

WCC Quarter 2 Progress Report Analysis

Prepared by the Center for Community Health and Evaluation | August 2020

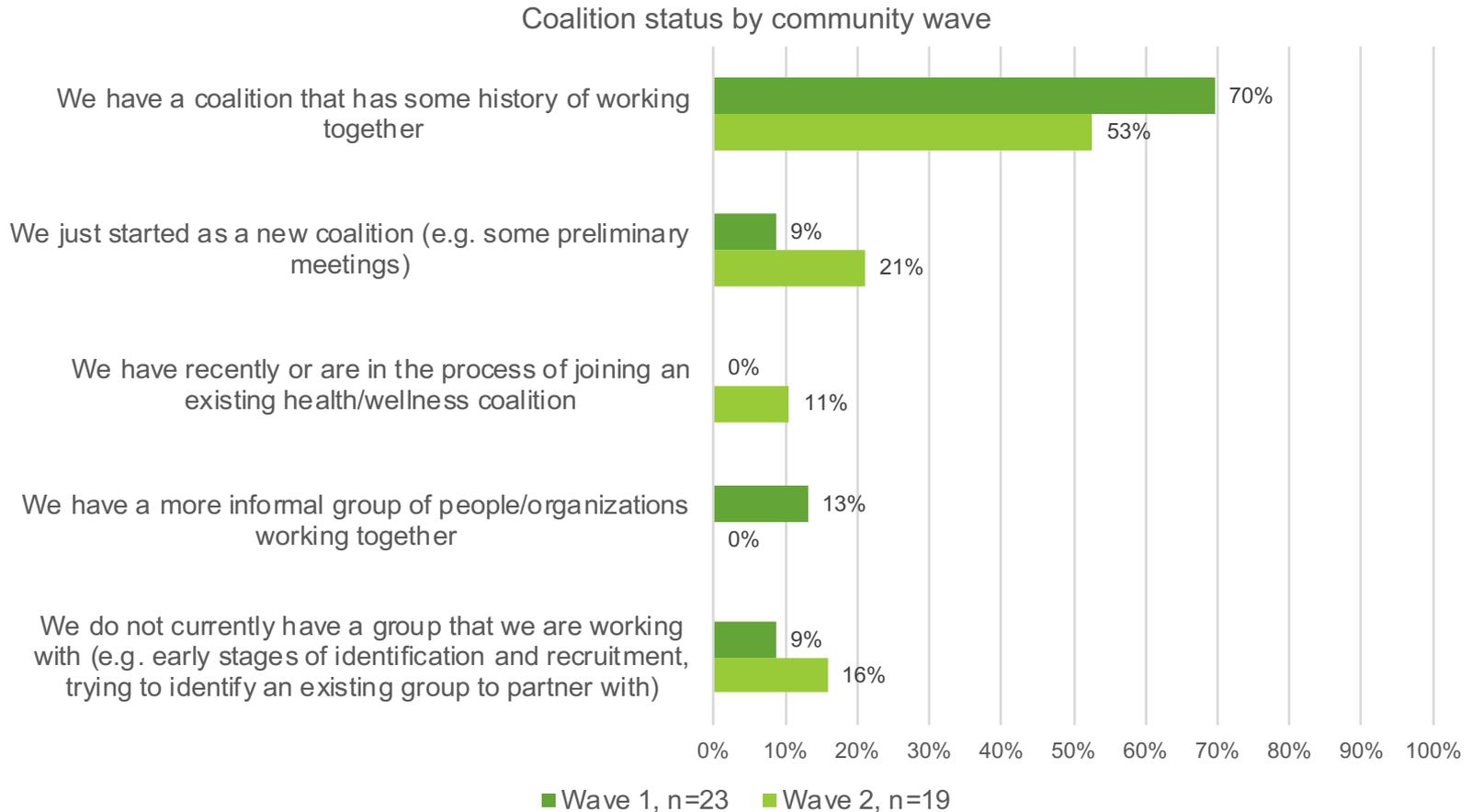


Summary of takeaways from Q2 progress reports from 42 communities*

- **Coalition building:** Over 2/3 of Wave 1 communities and over half of Wave 2 communities have a coalition with some history of working together. More Wave 2 communities are working on starting a new coalition/do not have coalition.
- **Youth engagement:** Wave 1 communities are farther along in involving youth in their coalitions, with over half of Wave 1 communities reported having youth engaged and active in WCC work. Over half of Wave 2 communities have not started to engage youth.
- **Priority issues:** The top priority area communities are focusing on is healthy eating/nutrition/food security (n=22) (followed by mental health/behavioral health and physical activity). This quarter, communities disseminated food assistance resources, helped distribute food, and engaged in systems/environmental change work on food security/healthy eating.
- **PSE work:** Many communities have not started/did not engage in PSE change work this quarter. Wave 1 communities reported more potential impact in their PSE change work than Wave 2.
- **Progress on community health needs assessment:** Most Wave 1 communities have completed or are in progress of completing their CHNA. Many Wave 2 communities still need to start on their health needs assessment.

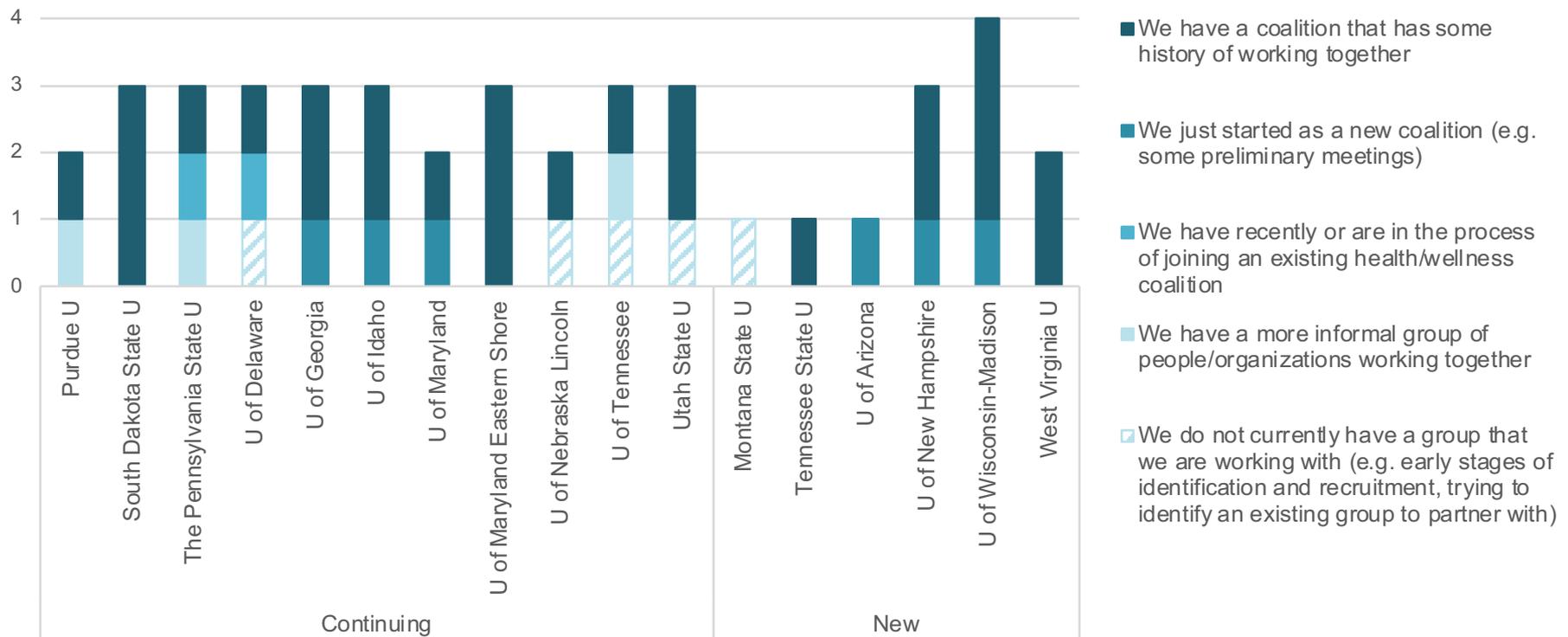
*Missing Q2 reports: Hopi Reservation (U of AZ); Lame Deer/Northern Cheyenne (MT State); East Jackson, Madison County (TN State)

