# Towards a new way of working:
Year 1 evaluation results from WCC's Wave 2

The initiative:

Well Connected Communities (WCC) is a national well-being initiative of America's **Cooperative Extension System** in partnership with **National 4-H Council.** WCC launched in 2018 and is using the power of combined youth-adult voice and action to recognize and address systemic health inequities. It is scaling successful innovations from this work across the Extension network in order to catalyze ambitious changes at the local, state, and national levels, so that everyone has an equal opportunity to live a better, healthier life.
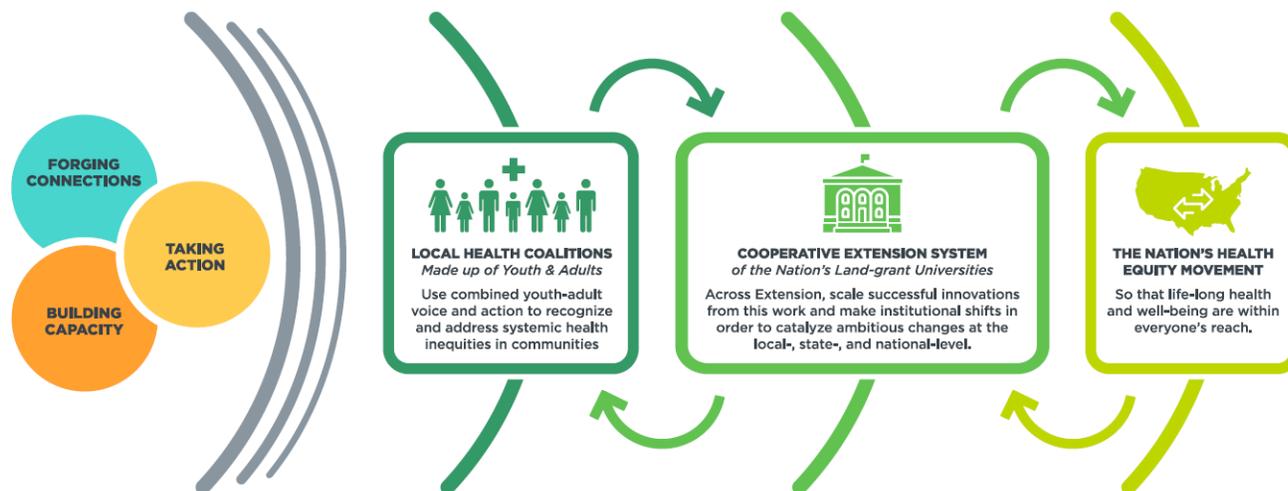
WCC's success requires that work happens differently at various levels—within and across the National Cooperative Extension System (Extension), within and across Land Grant Universities (LGUs), and within communities—to impact the broader health ecosystem. As a result, WCC Wave 2 (2020-21) focuses on seeking systems change across the Extension system to advance a Culture of Health.

The participants:

In 2020, as part of WCC, 43 communities and 17 Land Grant Universities (LGUs) committed to creating healthier, more sustainable places to live, work, and play.
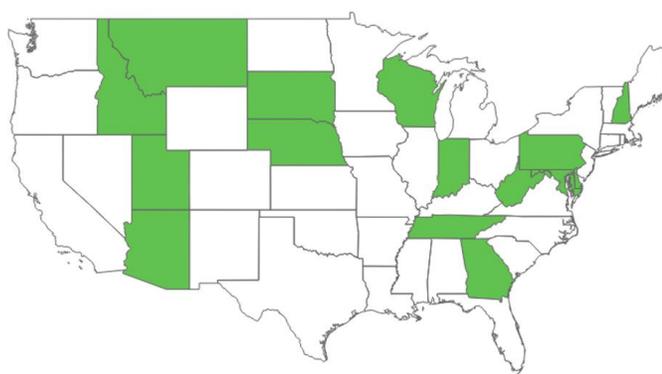
Wave Two Land Grant Universities
Montana State University
Purdue University
South Dakota State University
Tennessee State University
The Pennsylvania State University
University of Arizona
University of Delaware
University of Georgia
University of Idaho
University of Maryland
University of Maryland Eastern Shore
University of Nebraska - Lincoln
University of New Hampshire
University of Tennessee
University of Wisconsin - Madison
Utah state University
West Virginia University

