

# Feasibility of a Youth Development Programme: A South African Study

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**Abstract** Designing comprehensive youth development programmes that combat the engagement of Health Risk Behaviour has become a crucial component in the battle against the challenges that the youth are confronted with in an ever changing environment. A Delphi technique was used to explore the feasibility of a designed comprehensive youth development programme aimed at combatting Health Risk Behaviour amongst youth in selected high schools in the Paarl area, Western Cape. A purposive sample of 24 experts was invited to participate. The Delphi process was administered online using Google docs. Specific questions were arranged in order for the panel of experts to give input as to: (i) the scope of the programme, (ii) the content of the programme, (iii) the approaches of the programme, (iv) the implementation of the programme, (v) the resources of the programme and (vi) the cost of the programme. The results and observations included: 1) scaffolding the programme into specific age- and gender-based activities; 2) the understanding that the programme be sensitive to the diverse needs and background of its participants; 3) the need for training of facilitators in order to be equipped to deal with the challenges that will emerge throughout the programme.

**Keywords** Feasibility, Delphi Method, Youth Development Programme, Health Risk Behaviour, Diverse Needs

## 1. Introduction

Designing comprehensive youth development programmes that combat the engagement of Health Risk Behaviour amongst the youth has become a crucial

component in the battle against the challenges that the youth are confronted with in an ever-changing environment. These programmes need to be designed in such a manner that it addresses the current needs of the youth, which includes the important transferring of skills to assist them to make better health choices. This article reports on the results of a feasibility study of a designed youth development programme, which was tested through the use of a Delphi method. The Delphi method is defined as “a multiple iteration technique usually meant to be anonymous with the purpose of refining the expert opinion and ultimately arriving at a combined or consensual position” [1]. The original Delphi method was designed in the 1950s by “The Rand Corporation”. Over the past 55 years the method has been refined, modified and improved and new technology has emerged that has paved the way for it to be implemented through various mediums. The basic process has however remained the same, and the same principles that applied in the 1950s still ring true today. The Delphi method allows for equal input from each selected expert and reduces the undue influence of a single viewpoint. Falzarano & Zipp (2013) [2] state that it is through critical appraisal of the research that health science educators, researchers and clinicians seek to support their craft with the best available evidence.

## 2. Methodology

A Delphi technique was used to explore the feasibility of a designed comprehensive youth development programme that was aimed at combatting Health Risk Behaviour amongst youth in selected high schools in the Paarl area, Western Cape. The Delphi study comprised of 19 panel members who consented from an original list of 24 that was invited to participate. Various authors have

recommended that 10 -15 panellists is adequate or sufficient [3, 4, 5]. Okoli & Pawloski (2004)<sup>6</sup> further emphasized that the Delphi method does not depend on statistical power but rather on group dynamics for arriving at consensus among experts. The choice of panel members are however critical. Delphi is a group- decision mechanism requiring qualified experts who have a deep understanding of the issues [6]. According to Linstone and Turoff (2002) [7], a Delphi panel may be determined based on three sets of criteria, which are: (1) stakeholders who may be directly affected by the topic under discussion, (2) experts who have an applicable specialty or relevant experience in the area under discussion, and (3) facilitators who have skills in clarifying, organising, synthesising or stimulating because they are at the coal face of implementing such interventions. The participants in this study constituted a combination of the suggested panel criteria. A purposive sample of 24 experts was invited to participate in the Delphi study. The experts invited included two principals, an education specialist in the Department of Education Western Cape, seven academic published experts in youth development programmes and life skills training, three in community safety, one social worker, three life skills trainers in youth development, two working in the youth or social development institution or agencies, and five in the Department of Arts, Sport and Culture Western Cape. The composition of the panel of experts made it possible for the researcher to capture various expertises pertaining to youth development and health risk behaviour interventions. The composition included implementers of youth development programmes, published researchers (local and international) into interventions and the evaluation of health risk behaviour programmes, teachers and principals involved with the ground-level upliftment of learners assisting in preventing or reducing engagement of health risk behaviour amongst learners. The social workers were involved with various health risk and life skills programmes in communities both locally and internationally. One of the characteristics of a Delphi study is the feedback process that allows the participants to re-assess their initial judgements, and thus the process of different rounds is encouraged [8]. During the present study the Delphi method was carried out over a period of three months, which was expected to consist of three rounds. The study used only two rounds because consensus was reached by the expert opinions at the end of Round 2.