Takeaways: A greater percentage of Wave 1 communities have an existing coalition compared to Wave 2. Change in communities' coalition status from Q1 to Q2 has been minimal.



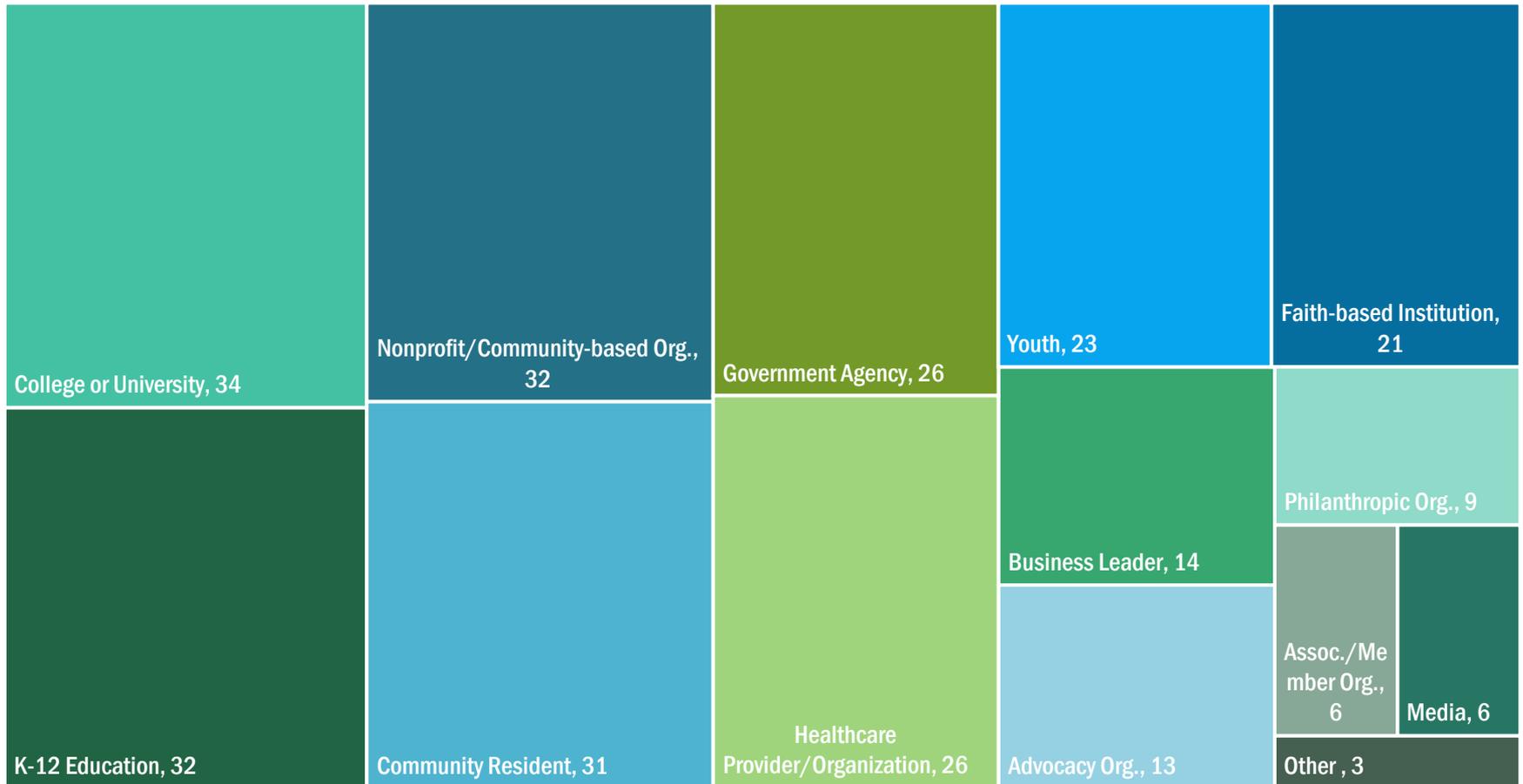
Takeaways: 3 LGUs have coalitions with some history of working together in all their communities; 5 LGUs have at least one community that do not have group they are working with. 2 LGUs had communities that progressed from not having a group to having an informal group/ coalition from Q1 to Q2.

Coalition status by LGU



Takeaways: College/university, K-12 education, community resident, and nonprofit/CBO were the most common sectors represented. 23 communities indicated they had youth represented in their coalition.

