**Lessons from the Field**

**A Library of Policy, Systems, and Environment (PSE) Change for Achieving Health Equity and Well-Being**

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A collection of exemplary efforts from across the

Cooperative Extension System for implementing Cooperative Extension’s National Framework for Health Equity and Well-Being

**Preface**

This document is designed to provide Cooperative Extension professionals with an easy-to-use collection of policy, systems, and environment (PSE) changes that can be implemented at the community, institution, or system level for advancing health equity and well-being. It is organized around the 25 specific recommendations included in Cooperative Extension’s National Framework for Health Equity and Well-Being. Although the framework was approved by the Extension Committee on Organization and Policy in July 2021, many Cooperative Extension professionals are already pioneering new ways of working that can be replicated by others.

***Lessons from the Field: A Library of Policy, Systems, and Environment (PSE) Change for Achieving Health Equity and Well-Being***was prepared as a part of the Well Connected Communities Initiative (WCC) of the Cooperative Extension System. WCC is administered through National 4-H Council with generous support of the Robert Wood Johnson Foundation.**Policy, Systems, or Environment (PSE) Change:** Encourage the use of data which has been disaggregated by race, geography, ethnicity to surface health inequities.

**Focus Area:** Structural

**Rationale:** Identifying health inequities involves looking at data that is far more granular than that for an entire county. When data for groups that are “thriving” are included with data for groups that are “suffering”, the overall profile may mask the health inequities experienced by particular groups. Today, various data tools like [Places: Local Data for Better Health](https://www.cdc.gov/places/index.html) allow local Extension faculty and staff to access data down to the zip code or census tract level. According to the CDC (2021), such granularity can help users of the data better understand how health outcomes are distributed within a county and the health burdens experienced by certain individuals and groups. Using this data, Cooperative Extension and its partners can focus attention and resources on those communities and groups experiencing the poorest health outcomes.

**Example:**

**Tennessee State University** conducted a data-driven community health needs assessment for one of their urban communities to assess health determinants. This exercise identified factors that affected population health of residents such as lack of access to health screenings and detection services to prevent and manage chronic diseases, under/unemployment and inability to purchase health foods, poor food systems and unsafe spaces that created barriers to physical activity. To learn more, visit [www.tnstate.edu/extension](http://www.tnstate.edu/extension) or contact Well Connected Communities at [wellconnectedcommunities@fourhcouncil.edu](mailto:wellconnectedcommunities@fourhcouncil.edu).

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Centers for Disease Control and Prevention. (2021). Places: Local Data for Better Health. Fact Sheet. Available at https://www.cdc.gov/places/about/pdfs/places-one-page-fact-sheet-508.pdf

Garcia, M. A., Homan, P. A., García, C., & Brown, T. H. (2021). The Color of COVID-19: Structural Racism and the Disproportionate Impact of the Pandemic on Older Black and Latinx Adults. The journals of gerontology. Series B, Psychological sciences and social sciences, 76(3), e75–e80. <https://doi.org/10.1093/geronb/gbaa114>

Pinto, A. D., Glattstein-Young, G., Mohamed, A., Bloch, G., Leung, F. H., & Glazier, R. H. (2016). Building a Foundation to Reduce Health Inequities: Routine Collection of Sociodemographic Data in Primary Care. Journal of the American Board of Family Medicine : JABFM, 29(3), 348–355. https://doi.org/10.3122/jabfm.2016.03.150280

**Policy, Systems, or Environment (PSE) Change:** Identify examples of current work explicitly focused on health equity and share those examples across Cooperative Extension.

**Focus Area:** Transformational

**Rationale:** The term health equity is likely new to many Cooperative Extension staff across the United States. While Cooperative Extension’s health portfolio has grown significantly over the past decade, specifically focusing the needs of those experiencing the most significant barriers to health may be new to some. But staff working with the Expanded Food and Nutrition Education Program (established in 1969) and SNAP-Ed have been working with populations that meet certain economic thresholds for quite some time. Furthermore, they are quickly developing skills in catalyzing policy, systems, and environment changes as they are now required to devote a portion of their efforts toward addressing contextual influences on diet.

Recently, the Extension Foundation created the [National Registry of Cooperative Extension Programs and Assets (NRCEPA)](https://extension.org/registry/). The intent of this searchable tool is to assist Extension professionals in quickly finding successful programs and community interventions related to a broad array of focus areas. Currently, entries in the registry are not peer reviewed in any manner. However, the Extension Foundation is currently developing processes to determine the level of evidence which supports the program’s effectiveness. Evidence-based programming enables Cooperative Extension professionals to use and enhance programs that have already proved to be effective. Communities directly benefit from the accelerated adoption of proven programs.

**Examples:**

[National Registry of Cooperative Extension Programs and Assets (NRCEPA)](https://extension.org/registry/) currently has more than 100 different health-related efforts listed. To review the collection, visit <https://registry.extension.org/210696521777060> and enter “health” in the search field.

**University of Wisconsin-Madison** developed and implemented a Youth Advocates for Community Health (YACH) training for youth leadership and engagement in health improvement to enable youth to lead with deeper understanding of health equity. The training will engage youth to participate in healthy conversations about their community and support their local coalition’s health action plans by reviewing health equity data, identifying existing community health needs assessments as well as complete health assessments using the youth participatory action research principles. To learn more about this project, visit [Youth Advocates for Community Health – Division of Extension (wisc.edu)](https://blogs.extension.wisc.edu/yach/) or contact Well Connected Communities at [wellconnectedcommunities@fourhcouncil.edu](mailto:wellconnectedcommunities@fourhcouncil.edu).

**Kansas State University** In Kansas City, Kansas, resident voice was used to inform an initiative to address food deserts in Wyandotte County, where 27,000 people are food insecure or without food access. Cooperative Extension, alongside the Unified Government, a grocery co-op, and other stakeholders, organized listening sessions that gathered, engaged, and educated 350 residents. Through this process residents were able to learn more about the co-op model, but also engage in participatory decision-making regarding healthy and affordable foods they would like to see in the store, thus making it a more desirable place to shop. To learn more about this project, visit <https://www.ksre.k-state.edu/> or contact Well Connected Communities at [wellconnectedcommunities@fourhcouncil.edu](mailto:wellconnectedcommunities@fourhcouncil.edu).

**References:**

Hall, M., Graffunder, C., & Metzler, M. (2016). Policy Approaches to Advancing Health Equity. Journal of public health management and practice : JPHMP, 22 Suppl 1, S50–S59. https://doi.org/10.1097/PHH.0000000000000365

National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Population Health and Public Health Practice, Committee on Community-Based Solutions to Promote Health Equity in the United States, Baciu, A., Negussie, Y., Geller, A., & Weinstein, J. N. (Eds.). (2017). Communities in Action: Pathways to Health Equity. National Academies Press (US).

**Policy, Systems, or Environment (PSE) Change:** Adopt an organizational perspective that frames racism as a public health issue in a manner similar to other threats to public health.

**Focus Area:** Transformational

**Rationale:** Racism is increasingly being elevated as a dimension of social identity that deserves increased attention. At the time of writing, more than 30 states have declared racism as a public health crisis or emergency. However, it is important to frame racism not as a social determinant of health that is randomly distributed, but rather, as a fundamental cause that drives establishment of norms, policies, and practices that influence the social determinants of health. That is, many social determinants of health would be less influential if racism were eliminated. According to Hardeman and Karbeah (2020) “structural racism encompasses (a) history, which lies underneath the surface, providing the foundation for white supremacy in this country; (b) culture, which exists all around our everyday lives, providing the normalization and replication of racism; and (c) interconnected institutions and policies which key relationships and rules across society providing the legitimacy and reinforcements to maintain and perpetuate racism.”

Cornell Health (2020) suggests that “framing racism as a public health issue compels organizations and governmental units across the country to address the crisis in the broad, systemic ways that other threats to public health have been addressed over time. These can include strategic initiatives in policies, practices, enforcement, education, and support services.”

