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Advancing Community-Centered Engagement in the CalFresh Healthy Living, Catholic Charities of California Program

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ABSTRACT. This study examined how the local implementing agencies (LIAs) of the Catholic Charities of California utilized community-centered strategies in their program environments as part of the statewide SNAP-Ed federally-funded program to support youth and family health and well-being outcomes. This convergent, mixed-methods assessment used a 16-item, 5-point Likert) survey with open-ended qualitative questions. The survey was delivered to 70 LIA personnel; 60 responded (86 % response rate), with 44 complete responses. Agreement with all 16 indicators ranged from 56% to 100% providing validation that the SNAP-Ed implementation standards were followed. Eleven themes were clustered into three domains in the qualitative analysis. Strengths included: (a) hiring and retention of staff who share participants' lived experiences that foster trust, (b) partnerships with community "champions" to co-lead nutrition and physical-activity initiatives, and (c) real-time adaptation of lesson timing, content, and incentives based on community feedback. Findings illustrate an asset-oriented, systems-level pathway by which FBOs can support improvements in youth and family dietary and activity patterns. Formalizing feedback tools and scaling strength-based staffing practices could broaden SNAP-Ed's reach and deepen its impact on family health outcomes.

Keywords: nutrition education, community-centered engagement, faith-based organizations

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Advancing Community-Centered Engagement in the CalFresh Healthy Living, Catholic Charities of California Program

This research was conducted to assess community-engaged practices within Catholic Charities of California's local implementing agencies involved in the CalFresh Healthy Living Program, California's implementation of the federally funded Supplemental Nutrition Assistance Program Education (SNAP-Ed). Grounded in a community-centered approach, this study aimed to identify strengths and provide actionable insights to enhance how local agencies support the health and well-being of youth and families through collaborative, community-based strategies. Specifically, the study examined how local agency personnel perceive and enact community engagement practices across three domains, including staffing, community-engaged activities, and responsiveness to community contexts.

SNAP-Ed is the nutrition education and obesity prevention arm of the Supplemental Nutrition Assistance Program (SNAP), "the nation's largest domestic food and nutrition assistance program for low-income Americans" (Jimenez et al., 2025, p. 3). Operating in all 50 states, as well as the District of Columbia, U.S. Virgin Islands, and Guam, SNAP-Ed received approximately \$521 million in federal funding in FY2024, with over \$126 million invested in California (Firsk, 2023). Nationally, the program reached more than 10.6 million individuals through policy, systems, and environmental change interventions, and an additional 1.27 million people through direct education at over 17,300 sites, with approximately 906,000 of those participants being youth (National SNAP-Ed Implementing Agencies, 2024). In California alone, SNAP-Ed (known as CalFresh Healthy Living in California) reached more than 1.8 million adults and youth in FY2024 through a network of 111 Local Implementing Agencies operating across all 58 counties (CalFresh Healthy Living, 2025).

Catholic Charities of California (CCC) serves as one of four State Implementing Agencies for CalFresh Healthy Living, which is administered by the California Department of Social Services. The CalFresh Healthy Living, CCC program serves 27 counties across the state through 12 local Catholic Charities organizations, reaching over 300,000 individuals (Catholic Charities of California, 2025). In 2024, Catholic Charities statewide provided over 28,000 participants with nutrition and physical activity education, also reaching more than 325,000 people through indirect education (Catholic Charities of California, 2025). CCC delivers programming through a network of 12 local Catholic Charities organizations (local implementing agencies) that provide direct education and PSE change activities to low-income families and youth across California. Since 2013, Catholic Charities of California and its local implementing agencies have been providing CalFresh Healthy Living programming. These local implementing agencies operate across diverse urban, suburban, and rural communities, delivering evidence-based nutrition and physical activity programming in settings such as schools, food pantries, senior nutrition sites, and community centers, serving communities with high rates of food insecurity. Catholic Charities of California, as a statewide, faith-based state implementing agency of the CalFresh Healthy Living program, plays a vital role in connecting programmatic interventions with the daily realities of families who are navigating food insecurity and the daily challenges associated with lower socio-economic conditions.

The Community-Centered Programming Initiative, developed by the University of California, Davis, supports improvements in CalFresh Healthy Living programming outcomes across California by promoting practices that are informed by and rooted in the lived experiences of families and communities. The initiative's mission aligns with the broader CalFresh Healthy Living mission "to inspire and empower under-served Californians to improve their health by promoting awareness, education, and community change through diverse partnerships, resulting in healthy eating and active living" (CalFresh Healthy Living, 2024). Despite growing recognition of the importance of community-

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engaged and responsive strategies in public health programming (Akintobi et al., 2025), there is limited research on how these approaches are implemented at the local level within complex, federally funded programs (D'Agostino et al., 2024), particularly within faith-based agencies that work closely with low-income families (Parra-Cardona et al., 2021). The initiative provides expertise in community-centered programming and research, utilizing data to drive decision-making and evidence-based practices that align with SNAP-ED Plan Guidance, federal regulations, and state-level goals and priorities. In FY2025, a core objective was to strengthen behavioral, policy, systems, and environmental interventions that support youth, individual, and family health, in partnership with State Implementing Agencies.

This research specifically explored how Catholic Charities of California's local implementing agencies perceive and enact community engagement practices within their local CalFresh Healthy Living programming. It addressed the following: (a) practices related to staff, including hiring, retention, and training; (b) community engagement, including soliciting community feedback, community-led activities, and data sharing; and (c) responsiveness, including strong community partnerships, decision-making, and site selection. By centering the voices of local community educators and their relationship with the youth and families they serve, this study contributes to the growing body of research on family well-being, systems-level interventions, and the role of community-engaged practices in addressing gaps in health and wellbeing. The overall aim of the study was to identify local agencies' strengths in implementing collaborative, community-based strategies to support the health and well-being of the youth and families they serve, as well as to provide actionable insights that build on those strengths.

Literature Review

Community-Centered Programming

Community-centered programming utilizes a positive lens that recognizes the strengths and assets of the local community, as well as the community's deep knowledge of needs and barriers that impact nutrition-related behaviors and outcomes (Israel et al., 2005). Programs co-developed in partnership with community members are more likely to address context-specific barriers, leading to increased engagement and improved outcomes (Cory et al., 2021; Hubbard et al., 2014). Approaches that prioritize meaningful partnership with local communities increase trust and participation in educational programs (Luecking et al., 2025), and can provide increased insight into policy, system, and environmental (PSE) conditions, as well as PSE improvements that further support nutrition and physical activity outcomes (Yarocho et al., 2020). For these reasons, programs that have been co-designed and implemented in partnership with communities are more likely to be sustainable, contributing to improvements that are maintained over time (Kepper et al., 2024).