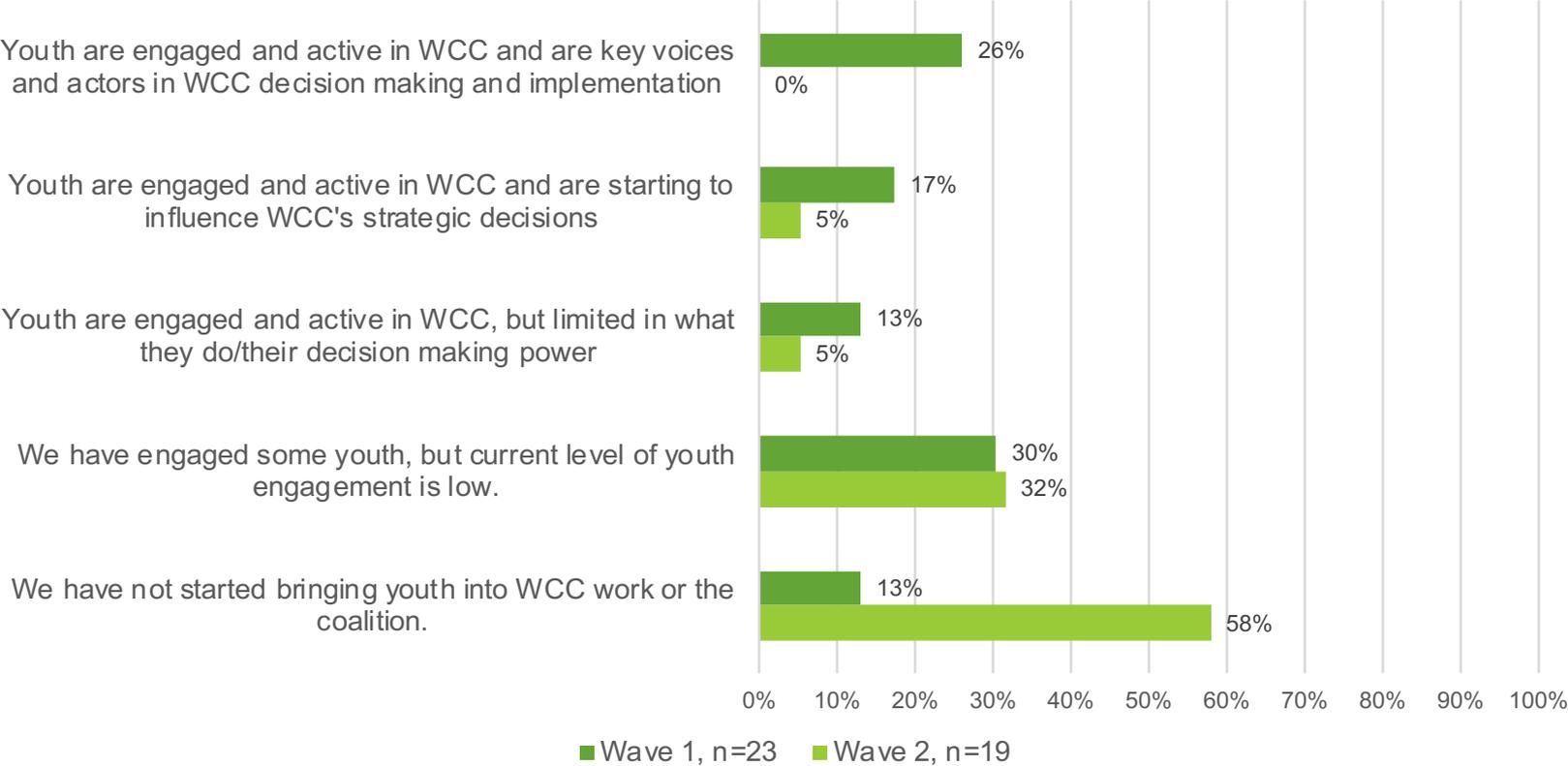
Sectors currently represented in coalition by number of communities (n=42)



Other: Tribal elder (n=1), no coalition (n=2)

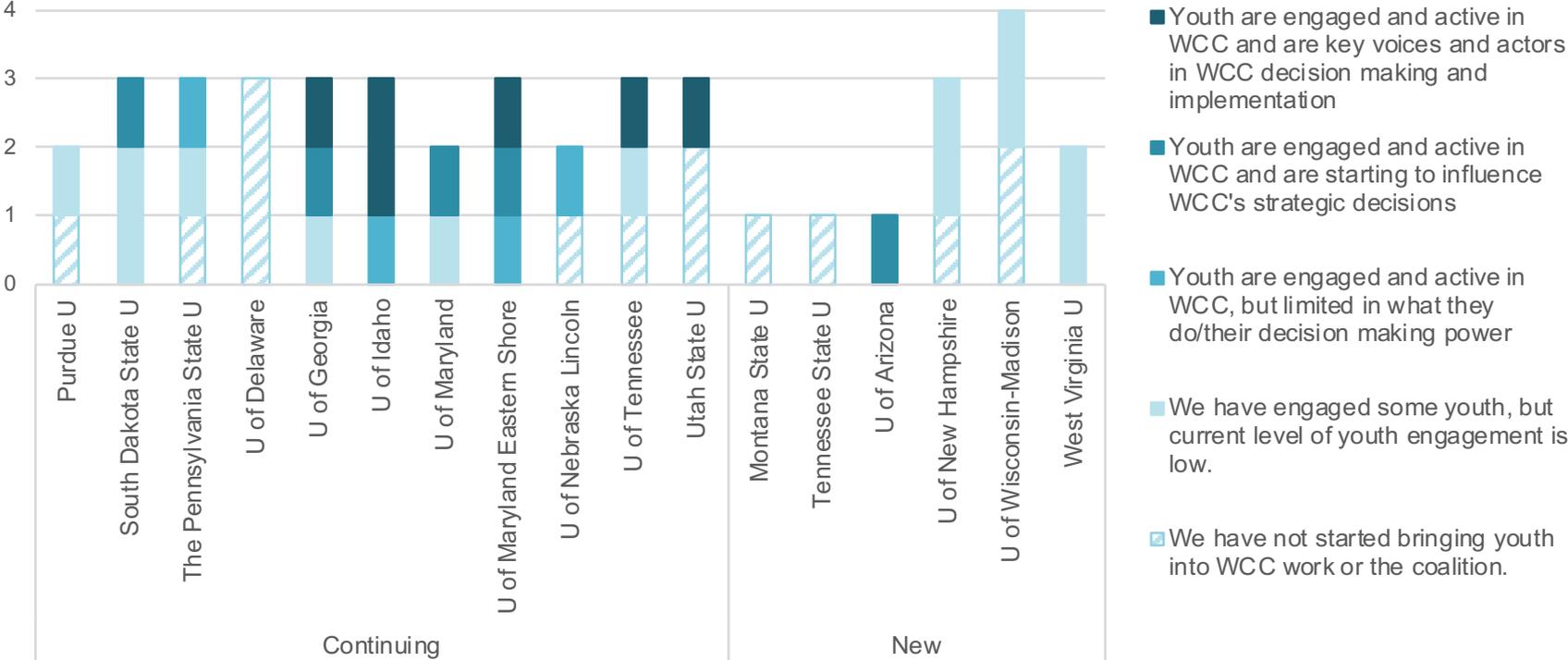
Takeaways: Wave 1 communities are farther along in having youth engaged and active in WCC. Most Wave 2 communities have not started bringing youth into WCC work or have low youth engagement. There is minimal change from Q1 to Q2 in the number of communities that have not started bringing in youth.

Current level of youth participation in WCC and/or the coalition by community wave



Takeaways: 7 LGUs have communities that all have some level of youth engagement. 3 LGUs shifted from having no youth engagement to at least one community with some level of youth engagement from Q1 to Q2.

