



Towards a new way of working:
**EVALUATION
RESULTS FROM
WELL CONNECTED
COMMUNITIES WAVE 2**
April 2022



Center for Community Health
and Evaluation

Table of Contents

| | |
|--|----|
| Executive Summary | 1 |
| Background | 5 |
| Evaluation goals & methods | 8 |
| Evaluation findings | 9 |
| Initiating a national systems change | 10 |
| Articulating health equity | 16 |
| Understanding the state and local infrastructure | 19 |
| Promoting community-based collaboration | 25 |
| Implications for Wave 3 | 34 |
| Appendix A: WCC Wave 2 participating communities | 37 |
| Appendix B: WCC Wave 2 evaluation methods | 45 |
| Appendix C: WCC Wave 2 community profiles | 50 |

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WCC
CONNECTED
COMMUNITIES



The Center for Community Health and Evaluation, part of Kaiser Permanente Washington Health Research Institute, designs and evaluates health-related programs and initiatives across the United States. CCHE's mission is to improve the health of communities with collaborative approaches to planning, assessment, and evaluation.

For more information about the WCC evaluation, please contact Maggie Jones, Director, CCHE, at maggie.e.jones@kp.org.



Well Connected Communities EXECUTIVE SUMMARY

Background

Well Connected Communities (WCC) is a national well-being initiative of America's **Cooperative Extension System** (Extension) in partnership with **National 4-H Council**, with funding support from the Robert Wood Johnson Foundation. WCC is using the power of combined youth-adult voice and action to recognize and address systemic health inequities. It is scaling successful innovations from this work across the Extension network to catalyze ambitious changes at the local, state, and national levels, so that everyone has an equal opportunity to live a better, healthier life.

WCC launched in December 2017 with Wave 1, a pilot effort that engaged 12 land grant universities (LGUs) in supporting community health improvement efforts in 40 communities committed to creating healthier, more sustainable places to live, work, and play. In late 2019, Wave 2 launched and expanded WCC's reach to 46 communities and 17 LGUs (11 of which participated in Wave 1).

Methods

The evaluation of WCC Wave 2 used a mixed methods approach to assess the impact of WCC on the Cooperative Extension System, communities, and youth; assess the effectiveness of WCC implementation; provide feedback to inform and improve WCC; and inform the field by sharing lessons learned and best practices. The evaluation was guided by four questions, focusing on systems change, community collaboration, youth leadership, and community impact.

Data collection included interviews with Extension leaders, health champions, WCC principal investigators (PIs), county-level Extension staff, participating youth, and other external partners; surveys with youth, community members, and Extension staff; document review of program documents; and observation of key meetings and events.



Evaluation Findings

1. Initiating a national, systems change effort within Extension to advance health equity and well-being

WCC provided an opportunity to support local community health improvement efforts while strengthening the national infrastructure to engage in work to advance health equity and well-being. During Wave 2, Extension made substantial progress establishing a national infrastructure to advance this work:

- Establishing a national **Health Director role** to set the vision for the work, serve as a champion, educate other leaders, identify resources, make connections, and help tell the story of Extension's role in advancing health equity and well-being.
- Identifying a **network of health champions** with representatives from each LGU who serve as the point of contact for communications and participate in an online forum to share ideas and resources. 87 people from 74 institutions have been identified as health champions.
- Convening the **Health Innovation Task Force** to update Extension's framework for health and identify programs and partners that address health, post-secondary education, and economic prosperity. The Task Force's work will be continued by the **Health Program Action Team**, which will be led by the Extension Health Director and provide more sustainable leadership for this work.
- Updating, developing, and disseminating **Cooperative Extension's National Framework for Health Equity and Well-being**. The Framework describes a vision for how Extension can improve community health by focusing on health equity, social determinants of health, and working through coalitions to leverage existing community assets.
- Securing **additional funding** to support health-related work across Extension, which helps make this work more visible, prevalent, and sustainable.
- Building **national partnerships** with mission-aligned organizations.
- Increasing **visibility of programs** and **providing professional development** opportunities for Extension staff to help implement the vision described in the Framework.

2. Articulating health equity as a core Extension system value

Health equity has become a more visible priority for Extension over the past few years. When asked to provide examples of Extension's work that was advancing health equity, Extension leaders and WCC PIs emphasized efforts to:

- **Diversify staff, partners, and program participants** to ensure Extension is effectively reaching community residents experiencing the highest burdens.
- **Authentically partner with communities** and listen to their needs and ideas before identifying programs and designing solutions.
- Use a **data-informed approach, along with community input**, to understand community assets, needs, and identify health disparities.
- Focus on **social determinants of health** rather than individual-level behavior change.
- **Adapt programs** to meet the needs of a community.
- **Align with and build from existing equity work** occurring within the Extension system, including resources developed by the National 4-H Council.