All the invited experts received an invitation letter containing information regarding the current PHD study (of which the feasibility formed part of) and the need for their assistance as an expert in the field of youth development. The experts were informed that on acceptance of the invitation, a consent form attached to the email should be completed and submitted. The consent form contained first a section where the expert could indicate whether he/she consented to participate in the

study. After consenting to participate, the expert's demographic details such as age, gender, years of experience and expertise within youth development needed to be completed and submitted to the researcher.

The Delphi process was administered online using Google docs. Experts were requested to participate in an online questionnaire to give their opinion on the feasibility and content of the Youth Development Programme that was designed by the researcher. The consent form and the questionnaires for the various rounds of the Delphi were designed on Google Form. The experts were asked to follow the prompts/ links provided in the email they received. Google Forms enable one to complete the consent forms and questionnaires online. On completion, the participants were requested to submit the consent forms and questionnaires. Specific questions were arranged in order for the panel of experts to give input as to: (i) the scope of the programme, (ii) the content of the programme, (iii) the approaches of the programme, (iv) the implementation of the programme, (v) the resources of the programme and (vi) the cost of the programme.

During Round 1, the experts were asked to rate their degree of agreement on a scale of 0 (*no agreement*) to 5 (*full agreement*). The higher the number, the more they were in agreement that the items were important and appropriate. In order for consensus to be reached each question, a score of 75% and more had to be reached.

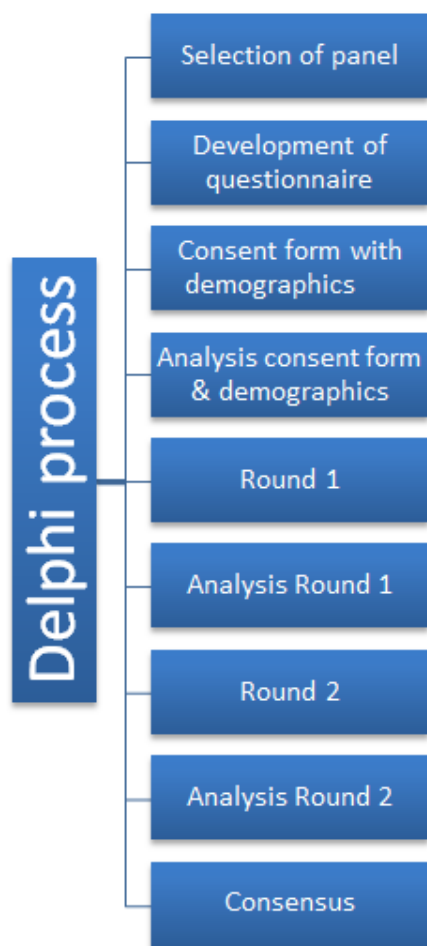
During Round 2, the experts were sent a questionnaire pertaining to the sections or questions where consensus of 75% and above was not reached during Round 1. They were again requested to choose a number from the scale 0-5 that was provided to indicate whether the changes made to these questions or sections (following input from the experts in round 1) met their approval and agreement. The experts were given the opportunity to comment on these sections and provide any added information that they felt was of importance to the youth development programme being designed. Consensus was reached at the completion of Round 2 as all the questions posed in the questionnaires during Round 1 and 2 obtained a score of 75% and more. The final consensus enabled the researcher to gain an understanding from experts as to the feasibility of the components of the programme as well as the overall programme.

### 3. Data Analysis

In the Delphi process, data collected included both qualitative and quantitative items. According to literature, the major statistics used in Delphi studies using quantitative data are measures of central tendency (mean, median, and mode) and level of dispersion (standard deviation and inter-quartile range) in order to present information concerning the collective judgements of respondents [9]. The quantitative data from Round 1 and 2

of this Delphi study was analysed and presented using the mean and mode for each component and its sub-sections.

Qualitative data was also obtained during the *Delphi* study. According to Hsu and Sandford (2007) [8], researchers need to find an appropriate method to deal with the qualitative data. The qualitative data was summarised with all the responses grouped under the specific questions, and was then classified into themes. Quotes were used to substantiate the themes, and the researcher then interpreted the quotes in line with the intervention programme needs. The researcher then reflected on the quotes and provided comments for the application and consideration of the revised programme. Figure 1 provides an overview of the entire Delphi method that took place. This figure maps the process from the selection of the expert panel up to the point where consensus was reached.



