	4.8	5.0	5.0	5.0	4.3
To express their needs and set the pace	Keep change manageable—small actionable steps support bigger steps.	4.7	5.0	4.5	4.5	4.7
To choose how to engage with family and friends regarding their finances	Provide tools and support to encourage boundaries with loved ones while respecting autonomy and self-determination.	4.3	5.0	4.0	4.5	3.7
Expectations of coaches						
Be respectful and confidential with participants' data and circumstances	Earn participants' trust and full engagement with the program.	5.0	5.0	5.0	5.0	5.0
Listen and brainstorm actively with participants and help them identify actionable choices	Listen deeply for what is said and unsaid to enable participants to feel heard and validated. Reframe situation to identify choices.	4.8	5.0	5.0	4.5	4.7
Be approachable and relatable, and flexible while setting boundaries and expectations	Be authentic! Remove barriers to appropriate engagement while managing expectations.	4.8	5.0	5.0	5.0	4.3
Be strongly supportive while expecting participants to be accountable for their financial circumstances.	Be compassionate without removing responsibility to make decisions and take actions. Tough love.	4.8	5.0	5.0	5.0	4.3

(continued)

TABLE 3 (CONTINUED)

Core component		Mean rating by category				
Description	*Why important*	*All*	*Alumni*	*Coach*	*Trainer*	*Staff*
Be enthusiastic, celebrate participants' successes	Notice and amplify every success and indicator of participants' progress.	4.6	5.0	5.0	4.0	4.3
Be professional and flexible while staying focused on participant's financial management.	Be professional and mindful of scope of practice. Practice empathy not sympathy.	4.5	5.0	5.0	4.0	4.0
Help participants convert financial worry time into active problem-solving	Help participants' focus on what is actionable.	4.5	5.0	5.0	4.0	4.0
Tools and activities						
Track expenses to manage monthly cash flow and enable spending decisions	Cash flow knowledge enables financial behavior change. Build skills to analyze impacts of financial choices. Develop self-efficacy.	5.0	5.0	5.0	5.0	5.0
Attending classes with coaches helps build rapport and trust	Enables better matching and program engagement.	4.8	5.0	5.0	5.0	4.3
Review credit report with coach and choose actions to take	Connect participants' credit health with financial choices.	4.6	5.0	5.0	4.5	3.8
Develop and monitor SMART goals with coach	Align goals with values and increase chance of attaining goals.	4.5	4.3	4.5	4.5	4.7
Enroll in level payment plan	Keeps utility expense consistent.	4.2	4.3	4.5	3.0	4.5
Program design						
Participant/coach matching early in program with option to switch builds trust	Enables relationship building and program engagement.	4.9	5.0	5.0	5.0	4.7
Interactions with staff, trainers, coaches, and cohort are consistent and reinforcing.	Strengthens support for participants and simplifies coaching messaging.	4.7	5.0	5.0	5.0	4.0
Reflections and activities build awareness and skills	Reinforces class topics, helps build competence.	4.5	5.0	5.0	4.5	3.7
1 year of coaching is needed to build sustainable habits	Internalize and reinforce behavior changes.	4.4	5.0	5.0	3.5	4.0
Alumni meetings help participants keep momentum and remain connected	Provide opportunities for continued learning, social support, and celebration. Reinforces commitment to participant growth and support.	4.3	5.0	5.0	3.5	3.5
Total core component mean rating by category		4.7	4.9	4.8	4.5	4.4

Note. FHC = Financial Hope Collaborative; SMART = specific, measurable, achievable, relevant, and time-based.
Source. Adapted from Blase and Fixsen (2013).

to denote which ones needed to be achieved prior to ascending to the next level, and then identified activities and success indicators. One outcome—awareness—was deemed applicable to all outcome levels and on a continuum, with increasing levels attained as participants progressed. Group members indicated they were able to synthesize personal experiences of the program and visualize and challenge theory logic. Outcomes were discussed with FHC's executive director, and consolidated into 10 levels within four stages, along with their activities and indicators (Table 4). Stages reflect how the FSP aligns with social ecological theory by intervening on individual, relationship, and community levels to achieve desired financial and health-related behaviors: Stage 1—Individual level—Individual connection and fostering trust, Stage 2—Relationship level—More constructive interpersonal engagement, and Stage 3—Community level—More confident interactions with creditors, financial institutions, and other organizations (National Institutes of Health, 2011).