■ States with participating LGUs

The evaluation:

The Center for Community Health and Evaluation (CCHE), part of the Kaiser Permanente Washington Health Research Institute, serves as the evaluation partner for WCC. The evaluation seeks to answer the following questions:

Systems change: To what extent and how has Extension changed (internally and externally) to promote equity and advance a Culture of Health across communities?

Collaboration: To what extent and how is multi-sector, multi-generational collaboration occurring in participating communities?

Youth: To what extent and how has WCC contributed to positive youth development & leadership in participating communities?

Communities: To what extent and how has WCC had an impact on participating communities?

Select evaluation results from the first year of Wave 2 include learnings about the current state of Extension's vision for its work on health, well-being, and equity and current state of systems to support this vision, as well as highlighting the work in the 43 communities and 17 LGUs participating in WCC.

① Extension has continued to establish national structures and a framework to support health, health equity, and well-being: commitment to the work is high; structures to support the work need to be established.

Extension leaders, health specialists, WCC leads, and external partners articulated a clear vision for Extension to be known as a key partner & resources for advancing community health, by:
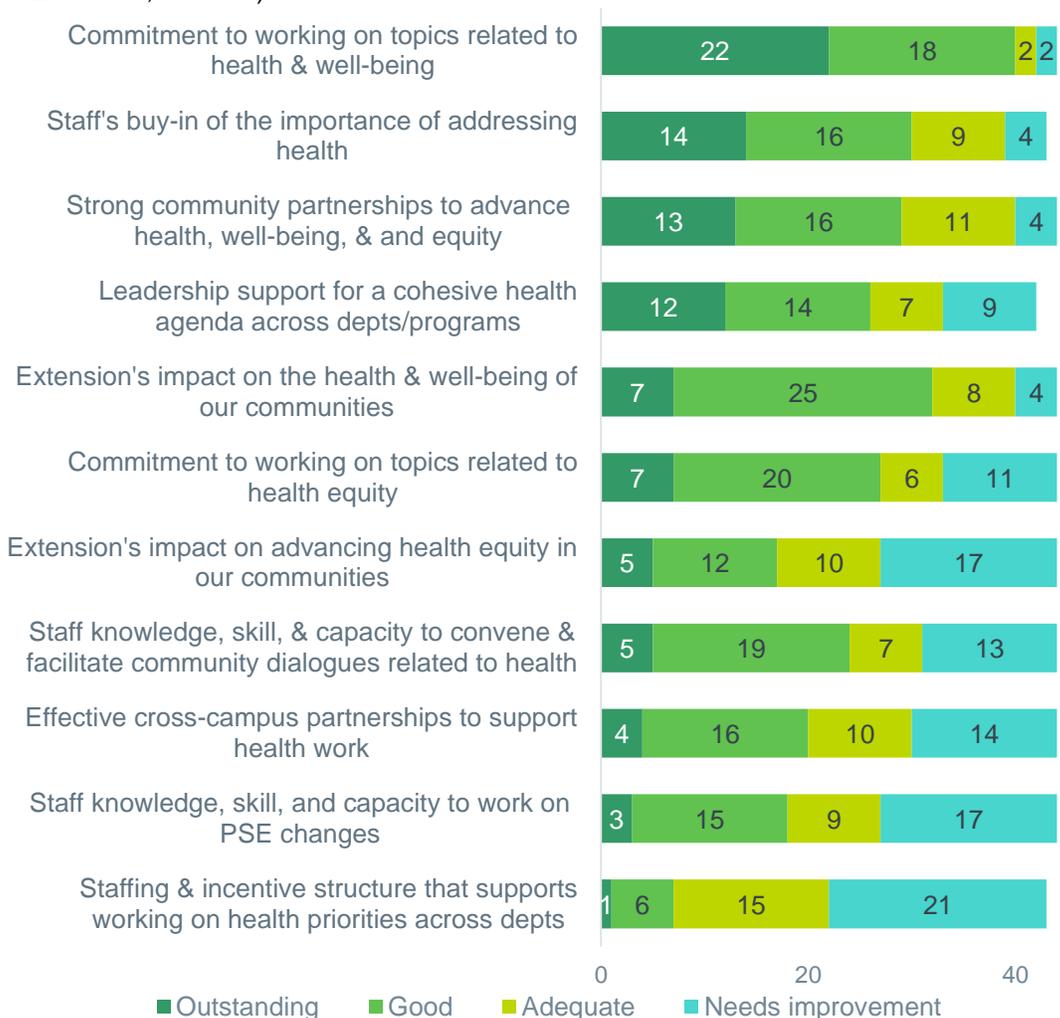
- Increasing awareness of the work Extension is already doing to promote health and equity
- Making connections between Extension's traditional programming and potential health impacts
- Expanding health-related programming and partnerships.