**Example:**

**Purdue University’s Department of Public Health** has committed to applying rigorous science and designing evidence-based solutions to dismantle oppressive policies and systems that lead to racial disparities in health, and training future generations of diverse, inclusive, and anti-racist Public Health leaders. To learn more, visit [Department of Public Health - Purdue University](https://www.purdue.edu/hhs/public-health/).

**References:**

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Hardeman, R. R., & Karbeah, J. (2020). Examining racism in health services research: A disciplinary self-critique. Health services research, 55 Suppl 2(Suppl 2), 777–780. <https://doi.org/10.1111/1475-6773.13558>

Laurencin, C. T., & Walker, J. M. (2020). Racial Profiling Is a Public Health and Health Disparities Issue. Journal of racial and ethnic health disparities, 7(3), 393–397. <https://doi.org/10.1007/s40615-020-00738-2>

Wright, J.L., Jarvis, J.N., Pachter, L.M. et al. “Racism as a public health issue” APS racism series: at the intersection of equity, science, and social justice. Pediatr Res 88, 696–698 (2020). <https://doi.org/10.1038/s41390-020-01141-7>

**Policy, Systems, or Environment (PSE) Change:** Prioritize hiring, retention, and development of a diverse and culturally competent workforce**.**

**Focus Area:** Structural

**Rationale:** As Cooperative Extension seeks to engage new audiences, it will be critical that land grant institutions hire faculty and staff who can work effectively with those audiences. Some progress has been made in diversifying candidate pools, but people of color often fail to advance to the later stages of searches because they fail to meet required and preferred qualifications. A comprehensive review of these qualifications is necessary to ensure that such unintentional biases do not screen out candidates with diverse backgrounds.

It is also important to ensure that Cooperative Extension creates a culture which welcomes, nurtures, and supports employees of diverse backgrounds once they are hired.

**Example:**

Cooperative Extension is collecting information on this recommendation. Updates will be provided in this document as information becomes available.

**References:**

Knight, R. (2018) *Seven practical Ways to Reduce Bias in Your Hiring Process.* Society for Human Resource Management. Available at: <https://www.shrm.org/resourcesandtools/hr-topics/talent-acquisition/pages/7-practical-ways-to-reduce-bias-in-your-hiring-process.aspx>

Wilbur, K., Snyder, C., Essary, A. C., Reddy, S., Will, K. K., & Saxon, M. (2020). Developing workforce diversity in the health professions: a social justice perspective. Health Professions Education, 6(2), 222-229. <https://doi.org/10.1016/j.hpe.2020.01.002>

ONeill, R. (2016). The Importance of a diverse and culturally competent workforce. Busidate, 24(3), 9–13. <https://search.informit.org/doi/10.3316/informit.239096731410819>

**Policy, Systems, or Environment (PSE) Change:** Create structural mechanisms that drive new resources to chronically under-resourced Extension services and communities.

**Focus Area:** Structural

**Rationale:** Historically Black Colleges and Universities (HBCUs) and Tribal Colleges that gained land grant status in 1890 and 1994 remain chronically underfunded given the scope of their missions. Furthermore, many are unable to generate the non-federal match required to apply for competitive grants and contracts. They are also systematically denied opportunities to even apply for other sources of funding.

Today nearly 80% of the nation’s population lives in urban areas, but the vast majority of Cooperative Extension faculty and staff are located in rural areas. There is no question that rural communities need the assets and resources that Cooperative Extension can provide, but as a result of the staffing bias toward rural communities, the majority of the population is untouched by Cooperative Extension.

Cooperative Extension continues to be seen as a facilitator and key player in the development of community change that is capable of facilitating broader sectors that can come together as a coalition, combine efforts, leverage resources, and evaluate effective models for long-term positive change in the tribal community.

**Examples:**

**Pennsylvania State University** College of Agricultural Sciences and Pennsylvania Department of Agriculture Farm to School provided a grant for the development of gardens at four sites in an urban community at an elementary school, after-school program, city library, and faith-based community organization to address food insecurity and household hunger. To learn more, visit [Penn State Extension | The Pennsylvania State University (psu.edu)](https://extension.psu.edu/) or contact Well Connected Communities at [wellconnectedcommunities@fourhcouncil.edu](mailto:wellconnectedcommunities@fourhcouncil.edu).

**Tennessee State University** is working with the Mayor’s Office and United Way of an urban community to improve their bus routes and reduce the 4-hour commute for residents purchasing fresh fruits and vegetables.To learn more, visit [www.tnstate.edu/extension](http://www.tnstate.edu/extension) or contact Well Connected Communities at [wellconnectedcommunities@fourhcouncil.edu](mailto:wellconnectedcommunities@fourhcouncil.edu).

**University of Idaho** secured funding to create a regional network to support Farm-To-School (FTS) initiatives. School districts and other community partners are working with the FTS Network to create community gardens, school food shelves, gleaning programs and ways to connect poor residents to local foods. To learn more, visit [Well Connected Communities | University of Idaho Extension (uidaho.edu)](https://www.uidaho.edu/extension/well-connected-communities) or contact Well Connected Communities at [wellconnectedcommunities@fourhcouncil.edu](mailto:wellconnectedcommunities@fourhcouncil.edu).

**University of Maryland** **Extension** through a collaborative effort with a Farmer Cooperative and Well Connected Communities Coalition successfully advocated for a policy change that enabled urban residents living in a food desert to order produce online from their farmer’s market and have it delivered. This policy change has improved food security and accessibility to healthy food choices. To learn more, visit <https://extension.umd.edu/programs/4-h-youth-development> or contact Well Connected Communities at [wellconnectedcommunities@fourhcouncil.edu](mailto:wellconnectedcommunities@fourhcouncil.edu).

**References:**

Higa, C., & Davidson, E. (2017, January). Building healthier communities: Value co-creation within the chronic care model for rural under-resourced areas. *In Proceedings of the 50th Hawaii International Conference on System Sciences.*<http://hdl.handle.net/10125/41585>

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**Policy, Systems, or Environment (PSE) Change:** Appoint and resource a national Cooperative Extension health equity task force with diverse representation (including 4-H) to identify nationally applicable goals for advancing health equity.

**Focus Area:** Structural

**Rationale:** When a group experiences sub-optimal health because of policies, practices, or conditions that are preventable, unfair or unjust, the deleterious effects on those groups are referred to as health inequities. Long-standing inequities, including some that have been introduced and promulgated by federal, state, and local policies, have put some population groups at increased risk of experiencing illnesses, having worse outcomes when they do get sick, and worse overall health.

Extension is well positioned to serve as a catalyst for community-based efforts to address inequities. Doing so, however, will require a shift in Extension’s strategic direction, but it is one that is long overdue and one that is critical to continue growing Extension’s role in community health prevention and promotion. This new direction will require greater flexibility in the traditional Cooperative Extension model, with greater ability to see and do our work differently than in the past.

Any individual is an amalgamation of a multitude of individual identities that include race, class, ethnicity, ability, gender identity and expression, sex, weight, veteran, marital, and documentation status. Society has enacted a system of laws, policies, norms, and expectations that intentionally or unintentionally allow differing access to resources and opportunities based on these identities. In this context, Extension’s work to advance health in communities through education and behavior change is incomplete when not coupled with a commitment to eliminating barriers to health that these laws, policies, norms, and expectations present.

**Example:**

The Extension Committee on Organization and Policy (ECOP) has established seven Program Action Teams (PAT) to provide leadership and coordination of systemwide work related to issues of national scale. One of the Program Action Teams focuses on Health and Well Being. A work group of the health PAT will lead this work. To learn more, visit [Advocacy Toolkit (extension.org)](https://advocacy.extension.org/).

**References:**

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**Policy, Systems, or Environment (PSE) Change:** Reinforce a system-wide commitment to equity from the top down through accessibility statements, land acknowledgments, and statements acknowledging Cooperative Extension’s current and historical harms and the steps taken to address them.

