2016 DELPHI STUDY SUMMARY: BARRIERS, FACILITATORS, AND TRAINING NEEDS FOR SUCCESSFUL PSE IMPLEMENTATION IN SNAP-ED AND EFNEP

REGIONAL NUTRITION EDUCATION CENTER OF EXCELLENCE-POLICIES, SYSTEMS, AND ENVIRONMENTAL CHANGE CENTER

Abstract

A Delphi study was conducted with SNAP-Ed and EFNEP networks in early spring 2016 to collect feedback on barriers, facilitators and training needs related to PSE implementation in SNAP-Ed and EFNEP. Top barriers included issues with PSE evaluation, lack of training related to PSE implementation, and problems with coordinating direct education efforts with PSE implementation. Top facilitators included evaluation expertise, PSE training and experience with PSE implementation. Top training and technical assistance needs were for PSE evaluation, how to implement PSEs successfully and how to train and supervise staff to implement PSEs. Recommendations for training are summarized on page 25 of this report.

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OVERVIEW

The Expanded Food and Nutrition Education Program (EFNEP) and the Supplemental Nutrition Assistance Program-Education (SNAP-Ed) are two federally funded nutrition education programs that serve low-income adults and youth. In recent years, federal funding guidance has encouraged SNAP-Ed and EFNEP to include public health approaches with direct education efforts through interventions that target changes in policies, systems, and environments (PSEs). However, implementing agencies vary widely on their ability and capacity to incorporate PSE interventions into their programs. The Regional Nutrition Education Center of Excellence-Policies, Systems, and Environmental Change Center (RNECE-PSE) was funded to address these needs.

As a first step, an environmental scan was completed to identify barriers, facilitators and training and technical assistance needs related to implementing PSEs in SNAP-Ed and EFNEP. A Delphi study was one part of this process and was conducted between January and March 2016. The goal of this process was to provide information that would inform training and technical assistance needs and best practices related to implementing PSEs in SNAP-Ed and EFNEP.

DELPHI TECHNIQUE

The Delphi Technique is a method for soliciting ideas from a group of experts using a series of questionnaires (Hsu & Sandford, 2007; Ludwig, 1997). This technique is credited to Norman Dalkey and Olaf Helmer of the Rand Corporation and was pioneered by the United States Department of Defense to predict large-scale issues including war and population changes (Dalkey & Helmer, 1963; Lindeman, 1981). Numerous public service agencies and organizations including Extension have used the Delphi Technique for needs assessments, program planning and evaluation purposes (Gamon, 1991; Ludwig, 1997).

This method was selected for this project for several reasons including:

1. The importance of including a diverse sample of respondents with the objective of soliciting input from representatives associated with different aspects of SNAP-Ed and EFNEP including project directors from different organizations (Extension and nonprofits) as well as state and regional representatives;
2. The ability to use a method that would facilitate the inclusion of panelists from diverse geographical regions across the United States; and
3. The need to collect information within a shortened timeframe that limited the use of other techniques such as focus groups.

DELPHI PANEL

To recruit panelists, a Qualtrics survey was sent to the ASNNA listserv in January 2016. ASNNA (Association of SNAP Nutrition Education Administrators) is the professional organization for SNAP-Ed implementing agencies (IAs). The organization promotes communication between federal and state SNAP-Ed agencies and provides resources for SNAP-Ed nutrition education. Over 150 email addresses are included in the ASNNA listserv; however, not all of these members implement SNAP-Ed so the initial recruitment letter specifically targeted SNAP-Ed and EFNEP implementers. The first survey included a question asking respondents to provide their email address if they would be willing to serve on the next two rounds of surveys.

ROUND ONE QUESTIONNAIRE

For Round One, an email was sent to the ASNNA listserv explaining the objectives of the project. The email contained a link to the questionnaire created using Qualtrics online software. Forty responses were received representing the four EFNEP regions and from 25 different states throughout the country (Figure 1).
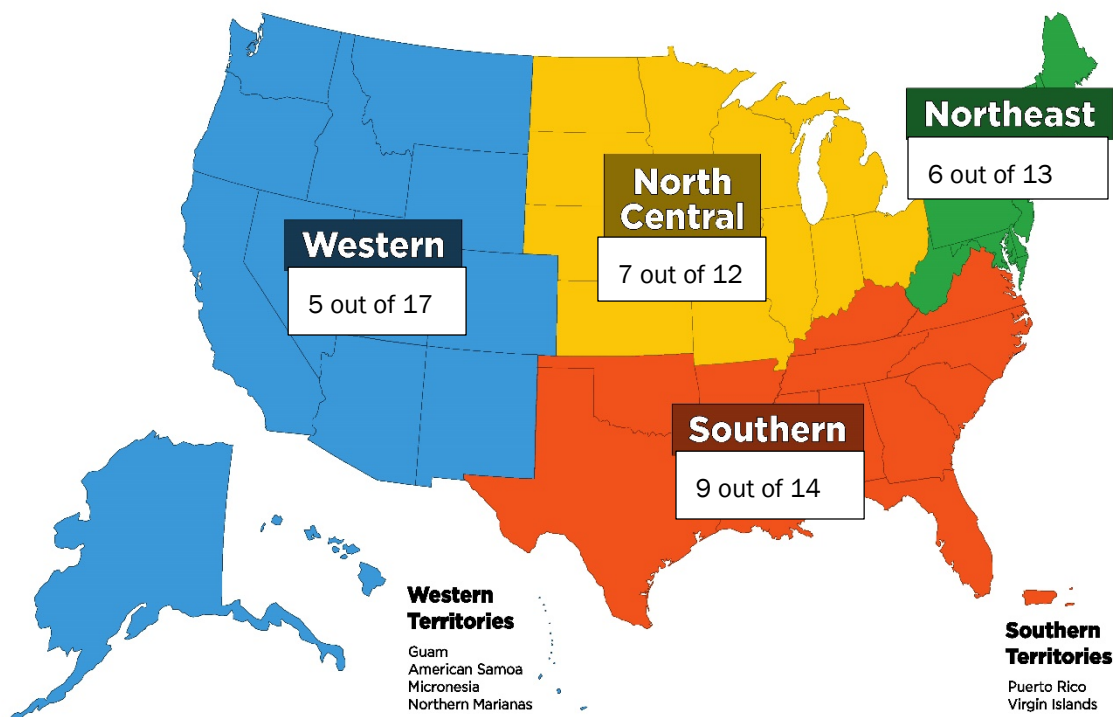
Figure 1. Respondents by EFNEP region

Out of the 40 respondents, 22 were funded only by SNAP-Ed, 14 were funded by SNAP-Ed and EFNEP and two were funded by EFNEP only (two did not answer). Respondents represented a variety of agencies including:

- 26 land grant universities
- 4 state government agencies
- 4 universities (not LGUs)
- 3 nonprofit agencies
- 1 did not answer

The first questionnaire consisted of four open-ended prompts:

1. Think about the challenges your program has faced related to PSE interventions. Describe up to 3 barriers for implementing PSE interventions in your program.
2. Think about what has helped or facilitated PSE interventions for your program. Describe up to 3 facilitators related to PSE interventions for your program.
3. List 2 to 3 training topics related to PSEs that you would be interested in attending.
4. List 2 to 3 technical assistance related to PSEs that you would like to see offered.