The theory of change narrative was developed by summarizing participants' pathway to change, through their emotional, cognitive, and practical needs being met by the program. These included feelings of connection and support; knowledge and skills practice; and reinforcement. Next, the theoretical basis of the program was described by linking program components to the limited resource theory, the TTM, and hope theory (Prochaska et al., 2015; Snyder et al.,1991; Vohs et al., 2014). How and why participants progressed on their journeys was articulated, along with the program's fit with priority populations.

DISCUSSION

While the study's initial scope was the FSP's financial coaching model, its full education and coaching program was found to be critical for participants to achieve their goals—from initial engagement through the end of their formal program involvement. All program components, tools, and activities were introduced, modeled, and practiced during class. In fact, only two of the 30 core components—coaching duration and alumni meetings—are conducted separately from classes. The value of FSP's interconnected and reinforcing program design was described by a trainer during her survey interview and incorporated verbatim into the theory of change narrative (Table 4). All other relevant quotes were explicitly incorporated into the study's outputs. Findings were greatly enhanced by the researcher–practitioner collaborative strategy, which integrated diverse perspectives through intentional cross-functional planning and robust discussions.

Theory of change outcomes helped explain participants' improved financial behaviors and job promotions. By actively engaging with the program to learn and use tools and strategies, make decisions, and take action when needed, participants internalize more constructive financial behaviors and build self-control reserves and financial confidence. They also learn and practice self-advocating with creditors, banks, and others, expect fair treatment, and constructively resolve issues. Successful interactions invite more self-advocacy and building capacity for future-oriented focus, possibly in career-enhancing ways.

The theory of change also helped explain participants' improved health behaviors from being invited to feel connected and supported, encouraged to move past guilt and shame for past financial mistakes, and expected to be accountable to take more constructive actions. Accountability with social support helps build confidence and reduces stress as participants experience payoffs from improved financial decisions and actions. While program focus is on financial and not health behaviors, improvements to the latter may represent downstream benefits from reduced financial stress and future-oriented thinking. This is because participants grow more intentional about allocating resources to their long-term goals and spending less on unhealthy habits such as smoking.

Finally, the theory of change helped explain participants' increased hope and resilience as they develop plans to reach their goals and grow confident in their ability to execute them. This is accomplished through carefully designed activities that meet participants' emotional, cognitive, and practical needs. Participants are guided and supported in developing goals, learning and practicing tools and skills, reflecting upon actions, celebrating successes, and normalizing errors as learning experiences. Moreover, the FSP model may foster resilience by helping participants build self-efficacy; which can be defined as believing that one can solve difficult problems, accomplish goals, and deal efficiently with unexpected events. Self-efficacy was found to be strongly predictive of resilience during the COVID-19 crisis and reduced the psychological effects of negative earnings shocks (Johnston et al., 2020). FSP participants are coached to advocate for themselves and keep moving forward despite complications and setbacks.

Several theory of change activities are aligned with Prochaska et al.'s (2015) TTM processes of change. For example, personal testimonials of successful program graduates—whose reduced financial stress led to promotions, weight loss, and improved relationships—are shared early in the program and correspond to TTM's dramatic relief change process that engages participants' emotions to motivate new behaviors. Class activities and reflections encourage participants to believe in their ability to change and provide mutual support, corresponding to TTM's self-liberation and helping relationships change processes. Other important program components include reciting a daily financial affirmation and reviewing monthly cash flow with coaches, corresponding to TTM's self-reevaluation and environmental reevaluation change processes.

Other studies examined underlying components of financial behavior change (Peeters et al., 2018); however, they lack details of how and why these components work together. This study is aligned with Andersonet al.'s (2018) research of innovative workplace development programs that incorporate the science of self-regulation. It differs by also describing how and why program components are organized to support participants' outcomes. To the authors' knowledge, this study is unique in using a collaborative research design to analyze how and why an effective financial education model supports participants' improved