3. Understanding the state and local infrastructure needed to support systems change work

Extension is primarily operationalizing its vision to advance health equity and well-being through its state and local programs, initiatives, and partnerships. This requires changes to the Extension system—changes to how they work in various ways and at multiple levels:

Building on strong relationships and connections. WCC was a concrete opportunity to build on Extension’s expansive and strong relationships and connections, including:

- Bolstering collaboration across programs within Extension
- Promoting cross-campus partnerships
- Strengthening community partnerships

Investing in structural changes. Organizational structures (e.g., policies, practices, and resource flows) were consistently identified as areas that need improvement to advance Extension’s health-related work, including:

- Providing capacity building and training for Extension staff
- Changing hiring, tenure, and promotion practices to incentivize and reward work that advances systems change and health equity
- Establishing and resourcing dedicated health positions and projects
- Demonstrating leadership commitment and a long-term commitment to systems change

4. Promoting community-based collaboration and youth action to create sustainable impact on local health equity and well-being

The goal of WCC was to catalyze community-based change to advance health equity and well-being. There was broad acknowledgement across the system that Extension cannot do this alone. WCC played a critical role in increasing community capacity for health improvement work by building local collaborative structures and strengthening youth engagement.

- WCC helped **strengthen community coalitions and partnerships** by allowing Extension staff to be flexible and responsive to community needs. Extension often played a leadership or facilitation role in these coalitions.
- **WCC increased youth engagement and leadership** in community health work. At the end of Wave 2, almost all communities reported some level of youth engagement. When engagement was most robust, youth were comfortable acting as leaders and using their agency to affect change.
- Coalitions **advanced community health improvement** efforts through:
 - Conducting community health needs assessments & using data to inform priorities.
 - Action planning to address health priorities. The most common priorities were healthy eating/food security, physical activity, and mental/behavioral health.
 - Focusing on policy, systems, and environmental changes, rather than focusing on programs addressing behavior change.

Implications

As WCC transitions into Wave 3, there are many opportunities to deepen Extension's work by leveraging Extension assets and addressing systemic barriers in the three focus areas for Wave 3: health equity, systems change, and equitable development.

Extension can deepen its work to center **health equity** by:

- Prioritizing conversations about health equity across Extension
- Diversifying Extension staff and program participants
- Adapting program offerings to be more reflective of community needs
- Providing health equity training and professional development to Extension staff
- Emphasizing the importance of self-reflection around bias, racism, power, and privilege
- Partnering and more equitably distributing funding across the Extension system (between institutions)

Systems change is required for Extension to continue to work differently in service of health equity and community health improvement, including:

- Articulating a clear vision and how to achieve it
- Focusing on transformational changes (e.g., shifting mindsets) as well as more tangible structural and relational changes
- Making a meaningful investment in staffing, capacity building, and programming to advance this work
- Telling the story by sharing examples of what is working across the system

Equitable development is new language for Extension that brings together familiar concepts (e.g., equity, community development). Leveraging WCC, Extension is well positioned to:

- Continue to build on community partnerships established through WCC
- Strengthen staff capacity to engage in multi-sector collaborations in communities
- Clearly define equitable development

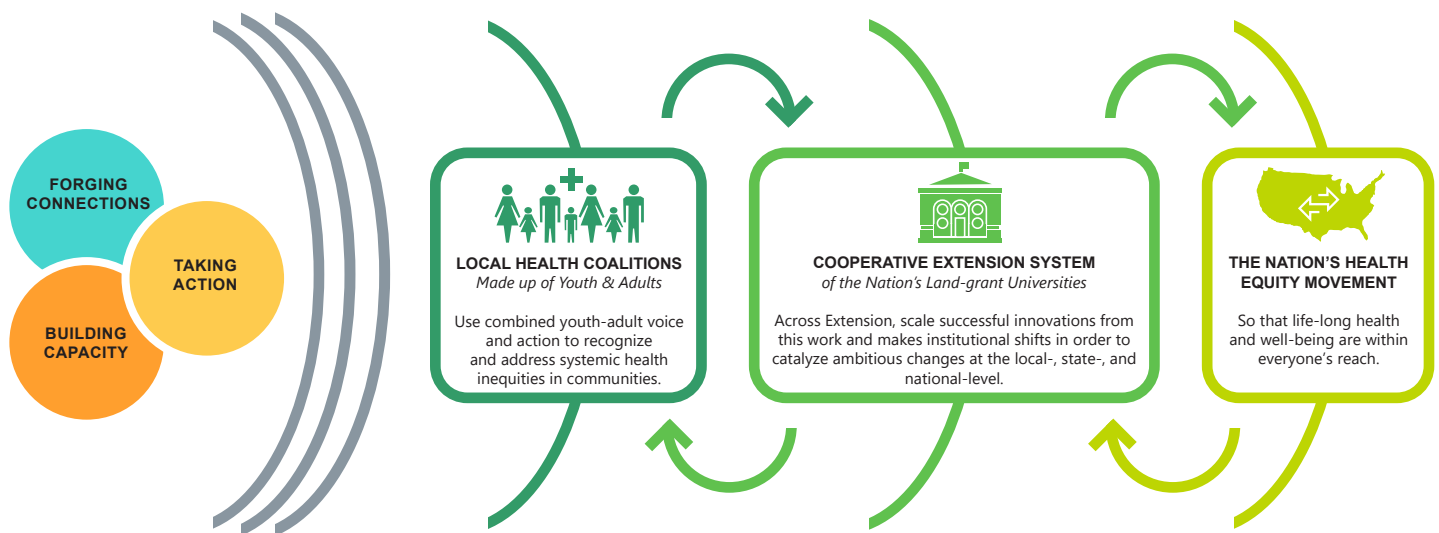




Well Connected Communities BACKGROUND

Well Connected Communities (WCC) is a national well-being initiative of America's Cooperative Extension System (Extension) in partnership with National 4-H Council with funding support from the Robert Wood Johnson Foundation. WCC is using the power of combined youth-adult voice and action to recognize and address systemic health inequities. It is scaling successful innovations from this work across the Extension network to catalyze ambitious changes at the local, state, and national levels, so that everyone has an equal opportunity to live a better, healthier life (see Figure 1).