Round One responses were grouped into categories for each group (barriers, facilitators, training needs and technical assistance needs). Trends and themes were identified to provide comprehensive ideas from all respondents.

PSE IMPLEMENTATION PREPARATION

Participants were asked to rate how ready their agency is to include PSE approaches in EFNEP and SNAP-Ed programs on a scale of 1 to 10 with 1 being not very prepared and 10 being very prepared. Responses ranged from a low of 2 to a high of 10 (Table 2).

Table 2. Response category for readiness to implement PSEs

Response category	# selected
2	1
5	8
6	6
7	7
8	6
9	6
10	6

BARRIERS

Respondents were asked to list two to three barriers that limited their ability to implement PSEs in SNAP-Ed and EFNEP. The top barriers for implementing PSEs in SNAP-Ed and EFNEP were: capacity limitations, limited knowledge about PSEs, barriers related to evaluation issues, time limitations, issues related to working with partners, and lack of training related to specific PSE issues (Table 3).

Table 3. Categorized barriers for implementing PSEs

Barriers	# identified
Capacity limitations	26
Knowledge about PSEs	21
Issues with PSE evaluation	19
Time limitations	14
Working with partners	11
Lack of PSE training	8
Other	7

BARRIERS RELATED TO LIMITED CAPACITY FOR IMPLEMENTING PSES

Respondents identified several limitations for implementing PSEs related to capacity. As one participant stated: *"The communities served by our programs across the state are very different. It is difficult to organize and suggest PSE projects that will work in all locations and that are 'doable' by all educators."* Three main subcategories emerged related to limited capacity for implementing PSEs: limited staffing capacities, issues related to coordinating direct education with PSEs and funding limitations.

Limited Staffing Capacity

These comments included concerns that existing staff had different levels related to ability to implement PSEs. In addition, comments included concerns that adding PSEs would add to existing staff's workload as well as having a limited number of staff and salary limitations that would restrict their ability to implement PSEs.

- "Restrictions on hiring and salary prohibit developing the capacity needed to fully develop PSE approaches"
- "Implementing PSE interventions is beyond [EFNEP paraprofessionals] work expectations"

- "Some of our educators feel overwhelmed by their direct education workload. They are hesitant to take on other initiatives."

Coordination of Direct Education with PSEs

Capacity also included the ability of their agency to coordinate existing direct education efforts with PSE interventions.

- "Deciding which current direct education SNAP-Ed activities should be given up or compromised, with limited staffing, to accomplish PSE."
- "Incorporating PSE into existing direct education and evidence-based programs"
- "Our original mission was focused on programming, so learning how to fit this long-term collaborative work into our existing structure."
- "Getting connected with a new audience to do PSE work"
- "Understanding of how to incorporate PSE into current activities"

Funding

In addition to funding concerns related to staffing issues, lack of funding specifically for PSE interventions was raised as a barrier for PSE implementation. This included funding for specific PSE activities such as for community gardens, corner store activities or for Farmers' Markets.

LIMITED KNOWLEDGE ABOUT PSE

Three main subcategories emerged related to limited knowledge about PSEs: staff knowledge, PSE rules and regulations and limited knowledge related to PSE implementation.

Staff Knowledge

Concerns were raised about the level of knowledge that staff had related to PSE implementation.

- "The challenge with [new staff] is not only helping them understand their job, but the scope of PSE and coordinating their efforts with SNAP-Ed staff."
- "Understanding by front line staff what a PSE is."
- "Conveying the meaning of PSE interventions to staff who are used to thinking in terms of direct education only."
- "State staff is unsure how to design (plan, implement, monitor, evaluate) successful PSE interventions"

Knowledge Related to PSE Rules and Guidance

Several respondents stated concerns that their understanding of PSE rules and regulations was limited. There were concerns about what was an allowable expense for PSEs as well as concerns about the federal guidance for PSEs in EFNEP and SNAP-Ed.

- "Figuring out exactly what PSE is, what 'counts' as PSE, and what is allowable under SNAP-Ed."
- "Current rules around allowable expenditures."
- "Relating PSE work to allowed activities to for EFNEP and SNAP-Ed—knowing how the guidance and guidelines will be interpreted federally."

Knowledge Related to PSE Implementation

These comments included lack or limited knowledge related to how to implement PSEs and how to establish PSE interventions.

- "Understanding of implementation"
- "Lack of knowledge of best practices"
- "Understanding existing PSE interventions so that efforts are not duplicated"

BARRIERS RELATED TO PSE EVALUATION

The majority of these comments were related to general program evaluation concerns related to PSE evaluation. As one participant stated: *"Data collection and evaluation are the primary challenge we face."* Comments included limited understanding related to reporting efforts, having evaluation and assessment tools for PSE interventions, difficulty evaluating PSE efforts, and coordinating evaluation efforts. Other comments were related to working with partners such as how to assign "credit" for different efforts and how to avoid duplicating evaluation efforts of other agencies.

- "It is a challenge to know how to properly take credit for SNAP-Ed's involvement in a PSE initiative, given there are many partners involved."
- "Reporting still focuses on numbers of individuals."
- "Ability to implement standardized evaluations"
- "No measurement criteria"
- "How are PSE activities evaluated?"
- "Coordination of PSE evaluation with state specific evaluation needs"

TIME LIMITATIONS

Time limitations were related specifically to increased amount of time needed for planning and implementing PSEs interventions. These included comments related to staffing

concerns as well as the amount of time needed before PSE interventions start to show results.

- "Many Extension staff already have full schedules, therefore little to no time to include new areas."
- "PSE interventions generally take more time to implement so we need to be patient when working in these areas."
- "Having enough time for staff to teach classes and participate in community outreach/PSE which can be more time intensive"
- "The state team needs time to learn about how to best implement interventions and who to collaborate with"
- "Time to develop relationships and meet with partners"

BARRIERS FOR WORKING WITH PARTNERS

Respondents recognized the importance of working with partners as one stated: *"We cannot implement [PSEs] by ourselves."* Three main subcategories were related to barriers for working with partners on PSEs: barriers related to partner identification and engagement, partner readiness, and partner coordination.

Identification and Engagement

Comments were made that barriers existed related to identifying appropriate partners to help with PSE efforts, engaging partners who could provide support for these efforts, and establishing long-term relationships with partners for these efforts.