To work towards this vision, Extension has continued to establish national structures (e.g., created an Extension Health Director, identified and networked Extension health specialists across the country, created a Health Innovation Task Force), and updated Extension's framework for health equity and well-being, which will be shared in 2021.

> **"Extension was founded on agriculture; our future will be based on how well we respond to health issues."**
> - Extension Director

Extension's health & well-being points of contact rated its commitment to health-related work high, but structures to support the work lower. (Source: Survey of health & well-being points of contact across Extension, n=44/68)

Item	Outstanding	Good	Adequate	Needs improvement
Commitment to working on topics related to health & well-being	22	18	2	2
Staff's buy-in of the importance of addressing health	14	16	9	4
Strong community partnerships to advance health, well-being, & and equity	13	16	11	4
Leadership support for a cohesive health agenda across depts/programs	12	14	7	9
Extension's impact on the health & well-being of our communities	7	25	8	4
Commitment to working on topics related to health equity	7	20	6	11
Extension's impact on advancing health equity in our communities	5	12	10	17
Staff knowledge, skill, & capacity to convene & facilitate community dialogues related to health	5	19	7	13
Effective cross-campus partnerships to support health work	4	16	10	14
Staff knowledge, skill, and capacity to work on PSE changes	3	15	9	17
Staffing & incentive structure that supports working on health priorities across depts	1	6	15	21

Top-rated items related to Extension's commitment & staff buy-in to health-related work and the strong partnerships it has formed.

Items rated in the middle were related to perceptions of Extension's impact on health and equity, as well as its commitment to health equity (which was rated lower than its commitment to health).

The lowest rated items, where there are opportunities for improvement, included:

- Staffing and incentive structures that support health
- Staff knowledge, skill, and capacity for PSE change & facilitating community dialogue
- Cross-campus work to support health

2 Extension has many assets that can be leveraged, and opportunities to increase visibility, expand collaboration and partnerships, and build capacity to deepen its engagement in policy, systems, environmental change and health equity.

Extension can further advance its work on health and health equity by leveraging existing assets & responding to perceived challenges and barriers.