**Figure 1.** Process of the Delphi study

## 4. Results

Twenty-four experts were invited to participate in the Delphi study and 19 consented to participate, yielding an initial response rate of 79.16%. During Rounds 1 and 2, 15 (62.50%) and 14 (58.3%) of the experts completed the full process. With each round all 24 experts were invited to comment. The process was anonymous and the researcher could not identify any expert and had to rely on the goodwill of the experts to participate.

### 4.1. Demographic Details

The demographic profile of the 19 respondents is reflected below as the demographic data was collected with the initial invitation and consent. Of the respondents, 68% were male and 32% were female with an age range of 31-61 years. The professions of the respondents were: principals (n=2), academics (n=8), life skill trainers (n=2), social worker (n=1), youth development workers (n=2), education department circuit manager (n=1) and community safety officers (n=3). The minimum years of experience working with youth was 6 years and the maximum was >21 years. The experts had varying roles within the area of youth development and included life coaching implementing capacity building, personal development and job preparedness programmes. There were also respondents involved with youth development through sports programmes as well as a substance abuse prevention specialist who worked in the area of youth development in a social work and public health framework. Some of the participants had conducted research in the area of youth development and published in the area. Finally, some respondents were responsible for putting structures and systems into place to effectively deal with risky behaviour.

### 4.2. Results of Delphi Round 1

During the first round, 15 experts responded to the request to rate the feasibility of the components of the proposed youth development programme. With this method the panel of experts could give input as to: (i) the scope of the programme, (ii) the content of the programme, (iii) the approaches of the programme, (iv) the implementation of the programme, (v) the resources of the programme and (vi) the cost of the programme.

The components on which the experts had to respond and comment during Round 1 are listed below in Table 1.

**Table 1.** Measures of central tendency from Round 1 Delphi Scoring (n=15)

<b>Scope of the programme</b>	<b>Mean</b>	<b>Mode</b>
Target Group – Gr 8-10 learners	4.3	5
Health risk behaviours to be targeted, namely smoking, drinking, sexual activity, drug use, physical inactivity, crime, and violence	4.9	5
Gender	4.46	5
Acquiring of life skills	4.53	5
Role of peer pressure, role modelling, lack of communication and dysfunctional homes	4.46	5
Pre and Post Evaluation of the programme	4.66	5
<b>Content of the programme</b>		
Education on health risk behaviours		
Smoking	4.66	5
Drinking	4.73	5
Drug use	4.86	5
Sexual activity	4.66	5
Physical inactivity	4.86	5
Crime	4.73	5
Violence	4.86	5
Life Skills Training		
Communication Skills	4.80	5
Decision-making Skills	4.86	5
Coping Skills	4.80	5
Practical Exposure to consequences	4.93	5
<b>Approaches to the Programme</b>		
Group Discussions	4.66	5
One-on-One	4.66	5
Lectures	2.86	3
Practicals	4.73	5
Group activities such as sport/arts/culture	4.80	5
Volunteer or community work	4.60	5
Online Forums	4.33	5
Fields Trips	4.73	5
<b>Implementation of the Programme</b>		
School and after school based	4.60	5
Peer education	4.93	5
Community (Churches, Police, parents)	4.80	5
Professionals (Health Educators, physio, psychologist)	4.73	5
NGO's	4.80	5
Teachers	4.40	5
<b>Resources of the Programme</b>		
Training/ workshops Trainers/Facilitators	4.60	5
Workbook for participants/learners	4.66	5
Training manual facilitators	4.53	5
Inventory of registered facilitators	5.00	5
Information Brochures on HRB	4.53	5
Contact list of important Institutions (Police, Childline, Hospitals)	4.53	5
Website for updates, training and information regarding programme	4.60	5
<b>Cost of the Programme</b>		
Feasibility based on resources provided	4.20	5

During Round 1 the experts also provided comments for the researcher to consider that would contribute to the design of the youth development programme. A number of categories emerged from the themes. In the theme of target population: age and its challenges, vulnerable groups and vulnerable transitions such as grade 9, socio-economic status, and development milestones emerged. In addition

drop out from school also emerged. In the theme of content, various suggestions were made under skills development which included life skills, coping skills, decision making skills, communication skills and skills regarding moral responsibility. Approaches to be used in the programme generated discussion as lectures were seen to be too didactic, and alternatives were suggested. In addition, the

implementation of the programme by teachers at school was challenged as the power-relationship between teacher-student was questioned. There was a need identified to ensure ownership of the programme and parental involvement. The focus of lack of skilled facilitation was also highlighted.