Current level of youth participation in WCC and/or the coalition by LGU

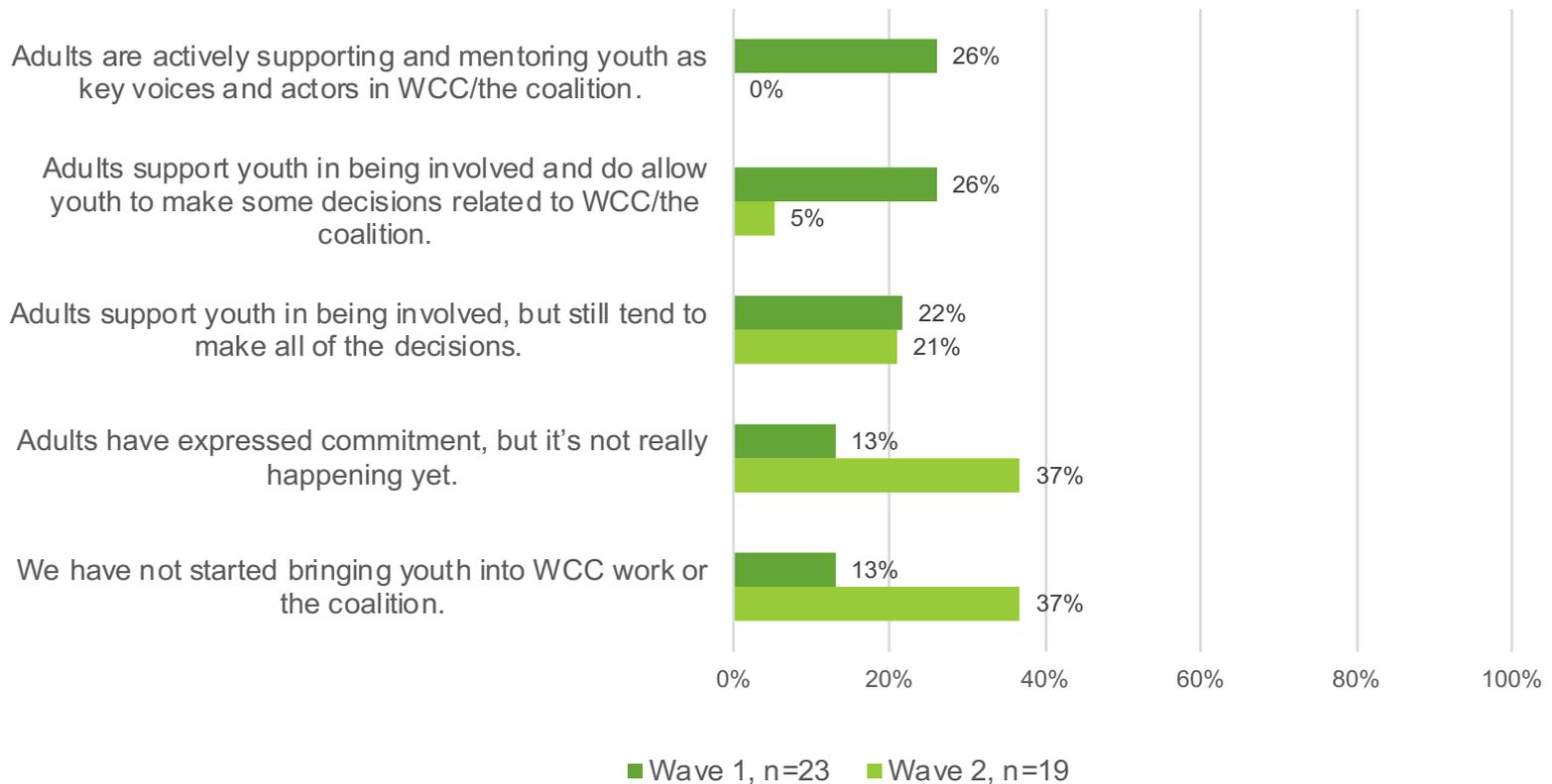


Ways youth are engaged in Q2: Most common themes include program support, youth input/feedback, and attending meetings

- **For communities with youth participation, engagement included:**
 - Program support (n=13): Youth assisted in food and resource distribution, producing social media outreach content, creating podcasts, co-facilitating coalition meetings, youth recruitment, and caring for the community gardens. Youth have also supported or led the planning of meetings and projects.
 - Youth input/feedback (n=7): Youth provided input via meetings, surveys, and social media. Youth shared their thoughts on a variety of topics (e.g., lunches, experiences related to COVID-19 and Black Lives Matter, recruitment strategies).
 - Meeting participants (n=6): Youth attended recurring meetings; youth had the chance to attend one meeting
- **For communities that have not started/did not engage youth, challenges included** limited internet access, furloughs/lay-offs from community partners, and shifting priorities for youth due to COVID-19 and recent protests. Some communities indicated they are trying to do outreach or plan to engage next quarter.

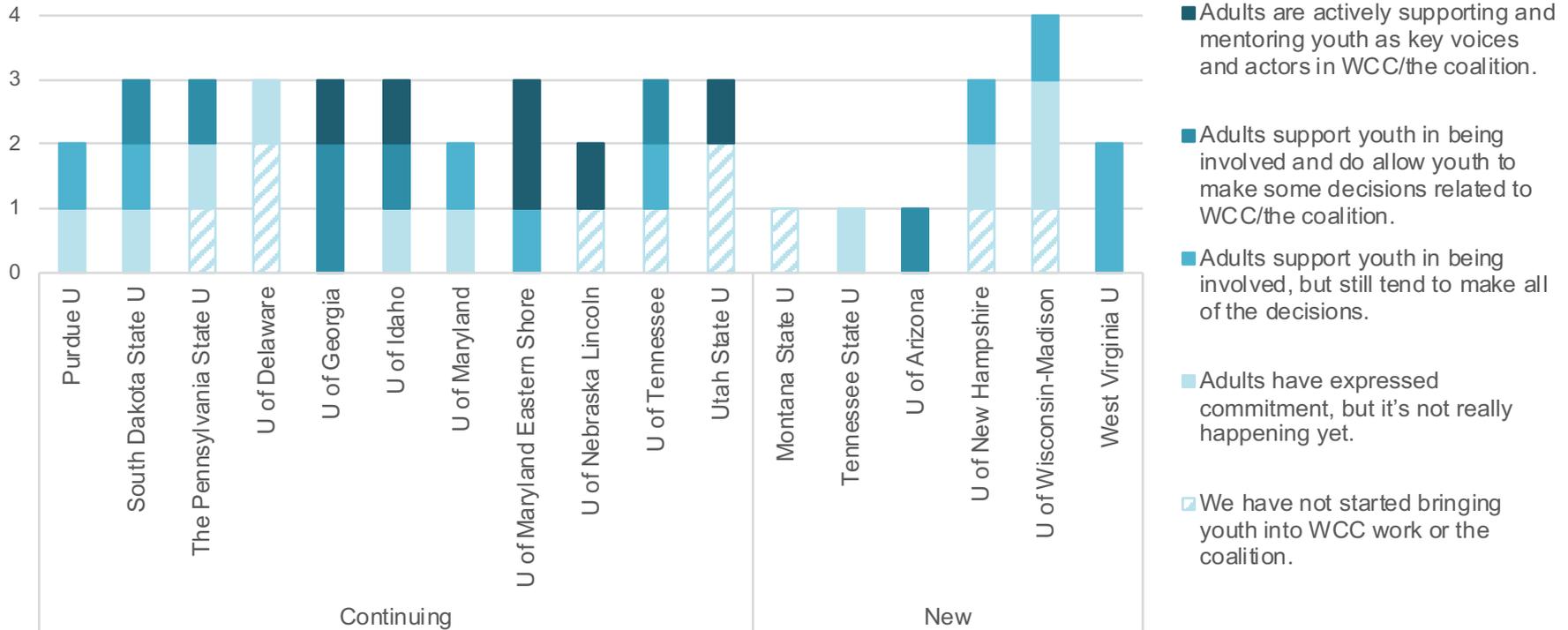
Takeaways: Wave 1 communities are farther along in having adult support for youth leadership. Most Wave 2 communities have not started bring youth into WCC work.

Current level of adult engagement in fostering youth leadership in WCC and/or the coalition by community wave



Takeaways: Most (14/17) LGUs have at least one community who has adults supporting youth involvement/leadership. 8 LGUs have at least one community who have not started bringing in youth.