Figure 1: WCC Theory of Change



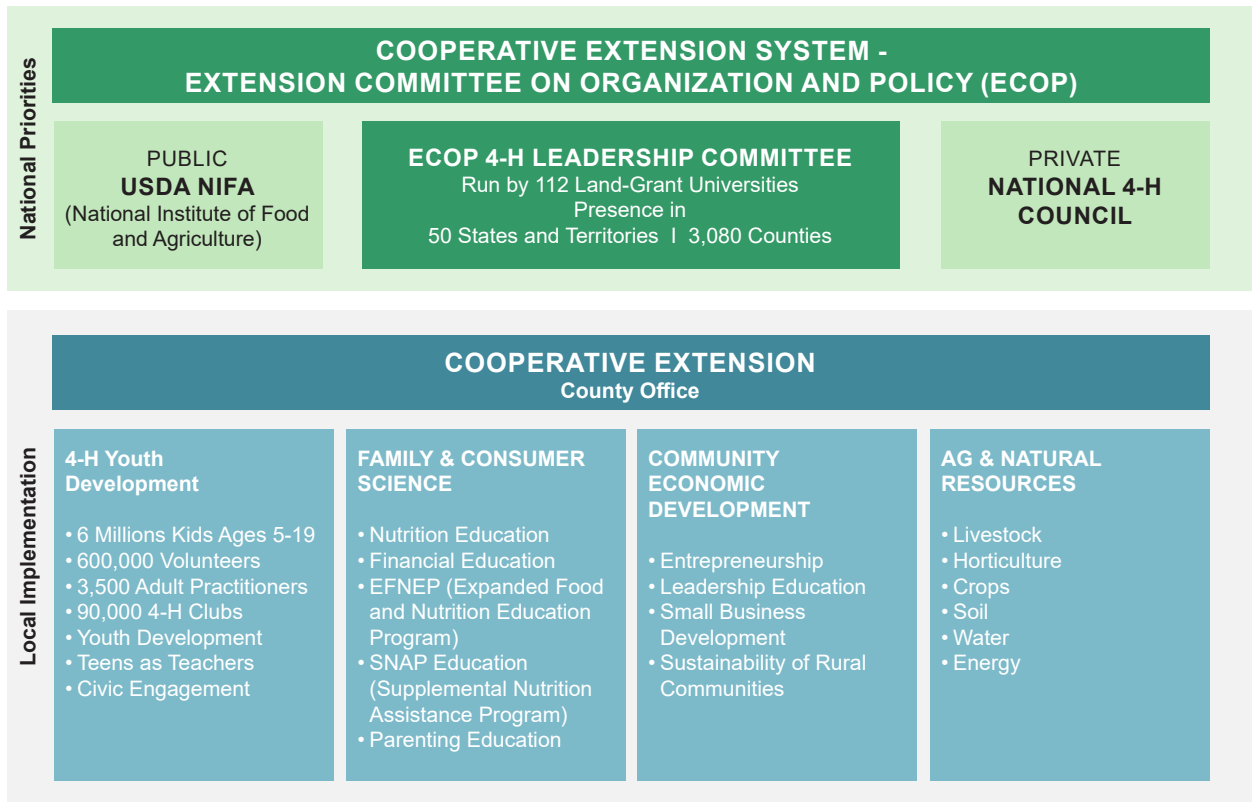
Cooperative Extension is a national, decentralized system of programs that is a partnership between the USDA (United States Department of Agriculture) National Institute of Food and Agriculture (NIFA) and operates out of the nation's 112 land-grant universities (LGUs) (see Figure 2). LGUs were established by the Morrill Act in 1862 and 1890 and the Equity in Educational Land-Grant Status Act of 1994. These policies established the three institutional categories of the land-grant system, now known as 1862, 1890 (Historically Black Colleges and Universities), and 1994 (tribal colleges) institutions.¹

WCC aims to leverage Extension's expansive reach and long history working at national, state, and local levels to catalyze societal change. Extension has a presence in every county and parish in the United States, and over a century of experience translating research into education and action in communities, primarily in agriculture. WCC intends to continue expanding and integrating Extension's health-related work to increase health equity in communities.





¹The U.S. Land-Grant University System: An Overview. Congressional Research Services, August 2019. Accessed at: <https://sgp.fas.org/crs/misc/R45897.pdf>

WCC implementation occurs at various levels—national, state, and local—by supporting both national priorities as well as partnerships with local communities through subcontracts to teams at state LGUs.