**Focus Area:** Transformational

**Rationale:** Federally-funded and federally assisted programs are required to place statements of non-discrimination in prominent locations in offices they occupy or control. Additionally, many land grant universities are voluntarily adding statements which acknowledge indigenous lands upon which their universities are located or from which they benefited financially through the Morrill Act of 1862. Some land grant universities are actively engaged in restorative justice activities designed to help those native peoples who were harmed by their loss of land. These activities include scholarships for native youth and programs designed with tribal governments to address contemporary needs of those harmed.

State Extension services through their representative voices on the Extension Committee on Organization and Policy (ECOP) would be well served by development of a systemwide statement of stance regarding equity and commitment to serving all people in a manner which correlates with a group’s relative needs.

**Examples:**

**Oregon State University** hasreleased land acknowledgement statements that recognize the impact that its land grant history had on Indigenous communities. Oregon State University accepts its responsibility for understanding the continuing impact of that history on the traditional homelands.To learn more, visit[**Land Acknowledgement | Oregon State University**](https://oregonstate.edu/land-acknowledgement).

**Michigan State University** affirms indigenous sovereignty and will work to hold Michigan State University more accountable to the needs of American Indian and indigenous peoples. The MIchigan Intertribal Land Grant System (MILES) is creating the foundation for a seamless, integrated, and intentional Land Grant System in Michigan serving all Michigan Tribal Nations and communities. The integrated system includes the four Land Grant Institutions (1862 and three 1994s) in Michigan. This will also include the 12 federally recognized Tribes as partners and Nations that land grant institutions have a responsibility to be responsive to. To learn more, visit [Land Acknowledgement – American Indian and Indigenous Studies (msu.edu)](https://aiis.msu.edu/land/) or contact [aiis@msu.edu](mailto:aiis@msu.edu).

**South Dakota State University** is working with the state’s tribes on the issue of racial equity in the food system and is investing in tribal education by offering scholarships to tribe members. To learn more, visit [SDSU Extension | SDSU Extension (sdstate.edu)](https://extension.sdstate.edu/).

**References:**

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Browne, A.J., Varcoe, C., Lavoie, J. *et al.* Enhancing health care equity with Indigenous populations: evidence-based strategies from an ethnographic study. *BMC Health Serv Res* **16,**544 (2016). <https://doi.org/10.1186/s12913-016-1707-9>

**Policy, Systems, or Environment (PSE) Change:** Establish and strengthen relationships between Extension program areas to advance health as an Extension-wide priority.

**Focus Area:** Relational

**Rationale:** Cooperative Extension’s National Framework for Health Equity and Well-Being (2021) calls for greater coordination of health efforts across Cooperative Extension’s program areas. Currently, the four traditional program areas of Family Consumer Sciences, 4-H Youth Development, Agriculture and Natural Resources, and Community Development all separately manage their own portfolio of health-related work. While some cross-program work is occurring, that work tends to be around individual projects, and not as a result of a comprehensive plan for the institution’s health-related work. As a result, Cooperative Extension’s collective work toward improving health tends to be unrecognized and underappreciated.

**Example:**

**University of Delaware Extension** team is building new partnerships and integration with 4-H and Family and Consumer Science teams to work together to address gaps in resources/services. To learn more visit, [Cooperative Extension, University of Delaware](https://www.udel.edu/academics/colleges/canr/cooperative-extension/personal-economic-development/).

**References:**

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<http://nrs.harvard.edu/urn-3:HUL.InstRepos:42676029>

Nyström, M.E., Karltun, J., Keller, C. *et al.* Collaborative and partnership research for improvement of health and social services: researcher’s experiences from 20 projects. *Health Res Policy Sys* **16,**46 (2018). <https://doi.org/10.1186/s12961-018-0322-0>

**Policy, Systems, or Environment (PSE) Change:** Establish and expand upon data sharing agreements so that Cooperative Extension may access the demographic and health outcome information needed to accurately apply resources and develop programs.

**Focus Area:** Relational

**Rationale:** Many proprietary data sets exist that contain important information that, if made public or shared more widely across organizations or agencies could greatly increase the precision with which those organizations, agencies, and community coalitions address health inequities. Several efforts to facilitate better use of data to more accurately deploy data resources and design interventions are currently underway. These include data sharing agreements between various agencies and organizations as well as training programs for Extension staff on how to help communities better use data in decision-making.

**Example:**

**University of Idaho’s** Well Connected Communities county coalition merged with their local health department’s community health action team to form a larger health coalition. This merger has expanded access to health resources and data, and increased the network of key stakeholders working to reduce health inequities and health accessibility in the community. To learn more, visit [Health and Wellness at University of Idaho Extension (uidaho.edu)](https://www.uidaho.edu/extension/health) or contact Well Connected Communities at [wellconnectedcommunities@fourhcouncil.edu](mailto:wellconnectedcommunities@fourhcouncil.edu).

**References:**

Jenkins, K.M., Bezanson, J.L., Edgerton, J.R. *et al.* Data Transparency as a “Source of Truth” to Support Regional Health Systems Change. *Data-Enabled Discov. Appl.* **2,**2 (2018). <https://doi.org/10.1007/s41688-017-0012-z>

Whicher D, Ahmed M, Siddiqi S, Adams I, Grossmann C, Carman K. Editors. 2020. Health Data Sharing to Support Better Outcomes: Building a Foundation of Stakeholder Trust. *NAM Special Publication. National Academy of Medicine.* <https://nam.edu/wp-content/uploads/2020/11/Health-Data-Sharing-to-Support-Better-Outcomes_prepub-final.pdf>

**Policy, Systems, or Environment (PSE) Change:** Utilize existing frameworks from the field of implementation science (such as RE-AIM and Adaptome) to ensure a balance between program fidelity and contextual adaptations needed to ensure real-world effectiveness.

**Focus Area:** Structural

**Rationale:** Some evidence-based programs are conducted within contexts and with resources not widely available in real-word settings. Not realizing the conditions under which the evaluations of programs were conducted, those replicating the program under their communities have trouble obtaining the same results as obtained by evaluations of pilot efforts.

The RE-AIM Framework was developed more than two-decades ago as an effort to get researchers and evaluators to consider external validity more strongly in their studies. The goal is to help research related to interventions “be applied broadly across a variety of populations and settings to achieve a large, equitable, and replicable public health impact.

An **adaptome** is a frame of reference that broadens the scope of what is perceived to be valid information about an intervention’s effectiveness to include that which is derived from replications in various contexts beyond that of the original study. It seeks to provide information that can achieve an optimal balance of fidelity and adaptation in subsequent replications.

**Example:**

The Interventions component of the SNAP-Ed Toolkit helps state SNAP-Ed administrative and implementing agencies identify and implement evidence-based obesity prevention and policy, systems, and environmental change (PSE) interventions to include in [SNAP-Ed Plans](https://snaped.fns.usda.gov/program-administration/guidance-and-templates). These interventions help agencies comply with the requirement that state SNAP-Ed Plans must include multi-level interventions or public health approaches that reach low-income households most impacted by health disparities. To learn more, visit [SNAP-Ed Toolkit (snapedtoolkit.org)](https://snapedtoolkit.org/).

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**Policy, Systems, or Environment (PSE) Change:** Include a discussion of the social determinants of health in Cooperative Extension publications and programs historically focused on individual behavior change.

**Focus Area:** Structural

**Rationale:** The relationship between an individual and the social system in which they live is frequently depicted through a social-ecological model. In general, such models show how the daily lives of individuals are nested within and influenced by interpersonal relationships, families, schools, workplaces, communities, and societal norms and values. Factors outside of the individual that have an influence on an individual’s health are known as the social determinants of health (SDoH).