- "Lack the relationships, in many cases, to engage in PSE efforts"
- "Engaging community partners and establishing long-term relationships with them"

Readiness

Some respondents stated that partners were not interested in collaborating in PSE interventions.

- "Partner agencies value our past direct delivery and still want that level of service and may not be ready for the PSE activities we have to offer."
- "Difficult for all SNAP-Ed stakeholders to think different about SNAP-Ed (i.e., that it is no longer a program focused solely on direct nutrition education"

Coordination

Coordination with partners included the need to work together on PSE interventions as well as the need to identify existing PSE interventions being implemented by other agencies in the community.

- "Getting partners on the same page and on the same timeline"
- "Getting approval from various partners in community to hold interventions within their communities"
- "Understanding existing PSE interventions so that efforts are not duplicated"

LACK OF PSE TRAINING

Participants also commented that there was a lack of training related to PSE interventions. This included training related to initiating PSE interventions, reporting efforts, and a lack of training materials. As one participant stated: "*Providing timely and appropriate staff training on PSEs is something we are working on but is also challenging due to other topics that regularly require training time.*"

FACILITATORS

Respondents were asked to identify two to three top facilitators that had assisted with PSE implementation. Fewer facilitators were identified compared to barriers. Support from partners, staff, management and other experts were identified as top facilitators as well as resources, training, and experience with PSE efforts (Table 4).

Table 4. Categorized facilitators for implementing PSEs

Facilitators	# identified
Partnerships/Partner Support	16
Staff Support	14
Resources	13
Experience/Existing Efforts	10
Training	10
Support from Management/Experts	9
Other	4

PARTNERSHIPS/PARTNER SUPPORT

Respondents identified support from partnerships and through partners as a top facilitator for PSE implementation in SNAP-Ed and EFNEP. This included support from partners who were already including PSE efforts in their work, identifying new partnerships and working with partners who were receptive to PSE interventions.

- "Working with a dedicated group of individuals and organizations where everyone takes on a small piece of the puzzle"
- "Statewide coalitions and partnerships at the university level have provided partnership opportunities with leaders in the community who can help"
- "Networking and community involvement (on the part of the educators) to make personal connections with leaders in the community who can help"

STAFF SUPPORT

Three main subcategories were identified related to staff support: staff expertise, staff engagement and a staffing plan directly related to PSE implementation. Staff expertise included having PSE coordinators who could directly lead these efforts as well as other expertise such as research. Staff engagement included comments related to the willingness of employees to engage in PSE activities. As one participant stated: *"Staff are excited to be*

working on the 'cutting edge' of public health work." Staffing plan included hiring adequate staff to implement PSEs as well as outlining responsibilities for existing staff.

- "Designing a matrix regarding PSEs and direct education with evaluation and reporting requirements and outlining responsibilities"
- "We created a new staffing plan so that those who implement SNAP-Ed come in with a more equipped knowledge base to conduct PSE activities"

RESOURCES

Comments about resources included resources from agencies, colleagues and program. Specific resources mentioned included the CDC, the Western Region Evaluation Framework, and the SNAP-Ed Guidance. Adequate funding was also mentioned as a facilitator.

- "Learning how other programs have established PSE interventions—the specific details"
- "Providing definitions and examples of PSE in the SNAP-Ed guidance"
- "Having resource toolkits available at no cost"

SUPPORT FROM MANAGEMENT/EXPERTS

In addition to support from staff and partners, support from management and outside experts was identified as a facilitator for implementing PSEs in SNAP-Ed and EFNEP. This included support from Extension faculty, support from management, and support from the state SNAP-Ed agency.

- "Department emphasis on quality improvement and generally supportive of innovative approaches"
- "Working with our university extension evaluation team to assess what PSE work is happening at baseline"
- "A statewide meeting with Nutrition and Health Education Specialists, communicating the importance of PSE interventions and the role they play in providing those interventions."

TRAINING

Specific trainings related to PSEs that had been offered were identified as a facilitator. This included training resources on specific interventions such as Smarter Lunchrooms and gardening as well as training that was developed and implemented with staff.

- "Creating specific nutrition and health training modules that help staff understand the scope of their work"

- "Training at the national level on PSE interventions through ASNNA, SNEB webinars, Land Grant PDT meetings, EFNEP national meetings"
- "The more I read about PSE and gained an understanding, the better I could educate my staff about PSE"

EXPERIENCE/EXPERTISE

This included comments about actual PSE experience through CDC and other funders. This also included their practical experience and expertise through identifying PSE efforts that were already part of their SNAP-Ed work and identifying direct education approaches that would benefit from PSEs.

- "Piggy backing off existing efforts (classes, food demonstrations, etc.) to expand direct education in PSE interventions"
- "Seeing the impact that PSE interventions can have within an organization or a community—we can affect greater change for more people than our direct education efforts"

TRAINING NEEDS

Respondents were asked to identify two to three top training needs for PSE implementation in SNAP-Ed and EFNEP. Training related to evaluation was identified as the top need, followed by PSE implementation, basic PSE information, partnership development and staff development (Table 5).

Table 5. Categorized training needs for implementing PSEs

Training Needs	# identified
Evaluation	26
PSE Implementation	20
Basic PSE Information	14
Partnership Development	12
Staff Development	3

EVALUATION

Six respondents indicated that evaluation training related to PSE was needed without a specific focus. Specific evaluation needs included comments related to measurement issues, the need for examples of good evaluations, reporting concerns, evaluation tools specific for PSEs, and training related to needs assessments and environmental scans.

Measurement Issues

- "Data analysis"
- "How to evaluate and measure success"
- "How to accurately document reach and the SNAP eligible participants affected by PSE interventions in community settings"
- "Ensuring we are all collecting like data"
- "Developing and/or choosing PSE objectives and evaluation/impact measures"
- "Clarification of the indicators"

Evaluation Examples

- "Success stories from states"
- "Good examples of evaluation of policy and systems change"

Evaluation Tools

- "Using the Western Region Framework—tips and techniques that will help us to collect and report uniform information across states. I can read the indicator guide, but some practical training on it would be helpful and perhaps some training tools that could then be used with paraprofessional educators"
- "How to create evaluation tools and guides of how to collect, report PSE outcomes"
- "We aligned all of our evaluation outcomes to the (Western Region) Framework. However we are having difficulty finding valid and reliable instruments that can feed into the outcomes. I would love to attend a hands-on training that provides states with tools to connect these."