Strengths to build on

- Extension is **embedded in community**; they know the community and are often a trusted and respected partner
- Extension staff have **subject matter expertise and access to resources;** they can provide educational materials, financial support, and connections
- Agents are trained **teachers & facilitators**
- There are **successful examples** of how Extension is advancing policy, systems, & environmental changes & addressing equity in communities
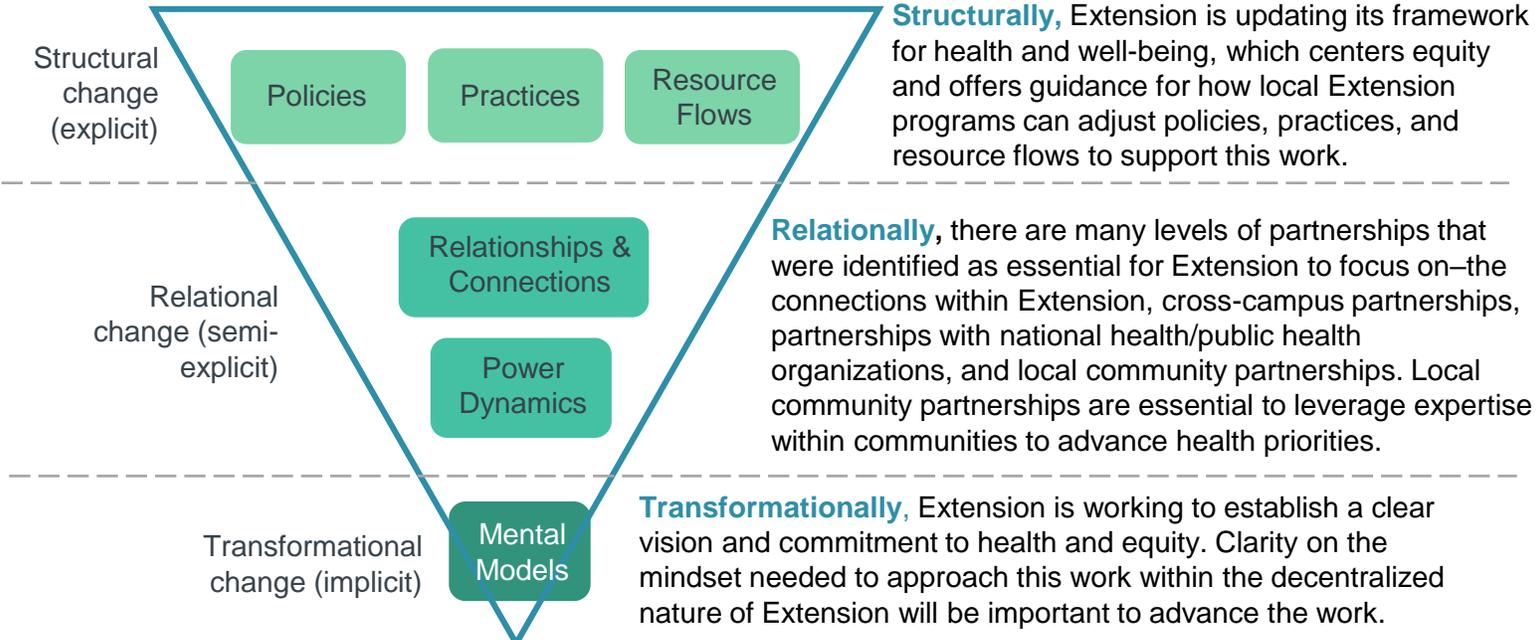
Opportunities to leverage

- Increase **awareness and visibility** of Extension in the community & with potential partners
- Increase **collaboration** with other health programs/schools within LGUs & across universities
- Invest in **developing partnerships** with and supporting capacity of community health partners
- **Increase sharing, learning, & networking** across Extension programs that are addressing health and equity
- **Leverage Extension agents & youth who are interested and passionate** about engaging in policy, systems, & environmental change and health equity work, while also **building capacity** for other agents/ facilitators

Challenges & barriers to respond to

- $ Extension programming is influenced by national, state, and local **funding structures**; it can be difficult to shift programming/focus without changes to funding/resource distribution.
- Extension's **history and culture** has focused on programs centered around agriculture with measures of success that can be counted. Influencing health outcomes is harder to measure in the short-term.
- Extension **structures for performance review and career advancement** may be a barrier to faculty pursuing health priorities because there are not consistent structures or incentives to support it.
- Extension leaders, staff, and agents are managing **competing priorities** (e.g., funding, publications) and it can sometimes be challenging to align internal priorities with external/community priorities.