The components that scored less than 75% consensus during Round 1 Delphi are given below:

Approaches of the programme

- Lectures

Cost of the Programme

- Feasibility of the cost of the programme considering all the resources provided

### 4.3. Results of Delphi Round 2

During Round 2, experts were requested to rank their agreement following changes and adaptations that were made to (i) the approaches of the programme and (ii) the cost of the programme. The changes and adaptations were made based on the comments and input from the experts. Under the approaches of the programme, experts commented and advised that lectures are not a suitable approach as they are a one-dimensional medium of communication and knowledge translation. Based on these inputs and comments, lectures were replaced by facilitation sessions.

The second area where consensus could not be reached during Round 1 pertained to the cost of the programme. Experts advised that partnerships with government organisations, NGO's, NPO's (as part of their TPOs) and private companies (as part of their Corporate Social Responsibility) should be formed in order to assist with the cost of the programme, together with all the resources that the programme would already be providing. Subsequently the partnerships as mentioned above were added to the items that would be used to assist improving the feasibility regarding the cost of the programme.

During Round 2 the experts were sent a questionnaire that incorporated the two items discussed above, namely: (1) Lectures being replaced by facilitation sessions under the Approaches of the Programme and (2) Partnerships with Government organisations, NGO's, NPO's and private companies to improve the feasibility of the programme regarding cost. The experts were also requested to add any comments following the completion of their ranking their agreement of the changes of the only items where consensus could not be reached during Round 1. The experts were again requested to rate on a scale of 0 to 5 that was provided, to indicate whether the changes

made to these sections following input from the experts in Round 1, met with their approval.

During Round 2 the experts also provided comments for the researcher to consider that would contribute to the design of the youth development programme. The table below illustrates the comments made by the experts under the components as provided in Round 2.

**Table 2.** Round 2 Delphi Study n=14

Component	Mean	Mode
<u>Approaches of the programme</u> Lectures replaced by facilitation	4.62	5
<u>Cost of the programme</u> Partnerships with NGO's, Government Organisations and private companies to improve feasibility regarding cost of the programme	4.62	5

A number of categories emerged from the themes during Round 2 of the Delphi. In the theme of facilitation, trust, training of facilitators, relevance of topic to socio-economic status of participants, and facilitation as an effective tool, emerged. In the theme of partnerships, the importance of the involvement of government institutions, provincial and national, were stated. The importance of private funding especially through CSI support, was highlighted.

On completion of Round 2 of the Delphi, consensus was reached on all components following input from the invited experts. The experts were informed that consensus was reached following two rounds of the Delphi study. They were thanked for their participation and the valuable input given during the Delphi study and its subsequent rounds.

### 4.4. Qualitative Results from the Delphi

The quantitative results from the Delphi would as a standalone in this study not be able to substantiate meaningful data if not backed by the qualitative component. The low number of experts would not yield itself to quantitative data that can be used to bring significant measurements. However within the questions the expert participants were given opportunity to voice a more in depth opinion based on their experience which allowed the authors to substantiate and triangulate the information received through the Delphi method.

Table 3 below describes the areas in which experts voiced their opinions and advice that was used to strengthen the programme that was ultimately designed. Through this process qualitative and quantitative data was used to make adjustments to the programme ultimately strengthening the programme.