Figure 2. Cooperative Extension System



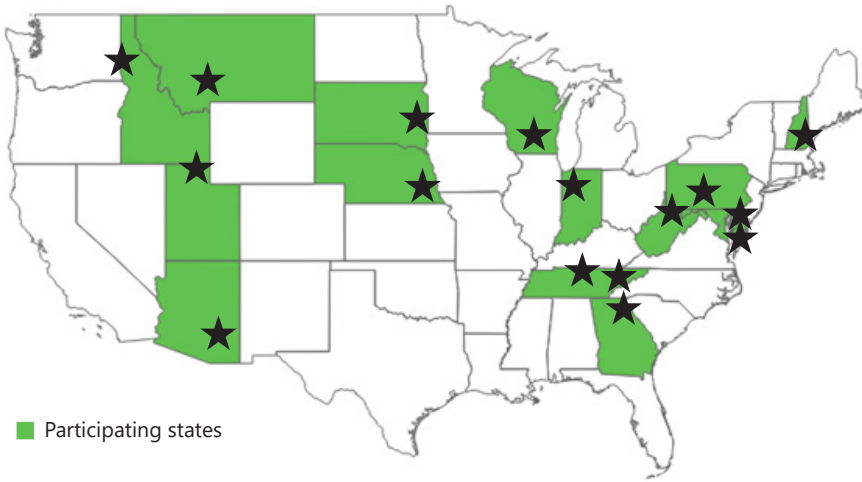
WCC launched in December 2017 with Wave 1, a pilot effort that engaged 12 LGUs in supporting community health improvement efforts in 40 communities committed to creating healthier, more sustainable places to live, work, and play. In late 2019, Wave 2 launched and expanded WCC’s reach to 46 communities and 17 LGUs (11 of which participated in Wave 1) (see Appendix A). Wave 2 included:

-  **30 rural communities**
-  **16 urban/metro communities**
-  **6 tribal communities***
-  **5 communities partnering with an 1890 (Historically Black College/University)**

*Includes communities where tribal nations are key partners.

WCC CORE PRINCIPLES

- Commitment to transforming place through genuine partnership & shared vision
- Focus on equity & inclusion
- Youth-adult partnerships
- Policy, system, & environmental changes
- Learning & growing together for a results-oriented movement











Wave 2 Land-Grant Universities

- Montana State University
- Purdue University
- South Dakota State University
- Tennessee State University
- The Pennsylvania State University
- University of Arizona
- University of Delaware
- University of Georgia
- University of Idaho
- University of Maryland College Park
- University of Maryland Eastern Shore
- University of Nebraska – Lincoln
- University of New Hampshire
- University of Tennessee
- University of Wisconsin – Madison
- Utah State University
- West Virginia University



Wave 2 LGUs participated in a competitive proposal process and were awarded \$65,000 funding over two years and asked to complete several grant requirements (see below). Grantees received technical support from national program, professional development, and evaluation teams.

| | |
|--|--|
|  <p>Dedicate a minimum of two FTE to support WCC implementation</p> |  <p>Meaningfully foster youth leadership & engagement in WCC communities</p> |
|  <p>Engage in WCC professional development, technical assistance & evaluation</p> |  <p>Use a data-informed, community-driven approach to identify health priorities & solutions</p> |
|  <p>Bring & foster a commitment to advancing health equity</p> |  <p>Support & amplify policy, systems & environmental changes in WCC communities</p> |
|  <p>Partner with multi-sector coalitions in at least two communities in their state to implement WCC</p> |  <p>Implement a Master Volunteer curriculum/ program in WCC communities</p> |

In addition to supporting local implementation through grant funding, WCC supported establishing a national infrastructure to articulate a vision and provide leadership to advance health equity in communities across the United States.



Well Connected Communities EVALUATION GOALS & METHODS

Toward the end of Wave 1 (spring 2019), with support from the Robert Wood Johnson Foundation, the National 4-H Council engaged the Center for Community Health and Evaluation (CCHE) as the evaluation partner for WCC Wave 2. After a collaborative planning process in 2019, CCHE launched formal evaluation activities with the start of Wave 2 in late 2019.

The goals of the Wave 2 evaluation were to assess the impact of WCC on the Cooperative Extension System, communities, and youth; assess the effectiveness of WCC implementation; provide feedback to inform and improve WCC; and inform the field by sharing lessons learned and best practices. The evaluation was guided by four questions, focusing on systems change, community collaboration, youth leadership, and community impact.

Evaluation data collection was organized by Extension system-focused data, community-level data, and data with insights at both levels (see Table 1 below). Data were collected throughout Wave 2 with most activities occurring annually. Methods included both qualitative and quantitative data collection. See Appendix B for more detailed information on evaluation methods.