Extension is exploring what structural, relational, and transformational changes will need to be made to further its efforts to advance a Culture of Health.

Structural change (explicit) — Policies | Practices | Resource Flows

Structurally, Extension is updating its framework for health and well-being, which centers equity and offers guidance for how local Extension programs can adjust policies, practices, and resource flows to support this work.

Relational change (semi-explicit) — Relationships & Connections | Power Dynamics

Relationally, there are many levels of partnerships that were identified as essential for Extension to focus on–the connections within Extension, cross-campus partnerships, partnerships with national health/public health organizations, and local community partnerships. Local community partnerships are essential to leverage expertise within communities to advance health priorities.

Transformational change (implicit) — Mental Models

Transformationally, Extension is working to establish a clear vision and commitment to health and equity. Clarity on the mindset needed to approach this work within the decentralized nature of Extension will be important to advance the work.

3 WCC provided Extension an opportunity to engage meaningfully with communities: LGUs made progress on their work with multi-sector coalitions to advance local health priorities.

The 43 communities participating in WCC have worked to build and strengthen partnerships and recruit new coalition members, including youth, to help advance community health.

- Since the beginning of 2020, there has been an increase in the percentage of communities who have an informal group or coalition; at the end of wave 2, **36 communities** reported having formal coalitions.

- Across the 43 coalitions or working groups, **over 15 sectors** were represented; college/university, nonprofit/community-based organization, community residents, and K-12 education were the top four represented groups in 2020.
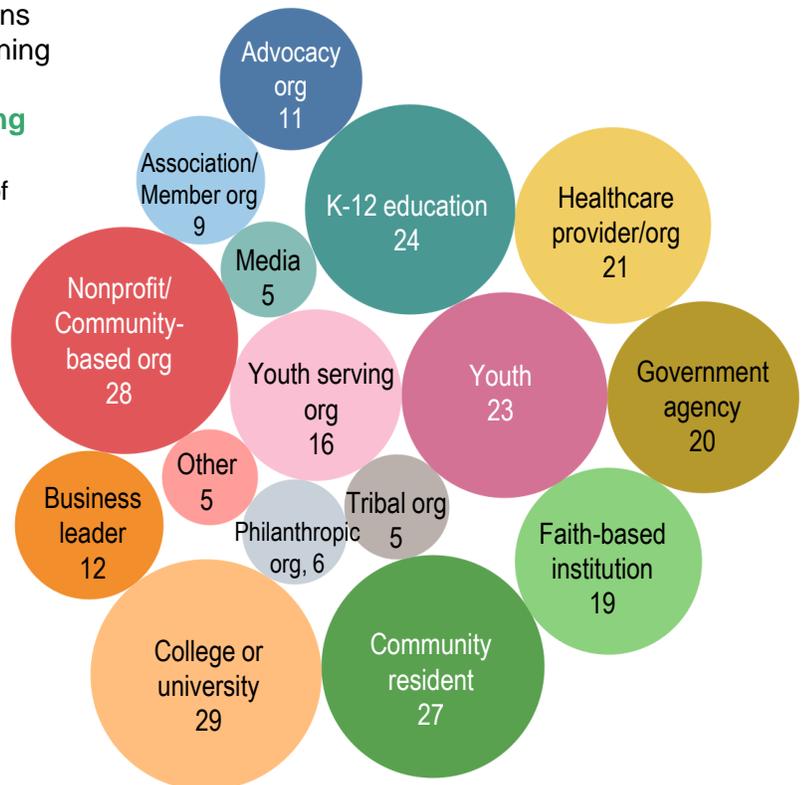
- At least **23 communities** had youth represented in the coalition.