Contemporary population health frameworks draw from a growing, and well documented body of literature illustrating the multiple determinants of health extending beyond individual behaviors and health care. There are also numerous models for grouping the many determinants of health into distinct categories. For example, The [National Academies](https://www.nationalacademies.org/our-work/community-based-solutions-to-promote-health-equity-in-the-united-states) (2017) identify education, employment, transportation, social environment, public safety, physical environment, housing, wealth, and health systems as nine areas upon which systems change can focus.[Community Commons](https://www.communitycommons.org/collections/Seven-Vital-Conditions-for-Health-and-Well-Being) (2020) suggests that meaningful work and wealth, basic needs for health and safety, belonging and civic muscle, lifelong learning, humane housing, reliable transportation, and a thriving natural world are the vital conditions necessary for intergenerational well-being.

Cooperative Extension’s National Framework for Health Equity and Well Being acknowledged that work to promote the adoption of healthy behaviors across the general population must continue but reinforce the need for Cooperative Extension to strengthen its capacity to support PSE changes for individuals and communities experiencing health inequities. Utilization of this “twin approach” (CDC, 2015) supports improved health for the larger population while also using precision interventions to address barriers and challenges implemented through oppressive and discriminatory policies, systems, and environments.

**Example:**

**Extension Committee on Organization and Policy (ECOP)** appointed a Health Innovation Task Force to revisit [Cooperative Extension’s National Framework for Health Equity and Well-Being](https://www.aplu.org/members/commissions/food-environment-and-renewable-resources/board-on-agriculture-assembly/cooperative-extension-section/ecop-members/ecop-documents/2021%20EquityHealth%20Full.pdf) and make revisions. This framework presents Cooperative Extension with an updated framework for improving population health and achieving health equity through a focus on three core themes – health equity, social determinants of health, and working through coalitions to increase community health assets. To learn more, visit [ECOP Health Innovation Task Force](https://www.aplu.org/members/commissions/food-environment-and-renewable-resources/board-on-agriculture-assembly/cooperative-extension-section/ecop-members/ecop-documents/2020-2022%20Health%20TF.pdf).

**References:**

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**Policy, Systems, or Environment (PSE) Change:** Increase the number of Extension positions explicitly focused on health and well-being in as many states as possible.

**Focus Area:** Structural

**Rationale:** As state Extension services reorganize to address systemwide priorities, many are choosing to invest in new positions focused on health. Some are redirecting current dollars toward those positions. Others are supporting those positions through grants, contracts, and gifts.

An alternative to hiring new staff is to invest in additional training in public health and other health-related fields to help existing staff gain the core competencies needed to work in new ways.

Such efforts help Extension staff at the local level become seen as more relevant partners in community coalitions and advance Cooperative Extension’s competitiveness in obtaining competitive funds. In addition, investing new positions focused on health enables Extension to expand a workforce competent in public health that can change policies, systems and environments to address social determinants of health.

**Example:**

Extension is in partnership with Cornell University to offer a professional certificate in public health to Extension staff who are not formally trained in public health. CPH competencies have been designed to align with Extension practice and relevance to Cooperative Extension staff. This program began with an initial cohort of 25 participants to complete the Public Health Essential (PHE) certificate. The PHE certificate will equip non-public health trained learners with the foundation of public health so they can better serve their communities. To learn more, visit [Cornell Certificate Program PHE Certificate](https://ecornell.cornell.edu/certificates/healthcare/public-health-essentials/).

**References:**

Pronk, N., Kleinman, D. V., Goekler, S. F., Ochiai, E., Blakey, C., & Brewer, K. H. (2021). Promoting Health and Well-being in Healthy People 2030. *Journal of public health management and practice : JPHMP*, *27*(Suppl 6), S242–S248. https://doi.org/10.1097/PHH.0000000000001254

Ramirez, R. D., Suarez-Balcazar, Y., Fischer, H. C., & Magasi, S. R. (2021). The Occupational Participation of Latinx Cancer Survivors and Their Family Caregivers Living in Survivorship: A Qualitative Exploration Informed by Multiple Stakeholders. *Occupational Therapy In Health Care*, 1-25.

**Policy, Systems, or Environment (PSE) Change:** Develop strategies for increasing funding for Cooperative Extension’s health-related work at the local, state, tribal, and federal level.

**Focus Area:** Structural

**Rationale:** Some reallocation of existing funds is possible, but funds available for reallocation are not sufficient to support the type of organizational transformation envisioned for Cooperative Extension. Consequently, Cooperative Extension must engage new funding partners if it is to become a significant partner in addressing the historic inequities which exist in the level of health experienced by various groups. Not only are these funds needed to expand health education efforts to various groups, but to engage in the type of system change needed that addresses conditions beyond the control of the individual.

**Example:**

Through active engagement with ECOP’s Health Innovation Task Force, the Centers for Disease Control and Prevention has provided $10M for Cooperative Extension to utilize its system of community-based professionals to lead local efforts to promote vaccine uptake. To learn more, visit the [National Institute of Food and Agriculture (NIFA)](https://nifa.usda.gov/press-release/usda-nifa-cdc-and-cooperative-extension-team-vaccine-education-rural-america).

**References:**

Salinsky, E. (2021).Public private partnerships to strengthen the public health infrastructure. *Grantmakers In Health*. <https://www.gih.org/publication/public-private-partnerships-to-strengthen-the-public-health-infrastructure/>.

National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States; Baciu A, Negussie Y, Geller A, et al., editors. Communities in Action: Pathways to Health Equity. Washington (DC): National Academies Press (US); 2017 Jan 11. 7, Partners in Promoting Health Equity in Communities. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK425859/>

**Policy, Systems, or Environment (PSE) Change:** Provide professional development on core concepts of health Extension including appropriate and responsible use of data, strategies for engaging resident voice, equity and justice, intersecting identities, the power of bias, social determinants of health and Extension’s role in addressing them, coalition building, and translational science tools and proficiencies.

**Focus Area:** Structural

**Rationale:** Extension faculty and staff have learned to become extraordinary teachers of subject matter relevant to health. Unfortunately, knowledge alone is often insufficient to produce a health-related behavior change. Even when it does, the impact of the behavior on a person’s overall health may be limited since we know that less than one third of a person’s overall health is related to individual behavior.

The professional development topics listed above are some of those needed for Cooperative Extension personnel to engage in efforts to address the conditions (beyond personal health behaviors) that influence health. These can be delivered through a wide array of professional development experiences.

**Example:**

**New Technologies in Ag Extension Program (NTAE)** was designed to increase the capacity of the Cooperative Extension System (CES) to adopt new and innovative technology applications for delivering science-based educational resources from land grant and other partner institutions to the general public. NTAE activates and accelerates early stage or potential projects that serve the needs of people and communities. NTAE offers professional development in identifying new possibilities and strengthening planned impact. Awardees receive support in team leadership development, communications, marketing/market research and use of data, evaluation planning, partnership development, digital engagement, professional development delivery, and publishing of project methodologies and support materials. NTAE’s objective is to support Extension to produce scalable, better resourced, and more effective programs and community-based initiatives. To learn more, visit [New Technologies for Ag Extension Project Accelerator – Extension Foundation](https://extension.org/ntae/).

Extension is in **partnership with Cornell University** to offer a professional certificate in public health to Extension staff who are not formally trained in public health. CPH competencies have been designed to align with Extension practice and relevance to Cooperative Extension staff. This program began with an initial cohort of 25 participants to complete the Public Health Essential (PHE) certificate. The PHE certificate will equip non-public health trained learners with the foundation of public health so they can better serve their communities. To learn more, visit [Cornell Certificate Program PHE Certificate](https://ecornell.cornell.edu/certificates/healthcare/public-health-essentials/).

**References:**

National Academies of Sciences, Engineering, and Medicine. (2016). A Framework for Educating Health Professionals to Address the Social Determinants of Health. Washington, DC: The National Academies Press.<https://doi.org/10.17226/21923>.

Ransom, M. (2021). Investing in and Promoting Professional Development. *Journal of Public Health Management and Practice*, *27*(5), 534-535. doi: 10.1097/PHH.0000000000001407

**Policy, Systems, or Environment (PSE) Change:** Encourage and reward the work of Extension professionals who engage in focused activities to address health inequities experienced by specific communities and groups.