Needs Assessments

- "Conducting a needs assessment, planning and implementing and evaluating"
- "Environmental scans"

Other Evaluation Training Needs

- "Planning for collective impact"

PSE IMPLEMENTATION TRAINING NEEDS

Several participants commented about training needs related to PSE implementation. This included training needs for implementing PSEs in specific settings and for specific interventions. Specific settings included training for assistance with implementing PSEs in schools, child care settings, senior center/office on aging, and stores. Specific interventions mentioned were Safe and Active Routes to School, community gardens, and training about policy and working with state representatives.

- "Effectively 'educating' without perceptions of 'lobbying' "
- "How you start implementing PSEs"
- "Integration into existing programs"
- "Understanding what PSEs you are already doing and linking/coordinating your efforts"
- "Balancing PSE work with direct education—what is the right mix?"

BASIC PSE INFORMATION TRAINING

These training needs included basic information about PSEs. As one respondent stated: *"What exactly are PSEs?"* Several training needs included examples of PSE interventions and tools.

- "Define PSEs and why they are important to direct, community nutrition education programs"
- "Step by step instructions on setting up PSEs"
- "Budgeting"

Examples of PSEs

- "Hearing what other states are doing with PSEs"
- "Best practices for specific, proven PSE interventions and strategies"
- "PSE programming that is not financial or labor intensive"
- "Concrete examples"
- "Major players and successes in different PSE areas"

Tools

- "Grab and Go PSE interventions that could be incorporated into existing adult and youth direct education"
- "Information and a presentation on the highlights of the soon to be coming PSE interventions guide prior to release of FY17 SNAP-Ed Guidance"

PARTNERSHIP DEVELOPMENT

Several respondents identified the need for training related to partnership development. This included training on partner recruitment, how to develop and maintain collaborations, and building community support for PSE interventions.

- "Building community awareness and support for PSE interventions"
- "Working with state agencies to partner for PSE changes"
- "Working with corporations or private sector for support of PSE changes"
- "How to approach different facilities with policy change suggestions"
- "How to engage the community to build capacity within the community to create change"
- "Engaging those most directly affected by possible PSE changes in the decision making process"

STAFF DEVELOPMENT

Staff development was another training need identified by respondents. These included how to train staff to deal with PSE changes related to physical activity, how to help staff move toward PSE work and how to support staff with PSE issues.

TECHNICAL ASSISTANCE NEEDS

Respondents were asked to identify technical assistance needs related to PSE interventions in SNAP-Ed and EFNEP. Many indicated that technical assistance needs were similar to the training needs they already identified. Top technical assistance needs were related to evaluation, communication about PSE efforts and messages, resources and funding, and best practices and examples (Table 6).

Table 6. Categorized technical assistance needs for implementing PSEs

Technical Assistance Needs	# identified
Evaluation	21
Resources/Funding	5
Communication/Messaging	4
Best Practices/Examples	3
Other	4

EVALUATION

Most technical assistance needs were related to evaluating PSEs. Subcategories were similar to training needs for evaluation such as measurement issues, reporting, tools and examples. Comments included:

Measurement

- "How do we measure the reach and impact of PSE activities?"
- "How to easily capture data"
- "How to separate out what we do and what others do in joint endeavors"
- "Using the SNAP-Ed indicators to evaluate PSEs"
- "How to assess which PSE programs are right for your own capacity"

Reporting

- "How to track/report outcomes of PSEs"
- "Collaboration for a national data collection system"

Tools

- "Tools on how to collect data for PSE feedback"

RESOURCES/FUNDING

Technical assistance needs related to resources and funding included the need for a written training guide, assistance with updating curricula with PSE components and funding for training and PSE implementation.

COMMUNICATION AND MESSAGING

Technical assistance was identified as a need for communication and social marketing related to PSE efforts. This included how to use social media for these efforts and how to frame and develop PSE messages.

BEST PRACTICES/EXAMPLES

Technical assistance needs related to best practices and case studies from other states was also identified as a need.

OTHER

Other technical assistance needs were help with identifying exactly what PSE changes are, understanding the roles of partnerships, challenges related to legal and/or policy issues when working on PSE interventions within a community, and techniques for teaching PSEs to educators who have been primarily working with direct education.

ROUND TWO QUESTIONNAIRE

Thirty-three respondents agreed to participate in rounds two and three of the Delphi. Emails were sent to the 33 panelists with a link to an online survey. Twenty-three panelists completed Round Two.

Responses from Round One were placed in three groups (training needs, barriers, and facilitators). Each group had a list of main categories arranged in alphabetical order. For each group (training needs, barriers, facilitators), respondents were informed that the lists were alphabetical and they were asked to rate each category by order of importance on a nine point scale with one being least important to nine being most important (Tables 7 – 9). Panel members were also allowed to include additional statements if they believed the list was incomplete.

Table 7. Barriers for PSE implementation in SNAP-Ed and EFNEP ranked by mean score

Barrier	Mean Score *(S.D.)*	Range
Issues with PSE evaluation	7.19 *(1.69)*	3 – 9
Lack of PSE training	6.31 *(2.30)*	1 – 9
Problems with coordinating direct education efforts with PSEs	6.31 *(1.81)*	2 – 9
Lack of time to implement PSEs	6.13 *(2.38)*	2 – 9
Lack of staff knowledge about PSEs	5.94 *(2.27)*	1 – 9
Lack of time to plan PSEs	5.94 *(2.24)*	2 – 9
Lack of knowledge about PSE rules and regulations	5.75 *(2.12)*	2 – 9
Lack of knowledge related to PSE implementation	5.5 *(2.28)*	2 – 9
Lack of funding for PSEs	5.38 *(2.13)*	1 – 9
Lack of coordination to implement PSEs	5.19 *(1.89)*	2 – 9
Lack of readiness	5.13 *(2.70)*	1 – 9
Issues with engaging partners	5.00 *(2.02)*	2 – 8
Issues with identifying partners	4.94 *(1.68)*	2 – 8
Additional barriers: • "Readiness to change is a big barrier to implementation. We see this often with Smarter Lunchrooms implementation."		