- WCC provided LGUs with the time and funding to invest in **building relationships, developing trust, and determining priorities and structures** for working together in communities.

- The evaluation surveyed a sample of coalitions who had participated in WCC since its beginning (Wave 1). Survey respondents overall were **satisfied with how their coalition is working together**, reporting high trust and effective leadership. (Source: coalition survey – sample of wave 1, n=77/200).

> **"Relationship building is imperative** in having successful WCC, but not just as a part of this project, but for the foreseeable future. Laying a foundation that is built on mutual respect is imperative to future programming after the WCC grant is complete. "
>
> – Sawyer County Lac Courte Oreilles (LCO) Coalition (University of Wisconsin-Madison) Progress Report

Advocacy org 11
Association/Member org 9
Media 5
K-12 education 24
Healthcare provider/org 21
Nonprofit/Community-based org 28
Youth serving org 16
Youth 23
Government agency 20
Other 5
Philanthropic org, 6
Tribal org 5
Faith-based institution 19
Business leader 12
College or university 29
Community resident 27

Sectors represented by number of coalitions
(Source: Quarter 4 Community Progress Report)

The COVID-19 pandemic significantly impacted collaboration and engagement in WCC. LGUs and communities had to quickly navigate working together in virtual or remote settings.

- Engaging new partners and maintaining engagement in the coalition work was more difficult since in-person strategies for bringing people into the work were not available.

- Youth recruitment and engagement were especially challenging due to school closures, LGU policies like virtual contact only or canceling activities to help keep youth in 4-H safe, and more limited opportunities to engage youth.
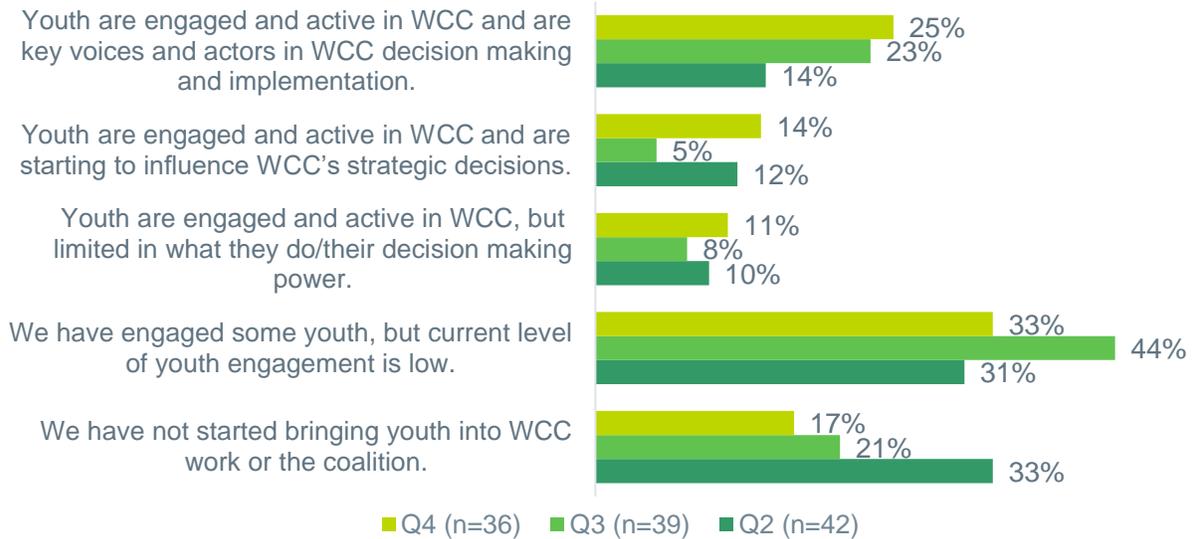
> **"Several coalition and community members have limited, unreliable or no access to internet and cannot attend virtual meetings. This has caused our plans and potential activities to be postponed or cancelled."**
>
> – Elkton Housing Authority (University of Maryland) Progress Report

4 WCC has increased youth involvement in local health & well-being coalitions and provided youth participants with the opportunity to learn about their community and health topics, grow their social skills, and develop leadership.