**Focus Area:** Structural

**Rationale:** Over the past several years, many Extension services across the nation have identified diversity, equity, and inclusion (DEI) as priority. Accordingly, The Extension Committee on Organization and Policy (ECOP) created a DEI Program Action Team to lead system-wide work in this area.They are directing resources toward DEI efforts, conducting professional development workshops on DEI principles, and showcasing successful DEI efforts in their reports and marketing materials. While these early successes are laudable, performance management processes and the reward systems they inform still focus on more traditional measures of performance. At the center of those systems are measures of program reach, teaching quality, and peer reviewed publication. Such measures work to sustain an expert model of program delivery as the central paradigm undergirding Cooperative Extension work. Systemwide movement toward a more authentic model of community engagement will require new measures of personal and organizational performance.

**Example:**

Many land grant universities are revising annual performance review criteria for Extension staff and the promotion and tenure criteria for faculty to include effective community engagement. Cooperative Extension is collecting information on this recommendation. Updates will be provided in this document as information becomes available.

**References:**

Code, Merle F. (2019). Enhancing workplace diversity - strategies for Success. *Ogletree Deakins.*<https://ogletree.com/insights/enhancing-workplace-diversity-strategies-for-success/>.

Johnson, M. P., & Chichirau, G. R. (2020). Diversity, Equity, and Inclusion in Operations Research and Analytics: A Research Agenda for Scholarship, Practice, and Service. *In Pushing the Boundaries: Frontiers in Impactful OR/OM Research*(pp. 1-38). <https://doi.org/10.1287/educ.2020.0214>

**Policy, Systems, or Environment (PSE) Change:** Provide support for the National Health Outreach Conference.

**Focus Area:** Structural

**Rationale:** The National Health Outreach Conference (NHOC) provides Cooperative Extension personnel from across the nation with an annual opportunity to engage in professional development sessions on health-related topics and to network with others with similar interests. The cost of participating in the conference is almost exclusively on the individual participant or their respective land grant institution as there is no central investment in the conference by national leadership groups.

**Example:**

**The National Health Outreach Conference (NHOC)** is an annual conference thatbringstogether stakeholders and partners from across the nation and Extension to explore transformative approaches for improving community health. NHOC sessions are related to health equity, effective behavior change messaging, policy system and environmental change, health behavior, and pandemic response programming. Keynote speakers, concurrent and poster sessions are relevant for professionals who address health, nutrition, youth development, workforce development, and human development.

**References:**

Gonzalez, L., & McCoy, L. (2017). Health Policy & Systems Change Concurrent Session Presentations. In National Health Outreach Conference (Vol. 3, p. 59).

Routh, B., Burney, J., Greder, K. A., Katras, M. J., & Johnson, K. (2020). Rural Health Disparities: Connecting Research and Practice. In The Forum Journal (Vol. 23, No. 1).

**Policy, Systems, or Environment (PSE) Change:** Establish and strengthen partnerships with academic medical centers and various health science colleges such as public health, nursing, pharmacy, veterinary medicine, dentistry, and social work.

**Focus Area:** Relational

**Rationale:**  New models of health extension (Dwyer et al., 2017; Kaufman et al., 2017) have advanced innovative strategies for Cooperative Extension to partner with academic medical centers and primary care providers. Programs developed through such partnerships can help patients implement recommendations of physicians and other healthcare practitioners. More specifically these programs can increase self-efficacy, help people improve their self-management of chronic conditions, and enhance the daily lives of adults as they age.

Partnerships between Cooperative Extension and colleges of public health, nursing, pharmacy, veterinary medicine, social work, medicine, and dentistry are becoming more common. Jointly funded positions between these colleges and Cooperative Extension have become a way for Cooperative Extension to obtain needed expertise and the partner colleges to expand their community outreach portfolio.

**Example:**

**Prairie View A&M University** has become an active partner in community-based efforts to improve health outcomes in ten Houston communities. The overall goal of the effort is to create “complete communities” that provide residents with the health resources they need to experience the best health they can through all stages of life. As a part of this effort, Prairie View’s Cooperative Extension helped to expand awareness of health resources, improve access to healthy food, promote self-care practices, and build strong families. Together, four Prairie View A&M colleges worked together to provide leadership and support to the Healthy Houston Initiative. These include the College of Agriculture and Human Sciences, College of Nursing, College of Juvenile Justice, and the College of Business. What is unique about the Healthy Houston Initiative is that Extension staff from all program areas work together to reach residents where they live on their terms. To learn more visit [Healthy Houston Initiative](https://www.pvamu.edu/blog/pvamus-new-healthy-houston-initiative-aims-to-improve-quality-of-life-for-residents-in-several-underserved-communities/).

**References:**

Dwyer, J. W., Contreras, D., Eschbach, C. L., Tiret, H., Newkirk, C., Carter, E., & Cronk, L. (2017). Cooperative Extension as a framework for health extension: The Michigan State University model. *Academic Medicine*, *92*(10). DOI:[10.1097/ACM.0000000000001640](https://doi.org/10.1097/ACM.0000000000001640)

Gutter, M. S., O’Neal, L. J., Riportella, R., Sugarwala, L., Mathias, J., Vilaro, M. J., ... & Rhyne, R. (2020). Promoting community health collaboration between CTSA programs and Cooperative Extension to advance rural health equity: Insights from a national Un-Meeting. *Journal of Clinical and Translational Science*, 4(5), 377-383.

Kaufman, A., Boren, J., Koukel, S., Ronquillo, F., Davies, C., & Nkouaga, C. (2017)*.* Agriculture and health sectors collaborate in addressing population health*. Annals of Family Medicine, 15(5),* 475*–*480*.*[DOI:10.1370/afm.2087](https://doi.org/10.1370/afm.2087)

**Policy, Systems, or Environment (PSE) Change:** Establish and strengthen relationships between LGUs to share expertise, leverage limited resources, and build multistate strategies to advance health equity, precision health practices, consideration of the social determinants of health, and work through community coalitions.

**Focus Area:** Relational, Structural

**Rationale:** The work oforganizational transformation has largely been an institutional responsibility. Few mechanisms have existed whereby leaders of those institutions can share strategies for advancing health-focused work. There is a strong desire for the establishment of learning cohorts and for scaling effective efforts across state lines.

The identification of an institutional contact for health and well-being at each land grant institution and the creation of an online community of practice have helped to facilitate collaboration and peer learning among Extension faculty and staff. Additionally, networks focused on specific areas of health-related work such as community health worker training, diabetes prevention, and health aging are being established. But formal opportunities for land grant universities to collaborate with each other on multi-state efforts are limited.

**Example:**

**Cooperative Extension System (CES)** in partnership with National 4-H Council and support from the Robert Wood Johnson Foundation (RWJF) are invested in Well Connected Communities (WCC), a national well-being initiative that WCC builds diverse, multigenerational, cross-sector coalitions that can recognize and address systemic health inequities. By building capacity through professional development and partnering with community coalitions across the Extension network, LGUs are able to implement and accelerate interventions to address social determinants of health and advance health equity especially in food insecurity, obesity and other chronic health diseases. To learn more, visit [Well Connected Communities](https://wellconnectedcommunities.org/).

**References:**

Liz Weaver, & Norman Walzer. (2018). *Using Collective Impact to Bring Community Change* (Community Development Research and Practice Series). Taylor and Francis.

Narain, K., & Zimmerman, F. (2018). Advancing Health Equity: Facilitating Action on the Social Determinants of Health Among Public Health Departments. American journal of public health, 108(6), 737–738. <https://doi.org/10.2105/AJPH.2018.304430>

**Policy, Systems, or Environment (PSE) Change:** Establish and strengthen relationships with external partners to foster interdisciplinary and collaborative health-related research, teaching and community engagement.

**Focus Area:** Relational

**Rationale:** In 2014, Cooperative Extension was provided with funding from the CDC to implement strategies in high-obesity communities to increase access to healthier foods and promote physical activity. Today fifteen states are involved in this program. In 2018 and 2019, Cooperative Extension received funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop and disseminate training and technical assistance for rural communities related to addressing opioid issues. In 2021, Cooperative Extension received $9.9 million to promote the uptake of the COVID-19 vaccines. Many of these partnerships were enabled by capacity and competitive funding made available by the USDA-NIFA.