Table 8. Facilitators for implementing PSEs in SNAP-Ed and EFNEP ranked by mean score

Facilitator	Mean Score *(S.D.)*	Range
Evaluation expertise	7.88 *(1.28)*	5 – 9
Training	7.06 *(2.01)*	2 – 9
Experience with PSE implementation	7.00 *(1.92)*	3 – 9
Staff engagement/enthusiasm related to PSE implementation	6.75 *(2.39)*	2 – 9
Staff expertise	6.50 *(2.27)*	2 – 9
Additional funding or other resources	6.25 *(2.21)*	1 – 9
Support from partners and other experts	6.25 *(2.18)*	2 – 9
No additional facilitators identified		

Table 9. Training needs for PSEs in SNAP-Ed and EFNEP ranked by mean score

Training Needs	Mean score *(SD)*	Range
How to evaluate	8.2 *(1.26)*	4 - 9
How to train and supervise staff to implement PSEs	7.3 *(1.82)*	2 – 9
How to implement PSEs	7.2 *(2.03)*	2 – 9
Examples of model PSE programs	7.2 *(1.88)*	2 - 9
How to integrate direct education and PSEs	7.1 *(1.74)*	2 – 9
Tools and resources	7.1 *(1.59)*	3 – 9
Rules and regulations for PSEs	6.8 *(2.10)*	1 – 9
Partnership development	5.2 *(2.33)*	1 – 9
Basic training	4.9 *(1.83)*	2 – 8
Additional training needs identified: • "How to determine PSE reach. Example: How many people (SNAP and non-SNAP) does a community garden reach? How many people does the school garden reach? Do you count everyone in the community or everyone that attends the school, or only those working directly in the garden?" • "The most important questions I have are about how to evaluate the PSEs for our annual narrative and the rules and regulations (especially how to spend SNAP-Ed funds)" • "Identifying indicators in the SNAP-Ed evaluation framework for PSEs" • "Managing direct education while implementing PSEs (what happens when numbers in EARS go down and there is not a way to report PSE. Also going		

beyond process reporting for PSE. More than stating creating a garden, but how is the garden used, procurement, tasting, food stands, etc.)"

- "How to communicate what is PSE to partners and stakeholders without using the abbreviation PSE"
- "How to keep direct ed numbers the same while implementing PSEs"
- "It would be great to have easy to use tools and resources for helping paraprofessional staff implement PSEs in conjunction with their direct education efforts."
- "We have developed introductory videos on PSEs for our staff—so basics not needed in our state."

ROUND THREE QUESTIONNAIRE

The Round Three questionnaire was emailed to all thirty-three participants. The 23 respondents who completed Round Two were sent tables that had the list of training needs ranked by mean score from highest to lowest need in the first column and their ranking in the second column (Table 10). Each respondent was asked to compare their score with the mean score and decide if they agreed with the group score. If they did not agree with the group score, they were asked to provide a reason for their ranking. The 10 respondents who did not complete Round Three were emailed a survey that had the training needs ranked by mean score and they were asked if they agreed with the group mean (Table 11). If they disagreed with the group mean, they were asked to provide a reason for their ranking. All panelists also had the opportunity to provide additional training needs if they felt the list was incomplete.

Table 10. Round Three Questionnaire example for Round Two respondent

Training Needs	Mean score	Your score	Your reasons for disagreeing with the ranking (if you do)
How to evaluate	8.2		
How to train and supervise staff to implement PSEs	7.3		
How to implement PSEs	7.2		
Examples of model PSE programs	7.2		
How to integrate direct education and PSEs	7.1		
Tools and resources	7.1		
Rules and regulations for PSEs	6.8		
Partnership development	5.2		
Basic training	4.9		

Table 11. Round Three Questionnaire example for panelists who did not complete Round Two

Training Needs	Mean score	Your reasons for disagreeing with the ranking (if you do)
How to evaluate	8.2	
How to train and supervise staff to implement PSEs	7.3	
How to implement PSEs	7.2	
Examples of model PSE programs	7.2	
How to integrate direct education and PSEs	7.1	
Tools and resources	7.1	
Rules and regulations for PSEs	6.8	
Partnership development	5.2	
Basic training	4.9	

Twenty-five respondents completed Round Three consisting of 20 who completed Round Two and five who did not complete Round Two. Most respondents (80%) agreed with the group mean and the ranking for all listed training needs. Three commented that training related to implementing PSEs needed to be ranked higher than how to train and supervise staff to implement PSEs—they felt that they needed a good understanding of PSE implementation before they could train others to implement. Four commented that rules and regulations for implementing PSEs needed to be part of implementing PSE training. The final training list prioritized in Round Three is as follows:

1. How to evaluate PSEs
2. How to implement PSEs (including rules and regulations related to PSE implementation)
3. How to train and supervise staff to implement PSEs
4. Examples of model PSE programs
5. How to integrate direct education and PSEs
6. Tools and resources related to PSEs
7. Partnership development
8. Basic PSE training

CONCLUSIONS

In summary, the Delphi study involved responses from 40 SNAP-Ed and EFNEP professionals representing a diverse sample of states and types of agencies. Based on this expertise, the three major themes related to successful implementation of PSEs in SNAP-Ed and EFNEP are:

- The critical role of *evaluation expertise and resources* specifically related to evaluating PSEs
- The importance of *support from staff, partners and management* especially as many programs start to include PSE efforts with direct education efforts
- The need for PSE specific *training and other professional development resources* with the goal of increasing knowledge, expertise and capacity related to PSE efforts

RECOMMENDATIONS

Based on these findings and recognizing the limitations of this project, the following are recommendations for training and technical assistance for implementing PSEs in SNAP-Ed and EFNEP:

- Focus training efforts on top training needs:
  - PSE Evaluation
    - Emphasize evaluation tools already being used like the SNAP-Ed Evaluation Framework
    - Provide a continuum of training that includes basic evaluation methods to more complex ideas
  - How to implement PSEs
    - PSE rules and regulations
    - Assistance with identification of opportunities to build on existing PSE efforts
    - Ways to maximize resources (time, money and staff)
  - How to train and supervise staff to implement PSEs
    - Tips for working with staff at varying levels of expertise
    - Tips for working with partners at varying levels of readiness
    - Methods for helping staff to balance efforts between direct education and PSEs
- Include real world examples of PSE successes, lessons learned and resources needed for implementation
- Provide opportunities to learn from peers
- Collect feedback from potential trainees about effective delivery methods for training

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APPENDIX A. JOB TITLES

Categories	Number identified	Actual Title Given
Coordinator/ Assistant Coordinator	12	• SNAP-Ed Program Coordinator (4) • Program Coordinator (3) • Extension Specialist-SNAP-Ed Coordinator • State Coordinator • NEP Coordinator • FNEP Assistant Coordinator • Assistant Coordinator
Director	9	• SNAP-Ed Director (2) • Nutrition Education Program Director • Family Nutrition Program Project Director • Program Director • Associate Program Director • Director of Research and Evaluation • Director Nutrition, Health & Wellness Division
Manager	2	• Nutrition Program Manager • SNAP-Ed Program Manager
Leader	2	• SNAP-Ed and EFNEP Leader • Program Leader for Nutrition Programs
Professor	2	• Research Assistant Professor • Professor
Other	8	• PSE Coordinator • Extension Specialist • Extension Educator, EFNEP • Co-PI of SNAP-Ed Program Evaluation Capacity for using PSE Approaches • SNAP-Ed PI • Extension Associate • Associate Dean