TABLE 4
Financial Success Program (FSP) Theory of Change

Outcomes		*Activities*	*Indicators*
Stage 4			
Long-term outcome: Improved health-related quality of life	Improved physical, mental, emotional, and social functioning, and environment (financial resources, information and skills, home environment, and access to social care).	Continue to meet monthly with financial coach to refine strategies and evolve goals as circumstances change.	▲ WHO Quality of Life Survey (Skevington et al., 2004), annual income
Increased hope and reduced financial stress	Increased hope from having a plan to reach your goals and confidence in your ability to execute your plan. Achieving goals helps reduce financial stress and improves family dynamics.	Review monthly cash flows with financial coach to analyze spending patterns and SMART goals progress.	▲Trait Hope Scale (Snyder et al., 1991), Family Economic Strain Scale (FESS; Hilton & Devall, 1997), participants' feedback
Stage 3—Community—Confident interactions			
Growing sense of agency and financial well-being	Increased financial resilience and confidence from building on successes, learning from failures, overcoming obstacles, and trying new strategies. Using mainstream financial products such as bank and savings accounts.	Navigating challenges class. Transition to financial mainstream strategies. Graduation and transition to coaching.	Coaches' feedback and stories, number of bank accounts
More payoffs from active engagement	Improved self-advocacy, financial competence, and healthier relationships. Increased subjective well-being. Reduced evictions, shutoffs, school changes.	Learn about and how to access community resources, such as legal aid and asset building programs.	▼ Evictions, shutoffs, school changes. ▲ Income, savings, credit score, raises, promotions
Behavior changes from taking actions	Feel more empowered from taking and reflecting upon actions. Proactively engage in future-oriented thinking. Improve self-control. Align financial and health behaviors with goals and values and model them for family.	Whoo-hoo moments sharing. Letter to future self. SMART goals development. Describe and analyze daily routine.	▼ Late payments, payday loans, smoking, drinking, fast food. ▲SMART goals progress, home meals
Stage 2—Relationship—Constructive engagement			
Engage more constructively with others	Identify and engage financial team. Proactively engage with creditors. Develop healthier interpersonal boundaries with loved ones, friends, coworkers, others. Expect fair treatment and to constructively resolve issues.	Debt collection, OPPD/MUD, healthy relationship classes. Forgiveness exercise. Apply strategies learned.	▼ debt, ▲ creditor engagement, Level Payment Plan enrollment
Be accountable to own financial position	Improve financial literacy—Identify options, improve decisions. Learn and use tools and strategies. Take responsibility to act more effectively. Develop goal-setting mind-set and skills.	Track expenses using money management tool. Classes and discussions. Homework and sticker points. What Would You Do game. Decision spending card.	Sticker point tallies. Homework analysis. Class participation.
Stage 1—Individual—Connection and fostering trust			
Paradigm shift: Envision success	You are capable and supported by a team to safely explore new financial behaviors without judgment. You can live another way, and things can get better.	Community presenters. Cohort receives coaching from staff until graduation. Sharing stories and experiences during classes.	Participant engagement and reflections, trainer observations
Reframe and normalize challenges	Understand psychological relationship with money. Financial challenges are normal. Acknowledge past financial mistakes. Forgive yourself for what you did not know and move past guilt and shame.	Psychology of money class. Affirmation. Homework and reflections. Review and analyze credit report. Be paired with coach. Keep receipts.	Participant engagement and reflections, trainer observations
Feel connected and supported	The FSP can help you improve your financial circumstances—you are not alone.	Numerous phone and so on contacts and follow-up—we are here to support you. Greeting people at the door. Family dinners and child support during classes.	Phone logs, participant communications, class rosters

Participants build behavioral awareness throughout the program

TABLE 4 (CONTINUED)