Within community-centered programming, evidence-based positive practices refer to specific strategies that support meaningful community engagement and produce measurable health outcomes. These practices can include participatory needs assessments, community-led activity design, shared data governance, and collaborative feedback mechanisms (Israel et al., 1998; Wallerstein & Duran, 2006; Sabatello et al., 2022). An example of a well-documented positive practice is photovoice, a participatory research methodology developed by Wang and Burris (1997) that combines photography with community dialogue to enable participants to document their lived experiences, identify community strengths and concerns, and advocate for change. Such community-centered practices can be used to surface community knowledge that would not emerge through conventional survey methods. In the context of nutrition education, SNAP-Ed has increasingly moved toward approaches that combine direct education with multilevel, participatory strategies, including participatory practices like photovoice (Jimenez et al., 2025; Rivera et al., 2019). Approaches that combine education, promotion, and

comprehensive, multilevel interventions at organizational and institutional levels have shown “promise in creating sustainable, population-level changes in nutrition environments and health outcomes” (George & Ravola, 2025, p. 402).

Community-centered programming, however, can often be complex, particularly when delivering an established program with previously approved curricula and evaluation tools, such as SNAP-Ed, and “challenges can derail even the most well-intentioned efforts” (Jacquez & Svedin, 2020, p. 3). At times, attempts to facilitate a community-engaged approach can inadvertently minimize community knowledge and trust while increasing conflicts and barriers to participation (Mokos, 2022; Hallmark et al., 2023). To successfully implement community-centered programming, organizations “often need extensive training” to overcome organizational and community barriers, as well as to successfully solicit and integrate community partnership (Hallmark et al., 2023, p. 2).

Faith-Based Organizations

Faith-based organizations (FBOs) have increasingly served as key partners in the delivery of state and federally funded programs aimed at addressing public health, nutrition, and social service needs (Idler et al., 2019). These organizations often have deep roots in the communities they serve, which can enhance community relevance, trust, and access, especially among populations that are underserved or historically marginalized (Monsma, 2007; Parra-Cardona et al., 2021). Their longstanding relationships and embedded presence within communities’ local neighborhoods enable faith-based agencies to act as trusted intermediaries between public systems and local families, making them active contributors in outreach and delivery of “social services, health services, and youth development offerings” (Botchwey, 2007, p. 42). At the same time, the integration of faith-based values with state or federally mandated program guidelines can present unique opportunities and challenges, such as balancing mission-driven work with compliance expectations or adapting standardized curricula to align with community and organizational values (Magri et al., 2025). In the context of nutrition education and health promotion programs, like SNAP-Ed (known as CalFresh Healthy Living in California), partnerships with faith-based implementing agencies offer a promising avenue for extending the reach of public health interventions while maintaining community-centered approaches to engagement and service.

CalFresh Healthy Living (California’s SNAP-Ed Program), Catholic Charities of California

Over the last three decades, SNAP-Ed has expanded from providing basic nutrition instruction into a comprehensive program encompassing direct education, PSE change strategies, and social marketing (Jimenez et al., 2025). Evidence from a systematic review suggests that SNAP-Ed has a positive and meaningful impact on attitudes toward nutrition-related behaviors, self-efficacy, intention to change nutrition-related behaviors, and nutrition-related behaviors, with stronger evidence for its effectiveness in improving food security than for dietary outcomes more broadly (Rivera et al., 2019). Despite this, stronger program impacts have been documented in some states and implementing agencies than others, pointing to variability in how community-engaged approaches are enacted at the local level (Ryan-Ibarra et al., 2020) and underscoring the need for research that examines implementation practices within specific agency contexts.

Utilizing a strengths-based perspective to understand how local agencies associated with Catholic Charities of California conduct community-centered programming can support practitioners and academics in the field of family science by deepening understanding of how organizational values, staff practices, and engagement strategies shape the delivery of community-based nutrition education. By examining local implementing agencies’ implementation of effective community-engaged practices,

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this study can inform the development of more responsive and collaborative program models within the field of family science and contribute to growing evidence on the role of community-engaged practices in fostering environments that support family health and well-being.

Theoretical Frameworks

Ecological Systems Theory

This study is grounded in Ecological Systems Theory (Bronfenbrenner, 1979), which emphasizes the ways in which individuals, families, and systems interact across multiple levels, from the immediate (microsystem) to broader societal structures (macrosystem). While this theory is often applied to understand child and family development, it is also useful for examining how organizational practices and institutional contexts shape the environments in which youth and families are supported.

Applied to this study, Ecological Systems Theory (Bronfenbrenner, 1979) maps onto the multi-level structure of SNAP-Ed implementation (see Figure 1). At the microsystem level (or the immediate environment), local implementing agency staff interact directly with program participants (i.e., low-income youth and families) through nutrition and physical activity education classes and community-based PSE activities. At the mesosystem level (or the interconnections between microsystems), those local agencies operate within the guidance and direction of Catholic Charities of California, whose organizational values, mission, and administrative structures shape how staff are hired, trained, and retained, as well as how community engagement is prioritized and practiced. At the exosystem level (or the external environment, which indirectly influences development), local agencies must navigate the CalFresh Healthy Living program directives, resources, and evaluation requirements set by the California Department of Social Services. Finally, at the macrosystem level (or the broader societal and cultural context), the federal SNAP-Ed Plan Guidance (U.S. Department of Agriculture, 2026) establishes the broader policy environment within which all of these interactions occur. Ecological Systems Theory provides a lens for understanding how the agency's internal practices are both enabled and constrained by the institutional systems surrounding them, and how those interrelated contexts ultimately influence the conditions in which community-centered programming is delivered to families.

Community-Based Participatory Research

The study is also informed by Community-Based Participatory Research (CBPR) (Israel et al., 1998), which emphasizes shared decision-making, mutual respect, and meaningful partnerships between researchers and community members. CBPR is a collaborative research approach that is designed to ensure and establish structures for participation by communities affected by the issue being studied, representatives of organizations, and researchers in all aspects of the research process to improve health and well-being through taking action.

CBPR has been validated across a range of health domains and populations. Studies applying CBPR in primary care settings have demonstrated improved access to care for Hispanic populations, reduced asthma symptoms, and weight loss outcomes (Tapp et al., 2013), illustrating the approach's utility across diverse health contexts. A 10-year systematic review of CBPR studies found that >85% of studies utilizing CBPR methods resulted in statistically positive outcomes, with community partner participation in study advisory committees, data collection, intervention development, and participant recruitment identified as the key elements associated with those outcomes (McFarlane et al., 2022). In mental health contexts, CBPR has been identified as a promising strategy for reducing health inequalities in a research study that engaged immigrant and refugee youth populations through collaborations between universities, community organizations, and local health collectives to identify

mental health needs and develop culturally responsive strategies (Birkenstock et al., 2021). A systematic review of randomized controlled trials using CBPR in vulnerable populations found high levels of community engagement, with 39% of studies reaching a shared leadership level (Riccardi et al., 2023), suggesting that CBPR can achieve substantive co-ownership of research processes.