APPENDIX B. COMMENTS ABOUT BARRIERS FOR IMPLEMENTING PSES IN SNAP-ED AND EFNEP

A. CAPACITY LIMITATIONS

Staff

1. Lack of staff to initiate PSE interventions
2. Use of paraprofessionals in EFNEP. Implementing PSE interventions is beyond their work expectations.
3. Personnel
4. Some of our educators feel overwhelmed by their direct education workload. They are hesitant to take on other initiatives.
5. Restrictions on hiring and salary prohibit developing the capacity needed to fully develop PSE approaches
6. Our state jointly runs the SNAP-Ed and EFNEP programs, a major challenge in our small program is differentiating between appropriate roles for paraprofessionals versus professionals in EFNEP, while simultaneously having all SNAP-Ed staff including paraprofessional level educators implementing PSEs.
7. Our staff are at varying levels of ability to implement PSE activities
8. Changing long-term behaviors of staff related to their job

Coordination of direct education/PSE

9. Our original mission was focused on programming, so learning how to fit this long-term collaborative work into our existing structure.
10. Understanding how to incorporate PSE into current activities
11. Getting connected with a new audience to do PSE work
12. Deciding which current direct education SNAP-Ed activities should be given up or compromised, with limited staffing, to accomplish PSE. We can't just add these additional PSE responsibilities to current staff without cutting back their current (direct education) activities and impacts.
13. Incorporating PSE into existing direct education and evidence-based programs
14. Having the necessary infrastructure in place to move forward with PSE interventions
15. Ensuring the site/neighborhood also receives nutrition education
16. Lack of capacity at SNAP-Ed sites to implement the interventions

Funding

17. Lack of funding for PSE interventions
18. Funds
19. Funding PSE programs when some funding is unconventional (community garden or corner store supplies

20. Lack of funding
21. Other funding issues (like education) take precedent over PSE
22. Availability of proper funding for Farmers' Markets
23. Funding for staff to lead and implement PSE interventions

General

24. Resources.
25. Lack of resources
26. The communities served by our programs across the state are very different. Rural, urban, reservation, etc. It is difficult to organize and suggest PSE projects that will work in all locations and that are "doable" by all educators (some professional, some paraprofessional). Some of our very rural sites have very little in the way of opportunities for partnerships, identification of opportunities, etc. as measured by the Western Region Framework.

B. KNOWLEDGE ABOUT PSEs

Staff knowledge

1. State staff is unsure how to design (plan, implement, monitor, evaluate) successful PSE interventions in SNAP-Ed
2. Understanding by front line staff what a PSE
3. Knowledge of employees
4. We have recently hired and onboarded many new staff. The challenge with this is not only helping them understand their job, but the scope of PSE and coordinating their efforts with SNAP-Ed staff.
5. Conveying the meaning of PSE interventions to regional and local staff who are used to thinking in terms of direct education only
6. Lack of knowledge, experience and expertise among IAs for providing consultation to sites and partners on PSE strategies
7. Ensuring staff know what PSEs are

Knowledge related to PSE rules and guidance

8. Assuring we understand how USDA has defined the different levels of PSEs
9. Previous SNAP-Ed rules and some current rules around allowable expenditures
10. Figuring out exactly what PSE is, what 'counts' as PSE, and what is allowable under SNAP-Ed. For example, if SNAP-Ed staff are members of a task force where another agency is taking the lead in a PSE initiative, do we report that as our PSE activity?
11. Relating PSE work to allowed activities for EFNEP and SNAP-Ed—knowing how the guidance and guidelines will be interpreted federally
12. Little federal guidance

Knowledge related to PSE implementation

13. Lack of knowledge of best practices
14. Understanding of implementation
15. Knowledge on how to establish PSE interventions
16. Awareness of when they are actually incorporating a PSE
17. Understanding existing PSE interventions so that efforts are not duplicated

Other

18. Understanding of what these look like
19. Common definitions for some indicators. For example, what is a food hub or a partnership? These terms need to be more specific.
20. Awareness—from a funding standpoint PSE interventions do not tell the same story as our community-based interventions
21. Appropriateness of some activities for our role

C. EVALUATION

Issues related to partners

1. It is a challenge to know how to properly take credit for SNAP-Ed's involvement in a PSE initiative, given there are many partners involved
2. Duplicate efforts with Public Health and other agencies

Reporting

3. Reporting still focuses on numbers of individuals
4. Collecting data and reports on PSE activities at the local level in a consistent and manageable format
5. Reporting a PSE
6. Reporting on PSEs on state reports

General

7. Ability to implement standardized evaluations
8. Evaluation/assessment
9. Evaluating and documenting PSE activities, impact and reach
10. Coordinating, integrating, recording and evaluating
11. Evaluating outcomes of PSE interventions
12. No measurement criteria
13. Difficulty evaluating PSE
14. How are PSE activities evaluated?
15. Measuring PSEs
16. Understanding of evaluation

17. Coordination of PSE evaluation with state specific evaluation needs
18. Data collection and evaluation are the primary challenge we face although I do believe we are putting in place good strategies to address them
19. Tracking and evaluating PSE interventions

D. PARTNERS

Identification/engagement

1. Identifying appropriate partners
2. Identifying and engaging partners in the community to help implement new programs and get unified community support (because we cannot implement by ourselves. Need community involvement)
3. Lack the relationships, in many cases, to engage in PSE efforts
4. Engaging community partners and establishing long-term relationships with them

Readiness

5. It is difficult trying to help other organizations want to create policy changes that would increase access to healthy food and lifestyle choices. If the organization has the idea on their own it works well to help them implement it, but if they are not invested many are very resistant to the idea.
6. Partner agencies value our past direct delivery and still want that level of service and may not be ready for the PSE activities we have to offer
7. Difficult for all SNAP-Ed stakeholders to think different about SNAP-Ed (i.e., that it is no longer a program focused solely on direct nutrition education)

Coordination

8. Getting partners on the same page and on the same timeline
9. Getting approval from various partners in community to hold interventions within their communities
10. Other groups are already working on PSE interventions
11. Understanding existing PSE interventions so that efforts are not duplicated

E. TIME

Time to implement

1. TIME – Many Extension staff already have full schedules, therefore little to no time to include new areas.
2. Takes time to get them up and running
3. Time to implement and follow-up
4. Dedicating staff time to PSE. Much time is spent on direct education

5. PSE interventions generally take more time to implement so we need to be patient when working in these areas but we also need our funders and partners to be patient
6. Having enough time for staff to teach classes and participate in community outreach/PSE which can be more time intensive
7. Length of time that PSEs can take before results are realized
8. Lack the time to do this type of work

Time to plan

9. Time of coordinator to plan
10. The state team needs time to learn about how to best implement interventions and who to collaborate with
11. Time to develop relationships and meet with partners