Additionally, The Robert Wood Johnson Foundation has provided funding to the National 4-H Council for the Well Connected Communities Initiative through which Extension staff establish local coalitions that develop and implement action plans to advance health and racial equity, and equitable development in communities. In addition to supporting coalition-building activities in communities across the nation, RWJF is also investing in systems change interventions across the Cooperative Extension System to support its work aimed at ensuring that all people have “a fair and just opportunity to be as healthy as possible.”

Major advances resulting from this initial investment by RWJF include the hiring of an Extension Health Director, identification of institutional contacts for health and well-being at each land grant institution, and the creation of an online professional community to facilitate collaboration and peer learning among Extension faculty and staff. Recently, a private gift from the Molina Foundation is funding fellowships for two Extension professionals to further advance capacity-building efforts across Cooperative Extension.

**Example:**

**University of Arizona** developed and strengthened partnerships between Extension (SNAP-Ed) and FRTEP (Federally-Recognized Tribal Extension Program) by aligning to address significant systemic issues around food insecurity and mental health. 4-H youth engaged in a food justice project to address food resilience, food security and food sovereignty by documenting and preserving stories of food traditions. Mentors supported youth in exploring food traditions in their families and communities and sharing those stories with larger communities through the participatory building of a digital archive. Youth have received professional development training from SNAP-Ed staff on policy, systems, and environmental change to support the development and implementation of the Food Justice project. To learn more, visit [AZ Health Zone](https://extension.arizona.edu/az-health-zone-ua-snap-ed)

**References:**

Savaiano, D., Lynch, K., Vandergraff, D., Wiehe, S., Staten, L., & Miller, D. (2017). The Purdue Extension and Indiana CTSI’s Community Health Partnerships collaboration: An innovative, generalizable, state-wide model to help communities build a culture of health. *Journal of Clinical and Translational Science,* *1*(5), 292-295. doi:10.1017/cts.2017.300

Walsh, M., John, D., Peritore, N., Morris, A., Bird, C., Ceraso, M., Eichberger, S., Novotny, R., Stephenson, L., Stluka, S., & Riportella, R. (2018). Health in All Policies: Working Across Sectors in Cooperative Extension to Promote Health for All. Journal of Human Sciences and Extension, 6(2). https://www.jhseonline.com/article/view/718

**Policy, Systems, or Environment (PSE) Change:** Capitalize on the experience of Extension professionals and land grant institutions that have historically accomplished work through community coalitions.

**Focus Area:** Relational

**Rationale:** CooperativeExtension has extensive experience in mobilizing community action around a wide array of community issues including health equity (Buys & Koukel, 2018). moving in and out of various catalytic and functional roles as appropriate. These roles include convening, facilitating, managing, supporting, resourcing, and leading. Perhaps Cooperative Extension’s most significant role in a coalition is to connect the community to the knowledge and resources of the broader university. Additionally, Extension is well positioned to facilitate an intergenerational dimension to a coalition by bringing young people to the table as full partners in all phases of the coalition’s work.

Unfortunately, some marginalized communities do not find Extension efforts, especially and specifically those that come from predominantly white 1862 Land Grant Institutions, to be deserving of their trust and engagement. This reticence is legitimate and earned, given historic and, in some cases, ongoing experiences of exclusion and harm. Within these communities, authentic efforts to build coalitions must be coupled with ownership of harms inflicted and a demonstrated commitment to change. Only then can Cooperative Extension build the trust required to create mutually beneficial relationships where they don’t currently exist. Partnerships among 1862, 1890, and 1994 designated LGU are an ever-present opportunity to demonstrate trustworthiness and build community relationships as part of an overall approach to improve health equity.

**Example:**

**National 4-H Council** through support of Robert Wood Johnson Foundation (RWJF) will support the Cooperative Extension System and its national workforce to implement Cooperative Extension’s National Framework for Health Equity and Wellbeing through community coalitions in historically marginalized communities as they create policy, systems and environmental changes that address health equity.

**References:**

Homel, J., Homel, R., McGee, T. R., Zardo, P., Branch, S., Freiberg, K., ... & Wong, G. (2021). Evaluation of a place‐based collective impact initiative through cross‐sectoral data linkage. *Australian Journal of Social Issues*, *56*(2), 301-318. <https://doi.org/10.1002/ajs4.147>

Jones, C., et al (2021). Examining Extension-Supported Rural Community Coalitions During COVID-19. *Journal of International Agricultural and Extension Education.* 28(1). 10.5191/jiaee.2021.28105.

**Policy, Systems, or Environment (PSE) Change:** Build an Extension workforce that is comfortable stepping away from an expert-model of program delivery to one where Extension professionals are also comfortable engaging with the community as equal partners.

**Focus Area:** Structural

**Rationale:** Individuals live, learn, work, and play within a social system. The relationship between an individual and the social system in which they live is frequently depicted through a social-ecological model. In general, such models show how the daily lives of individuals are nested within and influenced by interpersonal relationships, families, schools, workplaces, communities, and societal norms and values. Factors outside of the individual that have an influence on an individual’s health are known as the social determinants of health (SDoH).

Historically, Cooperative Extension has focused the majority of its work on promoting behavior change through non-formal education. But individuals can only choose among behavioral options available to them. So promoting behavior change without, at the very least, acknowledging the contextual factors which promote or prevent an individual from adopting new behaviors can erode trust, waste resources, and perpetuate inequities. Moreover, many community factors working to erode health have nothing to do with individual behaviors. These include transportation, broadband access, housing, and environmental quality.

Efforts to build health literacy and promote behavioral change must continue. But Cooperative Extension must also strengthen its capacity to support PSE changes for individuals and communities experiencing health inequities. Utilization of this “twin approach” (CDC, 2015) supports improved health for the larger population while also using precision interventions to address barriers and challenges implemented through oppressive and discriminatory policies, systems, and environments.

**Examples:**

**Tennessee State University Extension** partnered with the Department of Parks and Recreation, the Mayor’s office and other community-based organizations to promote physical activity in an urban community. Extension led a community asset mapping exercise with community members and youth to identify walking trails, display mileage signage to encourage residents to walk and enhance the walking experience. The impact of this work is that partnerships with local government departments have positioned Extension to be invited to the conversation around improving health and wellness for this community. To learn more, visit [www.tnstate.edu/extension](http://www.tnstate.edu/extension) or contact Well Connected Communities at [wellconnectedcommunities@fourhcouncil.edu](mailto:wellconnectedcommunities@fourhcouncil.edu).

**University of Maryland Eastern Shore** developed and strengthened partnerships with local community organizations and the USDA Farmers to Families food program to address food insecurity in their communities. The impact of this work is that the President of the Town Commission recognized the work of Extension staffin improving access to food during COVID-19 and honored Extension staff with a certificate of appreciation. This recognition has opened the door for Extension to be invited to the table to discuss policy changes that will address food security, particularly around developing more gardening projects. Also, Partnerships with food councils, community organizations and USDA Farmers to Families food program delivered more than 2,300 boxes of food to community residents. To learn more, visit [UMES Family Nutrition and Health](https://www.umes.edu/SANS/Pages/Family-Nutrition-and-Health/Family-Nutrition-and-Health/)or contact Well Connected Communities at [wellconnectedcommunities@fourhcouncil.edu](mailto:wellconnectedcommunities@fourhcouncil.edu)

**References:**

Centers for Disease Control and Prevention. (2015) *Planning for and Selecting High-Impact Interventions. Division of Community Health*. at:<https://www.cdc.gov/nccdphp/dch/pdfs/Planning-High-Impact-Interventions.pdf>

De Weger, E., Van Vooren, N., Luijkx, K.G. *et al.* (2018).Achieving successful community engagement: a rapid realist review. *BMC Health Service Research* **18,**285. <https://doi.org/10.1186/s12913-018-3090-1>

Weerts, D.J., & Sandmann, L.R. (2008). Building a Two-Way Street: Challenges and Opportunities for Community Engagement at Research Universities. *The Review of Higher Education* 32(1), 73-106. doi:10.1353/rhe.0.0027.