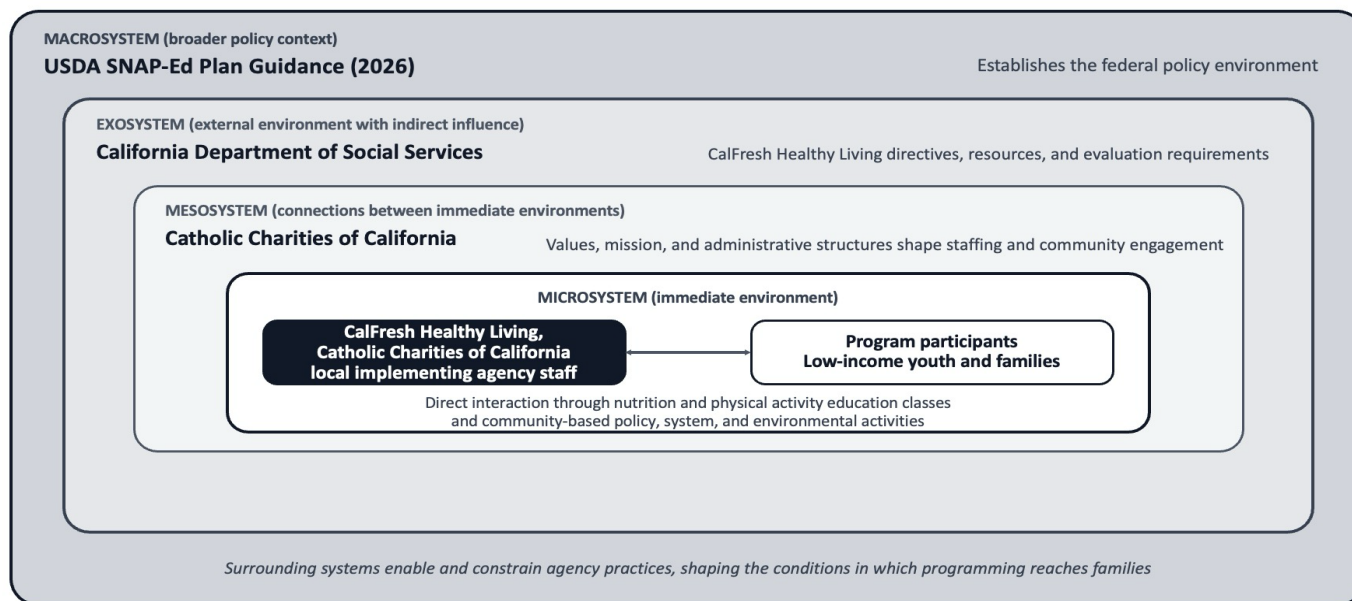
Figure 1

SNAP-Ed Implementation within Ecological Systems Theory

SNAP-Ed implementation within Ecological Systems Theory

Bronfenbrenner, 1979

Nested policy and organizational contexts shape community-centered programming



Sources: Bronfenbrenner (1979); U.S. Department of Agriculture, SNAP-Ed Plan Guidance (2026)

Within nutrition and food security contexts specifically, CBPR principles align closely with SNAP-Ed's emphasis on community responsiveness and locally driven PSE change. Applied to this study, CBPR offers a framework for examining how local implementing agencies within Catholic Charities of California engage their communities and CalFresh Healthy Living program participants in meaningful ways. Balancing responsiveness to local needs with fidelity to state-approved directives and federal regulations can be complex. Together, Ecological Systems Theory and CBPR provide a foundation for understanding how Catholic Charities of California's local implementing agencies support community-centered practices that promote family health outcomes while navigating complex institutional guidance.

Methods

This research, assessing local implementing agencies' strengths in community-engaged practices conducted via survey, was part of a larger multistage mixed methods effort (Fetters et al., 2013) to increase the effectiveness of implementing a community-centered approach through CalFresh Healthy Living, Catholic Charities of California. *CalFresh Healthy Living* is California's federally funded SNAP-ED program that is delivered by the Catholic Charities of California. In this stage, a mixed methods convergent design (Fetters et al., 2013) was used to collect quantitative data through a 16-item beliefs survey using questions with a 5-point Likert scale, and qualitative data from unstructured open-response questions on the survey. The development of the survey drew from multiple key sources from

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the first phase of the multistage mixed methods effort to ensure the questions were aligned with the objectives of CalFresh Healthy Living and national SNAP-Ed efforts.

Measures

The foundational sources for the survey included national SNAP-Ed frameworks published by the Association of SNAP Nutrition Education Administrators (ASNNA, 2023), which incorporated principles such as centering people, cross-sector partnerships, and community engagement. In this survey, questions were developed to ensure that the local practices discussed reflected broader national strategies for SNAP-Ed. The survey was also informed by two outputs from the first phase, including a focus group summary report (Leah's Pantry, 2024a) and full transcripts of focus groups with local implementing agencies (Leah's Pantry, 2024b). Key themes from focus groups with local implementing agencies were integrated into the survey, such as hiring practices, tailoring programming to community needs, and addressing best practices without explicitly using higher-level public health terminology.

The survey included quantitative and qualitative sections (see Appendix). The quantitative section of the survey was comprised of 16 Likert-scale items. In this section, respondents rated their agreement with statements related to their local CalFresh Healthy Living, Catholic Charities of California implementing agency's program practices (i.e., hiring practices, program adaptations to address community feedback, collaboration across programs and partnerships, capacity building and training, and community leadership) using a 5-point scale, ranging from Strongly Disagree to Strongly Agree. The qualitative section included unstructured open-response questions. These open-ended questions followed each Likert-scale item, asking respondents who responded Agree or Strongly Agree to provide specific examples of successes in their work. Additional open-ended questions were included for all survey respondents to elicit strengths and challenges participants experience in their agency when engaging communities in their programs. These questions were designed to capture richer data that reflect the on-the-ground experiences of the staff and how they practice community engagement.

Procedures

The survey was built and distributed using Qualtrics, a secure, mobile-friendly online platform. This platform was selected for its robust data collection capabilities, ease of use, and flexibility in exporting data for further analysis. The survey was designed to be mobile-friendly and accessible across multiple devices to accommodate respondents' preferences and availability. At the request of Catholic Charities of California, the survey utilized common and accessible language and was available in English and Spanish. The survey was distributed on 10/21/2024 and was closed on 11/08/2024. Respondent anonymity was maintained, and participants were informed that their responses would be confidential. Participation in the survey was voluntary, and no identifying information was collected to encourage open and honest responses. This study was reviewed by the University of California, Davis Institutional Review Board (Protocol #2245008-2) and received an exempt determination in accordance with federal regulations for research involving human subjects.

Data Analysis

Quantitative data were analyzed using descriptive statistics; frequencies and percentages were examined and reported. Analysis considered trends across participant responses. Qualitative data were analyzed using inductive thematic analysis (Thomas, 2006), a systematic approach that allows themes to emerge directly from participant responses rather than from predetermined categories, making it well suited for exploratory research examining on-the-ground implementation practices. The analytic process proceeded in multiple stages. One researcher conducted an initial read-through of all open-response data

to develop familiarity with the full dataset. That researcher then applied open coding, generating initial codes by identifying meaningful units of text across participant responses. Next, related codes were grouped into candidate themes that captured patterns across the data. Two additional reviewers examined the themes and the coded data supporting them and consensus was reached on the final theme structure. Findings were compiled into a summary report and distributed to all 70 individuals who had been invited to participate in the original survey, including both respondents and non-respondents with an invitation to provide feedback. This member-checking process (Lincoln & Guba, 1985) served as a credibility check, ensuring that the themes accurately reflected the experiences and perspectives of local implementing agency personnel rather than researcher interpretation alone.