Table 1: Well Connected Communities Wave 2 (2019-2021) evaluation data collection overview

| Type of data source | Data collection activity |
|--|---|
| <p>Extension data collection (focus on National Cooperative Extension System and LGUs)</p> | <ul style="list-style-type: none"> • Interviews with Extension leaders and health champions • Interviews with Extension’s national partners on health equity and well-being (Year 1 only) • Survey of Extension health champions • Participation/observation in key meetings, committees, workgroups, and task forces |
| <p>Community data collection (focus on WCC participating communities & local systems)</p> | <ul style="list-style-type: none"> • Survey of community coalition members • Survey of WCC youth participants • Document review or communities’ program documents (e.g., progress and final reports) • Interviews with community members • Interviews with local Extension agents • Focus groups with WCC youth |
| <p>Cross-cutting data collection (include both Extension and community)</p> | <ul style="list-style-type: none"> • WCC principal investigator (PI) interviews (grantee lead) • Observation of WCC professional development activities and youth-adult partnership webinars and activities |



Well Connected Communities EVALUATION FINDINGS

Key evaluation findings for WCC Wave 2 (December 2019 – November 2021) are organized into four sections:

1. Initiating a national systems change effort within Extension to advance health equity and well-being
2. Articulating health equity as a core Extension system value
3. Understanding the state and local infrastructure needed to support systems change work
4. Promoting community-based collaboration and youth action to create sustainable impact on health equity and well-being



GEORGIA



IDAHO



TENNESSEE STATE



NEBRASKA

Initiating a national, systems change effort within Extension to advance health equity and well-being

In 2014, Cooperative Extension's Extension Committee on Organization and Policy (ECOP) released a National Framework for Health and Wellness that articulated health as an Extension priority. The framework articulated the need to broaden Extension's focus on improving health outcomes to include addressing the social determinants of health and articulated why Extension is uniquely positioned to play this role by capitalizing on its extensive reach, leveraging its positive reputation and credibility in community, and building on its experience translating evidence-based practices in community settings. The framework called for Extension to respond to the growing need to address social determinants of health and create a new health programmatic area of focus across Extension programs.

Since that time, Extension's work related to health and well-being has been growing. Most of the health-related work occurs as part of Extension's Family and Consumer Sciences (FCS) program, with SNAP-Ed (Supplemental Nutrition Assistance Program Education) and EFNEP (Expanded Food and Nutrition Education Program) being signature programs. More health professionals have been hired, partnerships have been built, and additional health-related funding has been secured to support Extension's programmatic work. However, the implementation of the original framework was dependent on the commitment, dedication, and creativity of individual LGUs to implement at the state and local level.

Launched in 2017, WCC provided an opportunity to continue to support local efforts while also strengthening national infrastructure to support this work.

Interviews conducted during Wave 2 with champions for this work (e.g., key Extension leaders, health specialists, WCC PIs) reinforced a consistent vision that Extension would be known as a key partner and resource for advancing health equity and well-being. There was recognition that Extension needs to further increase visibility of this vision and find balance between new health-related programs and initiatives and legacy programs that are tied to state and local funding. Interviewees articulated three ways Extension can achieve this goal:

Increasing awareness of the current work Extension is doing to promote health and health equity

Making connections between Extension's traditional programming and potential health impacts

Expanding health-related programming and partnerships across Extension



During Wave 2, Extension has made substantial progress establishing a national infrastructure to advance its vision and support its health equity and well-being work.

Evaluation findings: national systems change

1. Establishing a Extension Health Director role. This position was added in fall 2019 and reports directly to ECOP to ensure that the position is in service of and accountable to the entire Extension system. The position is framed in its job description as the “key strategist and communicator” with Extension and external partners to advance systems change related to health equity and well-being.

In interviews, Extension leaders were supportive of this new role. They noted that the position elevated the importance of health work across the Extension system. They felt the director can be helpful in setting the vision for health-related work, serving as a champion for the work, educating other directors about health-related work, identifying resources, making connections, and telling a cohesive story about Extension’s role in advancing health equity and well-being.

2. Identifying a network of health champions. The Extension Health Director worked to identify at least one health-related champion at each LGU to serve as the point of contact for communications and join an online forum for sharing ideas and resources. In the fall 2021, there were 87 individuals from 74 institutions that were identified as health champions, most were part of Family and Consumer Sciences programs (77%). This represented almost all 1862 and 1890 institutions in the country (74/76). According to a survey of the health champions conducted by the WCC evaluation in 2020, most respondents (out of n=44) had:

- Been assigned to the role by their Extension Director (75%)
- Extensive educational background, training or previous experience in health (including health care, public health, or health research) (73%)
- Been engaged in health-related programs, initiatives, or research prior to being appointed as the health point of contact (80%)

In addition to identifying health champions, an online forum for health equity and well-being was established on [Connect Extension](#). This online community is designed to facilitate peer learning and information exchange about health-related work across Extension and had more than 1,100 members at the time of this report.

“As a former [Extension] director, [the Extension Health Director] already has relationships and can help educate other directors on how these other traditionally siloed [Extension programs] are already addressing public health. That would be invaluable.”

– Extension health champion



“Connecting us, on a national level, across states, is really important. We should not all be reinventing the wheel.”

– Extension health champion

Evaluation findings: national systems change

3. Convening the Health Innovation Task Force. In 2019, ECOP established the Health Innovation Task Force to: (1) update Extension’s 2014 health and wellness framework (discussed more below); and (2) identify and pilot programs that address health, post-secondary education, and economic prosperity (see “The Big Idea Summit” box below). The Task Force consisted of internal Extension leaders and external partners, such as the Centers for Disease Control and Prevention (CDC) and National Institute of Food and Agriculture (NIFA).