Theory of change narrative
Participants' pathway to change Participants succeed because the FSP meets their emotional, cognitive, and practical needs. Participants are → Invited to feel connected, supported, and not judged → Guided through reinforcing processes of financial behavioral improvement → Accountable for learning, skills practice, and reflections + Goals development and taking actions → Improving financial behaviors → Increasing financial confidence → Increasing feelings of empowerment → Reducing financial stress → Improving hope, resilience, and health behaviors → Improving health-related quality of life
An FSP trainer stated that One of the program's greatest strengths is its wrap around design. Participants learn about financial tools and strategies and reinforce this learning through activities and discussion. They reflect on how they can apply their learning and new strategies to make different choices and receive a year of individual monthly coaching support to help work on goals that are based in new knowledge and new commitment to financial health.
Theoretical basis of the FSP Limited resource model—Managing limited resources (money, food, and time) requires daily tradeoffs and decisions that continually erode self-control reserves (Vohs et al., 2014). • Participants increase self-control reserves through ○ Developing and integrating new behaviors—expense tracking, learning, practicing, and reflecting on new financial strategies and SMART goals development and execution. ○ Being accountable to take more effective action to support financial well-being. ○ Social support and encouragement help participants remain motivated and normalize positive financial behaviors. This helps them build better habits and helps reduce financial stress. Transtheoretical model of change (TTM) is a nonlinear process of contemplating, preparing, acting, maintaining, and mastering new behaviors. TTM strategies include education, eliciting emotions, values clarification, pros and cons of making changes, and forming more positive habits (Prochaska et al., 2015). • TTM strategies support participants' improved behaviors: ○ Invite participants to feel connected and supported, and let go of shame and self-criticism about past mistakes and present financial circumstances. Their trust allows them to be open to learning. ○ Reframe financial attitudes into something they can manage, reflect upon their values, and envision themselves as capable of living differently. ○ Learn and practice skills and strategies to substitute healthier financial behaviors, such as analyzing their credit reports; being accountable for making decisions and taking actions; engaging more constructively with family, friends, and creditors; and establishing SMART goals. ○ Cash flow management and contingency thinking occur within a judgment-free social environment that celebrates successes, reminds participants how far they have come, normalizes setbacks as challenges they can overcome, and fosters a sense of forward momentum ○ Group coaching is provided during all classes, and each participant is also paired with her individual coach early in the program. This helps participants and coaches build rapport for their formal coaching relationship that begins after graduation.
Hope theory—people who plan to reach their goals and are confident in their ability to do so will be more hopeful and thus more likely to achieve success (Snyder et al., 1991). Participants build hope by planning and achieving their goals. They build confidence by learning from failures, overcoming obstacles, and trying new strategies. This also helps them build resiliency and engage more constructively with their environment.
Assumptions Participants are more likely to succeed with the program when they have a source of income and are not experiencing mental crises as other interventions are more appropriate when these conditions are not met.

Note. WHO = World Health Organization; OPPD/MUD = Omaha Public Power District/Metropolitan Utilities District.
Source. Adapted from Taplin et al. (2013).

financial and health-related behaviors. Findings may be useful for other community practice sites replicating the FSP by providing critical program components and outcomes and indicators for validating participants' successful pathway to change. These can also be used as criteria for evaluating replication outcomes.

CONCLUSION

This study applied KT and other implementation science tenets to cocreate the FSP's core components and theory of change. The FSP's intersecting and reinforcing design was key to empowering participants to change behaviors and improve financial and health-related outcomes. Participants' multidimensional pathway to change is consistent with Moran et al.'s (2019) recognition of a complex relationship between financial stress and incident coronary heart disease that includes psychological and emotional factors, and social relationships. The theory of change holds that participants achieve improved health-related quality of life because they (1) feel connected to and supported by the program, (2) reframe financial stress to be something they can manage, (3) envision a better life, and (4) engage in future-oriented thinking and actions. This enables them to achieve long-term outcomes of improved financial and health behaviors, reduced financial stress, and increased hopefulness and health-related quality of life.

Limitations

Initially this study focused on only the FSP's coaching program due to time and resource constraints. Although the list of core components that emerged largely reflected the entire program, a broader initial focus might have yielded more robust outcomes, as would a larger survey sample. The theory of change was developed in a single 3-hour session with limited follow-up. A more robust approach could have involved additional stakeholders, including program alumni and additional sessions, and follow-up. Moreover, other program elements may have enabled participants' behavior changes and other positive outcomes, and need to be considered in future research, especially for different community members such as men or youth. Finally, the core components and theory of change need to be tested further to ensure they are sufficient and appropriate for successful replication (Blase & Fixsen, 2013).

Implications and Areas for Future Research

This study illustrates a researcher–practitioner collaboration strategy to understand how and why an SDOH intervention works, so it can be replicated and adapted more effectively in health care and other new practice settings, with various community populations. Integrating knowledge users' expertise into the research generated better insights and more useful findings compared with a less integrated method. FHC staff and program stakeholders provided valuable perspectives of multiple program dimensions and practical, solutions-focused feedback. Findings suggest other SDOH-focused organizations may also benefit from applying co-KT methods to their interventions to better understand how and why they work and to support effective replication in other community settings. Policy-level implications include potential to further enable downstream health benefits from more effective replication of SDOH interventions through researcher–practitioner collaboration, suggesting the need for continued research in this area.

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Supplemental Material

Supplemental material for this article is available at https://journals.sagepub.com/home/hpp.

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