The integration of quantitative and qualitative data occurred during the interpretation phase, consistent with convergent mixed methods design (Fetters et al., 2013). Themes were used to elaborate on, contextualize, and in some cases explain patterns and discrepancies observed in the Likert-scale data, allowing for a fuller understanding of how community-centered practices are implemented across different program contexts within Catholic Charities of California's local implementing agency network. Additionally, partial response data from the 16 individuals who opened the survey but did not complete all items were examined descriptively to assess patterns of non-completion and consider what, if any, insight could be drawn from respondents' patterns of engagement with the survey.

Participants

The population for this study was all staff employed by Catholic Charities of California's local implementing agencies who are actively involved in CalFresh Healthy Living program delivery. This included personnel across three role levels: program educators who deliver direct nutrition and physical activity education to participants, and program leaders including supervisors and managers who oversee program implementation at the local agency level. All 70 individuals meeting these criteria were invited to participate via email, constituting the full CalFresh Healthy Living workforce within Catholic Charities of California's local implementing agency network rather than a drawn sample.

Of the 70 individuals who received the survey invitation, 60 opened and responded to at least one survey question, representing an 86% response rate. These 60 individuals comprise the analytic sample. In total, 44 individuals completed the entire survey, leading to a 73% completion rate. The survey was administered in English and Spanish, with identical content in both versions. One respondent utilized the Spanish-language version; their responses were translated and combined with the English-language responses for analysis. Examination of partial response patterns revealed that 9 respondents answered only the first survey item before discontinuing, suggesting an early process disengagement decision. Two respondents answered between two and three items, and one respondent stopped midway through the survey. One respondent completed all items except for the role and county questions, which may reflect privacy considerations given that role and geographic location could feel identifying within smaller local agency contexts. One additional respondent skipped a single item. All partial completers utilized the English-language version of the survey.

Of respondents who shared their role with the program, they identified as either program educators, 66% (n=31), or program leaders, 34% (n=16). As shown in Table 1, participants indicated that they work across all 27 counties that Catholic Charities of California serves with the CalFresh Healthy Living Program. Represented counties span all major regions of the state, including key metropolitan areas such as Los Angeles, San Francisco, and San Diego; agricultural hubs in the Central Valley including Fresno, San Joaquin, and Stanislaus counties; and rural communities in Northern California including Shasta, Trinity, and Siskiyou counties. This geographic distribution reflects the

breadth of Catholic Charities of California's local implementing agency network and the diversity of community contexts in which CalFresh Healthy Living programming is delivered.

Table 1

Work Locations of Survey Respondents

Region	Counties Included
Northern California	Butte, Glen, Lake, Shasta, Siskiyou, Tehama, Trinity and Sonoma
Central California	Fresno, Monterey, San Joaquin, and Stanislaus
Southern California	Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego and Santa Barbara
Bay Area & Coastal	Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano and Yolo

Results

Quantitative Results

Survey respondents indicated a high level of agreement across all 16 indicators of community-centered practices (Tables 2-4). The majority of respondents indicated agreement (“Somewhat Agree” or “Strongly Agree”) across all measures. Across all measures, no indicator received a majority (50% or greater) of responses expressing some level of disagreement (“Somewhat Disagree” or “Strongly Disagree”).

Table 2

Community-Centered Feedback and Dissemination Practices

Item	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Community feedback is regularly solicited (<i>n</i> = 51)	27 (52.9%)	12 (23.5%)	10 (19.6%)	1 (2.0%)	1 (2.0%)
Community feedback influences programming (<i>n</i> = 48)	25 (52.1%)	10 (20.8%)	11 (22.9%)	2 (4.2%)	0 (0.0%)
Program shares the impact of community members' involvement (<i>n</i> = 48)	21 (43.8%)	15 (31.2%)	9 (18.8%)	3 (6.2%)	0 (0.0%)
Program shares data with program participants (<i>n</i> = 48)	18 (37.5%)	9 (18.8%)	17 (35.4%)	3 (6.2%)	1 (2.1%)

As seen in Table 2, respondents were concerned about their agencies' community-centered feedback and dissemination practices. Across feedback and dissemination items, favorable responses (strongly agree or somewhat agree) were most common for regularly soliciting community feedback (76.5%) and sharing the impact of community involvement (75.0%). A similar proportion of respondents (72.9%) reported that community feedback influenced programming. Sharing data directly with program participants received the least favorable ratings in this category, as 56.3% of respondents agreed, 35.4% neither agreed nor disagreed, and 8.3% disagreed. Table 2.

Table 3 provides responses to items focused on community-centered staffing practices, which were consistently favorable. Nearly all respondents (96.0%) agreed that their agency builds authentic relationships when hiring, retaining, and defining staff roles, and 91.4% agreed that the staff reflects the diversity of the communities served. Participant agreement was also high (86.0%) for using staff members' differing strengths and lived experiences. The majority (81.6%) also agreed that training and onboarding prepared staff to serve diverse populations effectively.

Table 3

Community-Centered Staffing Practices

Item	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Staff reflect the diversity of the community (<i>n</i> = 58)	44 (75.9%)	9 (15.5%)	3 (5.2%)	2 (3.4%)	0 (0.0%)
Agency builds authentic relationships when hiring, retaining, and defining staff roles (<i>n</i> = 50)	32 (64.0%)	16 (32.0%)	2 (4.0%)	0 (0.0%)	0 (0.0%)
Staff members' unique strengths, abilities, and lived experiences are utilized (<i>n</i> = 50)	33 (66.0%)	10 (20.0%)	6 (12.0%)	1 (2.0%)	0 (0.0%)
Training and onboarding prepare staff to serve diverse populations effectively (<i>n</i> = 49)	26 (53.1%)	14 (28.6%)	8 (16.3%)	1 (2.0%)	0 (0.0%)

Table 4 presents participant responses to items assessing community-centered efficacy, responsiveness, and confidence. All respondents (100%) agreed that services were relevant to specific population groups. Agreement exceeded 80% for confidence in meeting unique participant needs (91.8%), partnerships (85.7%), responsiveness to evolving community needs (85.7%), recruitment of community members for PSE efforts (83.7%), and use of data to prioritize sites (81.3%). Agreement was lower for using community assets and strengths to inform program decisions (77.1%) and for community members taking project leadership roles (72.0%). Evaluating participants' responses collectively across all survey items confirmed that CalFresh Healthy Living, Catholic Charities of California personnel perceive that their agencies have accomplished the parameters of best community-centered practices in accordance with the national SNAP-Ed frameworks published by the Association of SNAP Nutrition Education Administrators (ASNNA, 2023).