Even with the challenges of the pandemic, WCC communities grew their youth involvement in 2020, though there are still some communities that have not yet started bringing youth into their work.

Level of youth participation in WCC and/or the coalition, by quarter (% of communities)
(Source: Quarters 2 - 4 Community Progress Reports)

Level	Q4 (n=36)	Q3 (n=39)	Q2 (n=42)
Youth are engaged and active in WCC and are key voices and actors in WCC decision making and implementation.	25%	23%	14%
Youth are engaged and active in WCC and are starting to influence WCC's strategic decisions.	14%	5%	12%
Youth are engaged and active in WCC, but limited in what they do/their decision making power.	11%	8%	10%
We have engaged some youth, but current level of youth engagement is low.	33%	44%	31%
We have not started bringing youth into WCC work or the coalition.	17%	21%	33%

■ Q4 (n=36) ■ Q3 (n=39) ■ Q2 (n=42)

Youth participating in WCC shared they feel they have a voice and are heard, respected, and valued. (Sources: pilot youth survey, n=15; youth interviews – sample of wave 1, n=8)

Youth and adults are working as partners to advance WCC work and recognize each other's unique value-add.

Youth participants feel they are mostly able to influence or make decisions in WCC and/or their community coalition.

While youth-adult partnerships grew in 2020, nearly 40% of communities in Q4 2020 quarterly progress report indicated adult commitment to youth involvement but without providing space for youth decision making.

"...when we talk about the problems and everything, we're all talking about it as one. We all sit there, and we listen to one another. We don't judge, we add on and we all contribute together as one. It's not oh, it's adults and teens. It's all of us together."

– WCC youth participant

WCC also provides youth participants with the opportunity to learn about their community and health topics, grow their social skills, and develop leadership. (Sources: youth interviews – sample of wave 1, n=8; WCC PI interviews, n = 17)

WCC helps youth feel like they are making a positive contribution to their community and like they are part of the solution.

The opportunity to learn about their community and health topics was one way youth felt WCC has changed them and is a benefit of participating.

"... being able to take the information that we learned in DC and bringing it back to our community was one of the best experiences that I've ever had working with 4-H or working with people in general."

– WCC youth participant

5 WCC community impact stories can serve as concrete examples of the potential for Extension to support community health improvement.
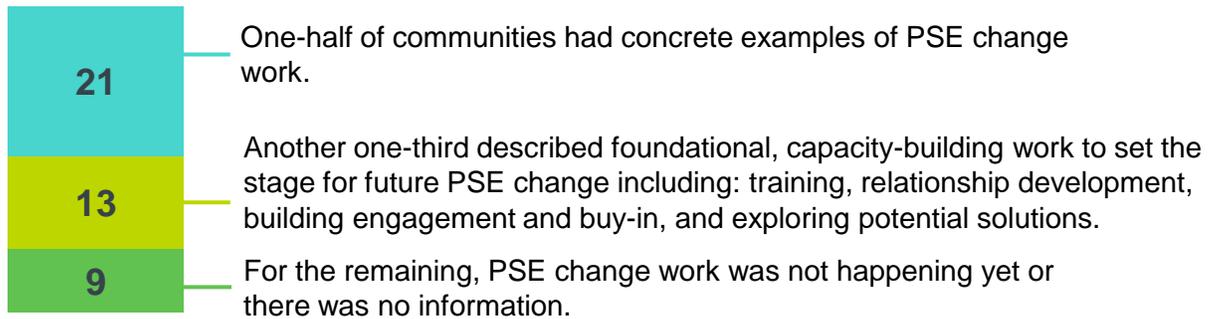
LGUs and communities demonstrated resilience and flexibility as they faced challenges to collaboration, community/youth engagement, and advancing the WCC work due to the pandemic.