**Policy, Systems, or Environment (PSE) Change:** Build the capacity of local residents to lead community-based work through the establishment of health-focused volunteer credentialing programs.

**Focus Area:** Relational

**Rationale:** Cooperative Extension has long relied on unpaid volunteers to deliver many of the educational programs it offers. Volunteers are sometimes trained to deliver a particular curriculum. Other times are provided with more generalized training around the core competencies related to performance of a particular organizational role. By and large, these volunteers have worked in service to Cooperative Extension to help the organization accomplish its mission.

While such efforts need to be sustained, Cooperative Extension will also need to offer training whereby community members can gain the skills needed to catalyze and sustain community change. When performing their volunteer roles, these individuals help communities accomplish goals it sets for itself. Working in this way, the focus of Cooperative Extension’s work moves from building its own capacity to building community capacity.

In either case, Cooperative Extension has the potential to package and deliver such training in a way that allows the participant to obtain a credential that documents their achievement of new skills.

**Examples:**

**Montana State University Extension** trained food preservation volunteers and Master\* Gardeners to expand local food preservation and distribute community garden produce to local food banks in an effort to tackle food security in one the counties with a high food insecurity. To learn more, visit [MSU Extension Wellness](https://msuextension.org/wellness/needs_assessment/).

**University of Tennessee Extension** trained and certified adults and youth through the Master\* Health Volunteer program called Extension Health and Wellness Ambassadors. The group will lead efforts to improve physical activity in one of the cities with a high obesity rate. To learn more, visit [University of Tennessee Institute of Agriculture](https://fcs.tennessee.edu/food/).

**Purdue University Extension** trained and certified Health & Wellness Ambassadors through the Master\* Health Volunteer Program to support the food coalition group and the Healthy Community Alliance (HCA) in addressing food insecurity. To learn more, visit [Department of Public Health - Purdue University](https://www.purdue.edu/hhs/public-health/)

**Pennsylvania State Extension** provided Master\* Gardener scholarships to community residents to be trained and certified Master\* Gardener. Master\* Gardener volunteers provided support to the development of additional gardens and assisted with educating residents through various opportunities and programs to grow fresh produce through companion gardening. Penn State Extension Master\* Gardeners have nurtured the community garden such that harvests of produce are donated to the community to assist with local food insecurity which was exponentially higher because of the impact of COVID19. To learn more, visit [Pennsylvania State Extension](https://extension.psu.edu/youth-family-and-health/nutrition-diet-and-health)

**\*** Cooperative Extension is examining the appropriateness of the word “Master” for describing the level of expertise obtained by these highly trained volunteers.

**References:**

Washburn, L. T. (2017). Engagement of Health Volunteers: A Promising Approach for Meeting Community Needs. The Journal of Extension, 55(3), Article 23. <https://tigerprints.clemson.edu/joe/vol55/iss3/23>

Washburn, L. T., Traywick, L., Copeland, L., & Vincent, J. (2017). Extension Wellness Ambassadors: Individual Effects of Participation in a Health-Focused Master Volunteer Program. *The Journal of Extension,* 55(2), Article 12. <https://tigerprints.clemson.edu/joe/vol55/iss2/12>

**Policy, Systems, or Environment (PSE) Change:** Support the creation and development of community coalitions explicitly focused on addressing the social determinants of health.

**Focus Area:** Structural

**Rationale:** Coalitions can help communities identify key inequities, and the social determinants of health that underlie them. Community coalitions that focus on health equity are typically made up of representatives of health and human service providers who engage with racially and ethnically diverse communities in meaningful and significant ways (Anderson et al., 2015). They can be venues for power sharing, collaboration, and group decision-making, and advance Cooperative Extension’s commitment to improving health equity. A community coalition, however, differs from an interagency council that only includes representatives of organizations which serve a particular neighborhood or group of individuals. Community coalitions also include active participation from individuals with lived experience in that community.

Extension has extensive experience in mobilizing community action around a wide array of community issues including health equity (Buys & Koukel, 2018). Cooperative Extension can play many different roles within community coalitions, moving in and out of these roles as appropriate. These roles include convening, facilitating, managing, supporting, resourcing, and leading. Perhaps Cooperative Extension’s most significant role in a coalition is to connect the community to the knowledge and resources of the broader university. Additionally, Extension is well positioned to facilitate an intergenerational dimension to a coalition by bringing young people to the table as full partners in all phases of the coalition’s work.

For Extension, being an effective coalition member involves moving back and forth between being a teacher and learner, at times serving as a source of expert-based knowledge, but also listening and learning from the other voices at the table.

**Examples:**

**Montana State University** formed a local coalition that successfully secured multiple grants to support food security efforts to ensure availability of food all year round for a community with high household hunger. Through collaboration with local master gardeners and food banks, volunteers supported the No Kids Hungry Family Dinner Project and Growing Together program. To learn more, visit [MSU Extension Wellness](https://msuextension.org/wellness/needs_assessment/)

**The Ohio State University** is using principles of authentic resident engagement and community development to support the transformation of a high poverty, distressed community adjacent to its Columbus campus. The seeds of revitalization came in 1995 when Ohio State and the City of Columbus joined forces to create a nonprofit community redevelopment corporation. The core of the effort is the creation of a planned neighborhood consisting of affordable rent-to-own homes. Supported by the rebuilding of the Weinland Park Elementary School and the creation of the adjacent Shoenbaum Family Center, children in Weinland Park now have a well-supported continuum of learning from birth to age 10.

**References:**

Anderson, L. M, Adeney, K.L., Shinn, C., Safranek, S., Buckner-Brown, J., Krause, L. K. (2015). Community coalition-driven interventions to reduce health disparities among racial and ethnic minority populations. *Cochrane Database Systematic Review, 15*(6):CD009905. DOI:10.1002/14651858.CD009905.pub2.

Buys, D., & Koukel, S. (2018). The National Framework for Health and Wellness:(Re) framing the work of Cooperative Extension for the next century. *Journal of Human Sciences and Extension*, 6(2). <https://www.jhseonline.com/article/view/723>

**Policy, Systems, or Environment (PSE) Change:** Compensate community members for partnering with Extension as peer champions and community guides.

**Focus Area:** Structural

**Rationale:** Many individuals who could serve as peer ambassadors or cultural guides are not financially able to take on such a role without some level of compensation. However, these individuals may well possess either the knowledge or community connections that Extension faculty and staff need to have credibility within a community with which they are unfamiliar. In such cases, Cooperative Extension should consider compensating community members for the valued knowledge and services they can provide in a community.

Land grant universities tend to base pay on the level of formal education possessed by employees but seldom compensate staff for the knowledge obtained through lived experience.

**Example:**

Cooperative Extension is collecting information on this recommendation. Updates will be provided in this document as information becomes available.

**References:**

Black, K. Z., Hardy, C. Y., De Marco, M., Ammerman, A. S., Corbie-Smith, G., Council, B., Ellis, D., Eng, E., Harris, B., Jackson, M., Jean-Baptiste, J., Kearney, W., Legerton, M., Parker, D., Wynn, M., & Lightfoot, A. (2013). Beyond incentives for involvement to compensation for consultants: increasing equity in CBPR approaches. *Progress in community health partnerships : research, education, and action*, *7*(3), 263–270. <https://doi.org/10.1353/cpr.2013.0040>

Michener, L., Cook, J., Ahmed, S. M., Yonas, M. A., Coyne-Beasley, T., & Aguilar-Gaxiola, S. (2012). Aligning the goals of community-engaged research: why and how academic health centers can successfully engage with communities to improve health. *Academic medicine : journal of the Association of American Medical Colleges*, *87*(3), 285–291. <https://doi.org/10.1097/ACM.0b013e3182441680>

**Policy, Systems, or Environment (PSE) Change:** Create an expectation that Extension educators demonstrate awareness of who constitutes a community before designing an intervention. Educators must be informed by the community’s history of interacting with state, tribal, and local governments both before and throughout the process of launching health initiatives.