Table 4*Community-Centered Efficacy, Responsiveness, and Confidence*

Item	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Services are relevant for specific population groups (<i>n</i> = 50)	40 (80.0%)	10 (20.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Program has strong internal and external partnerships (<i>n</i> = 49)	28 (57.1%)	14 (28.6%)	7 (14.3%)	0 (0.0%)	0 (0.0%)
I am confident in meeting unique participant needs (<i>n</i> = 49)	31 (63.3%)	14 (28.6%)	3 (6.1%)	1 (2.0%)	0 (0.0%)
Community members take project leadership roles (<i>n</i> = 50)	20 (40.0%)	16 (32.0%)	12 (24.0%)	0 (0.0%)	2 (4.0%)
Community members are recruited for PSE efforts through direct education activities (<i>n</i> = 49)	31 (63.3%)	10 (20.4%)	6 (12.2%)	1 (2.0%)	1 (2.0%)
Program responds to evolving community needs (<i>n</i> = 49)	27 (55.1%)	15 (30.6%)	6 (12.2%)	1 (2.0%)	0 (0.0%)
Community assets and strengths inform program decisions (<i>n</i> = 48)	21 (43.8%)	16 (33.3%)	10 (20.8%)	1 (2.1%)	0 (0.0%)
Data are used to identify and prioritize neighborhoods and sites (<i>n</i> = 48)	28 (58.3%)	11 (22.9%)	8 (16.7%)	1 (2.1%)	0 (0.0%)

Qualitative Responses

The semi-structured, open response survey items generated 321 discrete text segments. Among the total survey respondents (*n*=60), 38 (63%) provided qualitative data. Thematic analysis yielded 11 interconnected themes, which were organized into three domains: (1) staff-related practices, (2) community-engaged practices, and (3) program responsiveness. Illustrative quotations are provided verbatim, attributed to the corresponding study participant number.

Domain 1: Staff-Related Practices

This domain stems from the five corresponding quantitative, Likert-scale questions that focused on staff-related practices. As seen in Table 3 above, the majority of respondents (81-96%) affirmed that their agency engages in these practices across all items. Participants' qualitative responses provide additional insights into this domain through four themes.

Theme 1: Linguistic and Cultural Representation. Respondents highlighted intentional recruitment of bilingual, bicultural staff who reflect the wider community they serve. For example, one

respondent reported that “all of our members are fully fluent in Spanish, and most immigrated from Mexico, Ecuador, Colombia, or El Salvador” (Participant 43). Shared language was viewed as a practical facilitator of engagement and, more broadly, as a marker for shared cultural norms: “Catholic Charities serves a large number of monolingual Spanish speakers; all direct-service staff must therefore be both culturally aware and bilingual” (Participant 35). Although Spanish-language capacity and Hispanic/Latino cultures were frequently mentioned in the qualitative responses, a wider spectrum of cultural and linguistic fluency was noted. These included English, Vietnamese, Korean, Ukrainian, Black, and Indigenous. The respondents’ accounts depict a workforce strategy that prioritizes cultural congruence, mitigates communication barriers, and fosters trust between program personnel and the communities they serve.

Theme 2: Shared Lived Experiences. Respondents noted how personnel representation of their communities also extended beyond language and race/ethnicity to other facets of individuals’ identities and lived experiences. Respondents highlighted how their agencies hired personnel of varied ages, physical abilities, genders, family structures, faiths, and socio-economic backgrounds. The qualitative remarks emphasized that agency personnel frequently shared socioeconomic or health experiences with participants, which allowed them to foster trust with participants. For example, one respondent shared that: “Myself, I am Latina, someone who also knows my community and been through financial and food struggles” (Participant 50). Others cited shared chronic-disease experiences (e.g., Celiac disease) that enhanced empathy and shared successes: “As someone who has been through the experience, I was able to offer a lot of support and guidance...she expressed tremendous gratitude, which was very rewarding to me!” (Participant 56). Collectively, these responses illustrate how agencies “aim to hire individuals who our communities may be able to relate to” (Participant 32).

Theme 3: Strength-based Hiring and Practices. Respondents described how their agencies intentionally match programmatic roles to employees’ natural talents and then celebrate those talents through promotion, mentorship, and visible recognition. “They invest in quality staff members by looking for new opportunities and even creating new positions with more responsibility” (Participant 5). Another explained how they “...Prioritize offering staff growth opportunities by helping them balance personal and professional lives while aligning their roles with their strengths and interests...this approach [has] fostered long-term, meaningful relationships within our team” (Participant 16). This approach includes matching roles with individual strengths, such as placing personnel with experience working with youth in early childhood education settings, having staff with strong technology abilities creating digital resources, or utilizing personnel’s experience with horticulture to enhance garden education. One respondent summed up this shared philosophy across the agencies: “Honoring that staff are more than employees, they are people ... we celebrate our team...and offer promotions/creating new roles” (Participant 20).

Theme 4: Continuous Training and Growth. Respondents praised the comprehensive onboarding and training they received from CalFresh Healthy Living. One respondent explained: “It’s the most detailed training I’ve ever received” (Participant 34). Respondents noted that the trainings they received covered nutrition, trauma-informed care, communication skills, Civil Rights, and cultural competence. Several participants noted that the training occurs regularly throughout employment with the program to support personnel in better serving the community: “The wealth of training available to us *in an ongoing manner* through multiple sources is extremely valuable and allows us to gain insight into aspects of issues affecting the communities we serve that helps us better understand and serve [our communities]” (Participant 56). Only one respondent expressed insufficient preparation; however, no additional training suggestions were offered.

The staff-related practices included in Domain 1 of this study demonstrate how participating agencies operationalized the Association of SNAP Nutrition Education Administrators' principles of centering people and maintaining integrity, transparency, and accountability (ASNNA, 2023). Hiring bilingual and bicultural staff, employing people with shared lived experiences, matching responsibilities to staff strengths, and providing continued professional development allowed CalFresh Healthy Living, Catholic Charity of California's local implementing agencies to embed community knowledge within their program delivery approaches. Community-centered SNAP-Ed programming depends on the relational conditions created and maintained by program personnel and program participants. Participants are more likely to experience programming as relevant, accessible, and trustworthy when personnel understand local contexts and are prepared to respond without relying on deficit-based assumptions. The findings suggest that participating agencies were generally aligned with ASNNA guidance at the organizational and workforce levels. Continued use of the guidance is needed to embed these practices consistently within hiring, retention, supervision, professional development, and staff decision-making structures. From a family science perspective, institutionalizing these practices supports program environments in which families' identities, knowledge, and lived experiences inform how nutrition education and PSE initiatives are delivered.

Domain 2: Community-Engaged Practices

This domain stems from the five corresponding quantitative, Likert-scale questions that focused on community-engaged practices. As seen in Table 1 above, the majority of respondents (54-86%) affirmed that their agency engages in these practices across all items. Participants' qualitative responses provide additional insights into this domain through three themes.