General

12. Time and staff resources
13. Lack of staff time
14. Lack of time

F. TRAINING

1. Lack of training to initiate PSE interventions
2. Lack of training
3. Educating all FCS faculty about the importance of reporting their PSE interventions
4. Providing timely and appropriate staff training on PSEs is something we are working on but is also challenging due to other topics that regularly require training time
5. Lack of staff training materials
6. Training staff on how to implement new PSE initiatives
7. Training of regional specialist
8. Training our SNAP-Ed and EFNEP educators on PSE interventions and how to work with community partners on these efforts

G. OTHER

1. PSE seen as "excess regulation" in our state
2. Considering PSE work related to physical activity. Our focus has been on food and nutrition
3. Lack of local accountability
4. Coherent message
5. Coordination of PSE projects across disciplines
6. Low culture of Farmer's Markets so the number of clients is small and the local farmers do not get enough profits
7. Unhealthy food industry avenues

APPENDIX C. COMMENTS ABOUT FACILITATORS FOR IMPLEMENTING PSES IN SNAP-ED AND EFNEP

A. PARTNERSHIPS/PARTNER SUPPORT

1. Already working with partners who were doing PSE work to support our clients of direct teaching
2. Coalitions/collaborations! Working with a dedicated group of individuals and organizations where everyone takes on a small piece to the puzzle
3. We are a small state so we have some contacts in place to now switch our work to PSE interventions
4. Partnerships with Team Nutrition on Smarter Lunchrooms and School Wellness has been an excellent facilitator of projects to partner on.
5. Statewide coalitions and partnerships at the University level have provided partnership opportunities for PSE work in some community sites
6. Networking and community involvement (on the part of the educators) to make personal connections with leaders in the community who can help
7. Program history of working within coalitions at the local level—strong networks already established at county level through Extension programming
8. We have been working in close contact with the school food service vendors to increase fruit and vegetable consumption in the schools
9. We have been working closely with school wellness committees to include parent and child representation on committee
10. Ability to work with more partners across sectors
11. Existing partnerships with state level agencies and organizations
12. Local partnerships facilitated through implementation of the Extension model
13. Building community partnerships
14. Change in social and cultural norms within our state to embrace PSE changes. Our collaborators are receptive to PSE changes
15. Collaborating with other organizations and partners assist in deepening the impact of PSE interventions
16. Offering free educational opportunities to schools

B. STAFF SUPPORT

1. Knowledge of SNAP-Ed coordinator (MPH)
2. Expert experienced staff (few in numbers but well-versed in PSE approaches)
3. Program staff focused on PSEs only (food systems coordinators, public health coordinators)
4. Hiring staff that have backgrounds that enhance their ability to carry out PSE work

5. Hiring a Coordinator of Food Access and Availability within our state. The Coordinator was hired nearly four years ago and helped launch PSE work prior to PSE being explicitly mentioned within the SNAP-Ed plan.
6. Research expertise on staff
7. We have hired two state-level PSE specialists to work with all SNAP-Ed implementing agencies.

Staff engagement

8. Willingness/interest of employees to engage in activities
9. Staff are excited to be working on the "cutting edge" of public health work
10. Ongoing discussions on PSE approaches and relationship to the socio-ecological model

Staffing Plan

11. Designing a matrix regarding PSEs and direct education with evaluation and reporting requirements and outlining responsibilities
12. Adequate staffing
13. Dedicating a portion of employee time to work on collaboration, including increasing staff so that there are people who have more time dedicated to this mission
14. We created a new staffing plan so that those who implement SNAP-Ed come in with a more equipped knowledge base to conduct PSE activities

C. RESOURCES

1. Some information pieces put out by other universities
2. CDC resources
3. Resources from other regions, the national office, and other programs
4. Resources shared with colleagues across the region and states
5. Research
6. Learning how other programs have established PSE interventions—the specific details
7. Providing definitions and examples of PSE in the SNAP-Ed guidance
8. Having resource toolkits available at no cost
9. The WRO
10. Federal guidance
11. Having funding available
12. Mini grants
13. Using the Western Region evaluation framework to provide structure for PSE activities and documentations

D. SUPPORT FROM MANAGEMENT/EXPERTS

1. Support of other Extension faculty
2. Management embraced PSE work
3. Department emphasis on quality improvement and generally supportive of innovative approaches
4. The department of education and Team Nutrition have initiated two of our three interventions, with the third being initiated via DHHS and their various grants
5. Outside expertise from UF/IFAS Extension-specifically as it relates to agriculture and food access
6. Working with our university evaluation team to assess what PSE work is happening at baseline
7. Support from state SNAP-Ed administrative agency
8. A statewide meeting with Nutrition and Health Education Specialists, communicating the importance of PSE interventions and the role they play in providing those interventions.
9. Interest among IAs to increase their capacity to use PSE approaches

E. TRAINING

1. Specific training on PSE approaches and layering onto existing efforts (Smarter Lunchroom Movement, Gardens, walking, Shaping Healthy Choices, etc)
2. Creating specific nutrition and health training modules that help staff understand the scope of their work
3. Training at the national level on PSE interventions through ASSNA, SNEB webinars, Land Grant PDT meetings, EFNEP national meetings
4. Training. The most I read about PSE and gained an understanding, the better I could educate my staff about PSE
5. Our Extension Health and Nutrition Educators created 4 PSE on-line training modules for self-study and preparation for a state-wide conference focusing on PSE
6. Webinars demonstrating concrete examples
7. A webinar from Centers for Excellence describing PSE work and giving specific examples
8. Webinars
9. Training staff on what PSE interventions are
10. We conducted regional meetings showcasing PSE work for training and encouraging PSE implementation. There was much collegial support.

F. EXPERIENCE/EXPERTISE

1. Prior experience with a CDC grant that targeted PSE interventions
2. Past experience and knowledge

3. Knowledge of existing evidence based PSE program and their associated toolkits
4. We have been working on PSE strategies through funding external to SNAP-Ed for a number of years and that has been most beneficial. So we have many strategies defined. We need to focus on training faculty
5. Common approaches between chronic disease and public health nutrition programs (like WIC and SNAP-Ed)
6. Identification of existing actions that are PSE related
7. Piggy backing off existing efforts (classes, food demonstrations, etc) to expand direct education into PSE interventions
8. Trial and error
9. Being a food bank with credibility in the community
10. Seeing the impact that PSE interventions can have within an organization or on a community—we can affect greater change for more people that our direct education efforts.