Current level of adult engagement in fostering youth leadership in WCC and/or the coalition by LGU



Takeaways: 439 adult volunteers and 184 youth volunteers actively participated in WCC work since January 2020. Wave 1 communities had a much larger number of youth volunteers than Wave 2.

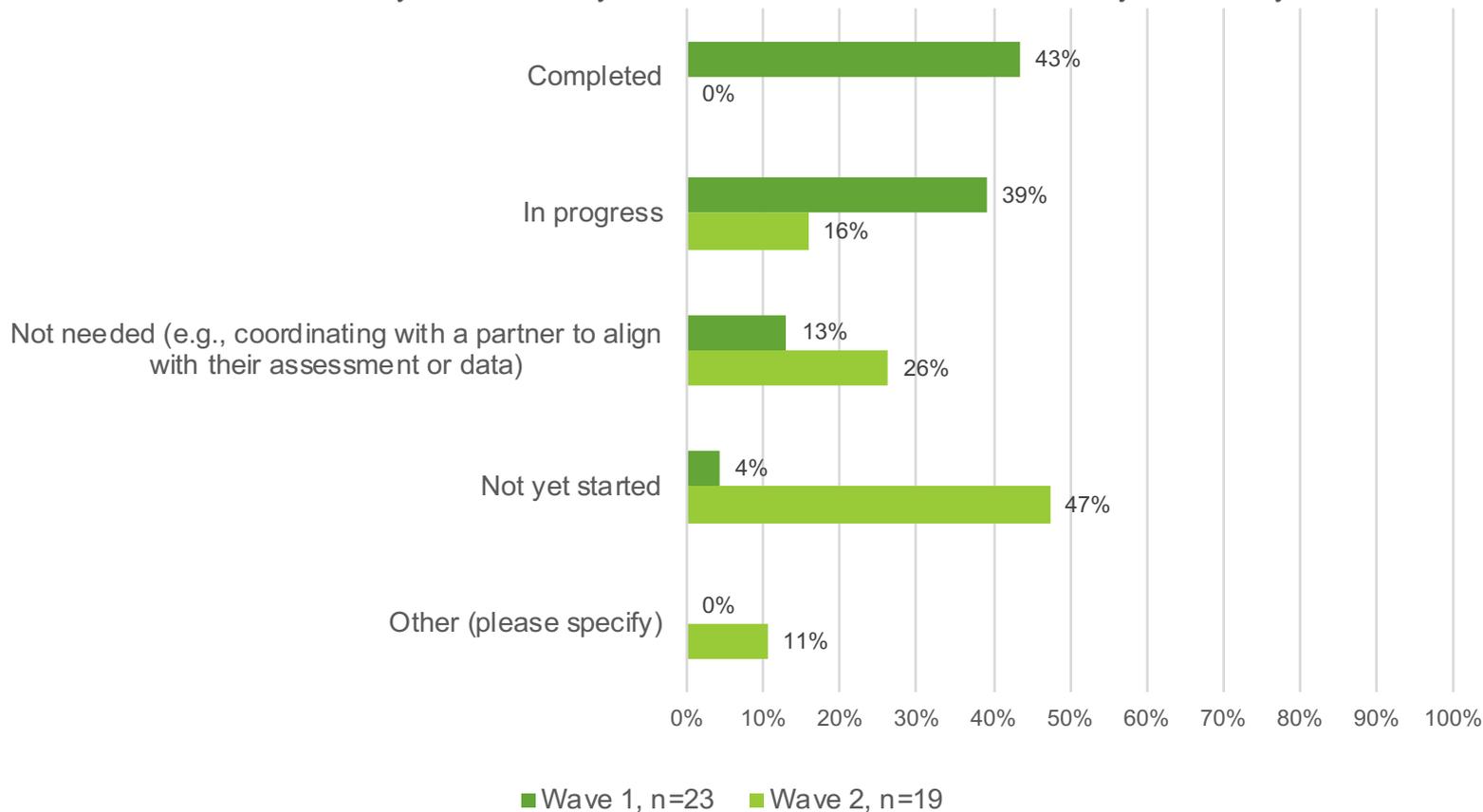
	Number of adult volunteers	Number of youth volunteers
Wave 1, n=23	253	137
Wave 2, n=19	186	47
Total	439	184

Takeaways: 45 adults and 31 youth engaged in the Master Volunteer Training in Quarter 2. Wave 1 is farther along in engaging youth and adults in the MVT.

	Number of adults in MVT	Number of youth in MVT
Wave 1, n=23	40	25
Wave 2, n=19	5	6
Total	45	31

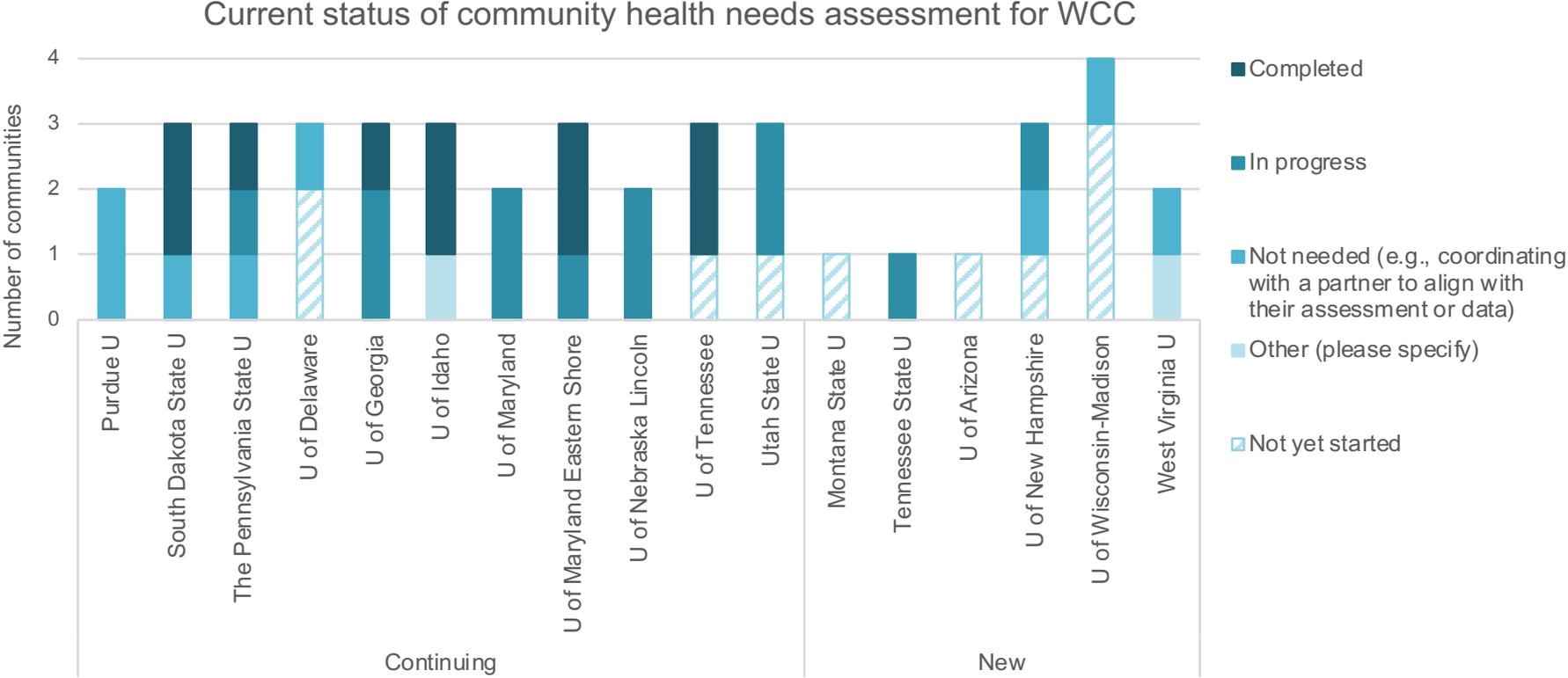
Takeaways: Most Wave 1 communities have completed or are in the process of completing their community health needs assessment (CHNA). Almost half of Wave 2 communities have not started yet. There’s minimal change in CHNA status from Q1 to Q2.