Theme 5: Methods of Soliciting Community Feedback. Respondents indicated that their agencies rely on an array of formal and informal mechanisms to solicit community feedback. Commonly mentioned feedback mechanisms included informal classroom polls, conversations with participants, and structured assessments. Several respondents indicated that their agencies combine tactics, seeking community input in varied forms: "Informal classroom conversations after classes, and formal assessments" (Participant 16). Some responses suggest variability in how agency personnel conceptualize community feedback: "participants sometimes write letters thanking us for our services" (Participant 40), "build trust" (Participant 28), and "management visits" (Participant 38). While a thank-you letter may represent an unsolicited form of community feedback, responses such as 'build trust' and 'management visits' suggest that some personnel may conceptualize community feedback more broadly than formal or informal solicitation methods.

Theme 6: Fostering Community Leadership. Many respondents noted the value and contributions of community members who take leadership roles in the program activity. Community members were reported to lead physical activity lessons, such as Zumba (Participant 15), the walking school bus (Participant 28), and walking clubs (Participant 56). Numerous respondents noted successes in engaging community members in garden maintenance and stenciling projects. Many programs view community champions as a critical asset in policy, systems, and environmental (PSE) initiatives, such as the Free Little Pantry program that "required a community champion to assist in sustaining the pantry" (Participant 5). Other respondents described how their agencies intentionally cultivated "community champions" by increasing engagement with community members over time. For example, one participant described how they engage community members in providing feedback to shape programming, then support to overcome barriers to implementing the programming, which ultimately led to community members "taking ownership over school gardens" (Participant 10). Despite numerous successes, several respondents also acknowledged ongoing difficulties, finding "it challenging to

identify community champions who are willing and able to assume responsibility for leading an activity” (Participant 56).

Theme 7: Sharing Program Impacts with Community. Respondents indicated that newsletters, social-media posts, in-person communications, and annual reports were common dissemination routes for sharing program impacts with their communities: “We showcase success stories in our newsletter, celebrating community contributions and inspiring further engagement” (Participant 16). Some respondents described the multiple efforts they make to share program outcomes and impacts with the members of their community: “In agency newsletters, church bulletins, school publications, local media outlets, social media, group chats and emails, success stories” (Participant 56). However, numerous responses indicated that respondents do not share results with the community. In some cases, respondents described reporting back to their funders or statewide agencies about community engagement, through “reports to the state in our PEARs data reports at the end of each fiscal year” (Participant 54) or how “our annual evaluation reports are shared in our offices and with our boards” (Participant 46). In other cases, respondents expressed uncertainty: “I am not sure” (Participant 49) or that “we shared stories, not data” (Participant 4) with their community.

The community-engaged practices described by respondents in Domain 2 align with the Association of SNAP Nutrition Education Administrators’ principles of authentic community engagement, prioritizing impact over intent, and maintaining transparency and accountability (ASNNA, 2023). CalFresh Healthy Living, Catholic Charity of California’s local implementing agencies solicited participant feedback, developed community champions, and created opportunities for residents to lead program and PSE activities. Participants indicated that community members were viewed as contributors to implementation, not just recipients of education. Meaningful engagement allows programs to draw on families’ knowledge of their own needs, resources, and community conditions while building local capacity to sustain changes beyond a single intervention. The findings indicate that agencies were applying the ASNNA guidance, although the variation in feedback practices and the inconsistent sharing of results with participants show that implementation was not uniform. Continued use of the guidance can strengthen reciprocal feedback processes, expand shared decision-making, and ensure that program findings are returned to communities in accessible forms. These practices can help agencies move from community consultation toward sustained power sharing, with community members participating in program planning, implementation, evaluation, and decisions about how to define success.

Domain 3: Program Responsiveness

This domain stems from the six corresponding quantitative, Likert-scale questions that focused on program responsiveness practices. As seen in Table 4 above, the majority of respondents (73-100%) affirmed that their agency engages in these practices. Participants’ qualitative responses provide additional insights into this domain through four themes.

Theme 8: Adapting Services in Response to Community Feedback. Numerous respondents described how their agencies have adapted services and programs based on community feedback. For example, respondents reported that their programs tailored recipes, modified lesson timing, and provided incentives (i.e., food and gift cards) based on participant input. One respondent described “how students requested more visual aids during classes to enhance understanding, so we introduced a projector and PowerPoint presentations to complement the printed materials, making the lessons easier to follow” (Participant 16). Another agency “offered specific classes (composting 101, food waste reduction, healthier eating that is tasty, etc.) based on [community] feedback” (Participant 51). “Before we start a

class,” another program “survey[s] the community to see if there is an interest and what days and times work best” (Participant 54). A few programs described how they support their community by “help[ing] find better services for them” (Participant 55), including connecting them with other “relevant resources for different communities” (Participant 13). In one instance, a respondent noted that “there is room for improvement” in adapting their services to address community feedback.

Theme 9: Leveraging Partnerships to Expand Reach. Numerous respondents described their agencies’ collaborations across internal programs and/or with external partners that allowed them to better serve their communities. Strategic partnerships with service organizations (such as food banks, Head Start, or refugee services) help to “provide wrap-around services for clients” (Participant 5) and cross-referrals through “valuable collaborations across various programs and with external partners to enhance our service delivery to the community” (Participant 16). Such strategic collaborations allow the agencies to amplify their reach and relevance in the community. For example, one respondent shared how they “work with an adult school locally to provide bilingual nutrition education that also serves as English credits for their language course” (Participant 20). Other participants described how these partnerships support program implementation and reach through shared spaces to expand into new direct education and PSE efforts (Participant 56) with participants that would otherwise be difficult to reach, including Indigenous and Mixteco communities, senior citizens, refugees, and youth. Others described cross-training (Participant 47) opportunities with varied partners, including disaster preparedness, refugee services, and other CalFresh Healthy Living State Implementing Agency partners.

Theme 10: Community Asset-based Approach. Some respondents described how their agencies utilize a strengths-based approach to inform programming by identifying and leveraging their communities’ assets. These respondents described how they approach site assessments by focusing “on assets and strengths during a site assessment, rather than what is lacking” (Participant 31). Another respondent explained that an assets-based approach increased participant engagement: “While planning a nutrition class for seniors I recognized the rich cultural knowledge they had about traditional cooking. I leveraged this strength by incorporating their recipes and techniques into our programming. This created a sense of ownership and made nutrition education more relevant and engaging, ultimately increasing participation and enthusiasm for healthier eating habits” (Participant 16). Other respondents shared how assets such as “a desire to partner with us” (Participant 56), “volunteers and coalitions” (Participant 40), “places where [community] members are already meeting” (Participant 54), and guest teaching by community experts, such as “local gardeners, chefs, [or] nutritionists” (Participant 28) improved program engagement and reach.

Theme 11: Data-driven Site Selection. Several respondents described how their agency utilizes data to inform site selection for programming locations. In some cases, respondents indicated that geospatial analyses guided placement of services in high-need areas: “Our GIS map shows us statistics of serving the population in need. We are serving a mobile home population that qualifies 100% for services” (Participant 15). In other cases, respondents described how partner intelligence was utilized to inform site selection: “data helps us know where there is a high need. Our partners also let us know this information” (Participant 53). Other sources of data included community partner requests (Participant 20), census tract (Participant 28), surveys (Participant 49), agency database (Participant 54), and publicly available datasets (Participant 56). Such data is used “to identify high-need neighborhoods” and “assessing existing resources and services in the area and evaluating how many people are active at different sites” (Participant 16).