Table 3. Qualitative responses from experts

SCOPE	CONTENT	APPROACHES	IMPLEMENTATION	RESOURCES	COST
<p><b>Target Population</b></p> <ul style="list-style-type: none"> <li>Vulnerable group need to be addressed</li> <li>large number gr 9 drop out</li> <li>Age gap gr 8-10</li> <li>age specific interventions needed</li> </ul> <p><b>Socio Economic Status</b></p> <ul style="list-style-type: none"> <li>Understanding impact socio economic status of participants - this poses many challenges for participants</li> </ul> <p><b>Health Risk Behaviour</b></p> <ul style="list-style-type: none"> <li>Specific reason - sexual activity</li> <li>males have more leverage</li> <li>Focus on cause and reasoning</li> <li>educational level of participant</li> </ul> <p><b>Personal Characteristics</b></p> <ul style="list-style-type: none"> <li>Relationships</li> <li>Lack of religious intervention</li> </ul>	<p><b>Life skills</b></p> <ul style="list-style-type: none"> <li>necessary BUT "knowledge"</li> <li>not so successful</li> <li>Exposure to the consequences.</li> <li>focus HRB most negative consequences</li> <li>Differentiation -context of the target group.</li> </ul> <p><b>Content</b></p> <ul style="list-style-type: none"> <li>Based on the needs - interaction with participants.</li> <li>Too much information tends to be counterproductive.</li> </ul> <p><b>Coping Skills</b></p> <ul style="list-style-type: none"> <li>Empowerment must be societal sensitive and relative Impact of foreign on the diversification of our society re African, Asian and near Asian relevance (Drug pushers, Spaza Shops, Barber Shop)</li> <li>The health relatedness of educational content must be clarified, researched and communicated in practical sense.</li> </ul> <p><b>Communication skills</b></p> <ul style="list-style-type: none"> <li>Reasoning skills/critical thinking important to be built amongst young people</li> <li>to consider including relationship training as the relationship between parents and child; teacher and learner has broken down</li> </ul>	<p><b>Lectures</b></p> <ul style="list-style-type: none"> <li>Steer away – one dimensional</li> <li>Scenario sketching useful</li> <li>Do not over inform</li> <li>Interactive knowledge &amp; skills sharing session</li> </ul> <p><b>Field trips</b></p> <ul style="list-style-type: none"> <li>Practical experience – not only knowledge but also emotions - more effective.</li> <li>Allow for differentiating the approach.</li> <li>important to ensure that more informal learning takes place</li> <li>lasting impact and it is what youth enjoy</li> </ul>	<p><b>Elements</b></p> <ul style="list-style-type: none"> <li>Critical elements have been included</li> </ul> <p><b>Teachers</b></p> <ul style="list-style-type: none"> <li>Participant freedom to express inhibited by teachers</li> <li>Teachers - education, understanding of the programme.</li> </ul> <p><b>Measurement of Impact</b></p> <ul style="list-style-type: none"> <li>How will the impact be measured</li> <li>All potential stakeholders should be part of programme to reach maximum efficacy</li> </ul> <p><b>Ownership</b></p> <ul style="list-style-type: none"> <li>Implemented by and implemented with should be discussed.</li> <li>Willing participants</li> <li>that are not skilled can do a lot of harm.</li> </ul> <p><b>Parent Role</b></p> <ul style="list-style-type: none"> <li>Pre-school involvement important aspect to consider.</li> <li>Understated the role of the parent as they have bigger impact.</li> <li>Their role should be more explicit, empowered and exploited</li> </ul>	<p><b>Knowledge</b></p> <ul style="list-style-type: none"> <li>The skill to navigate and use the information</li> <li>Utilisation of existing knowledge and the interpretation of it to make it relevant to participants.</li> <li>The link between the knowledge and skills of facilitators and participants is vital.</li> <li>Website: Excellent idea.</li> </ul> <p><b>Engaging with participants</b></p> <ul style="list-style-type: none"> <li>Road shows, community radio shows, take calls have it once a week/month</li> <li>create a more interactive forum that has a broader audience.</li> <li>Website be hosted by particular NGO's in the community.</li> <li>Social media use</li> </ul> <p><b>Vetting of Facilitators</b></p> <ul style="list-style-type: none"> <li>Registered data base of facilitators to ensure that those implementing the intervention is skilled to do so</li> </ul>	<p><b>Partnerships</b></p> <ul style="list-style-type: none"> <li>NGO</li> <li>Government</li> <li>CSI</li> <li>Private funders</li> <li>International partners</li> <li>All sectors of community thus needs to be part and parcel of the programme.</li> </ul> <p>Through more co-operation the programme can become more cost effective</p> <p><b>Flexibility</b></p> <ul style="list-style-type: none"> <li>Programme needs to reflect a balance across different programme approaches and resources, e.g. greater emphasis on peer to-peer approaches as opposed to use of professionals.</li> <li>The design of the programme looks at diversity, current needs and participation by all involved. This is an important aspect that drives this programme</li> </ul>