Current status of your community health needs assessment for WCC by community wave



Other: Getting started (n=1), using existing data (n=1)

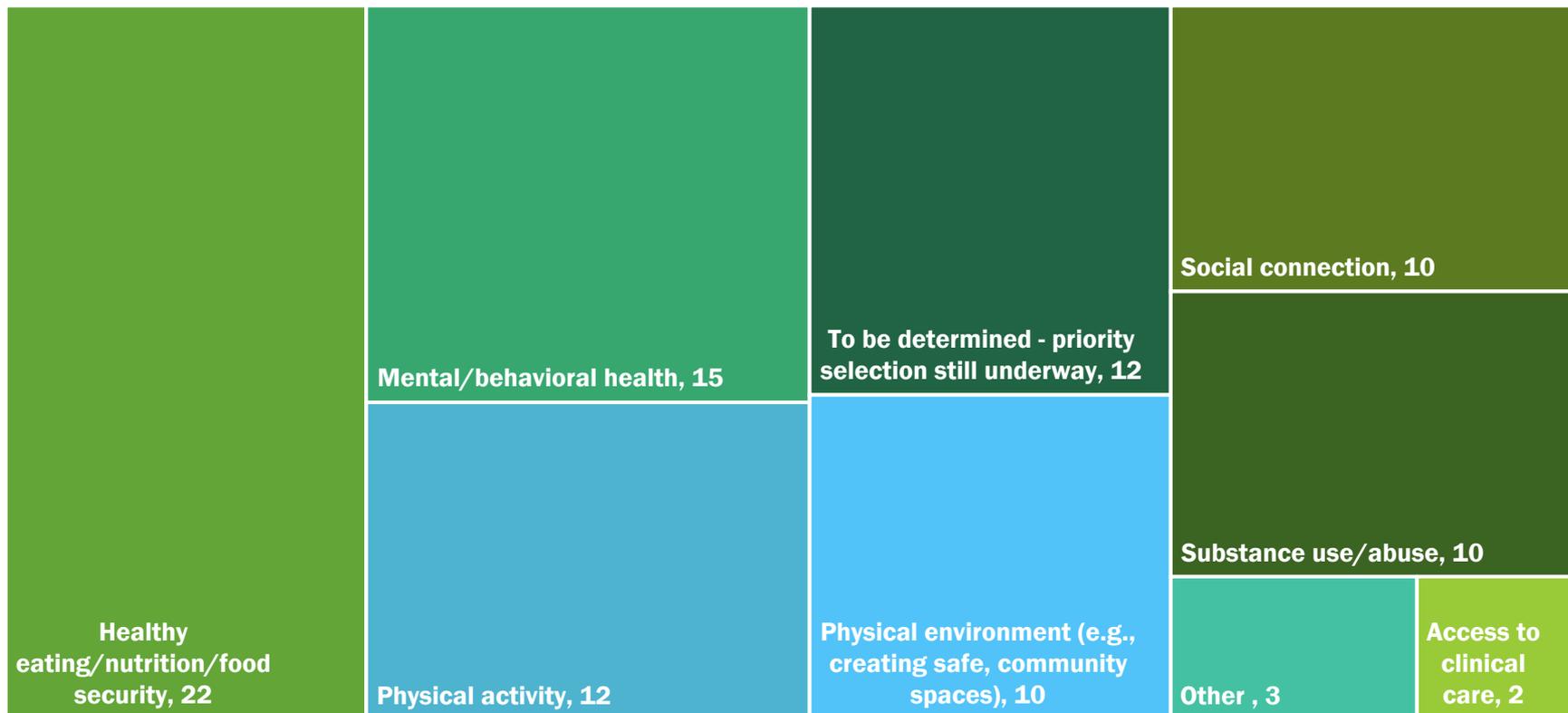
Takeaways: Several communities in LGUs that participated in Wave 1 have completed their needs assessments. The current status of needs assessments is variable across LGUs.



Other: Getting started (n=1), using existing data (n=1)

Takeaways: Top 3 priority issues are healthy eating/nutrition/food security, mental health/behavioral health, and physical activity. 12 communities are still defining health needs.

Priority issue(s) coalition is currently focusing on by number of communities (n=42)



Other: Economic development (n=1), food access (n=1), youth pregnancy & healthy relationships (n=1)