The program responsiveness (Domain 3) findings reflect the Association of SNAP Nutrition Education Administrators’ principles of starting with strengths, centering people, prioritizing impact

over intent, and developing cross-sector partnerships (ASNNA, 2023). The CalFresh Healthy Living, Catholic Charity of California's local implementing agencies reported adapting class content, schedules, materials, incentives, and referral practices in response to participant input; using community assets to increase program relevance; collaborating with partners to extend services; and applying data and local knowledge to identify priority sites. These findings indicate that participating agencies were generally following the ASNNA guidance by translating community information into changes in program delivery and PSE activities. Community engagement and participant input is of greatest value when it can influence organizational decisions and the conditions in which families access services. Continued use of the guidance may ensure that program adaptations remain grounded in community-defined priorities and that data are interpreted alongside the participants' lived experiences. Maintaining a focus on program responsiveness can help local agencies develop timely, relevant, and collaborative program models that address changing family and community conditions while supporting environments that are conducive to family health and well-being.

Discussion

The findings from this assessment demonstrated that Catholic Charities of California's local implementing agencies implemented positive practices related to staff hiring and retention, community engagement, and program responsiveness. In particular, the data highlight the agencies' successes in providing "appropriate services to meet the needs of specific populations," which was an area of strength across all the participating local implementing agencies. Collectively, the data depicted a workforce that mirrors its clientele linguistically and culturally, leverages shared lived experience, and values continual professional growth. These practices are consistent with research demonstrating that culturally embedded, mission-driven, and faith-based organizations are uniquely positioned to build trust and extend the reach of public health programming in underserved communities (Parra-Cardona et al., 2021 & Idler et al., 2019). Additional strengths identified include employing iterative feedback loops and delivering contextually relevant services, which have previously been associated with increased community engagement and improved program outcomes (Cory et al., 2021; Luecking et al., 2025). As highlighted in prior reporting, the local implementing agencies prioritized nurturing local leadership from within communities (CalFresh Healthy Living, 2025).

Absent from the data was an emphasis on the local implementing agencies' "use [of] combined funding sources to offer the best resources and tailor their programs to meet their audiences' needs," which was a key finding in prior focus groups (Leah's Pantry, 2024a). It was also apparent from the data that there were significant variations in the local implementing agencies' practices and procedures related to these strengths. These findings, similar to prior research (Leah's Pantry, 2024a; Ryan-Ibarra et al., 2020), indicated that there are opportunities for improvement: for example, expanding trainings, formalizing feedback mechanisms, and strengthening strategies for cultivating community champions. Similarly, while the quantitative data indicated that the majority reported disseminating program impacts and outcomes to their community members, the qualitative data highlight that training in methods of distributing success stories in the community could support agencies in expanding the reach of reporting. The data also indicate the agencies demonstrated agility in adapting their programs and services, as well as in site selection through community insights and data analytics, reinforcing an asset-oriented, partnership-driven approach to community-centered nutrition education (Israel et al., 2005; Yaroch et al., 2020). These insights form the foundation for actionable recommendations to advance community-centric practices and better serve families and communities across California.

Limitations

Several limitations should be considered when interpreting the findings of this study. First, the sample was limited to staff within Catholic Charities of California's local implementing agencies, representing one of four State Implementing Agencies within CalFresh Healthy Living. While the survey constituted a census of all CalFresh Healthy Living personnel within this agency network, the findings may not be transferable to local implementing agencies operating under different state implementing agencies, organizational structures, or geographic contexts. Second, the sample size was relatively small, and ceiling effects observed in the Likert-scale data limited the range of quantitative analysis that could be meaningfully pursued. Likewise, cross-tabulation of quantitative response patterns with qualitative themes was not conducted, as the data did not support robust inferential comparisons across subgroups. Individual-level demographic data were not collected, which limited the ability to examine how staff characteristics relate to community engagement practices. Future research should match data to programming sites so that additional inductive analysis can be conducted. This study captured the perspectives of local implementing agency staff only and did not include the perspectives of community members who participate in CalFresh Healthy Living programming. Staff perceptions of community engagement practices may not fully reflect the experiences of the youth and families they serve. Finally, the study relied on self-reported data, which introduces the possibility of social desirability bias.

Practical Recommendations

To enhance the impacts of the CalFresh Healthy Living, Catholic Charities of California and support youth and family wellbeing, several targeted actions are recommended. While these recommendations are grounded in the strengths identified across the participating agencies, the relative priority and feasibility of each recommendation will vary based on individual agencies' organizational capacity, staffing, and community contexts.

Scale Successful Strategies

To build on existing successes and amplify their impact, SNAP-Ed state implementing agencies should formalize and scale the effective strategies already in place at local implementing agencies, as found in this survey. Continued funding for implementing community-centered practices in nutrition education programming is warranted to continue building on these successes. Practices such as hiring staff with shared lived experiences, fostering community leadership, providing ongoing staff training and professional development, soliciting input from community members, and using data to drive site selection have proven effective across community-engaged programs. By codifying these strategies into replicable frameworks, additional agencies can increase their capacity for delivering and sustaining programming (Kepper et al., 2024). Efforts such as developing templates for hiring and onboarding processes that highlight the importance of strengths-based assignments, creating trainings on fostering the development of community champions (Luecking et al., 2025), or conducting community asset mapping (Israel et al., 2005) can help replicate these successes more broadly.

Similarly, formalizing mechanisms for soliciting community input could improve the consistency and usefulness of community member feedback. Standardizing tools such as surveys and feedback collection methods across agencies, coupled with staff training to facilitate meaningful community conversations, may help gather actionable community input to refine and expand programming (Hallmark et al., 2023). Providing training and resources that enhance staff capacity to make data-driven programming decisions, including site selection, ensures resources are allocated effectively and high-need areas are served. Access to and training on utilizing tools like GIS mapping,

census data, and community health reports to identify priority areas and communities can enable local implementing agencies to prioritize areas where the CalFresh Healthy Living is needed. In these ways, scaling successful strategies can strengthen community-engaged practices and enhance agencies' capacity to respond to the evolving needs of families and communities statewide (Kepper et al., 2024; Cory et al., 2021). This approach seeks to ensure that successful initiatives become integral to Catholic Charities of California's overarching approach to delivering the CalFresh Healthy Living.

Support Improved Communication and Reporting to Communities on Program Impacts

Enhancing communication and community-focused reporting practices can foster greater transparency and trust with communities (Luecking et al., 2025). Developing standardized methods to share program successes and impacts (Yaroch et al., 2020), such as success stories, infographics, and press releases, can support staff in sharing CalFresh Healthy Living impacts with their communities. Similarly, training staff in storytelling techniques and leveraging platforms like newsletters, social media, and community meetings can amplify the reach of program updates. These efforts can help community members understand how their feedback and participation contribute to program outcomes, while also inspiring continued engagement and support of CalFresh Healthy Living in their community.