G. OTHER

1. SNAP-Ed change in focus
2. Small interventions that don't require much collaboration within multiple partners
3. Incorporating PSE reporting into evaluations
4. Combining healthy cooking and gardening

APPENDIX D. TRAINING NEEDS FOR IMPLEMENTING PSES IN SNAP-ED AND EFNEP

A. EVALUATION

General

1. Evaluation
2. Evaluation
3. Evaluating PSEs
4. Evaluating PSE.
5. Evaluation of PSEs
6. Evaluating

Measurement

7. Data analysis
8. How to evaluate and measure success
9. How to track and evaluate PSE initiatives
10. Developing evaluation metrics
11. How to measure PSE work
12. How to accurately document reach and the SNAP-eligible participants affected by PSE interventions in community settings
13. Developing and/or choosing PSE objectives and evaluation/impact measures
14. Ensuring we are all collecting like data
15. Assessing effectiveness
16. Clarification of the indicators

Examples

17. Good examples of evaluation of policy and systems change
18. Success stories from states

Reporting

19. Reporting on PSEs (specific state reporting requirements)
20. Including in the annual SNAP-Ed proposal; reporting PSE interventions

Tools

21. Using the Western Region Framework—tips and techniques that will help us to collect and report uniform information across states. At the Director Level, I can read the indicator guide, but some practical training on it would be helpful and perhaps some training tools that could then be used with paraprofessional educators
22. How to create evaluation tools and guidelines of how to collect, report PSE outcomes

23. We aligned all of our evaluation outcomes to the (Western Region) Evaluation Framework - however we are having difficulty finding valid and reliable instruments that can feed into the outcomes. I would love to attend a hands-on training that provides states with tools to connect these.

Needs Assessments

24. Conducting a needs assessment, planning and implementing and evaluating
25. Environmental scans

Other

26. Planning for collective impact

IMPLEMENTATION

1. Influencing without being in control of the project
2. Effectively "educating" without perceptions of "lobbying"
3. How you start implementing PSEs
4. Best practices
5. Integration into existing programs
6. Understanding what PSEs you are already doing and linking/coordinating your efforts
7. Incorporating environmental changes into direct program delivery
8. Balancing PSE work with direct education—what is the right mix?
9. Coordinating efforts across different programs
10. Planning community interventions in the community
11. More ideas to improve the food environment
12. Developing an effective media plan

Specific settings

13. How to work with schools to create PSE changes
14. PSE strategies within child care settings
15. PSE strategies within senior center/offices on aging settings
16. Working with stores to promote healthy purchases
17. Working with schools to increase healthy options

Specific interventions

18. Safe and Active Routes to School
19. Community Gardens
20. Workshops that define policy; how to contact your state representative

BASIC INFORMATION ABOUT PSEs

1. PSEs from a USDA framework
2. Define PSEs and why they are important to direct, community nutrition education programs
3. What exactly are PSEs?
4. Step by step instruction on setting up PSEs
5. Budgeting
6. How to coach

Examples

7. Additional examples
8. Hearing what other states are doing with PSE: activities, organization, evaluation, reporting and impacts
9. Best practices for specific, proven PSE interventions and strategies
10. PSE programming that is not financial or labor intensive
11. Concrete examples
12. Major players and successes in different PSE areas

Tools

13. Grab and Go PSE interventions that could be incorporated into existing adult and youth direct education curricula, complete with suggestions for partners, appropriate methods and tools for identification of opportunities, and suggestions for trackable (via Western Region Framework) changes to nutrition and physical activity environments
14. Information and a presentation on the highlights of the soon to be coming updated PSE interventions guide prior to release of FY12 SNAP-Ed Guidance

PARTNERSHIP DEVELOPMENT

1. How to recruit team members for participation
2. Developing and maintaining diverse collaborations
3. Getting everyone on board
4. Building community awareness and support for PSE interventions
5. How to track, monitor and evaluate partnerships that are so crucial for PSE changes
6. Working with state agencies to partner for PSE changes
7. Working with corporations or private sector for support of PSE changes
8. How to approach different facilities with policy change suggestions. Our educators have identified many locations throughout the state that serve our target population

that would benefit from food related policy change. It is difficult to approach these organizations without receiving resistance of upper management

9. How to engage the community to build capacity within the community to create change.
10. Engaging those most directly affected by possible PSE changes in the decision making process.
11. Developing effective and meaningful collaborations
12. How to support contractors working on PSE changes at the local level

STAFF DEVELOPMENT

1. How to help staff move to PSE work (how people react to change, how to help them move forward to new ways of thinking
2. Building PSE understanding and recognition at the frontline
3. We also have a Physical Activity Specialist in our state - however the physical activity area is admittedly our weakest component. With most staff trained in food and nutrition, how do we build confidence among staff to consider PSE work specific to physical activity and what are simple tools we can use to move forward in that area

APPENDIX E. TECHNICAL ASSISTANCE NEEDS FOR IMPLEMENTING PSES IN SNAP-ED AND EFNEP

A. EVALUATION

General

1. Evaluation
2. Evaluation of PSEs
3. Evaluation of interventions

Measurement

4. Consensus on how to best measure fruit and vegetable intake in a take home survey of students
5. How do we measure the reach and impact of PSE activities?
6. Tracking and evaluation tools for PSE efforts
7. How to easily capture data
8. How to separate out what we do and what others do in joint endeavors
9. Using the SNAP-Ed indicators (WRO RW) to evaluate PSEs
10. Assessment
11. How to assess which PSE programs are right for your own capacity
12. How to justify PSE programming if the results are not quantifiable after one year (SNAP-Ed programming and reporting year)

Reporting

13. How to track/report outcomes of PSEs
14. What level of involvement in a PSE initiative do we need to have in order to report it as 'ours'?
15. How to report data
16. Reporting (online, tools that help create surveys, etc.)
17. I think collaboration around, or who will give guidance, to a national data collection system if one is to be developed. Right now everyone is developing their own. I think some energy needs to be around a central or common collection strategy or system.
18. Communicating the importance of reporting PSE work being completed and the audience that those PSEs are reaching

Tools

19. Evaluation tools and techniques for collecting and compiling PSE impacts and changes
20. Tools on how to collect data for PSE feedback

Examples

21. Samples of how others are documenting PSE work

B. RESOURCES/FUNDING

1. Training guide (written)
2. Materials, resources and guidance
3. Updating curricula with PSE components
4. Funding for staff and leadership training
5. Funding and funding opportunities

C. COMMUNICATION/MESSAGING

1. Communication strategies and social marketing to further PSE efforts
2. Effectively harnessing the power of social media in public agencies to promote PSE initiatives (Again without being perceived as "lobbying")
3. "Framing" PSE messages
4. Message development

D. BEST PRACTICES/EXAMPLES

1. Best practices
2. Sharing best practices for PSE practices
3. Case studies

E. OTHER

1. Occasionally I have trouble identifying a PSE change. It's not always black and white. It often starts with an activity that is a one-time event. This can help build relationships and spark interest. The actual PSE change may not happen immediately.
2. Understanding of roles in partnerships and how to capture
3. Legal/Policy/Regulatory challenges that arise when working on PSE interventions within a community
4. Techniques for teaching PSE to educators involved primarily in direct education