**Focus Area:** Structural

**Rationale:** Cooperative Extension has historically taken great pride in its ability to tailor programs to local needs. Periodic county needs assessments provide Extension personnel with information they need to address broad concerns of the people who live in a particular county. Unfortunately, such assessments are routinely performed at a county level and fail to raise up the unique needs of particular communities, neighborhoods, or groups. Moreover, they seldom surface the unique histories that certain groups have had with government, education, and business. Learning of such stories is often best done through qualitative methods that include key informant interviews, listening sessions, and full immersion into the daily life of a community’s residents.

**Example:**

Cooperative Extension emphasizes the active participation of local residents in establishing priorities and designing interventions. Newer staff may lack the skills for engaging communities in that process. Cooperative Extension is collecting information on this recommendation. Updates will be provided in this document as information becomes available.

**References:**

Brown, A. F., Ma, G. X., Miranda, J., Eng, E., Castille, D., Brockie, T., Jones, P., Airhihenbuwa, C. O., Farhat, T., Zhu, L., & Trinh-Shevrin, C. (2019). Structural Interventions to Reduce and Eliminate Health Disparities. *American journal of public health*, 109(S1), S72–S78. https://doi.org/10.2105/AJPH.2018.304844

Wallerstein, N. B., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health promotion practice*, 7(3), 312–323. https://doi.org/10.1177/1524839906289376

**Policy, Systems, or Environment (PSE) Change:** Include language in the 2023 Farm Bill that directs USDA to send SNAP-Ed fundingdirectly to the land-grant universities.

**Focus Area:** Structural

**Rationale:** The process by which SNAP-Ed funding flows to land grant universities can be inefficient and wasteful as various levels of government and university bureaucracy withhold indirect costs for conveyance of funds. Additionally, each frequently places arbitrary restrictions on how the funds may be expended. These restrictions are often in direct opposition to what FNS deems to be allowable expenses. As a result, intended beneficiaries of the program suffer.

**Example:**

The Extension Committee on Organization and Policy is working with its advocacy partner, Lewis-Burke Associates to have language to this effect inserted in the 2023 Farm Bill.

**References:**

Harden, S. M., Gunter, K. B., & Lindsay, A. R. (2018). How to leverage your state’s land grant Extension system: Partnering to promote physical activity. *Translational Journal of the American College of Sports Medicine*, 3(15), 113-118. doi: 10.1249/TJX.0000000000000066

Yetter, D., & Tripp, S. (2020). Supplemental Nutrition Assistance Program Education through the Land-Grant University System. SNAP-Ed FY2019: A Retrospective Review of Land-Grant University SNAP-Ed Programs and Impacts. *SNAP*.

**Policy, Systems, or Environment (PSE) Change:** Include language in the 2023 Farm Bill to develop and implement Regional Technical Assistance Centers for SNAP-Ed implementing agencies.

**Focus Area:** Structural

**Rationale:** Guidance to implementing agencies regarding procedures and effective practice is often outdated and inconsistent. The creation of Regional Technical Assistance Centers can help ensure that consistent and timely guidance can be provided to all implementing agencies.

**Example:**

The Extension Committee on Organization and Policy is working with its advocacy partner, Lewis-Burke Associates to have language to this effect inserted in the 2023 Farm Bill.

**References:**

Bleich, S. N., Moran, A. J., Vercammen, K. A., Frelier, J. M., Dunn, C. G., Zhong, A., & Fleischhacker, S. E. (2020). Strengthening the public health impacts of the Supplemental Nutrition Assistance Program through policy. Annual review of public health, 41, 453-480. <https://doi.org/10.1146/annurev-publhealth-040119-094143>

Haynes-Maslow, L., Osborne, I., & Pitts, S. J. (2019). Examining Barriers and Facilitators to Delivering SNAP-Ed Direct Nutrition Education in Rural Communities. American Journal of Health Promotion, 33(5), 736–744. <https://doi.org/10.1177/0890117118821845>

**Policy, Systems, or Environment (PSE) Change:** Include language in the 2023 Farm Bill that establishes equitable SNAP-Ed funding for the 1890s and 1994s.

**Focus Area:** Structural, Relational

**Rationale:** Currently, 1862 land grant universities receive the largest share of SNAP-Ed funding that is provided to academic institutions. These large institutions tend to possess the infrastructure needed to manage large external grants and contracts. As a result, smaller institutions tend to find it more difficult to compete for SNAP-Ed funding.

**Example:**

The Extension Committee on Organization and Policy is working with its advocacy partner, Lewis-Burke Associates to have language to this effect inserted in the 2023 Farm Bill.

**References:**

Austin Cantu, S., Morris, A. and White, J.(2021). SNAP-Ed at 1890

Historically Black Colleges and Universities. *Lifting Up Communities for Healthy, Active Lives.*<http://thefoodtrust.org/uploads/media_items/report_snap-ed-at-1890-hbcus_2021.original.pdf>

**Policy, Systems, or Environment (PSE) Change:** Include language in Agriculture and Food Research Initiative (AFRI) that would focus research dollars to build the capacity to develop evidence-based, culturally relevant and sensitive nutrition education curriculum.

**Focus Area:** Structural

**Rationale:** AFRI funds tend to fund the science regarding what constitutes proper nutrition and the production of food that ensures diet-related health. Unfortunately, little funding is available to ascertain the best practices by which the public can obtain and consume a diet that promotes a long and healthy life. As a result, the content of nutrition education programs tends to be science-based while the programs through which that content is disseminated are not.

**Example:**

The Extension Committee on Organization and Policy is working with its advocacy partner, Lewis-Burke Associates to have language to this effect inserted in the 2023 Farm Bill.

**References:**

Baskin, M. L., Tipre, M., & Richardson, M. (2021). Culturally-Relevant Obesity Interventions: African American Children and Adolescents. *Families, Food, and Parenting: Integrating Research, Practice and Policy*, 141-155. DOI: 10.1007/978-3-030-56458-2\_7

Frank, G. C., Centinaje, E., Gatdula, N., Garcia, M., Nguyen-Rodriguez, S. T., Bird, M., & Rios-Ellis, R. B. (2021). Culturally Relevant Health Education: A Foundation for Building Cultural Competence of Health Professionals. *Californian Journal of Health Promotion*, 19(1), 13-21. <https://doi.org/10.32398/cjhp.v19i1.2643>

**Policy, Systems, or Environment (PSE) Change:** Change SNAP-Ed language in the 2023 Farm Bill to allow for SNAP-Ed funds to be used on research projects that align with SNAP-Ed goals and to better serve diverse populations.

**Focus Area:** Structural

**Rationale:** Nutrition education programs are often developed and tested in resource rich contexts that may not accurately represent the real world conditions in which those programs will be implemented. More applied research is needed to ensure that programs and interventions will be successful once implemented.

**Example:**

The Extension Committee on Organization and Policy is working with its advocacy partner, Lewis-Burke Associates to have language to this effect inserted in the 2023 Farm Bill.

**References:**

Bleich, S. N., Moran, A. J., Vercammen, K. A., Frelier, J. M., Dunn, C. G., Zhong, A., & Fleischhacker, S. E. (2020). Strengthening the public health impacts of the Supplemental Nutrition Assistance Program through policy.*Annual review of public health*, 41, 453-480. <https://doi.org/10.1146/annurev-publhealth-040119-094143>

Molitor, F., Sugerman, S., Yu, H., Biehl, M., Aydin, M., Levy, M., & Ponce, N. A. (2015). Reach of Supplemental Nutrition Assistance Program-Education (SNAP-Ed) interventions and nutrition and physical activity-related outcomes, California, 2011-2012. *Preventing chronic disease*, 12, E33. <https://doi.org/10.5888/pcd12.140449>