Research Implications

Future research would benefit from collecting matched demographic data at both the individual and agency levels to allow for more nuanced analysis of how staff characteristics and organizational context relate to community engagement practices (Hallmark et al., 2023). Agency-level descriptive data, such as the number of staff per local organization, the populations served, and the counties covered by each of the 12 local Catholic Charities organizations, would also strengthen the ability to contextualize findings and make targeted recommendations for program support. Researchers may consider whether implementation of the program recommendations to scale successful strategies and support improvements in communication of program impacts with local communities translates into meaningful and sustainable changes over time (Kepper et al., 2024). Conducting research, such as focus groups or photovoice projects (Wang & Burris, 1997), with community members could surface additional information that may improve community engagement in the CalFresh Healthy Living, Catholic Charities of California. Additionally, future research should explore the community-centered programming practices of local implementing agencies for the remaining three state implementing agencies within the CalFresh Healthy Living to evaluate opportunities to learn from and build on successes across different agencies (Ryan-Ibarra et al., 2020). Integration of participant-level indicators (e.g., improvements in food security, fruit-and-vegetable intake, or changes in physical activity) with local implementing agency-level process measures could illuminate how specific community-centered programming strategies influence youth and family health (Rivera et al., 2019). Finally, comparative studies across multiple states or faith-based organizations would allow researchers to consider the transferability of the asset-oriented, partnership-driven model observed here and to identify contextual moderators (e.g., policy environment, funding stability) that shape local agencies' successes in centering communities in their programming and services (Parra-Cardona et al., 2021; Idler et al., 2019).

Conclusion

CalFresh Healthy Living, Catholic Charities of California and its local implementing agencies have cultivated a workforce and operational culture that reflect, respect, and respond to the communities they serve. Through positive, community-centered practices related to staff recruitment and retention, community engagement, and program responsiveness, the agencies have prioritized the creation of program environments that promote trust and facilitate meaningful engagement. The practices include

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iterative feedback loops, championing community leadership, and the use of data to guide decision-making, which ensure their programs and services remain relevant to community needs. To capitalize on these successes across the state, SNAP-Ed can codify and scale best-practice frameworks to ensure that all local implementing agencies can replicate these community-engagement strategies. In doing so, the SNAP-Ed program can continue to meet immediate service mandates while modeling a scalable, community-centered approach for programs supporting the health and well-being of youth and families nationwide.

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Appendix: Survey Instrument

The survey included 16 closed-ended statements with Likert-scale responses using a 5-point scale, ranging from Strongly Disagree to Strongly Agree. Each question was optional, and participants could opt not to respond. The qualitative section included unstructured open-response questions. These open-ended questions followed each Likert-scale item, asking respondents who responded Agree or Strongly Agree to provide specific examples of successes in their work. Additional open-ended questions were included for all survey respondents to elicit strengths and challenges participants experience in their agency when engaging communities in their programs.

Likert-Scale Items

Item	Likert-Scale Survey Question
Q1	Our agency hires staff that reflect the diversity of the communities we serve.
Q2	Our agency focuses on building authentic relationships when hiring, retaining, and defining staff roles.
Q3	We provide culturally appropriate services to meet the needs of specific populations (e.g., youth, seniors, immigrants, unhoused, various race/ethnic groups, native language speakers).
Q4	We regularly solicit feedback from community members about our services and programs.
Q5	Our CalFresh Healthy Living program uses feedback from community members to make decisions and adaptations to our programming.
Q6	Staff with different strengths, abilities and lived experiences collaborate to more effectively serve specific populations (e.g. youth, seniors, immigrants, unhoused, various race/ethnic groups, native language speakers).
Q7	We have strong partnerships with internal agency programs and external partners, which allow us to better serve diverse populations (e.g. youth, seniors, immigrants, unhoused, various race/ethnic groups, native language speakers).
Q8	The training and onboarding we receive prepare us to serve the diverse populations in our communities effectively.
Q9	I feel confident in my ability to provide services that meet the unique needs of our participants.

Item	Likert-Scale Survey Question
Q10	We regularly engage with and empower local community members to take leadership roles in CalFresh Healthy Living projects.
Q11	Our program uses Direct Education Activities as an opportunity to recruit community members to be involved in PSEs.
Q12	Our program is responsive to evolving needs of our communities, including building partnerships and programming in areas where needs are highest.
Q13	Our program shares the impact of community members' involvement in PSE initiatives.
Q14	Our program shares data with program participants in addition to sharing it with external audiences to maintain trust.
Q15	Our agency identifies and highlights community assets/strengths to inform program decisions.
Q16	Our agency uses data to identify and prioritize neighborhoods and sites where there is high need.

Open-ended Follow Up Questions

Item	Open-Ended Follow-Up Question
Q1b	This is great to hear! Can you please share an example of a time your agency hired staff that reflected the diversity of the community you serve.
Q2b	This is great to hear! Can you please share an example of how your agency builds authentic relationships when hiring, retaining, and defining staff roles?
Q3b	This is great to hear! Can you please share an example of a time when a CalFresh Healthy Living program was successfully adapted to better serve a specific population?
Q4b	This is great to hear! Can you please share how you gather this feedback (Informal classroom polls, written surveys, formal assessment tools, focus groups, etc.)?

Item	Open-Ended Follow-Up Question
Q5b	This is great to hear! Can you please share an example of how you have adapted your services and programs based on feedback received from your community?
Q6b	This is great to hear! Can you please share an example of when a staff member with a particular strength, ability or experience was given the opportunity to more effectively serve a specific population?
Q7b	This is great to hear! Can you please describe collaborations across programs or with external partners that helped you serve your communities more effectively?
Q8b	This is great to hear! Can you please share an example of how the training and onboarding you received prepared you to serve the diverse populations in your community?
Q8c	Please share what additional training and/or onboarding support you would like to receive to better prepare you to serve the diverse populations in your community?
Q9b	This is great to hear! Can you please share an example of a time you felt confident in providing services that met a unique need of your clients?
Q10b	This is great to hear! Can you please share an example of how local community members have been involved in shaping CalFresh Healthy Living programs, activities or strategies?
Q11b	This is great to hear! Can you please share an example of how your program used Direct Education Activities as an opportunity to recruit community members to be involved in PSEs?
Q12b	This is great to hear! Can you please share an example of how your agency evolved with the needs of your communities and built partnerships and programming in areas of high need?
Q13b	This is great to hear! Can you please share an example of how you have documented or shared the impact of your community members' involvement in PSE initiatives?
Q14b	This is great to hear! Can you please share an example of a time when your program shared data with program participants?

Item	Open-Ended Follow-Up Question
Q15b	This is great to hear! Can you please share an example of a time when you highlighted community assets/strengths to inform program decisions?
Q16b	This is great to hear! Can you please share an example of a time when you used data to identify or prioritize neighborhoods or sites where there is high need?

General Open-ended Questions

Item	General Open-ended Question
Q17	Is there anything else you would like us to know?
Q18	What is your role with the CalFresh Healthy Living Program?
Q19	What county (or counties) do you work in?