In 2022, the Health Innovation Task Force is being adjourned and its work will be integrated into one of ECOP’s newly established Program Action Teams focused on health. The Health Program Action Team will be led by Extension’s Health Director and will provide sustainable leadership for health-related work that is embedded in ECOP’s structure.

THE BIG IDEA SUMMIT

The second goal of the Task Force involved positioning Extension as a vital partner in efforts advancing health, education, and economic prosperity in underserved communities. After an initial assessment, the Task Force planned and facilitated a virtual summit in June 2021 entitled “A Big Idea to Support Thriving Communities: Connecting the Dots of Business, Education, and Health with the Cooperative Extension system.” The discussions resulted in the identification of many partnerships and assets that Extension can leverage to advance this work. **The recommendations aligned with many of the themes presented in the Framework (discussed below) and priorities of WCC.** Recommendations from the summit highlighted the need to engage community partners early in planning processes, diversify Extension’s partnerships, and identify funding options for health-related projects and programs.



Evaluation findings: national systems change

4. Updating, developing, and disseminating Cooperative Extension’s National Framework for Health Equity and Well-Being (Framework).² Through the Health Innovation Task Force, a workgroup was appointed to update the 2014 National Framework for Health and Wellness. The updated Framework describes a vision for how Extension can improve health equity and well-being, and contribute to thriving communities by focusing on three core themes of health equity, social determinants of health, and working through coalitions to leverage existing community assets. Within these themes, five recommendations are presented for how Extension can effectively advance its work in these areas; each recommendation has 3-9 sub-recommendations to provide additional detail (see box below for recommendations).

A draft version of the Framework was presented and circulated for comment across the Extension system before being finalized in July 2021. In interviews and a survey conducted with health champions, people were at least somewhat familiar with the updated Framework. Most had seen it and were aware of it but were less familiar with the specific recommendations.

The WCC evaluation conducted baseline assessment of the Framework through the health champions survey in fall 2021. Individuals were asked to rate their Extension program on each of the sub-recommendations outlined in the Framework. Responses, on average, were around 2.0 (on a scale of 1-4), which means items were rated on average as “adequate.” Recommendations 3 and 5 had slightly lower overall averages, with more “needs improvement” responses (see Figure 3). These ratings suggest Extension is in early stages of its systems change journey and there are many opportunities to support LGUs in their efforts to implement the recommendations in the Framework.

Recommendations from Cooperative Extension’s National Framework for Health Equity and Well-Being

1. Advance health equity as a core system value to ensure all people have a fair and just opportunity to be as healthy as they can be.
2. Utilize community assessment processes that integrate data science and resident voice to identify and address health inequities with greater precision.
3. Invest in the success and visibility of Extension’s health-related professionals, programs, and initiatives.
4. Establish partnerships with academic units, universities, government agencies, corporations, nonprofit organizations, and foundations that share a commitment to reducing or eliminating health inequities.
5. Utilize a community development approach to advance the work of coalitions focused on influencing the social determinants of health.

Figure 3: Extension’s National Framework for Health Equity & Well-Being recommendations summary ratings (average ratings, n=49)



1 Needs Improvement, 2 Adequate, 3 Good, 4 Outstanding

² Burton et al. (2021) Cooperative Extension’s National Framework for Health Equity and Well Being. [Report of the Health Innovation Task Force] Extension Committee on Organization and Policy: Washington, DC Available at <https://www.aplu.org/members/commissions/foodenvironment-and-renewable-resources/board-on-agriculture-assembly/cooperative-extension-section/ecop-members/ecop-documents/2021%20EquityHealth%20Sum.pdf>

Evaluation findings: national systems change

5. Securing additional funding to support health-related work across Extension. One of the goals of WCC is to be able to leverage and secure additional funding to support health-related work across the system, strengthening the work's prevalence, visibility, and sustainability. A few examples of funding that built on the work of WCC, included:

- **NIFA and CDC's funding of EXCITE (Extension Collaborative on Immunization Teaching & Engagement).** Launched in 2020, this multi-million-dollar program aims to strengthen immunization education with a special focus on adult vaccination hesitancy around both COVID and other adult immunizations in rural and other hard-to-reach populations.³
- **NIFA's funding of a readiness assessment to support the implementation of the new Framework.** This funding is supporting an assessment of current Extension assets and gaps. From this information, Extension will identify strategies for implementing the Framework and inform the priorities of the Health Program Action Team. The assessment will be conducted in 2022 and 2023.
- **Extension Foundation's commitment of resources to support staff positions that will help advance the work.** For 2022, the Extension Foundation has committed funding to support a national data science fellow for health and a Health Program Action Team Coordinator. The data science fellow will support the use of data disaggregated by race, geography, ethnicity, and other variables to identify and address health inequities. The Health Program Action Team Coordinator will work closely with the Extension Health Director to advance the priorities of that team.