- Meetings and project activities (including Master Volunteer training) were modified and shifted to virtual, when possible.

- Coalitions responded to the impacts of the pandemic, especially food insecurity, by sharing timely resources and strengthening food access (e.g., through community gardens, supporting online food ordering, and distributing foods).

> "The coalition partners have brought **nearly a half million dollars of food** into our community. We have distributed 5,894 food boxes to the public, 1,680 dozens of eggs, and continue to build momentum in food networks."
>
> - Fayette County (Purdue University) Progress Report

Communities were able to begin/continue to lay the foundation to advance policy, systems, and environmental changes and there is also commitment to improving health equity.

21	One-half of communities had concrete examples of PSE change work.
13	Another one-third described foundational, capacity-building work to set the stage for future PSE change including: training, relationship development, building engagement and buy-in, and exploring potential solutions.
9	For the remaining, PSE change work was not happening yet or there was no information.

Examples of policy, systems, and environmental change were generally related to :

Food systems: Included food distribution, farmers' markets, community gardens, and collaboration with SNAP-Ed programs

Built environment: Usually related to active living/healthy eating and included converting public spaces into walking trails, renovating parks, etc.

School-based policy: Close partnership with schools to influence health-related policies and practices (e.g., adoption of new health curriculum), particularly with health councils

"Choose Well" signage at grocery stores and convenience stores in East Jackson & Denmark communities (Tennessee State University)

In terms of health equity:

- WCC communities generally discussed health equity in terms of equal access to resources and diverse engagement in WCC work.

- Some capacity building and support is needed at both the Extension/LGU and community levels as communities engage more intentionally to operationalize the health equity work.

> "I think we're becoming more aware [of health equity].... You start with what we're aiming for, so...we may say we've got this walking trail, but how about the person in the wheelchair? How about the person that doesn't have a bicycle if we're doing bike events?"
>
> - WCC PI

Summary/Considerations

There are opportunities to advance systems change across Extension as well as strengthen WCC support to participating LGUs and communities to help promote health equity and advance a Culture of Health.

Extension can advance systems change by focusing on:

Structural changes like establishing a clear vision for health and equity, sharing best practices of how Extension leaders have overcome structural challenges to doing this work, and investing in capacity building for Extension staff.

Relational changes that allow time for authentic partnerships and trust, emphasize assets that Extension brings to partnerships, and acknowledge historical trauma and hurtful practices.

Transformational changes that provide a clear vision and leadership in setting expectations for a new mental model and explicitly address how to move forward in a decentralized system, acknowledging Extension's traditional roles/identity in communities.

WCC can build on its strengths to better support LGUs and communities through:

Flexible grant requirements that allow funding for capacity building and establishing trusting relationships with communities. Clarifying and right-sizing expectations of WCC will ensure continued positive local partnerships.

Professional development sessions and resources that deliver relevant, actionable content, as well as opportunities to hear from and connect with WCC peers.

Capacity building related to PSE and health equity to strengthen Extension staff and community members' ability to advance that work. Commitment is high, but additional support is needed to intentionally and explicitly operationalize these goals.

Methods summary

The evaluation team used a mixed-methods approach to evaluate Wave 2 of the WCC initiative. The FSG's systems change framework was used to understand changes occurring within Extension: https://www.fsg.org/publications/water_of_systems_change. Extension-focused data collection sources included a sample of Extension leaders and health specialists, Extension national partners for health, and health and well-being points of contacts across Extension. Extension- and community-focused data collection sources included all WCC PIs at participating LGUs. Community-focused data collection sources included WCC community quarterly progress reports, a sample of coalitions in Wave 1 communities, and a sample of youth participating in WCC. For more information, please contact the WCC evaluation team.

For more information about WCC

WCC Program

Program website:
https://wellconnectedcommunities.org/

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