Themes from open-ended question: Q2 activities related to health priority areas

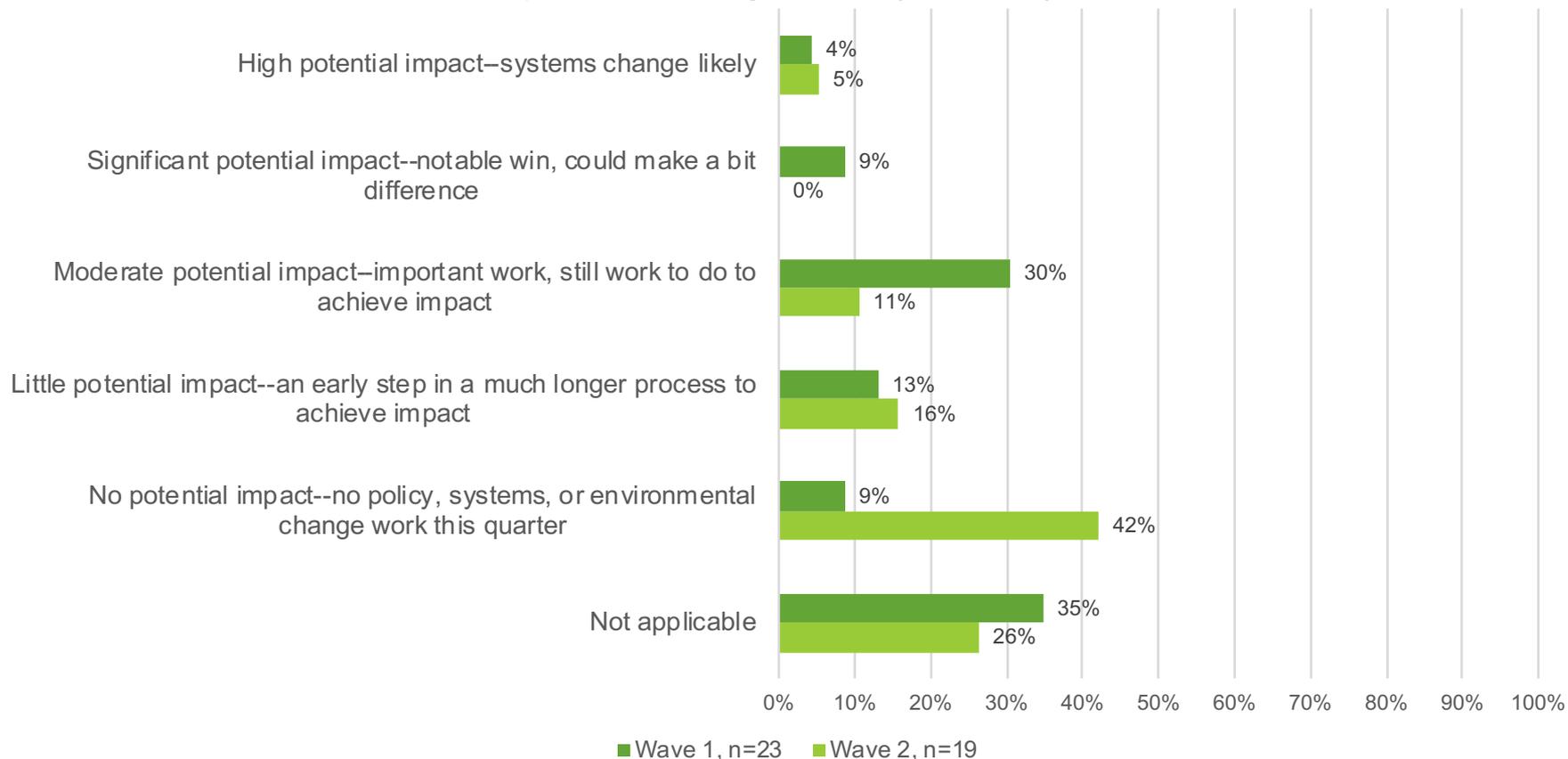
- **Healthy Eating/nutrition/food security** (n=15). Communities reported sharing emergency food access information, supporting garden projects as a source for fresh foods, exploring mobile/online food market, assisting in food distribution efforts, providing virtual nutrition related courses. Macy (Thurston County) is working to build and implement a greenhouse/garden program for traditional edible/medicinal plants for tribal members.
- **Mental/behavioral health** (n=6). Communities had virtual meetings with youth and adults to discuss mental health/depression. Layton (Davis County) conducted outreach to the Latino community to learn more about topic of mental health and invited members to join the coalition.
- **Substance use/abuse** (n=4). Communities are creating educational materials, involving youth, and working to strengthen resources to address substance use. In Marsing (Owyhee County), youth are leading the development of a virtual teen vaping prevention education to be used by teachers and other teen groups. In Sullivan County, the recently formed Youth CaN Coalition submitted a grant proposal for a “Drug Free Communities” grant.
- **Physical activity** (n=3). Meigs County organized a marathon month called Meigs May Marathon, encouraging the community through social media to participate in a walk a marathon month while observing social distancing. Lake Andes (Charles Mix) had outdoor exercise equipment ordered and delivered to city.

Themes from open-ended question: Additional Q2 community activities

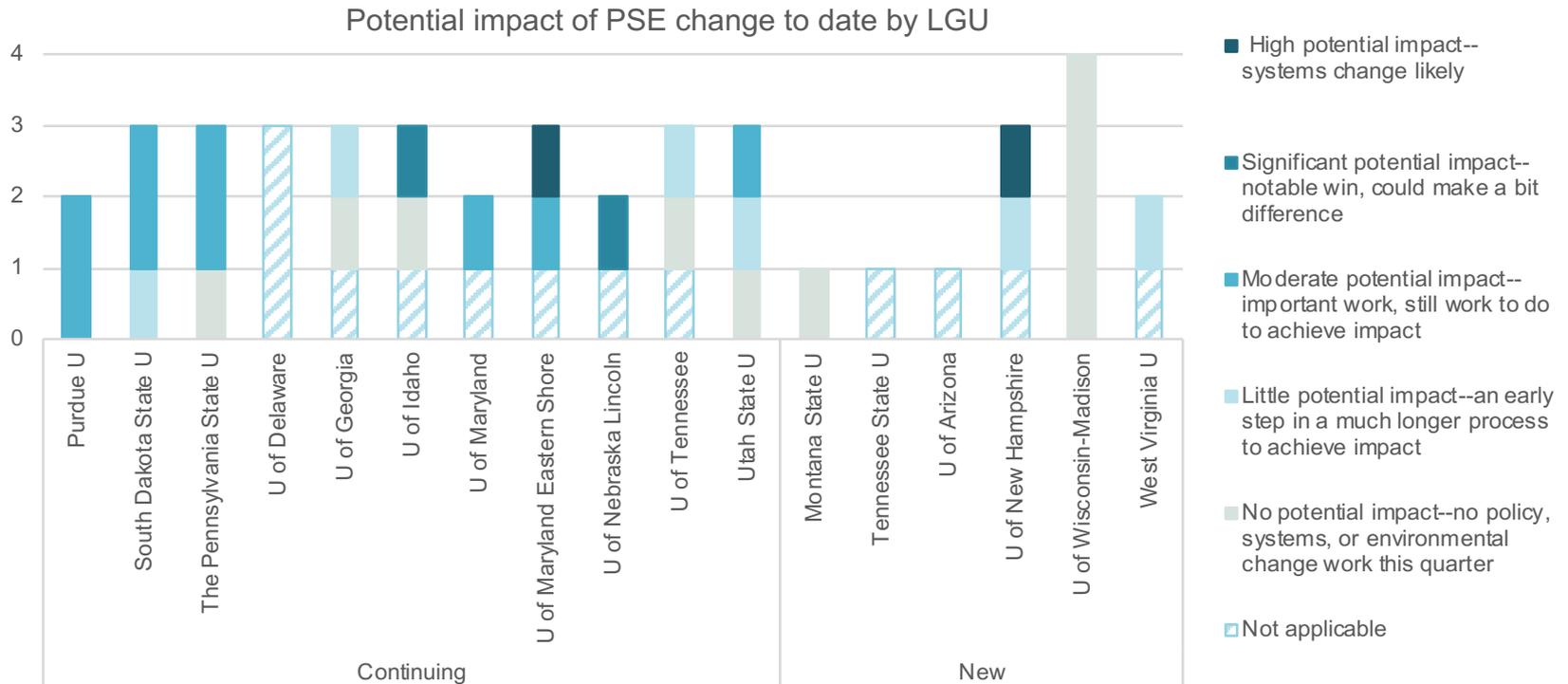
- **Partnership development/coalition building** (n=11). Communities are hosting virtual meetings, forming sub committees, working to add new members (youth and adult), and reexamine priorities. They are also networking, identifying potential partnerships, and meeting community partners.
- **Work planning** (n=9). Communities are working on volunteer recruitment strategies, developing community action plans, and planning programs.
- **Resource dissemination** (n=8). Communities are sharing program resources, including physical activity, online classes/exercise sessions from Extension, and gardening education. In light of COVID-19, coalitions/communities are also sharing timely public health information, including emergency food assistance resources, parenting resources, and grant opportunities.

Takeaways: Wave 1 communities report more potential impact of PSE change to date than Wave 2. Most communities are still early in their PSE work.