6. Building national partnerships with mission-aligned organizations. Members of ECOP and the Extension Health Director have been exploring potential collaborations and areas of alignment with national health-related organizations. Extension emphasized its position as a robust national network with a significant presence in rural communities that can add value to other initiatives. Some of the organizations Extension connected with included CDC, U.S. Department of Health and Human Services (HHS), National Association of Community Health Centers (NACHC), National Association of County and City Health Officials (NACCHO), American Heart Association (AHA), National Association for the Advancement of Colored People (NAACP), Health Resources & Services Administration (HRSA), American Academy of Pediatrics (AAP), and American Academy of Family Physicians (AAFP).



³<https://excite.extension.org/>

Evaluation findings: national systems change

7. Building visibility of programs and professional development opportunities for Extension staff. To implement the Framework and advance Extension's work toward health equity and well-being, there is a need to increase the visibility of existing work and to offer more accessible, relevant professional development opportunities to build awareness, knowledge, and skills.

To increase visibility of current practices, the Connect Extension online forum provides an opportunity for LGUs to share what they are doing and ask questions of each other. Extension also started aggregating program outcomes data across states to show national impact of health-related programs, such as the CDC Diabetes Prevention Program. The Extension Health Director and other leaders have also been working to disseminate information about the Framework and implementation examples through peer-reviewed manuscripts, webinars, national conferences, and presentations to regional groups of Extension leaders and practitioners. A key conference for Extension's health-related professionals is the National Health Outreach Conference. In 2021, the agenda for the annual conference was heavily informed by the work on the Framework and addressed the themes of coalitions, health equity, and social determinants of health.

Extension has also been building partnerships to offer more formal public health training to existing Extension staff. In 2022, in partnership with Cornell University, Extension will be launching a Fundamentals of Public Health graduate certificate 16-week program specifically for Extension staff to build capacity in core public health competencies (e.g., health equity, community partnerships, and systems thinking).⁴

Additionally, WCC offered professional development opportunities to WCC LGUs through regular content webinars related to partnering with communities to advance health equity and well-being work. Content covered topics such as collaborative tools and approaches, systems change, health equity, and youth engagement. The webinars included a mix of didactic presentations and opportunities for peer exchange where participating LGUs could learn about the successes and challenges of their peers.

During Wave 2, Extension has built foundational infrastructure to advance its work related to health equity and well-being. Looking forward, LGUs identified ways that the National Cooperative Extension System can support their health-related efforts:*

- Increasing visibility and promotion of health-related work across the system
- Establishing buy-in from state and local Extension leaders for health equity and well-being priorities
- Spotlighting promising practices and examples of Extension programs doing innovative work and/or overcoming structural barriers
- Identifying opportunities for funding and collaboration on health-related work
- Articulating the vision and helping LGUs tell the story of how Extension works to advance health equity and well-being

*themes from interviews with Extension leaders and WCC PIs

⁴2021 Core Competencies for Public Health Professionals. Public Health Foundation. Accessed at: https://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2021October.pdf

Articulating health equity as a core Extension system value

Health equity has become a more visible priority for Extension over the past few years. The Framework highlights health equity as one of the central themes, stating that “eliminating health inequities stemming from structural or institutional racism must be a focus of Cooperative Extension’s work in coming years.”⁵ It is the first recommendation in the Framework and this emphasis serves as a signal to Extension leaders and staff that it is a priority.

In interviews with Extension leaders and staff, there was agreement that, over the past two years, equity, racism, and health equity have been discussed more often across Extension than in the past. They felt this was largely driven by external factors, including the movement for racial justice that gained momentum in 2020 across the United States. However, there were still uncertainties about how Extension was defining equity, health equity, and racism for the purposes of its work and what capacities would be needed to advance health equity work.

In the 2021 survey of health champions (n=49/85), most respondents (80%) felt there was at least some commitment to working on topics related to health equity but were less favorable in their responses about Extension staff having the knowledge, skills, and capacity to work on efforts that advance health equity and about Extension’s actual impact on advancing health equity. When looking at differences in responses between 1862 and 1890 (HBCUs) institutions, 1890 representatives responded significantly more favorably that staff had the knowledge, skills, and capacity to work on health equity (see Figure 4).

Figure 4: Extension’s current health equity capacity (average ratings, n=49)



In this same survey, respondents rated Recommendation 1 of the Framework, which addresses advancing health equity as a core system value, as “adequate” (average rating of 2.0 on a scale of 1-4). The ratings for the sub-recommendations ranged from 1.7 to 2.2, with Extension’s current practices to drive resources to chronically under-resourced communities being rated slightly higher (2.2) than sub-recommendations around adopting a perspective of racism as a public health issue and creating an institutional equity plan (rated 1.8 and 1.7 respectively) (see Figure 5).