## 5. Adjustments to the Programme

Through the successful implementation of the Delphi study the following adjustments could be incorporated to affect the development of the programme and improve the effectiveness of the programme when implemented. Firstly, lectures as an approach was replaced with facilitation to create a more reciprocal interaction between participants and facilitators as lectures were seen as one-dimensional and boring, and could lead to participants losing interest in the programme. Secondly partnerships between NGO's, Government Departments and Private Companies will be pursued to assist in the cost effectiveness or feasibility of the programme. Literature has shown that the capacity, skills and knowledge of facilitators are important components needed for successful programmes. The central reason for including life skills education in the school curriculum is that interventional, preventative and developmental approach to equipping schoolchildren (learners) in the senior phase with coping skills will help them deal effectively with predictable developmental tasks and an ever-changing world. The experts in this Delphi also commented on the importance of this. The design of the programme was therefore influential in creating facilitators who undergo training within the programme. A further component that needs to be incorporated is that the programme will have an ongoing evaluation through interviews/focus groups with facilitators and participants to gain continued feedback regarding the effectiveness of the programme through each phase and to establish whether any adaptations need to be made in real time or as things occur. Programme evaluation is one of ten essential public health services [10] and a critical organisational practice in public health [11]. The underlying logic of the Evaluation Framework is that good evaluation does not merely gather accurate evidence and draw valid conclusions, but produces results that are used to make a difference [12]. The use of social media and the website will be heightened as experts commented on the importance of this to engage with participants. The experts commented on the fact that learners do not necessarily enjoy reading and using books as learning material. "Therefore, if they (youth) are communicating, interacting and inhabiting social networks and indeed, spending a lot of their time on these networks, surely we must have a presence on these networks too?" Teenagers also utilise social network sites to provide social support to peers, share creative work, and network with others [13]. Incorporating social media and website design to display information regarding health risk behaviour will form part of the programme. In this way learners will be introduced to researching information on the topics needed to form part of their tasks, creating opportunity for learners to engage in reading and communicating with each other and facilitators, therefore, hopefully creating a propensity for more reading to take place amongst learners as the importance of reading to gain

more knowledge and understanding will be explored. The programme will also be designed to be sensitive to the background and experiences of participants whether socio-economic, education, context, existing capacity or skills. The UNESCO definition states that inclusive education is: 'an ongoing process aimed at offering quality education for all while respecting diversity and the different needs and abilities, characteristics and learning expectations of the students and communities, eliminating all forms of discrimination' (p. 3) [14].

Age and gender also need to be addressed with thought, as certain interventions might need to be age- or gender-specific to create an opportunity for greater impact. In other instances, peer or mentor interaction might need to be in different age and gender groups. More recently, through model confirmation it was suggested that "the more children believe they are similar to their own gender group, the more likely it is that they will prefer same-gender partners because of the increased likelihood of enjoyment, satisfaction and mutuality that they believe will result from these interactions" (p. 422) [15].

## 6. Conclusions

With the use of the Delphi technique it was possible to get expert opinion and input regarding the design and development of a youth development programme that could ultimately assist in the reduction of health risk behaviour among learners in grades 8-10. The results and observations following the Delphi study indicate that the Delphi technique can be a very helpful tool during the design and development of a programme, especially when the need of expert input is of high priority, as it creatively ascertains expert opinion and advice on a specific area or topic. In this study the researcher through the Delphi could include important stakeholders who have the expertise that ultimately is needed to improve youth development programmes. In this study four participants during Round 1 and five participants during Round 2 who consented to participate were lost to follow up during the process at different stages, which reflects one of the limitations in the Delphi process. Successful Delphi requires highly motivated and willing participants. Through this process, however, the researcher was able to get consensus on all the components that formed part of the Youth Development Programme that is being designed.

More importantly aspects have been highlighted that should affect the design of the youth development programme, which include:

- scaffolding of the programme into specific age- and gender-based activities;
- the understanding that the programme should be sensitive to the diverse needs and background of its participants;

- the need for training of facilitators in order to have the participants being mentored by facilitators equipped to deal with the challenges that will emerge throughout the programme.

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