Potential impact of PSE change to date by community wave



Takeaways: Over half of communities across the LGUs currently rate their potential impact on PSE change as N/A or no potential impact. Several communities in LGUs continuing the WCC initiative rate their work as having moderate potential impact or higher.



Themes from open-ended question: Policy change work

- **31 communities indicated they have not started/were not engaged** in policy work or have not started.
- **Of those who shared they are engaging in policy efforts, answers varied** in terms of the phase of the policy change, type of policy change, and description of the policy work.
 - Fayette County added a policy to increase safe practices in their food distribution activity. DeSmet (Kingsbury County) worked with a coalition subcommittee to extend a bus route 10 miles outside of town to increase transportation access.
 - 4 communities are at early stages of policy change efforts, e.g., reviewing existing policies/strategies on substance misuse prevention and incorporating into a grant application, engaging key partners on school nutrition policy/food access/physical activity promotion.

Themes from open-ended question: systems change work

- **26 communities indicated they have not started/were not engaged** in systems change work or have not started.
- **Of those working on systems level change in the community, food security/food access (n=7) was the most common focus area.** Communities are distributing food, strengthening food distribution efforts, and/or sharing food assistance resources with communities.
 - Deleware County distributed over 5000 gallons of milk and are exploring using grant funds to purchase produce for the community.
 - Kitzmiller (Garett County) is in the planning stage to provide online ordering and delivery of local foods to the community.
 - Strafford County developed a New Hampshire Food Access story map with food pantries that is being used by social service agencies, health care providers, and schools.

Themes from open-ended question: Environmental change work

- **28 communities have not started/were not engaged** in environmental change work.
- **Of the communities who indicated they were engaged in environmental change work, establishing or maintaining community/school garden programs was the most common focus area (n=9).**
 - Community gardens are used as a source of healthy foods and learning for the community.
 - Macy (Thurston County) is working to revive traditional edible plants through their garden program.
 - Community gardens also provide a space to support physical activity/mental health.

Themes from open-ended question: Impact of WCC work this quarter

- **Communities are improving food security/food access and supporting healthy eating** (n=9). Fayette County provided 2700 fresh food boxes and 2,449 dozen farm fresh eggs in the community.
- **Communities supported the dissemination of timely, accurate resources** on food assistance programs and health resources (n=3). Caldwell (Canyon County) noted handing out resources to over 750 families during the June Caldwell Food Distribution event.
- **Communities helped strengthen resources** with the submission of grant proposals to support economic development and food access (n=2).
- **Communities' programs helped support mental well-being during COVID-19.**
 - Meigs May Marathon in Meigs County had 30 adult and youth participants and 21 surveys post participation. One participant feedback included: "Thank y'all for offering this! It's the first time I've ever actually completed it since I didn't have any distractions of school or coaching. It was SO NEEDED during such a stressful time and gave us a goal to look forward to and accomplish to take our minds off Coronavirus for an hour each day."
 - Corner Sanctuary garden program in Pocomoke (Worcester County) shared: "Some of the students talked about feeling alienated and coming to the garden made them feel part of a community. The garden provided a safe place to get fresh air and sunshine."

Themes from open-ended question: Q2 key challenges

- **Engaging youth** (n=16): Due to COVID-19, there is now no central meeting place and fewer opportunities to engage students due to school and camp closures. Communities are still figuring out how to engage youth.
- **Inability to meet in-person** (n=13): There is a low interest and it is less effective to meet virtually, still figuring out how to shift programming to a virtual environment, especially to engage youth.
- **Slowed progress** (n=11): Momentum has slowed as a result of COVID-19. Activities planned had to be modified to remote format, cancelled, or put on hold. Things have been moving forward more slowly in the virtual environment.
- **Reduced capacity** (n=8): Time to dedicate to WCC has become more limited due to more pressing priorities, people's workload changing, people overwhelmed by meetings, WCC hiring being put on hold, and some members working at hospitals.
- **Uncertainty in plans** (n=6): Managing shifting and uncertainty of plans is challenging. The uncertainty impacts how to proceed with engaging youth and is causing delays.
- Additional themes: Limited internet access (6), maintaining member/community engagement (4), understanding WCC goals (1), adopting racial/equity lens (1), not receiving additional grant funding (1)

Themes from open-ended question: Definition of health equity in the community

- **Having access to resources, services, and opportunities to support health and well-being of all community members was the most common health equity definition** (n=21). The most common resources cited was access to healthy foods (n=10). Additional resources mentioned included health education and health care access.
- **Have not discussed health equity in community, just beginning to discuss health equity in coalition, or “N/A”** (n=6)
- **Importance of engaging diverse community members** (n=5), including tribal members, Black population, Latinx population, in the WCC work and the coalition.
- **Challenges related to health equity work** (n=3). Princeton (Mercer County) shared they have “accomplished little.” Caldwell (Canyon County) said they have not been able to move forward with the health equity lens in the coalition and would like additional resources. Anaconda (Deer Lodge County) said health equity has not been embraced and they are a “long way” from health equity.

Themes from open-ended question: Extension partnership in communities

Communities view Extension as:

- **Effective/trusted partner** (n=17): Extension is an important partner to have at the table, to help make connections, to partner on grants/initiatives, and to support facilitation/coordination

Meigs County: “Our community sees Extension as an important partner at the table. Extension is not the whole solution but we do offer an important piece of the puzzle.”

- **Important source for resources/guidance** (n=12): Extension provides communities/partners with educational materials/resources on specific topics (agricultural, nutrition, food access), guidance, and ideas

Emery County: “The community looks to Extension for a lot of ideas. I am constantly referring people to the Extension office with questions.”

- **Additional themes:** limited knowledge of Extension (n=3), WCC strengthens community partnership on health (n=2)

Macy (Thurston County): “Before this project, the Omaha Tribe in Macy had very little history with Cooperative Extension. However, that has changed with our food sustainability program. The Tribe is aware of their obesity and diabetes issues, and they now see how Cooperative Extension is helping to provide healthy traditional food to their schools and community.”

Themes from open-ended question: Extension feedback/recommendations

- **Community work takes time** (n=8): Building partnerships, meeting communities where they are at, and work on PSE work takes time; 3 respondents shared concerns or challenges related to funding, including whether Extension has adequate resources and a desire for LGU to increase their focus on Extension; 1 shared the desire to elevate work being done to support the long-term PSE goals
- **Increase cross-program collaboration** (n=7): Respondents would like to see more collaboration across program areas; respondents mentioned program teams working in silos and desired increase communications and information sharing across teams
- **Increase collaboration with communities** (n=4): Respondents would like to see increased interaction with community, co-creating with communities, support for grassroots work vs statewide programming
- **Increase staff support** (n=3): Respondents would like more resources related to engaging communities, strengthening staff knowledge to leverage LGU/statewide resources, strengthening facilitation/leadership skills to better support coalitions

Recommendations for Q3 reporting

- Include Tribal organization as a sector
- Revise “Youth” in sector to “Youth Serving Organization”
- Combine PSE questions into a single question. Most communities have not started/did not engage in PSE work in Q2; some are in the early stages of PSE work.
- Better define health equity question on how it’s defined in the community. Answers varied and included progress of health equity work and health equity definition in relation to WCC goals.
- Consider changing Master Volunteer Open-ended question to multiple choice; 37/42 communities indicated they are in the planning/recruitment stages or will do so next quarter