Figure 5: Recommendation 1: Advance health equity as a system value, sub-recommendations (average ratings, n=49)



⁵ <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>

Evaluation findings: Health equity

When asked to provide examples of Extension's work that was advancing health equity, Extension leaders and staff interviewees emphasized the efforts to:

- **Diversify staff, partners, and program participants.** Most commonly, interviewees discussed the need to engage diverse partners, program participants, and recruit and retain a more diverse workforce. Health equity was often characterized as increasing equal access to resources and programs in the community. Several LGUs provided examples of working with Human Resources to recruit for staff that are more representative of the communities they serve.
- **Authentically engage with communities.** WCC provided participating LGUs an opportunity to authentically engage community members and listen to their needs and ideas before identifying programs and designing solutions. This was a different way of working than a more traditional model where Extension would approach community partners with an already established and funded program. WCC PIs emphasized the need to understand the communities they were trying to serve and being willing to adapt their programs accordingly.
- **Use a data-informed approach.** Interviewees emphasized the important role of community needs assessments. They emphasized that the assessment needed to include both looking at segmented quantitative data, including existing secondary data, to understand where disparities exist and gathering qualitative data from the community about their perceived needs. In the words of one PI, *"Sometimes that data is so high level, it doesn't catch the nuances that are happening locally. So, it's important to also consider how the data matches what's happening in communities or neighborhoods."*

Based on the 2021 survey assessing the Framework recommendations, ensuring access to and using data to inform investments and programs is one of Extension's strengths that can be leveraged to advance its health equity work.

- **Focus on social determinants of health.** Interviewees indicated that to address health equity, Extension would need to shift its focus from primarily individual behavior change efforts, to work focused on broader social determinants of health that impact an individual's ability to successfully change behavior. One Extension leader explained, *"When I was delivering programs, I learned that it's hard to focus on whether a person is eating healthfully if they can't access healthy foods. If there isn't a grocery store near where they live, they may not be able to access anything that's better than what they're eating... We can't continue to ignore those things and just have a single focus on things like healthy eating."* Some WCC coalitions reported using a broader health equity lens to guide their work in food access and nutrition.

"Health equity for our community means everyone has the opportunity and resources to lead a healthy and thriving life. WCC has provided us with a stronger lens on health equity and policy, systems and environmental changes. As we work to create an action plan, we are making sure we are engaging diverse sectors and community members and considering the different levels of impact that our efforts could make. In particular, we are actively reaching out to the Latino community to ensure that the coalition is reflective of our whole community and that diverse perspectives and priorities are included in our WCC work."

- WCC PI

Evaluation findings: Health equity

- **Adapt programs to the needs of a community.** Related to authentically engaging community residents and using data to understand disparities, interviewees recognized the need to be able to adapt existing programs or create new programs to meet the needs of different communities. One Extension leader stated, *"We need to stop doing that one-size-fits all approach to programming, it doesn't even come close [to meeting needs]."* Another Extension leader shared a lesson learned of a community garden that was built in a neighborhood with a large immigrant population. The fruits and vegetables that were planted were not aligned with the traditional foods and diets of this population and so were not used. They noted, *"We can have a set of learning objectives for a program, but our methodology has to change if you're changing audiences and locations. That can make it feel more difficult and time consuming because you must adapt, and everybody gets something a little different."*
- **Align with and build from existing equity work occurring within the Extension system.** Aspects of the system may be farther along in their equity journey and can be resources for partners within the system. For example, National 4-H Council has operationalized equity work through two mechanisms to help intentionally grow an inclusive, diverse, and equitable organization and culture of belonging.
 - True Leaders in Equity Institute
 - Access, Equity, and Belonging Committee

Extension leaders and staff that participated in the evaluation stated commitment to health equity as a core system value and identified many ways in which health equity could be operationalized in their programming. However, actually implementing these changes was reported to be more difficult because of lack of capacity and knowledge, inflexible incentives and funding structures, competing priorities, and a need for new partnerships.

During Wave 2, Extension articulated its commitment to advancing health equity. Looking forward, LGUs identified ways that the National Cooperative Extension System can support their implementation of the commitment to health equity:*

- Establishing a shared understanding of what health equity means for Extension and what success would look like
- Building strategic partnerships at the national, state, and local levels to help advance health equity
- Supporting state-level leaders in reinforcing vision and removing system barriers
- Leveraging the skills, energy, and commitment of champions, staff, and youth to drive equity work forward
- Providing capacity building opportunities to increase comfort having and leading discussions about race, racism, equity, bias, intersecting identities, etc.; potentially leveraging 4-H's Just in Time Equity Dialogues and other existing resources
- Elevating success stories
- Supporting LGUs to communicate about Extension's health equity work with local elected officials, especially in places where discussing equity may be politically unpopular

*themes from interviews with Extension leaders and WCC Pls

Understanding the state and local infrastructure needed to support systems change work

Extension is primarily operationalizing its vision to advance health equity and well-being through its state and local programs, initiatives, and partnerships. This requires changes to the Extension system—changes to how it works in various ways and at multiple levels. Systems change is dynamic, long-term work that requires intervention across all aspects of a system from explicit structural elements (e.g., policies, practices, resource flows) to things that are more implicit or harder to see (e.g., relationships and connections, power dynamics, mental models) (see Figure 6).

The WCC evaluation aimed to understand the current state of the Extension system in advancing health equity and well-being and identify the state and local infrastructure needed to support systems change.

In an annual survey sent to Extension’s health champions, respondents consistently rated items related to Extension’s commitment and buy-in to health-related work and its strong partnerships as key strengths. The lowest rated items related to staff’s knowledge, skills, and capacity, and established staffing and incentive structures to support this work⁷ (see Figure 7).

Figure 6: Systems Change Framework⁶

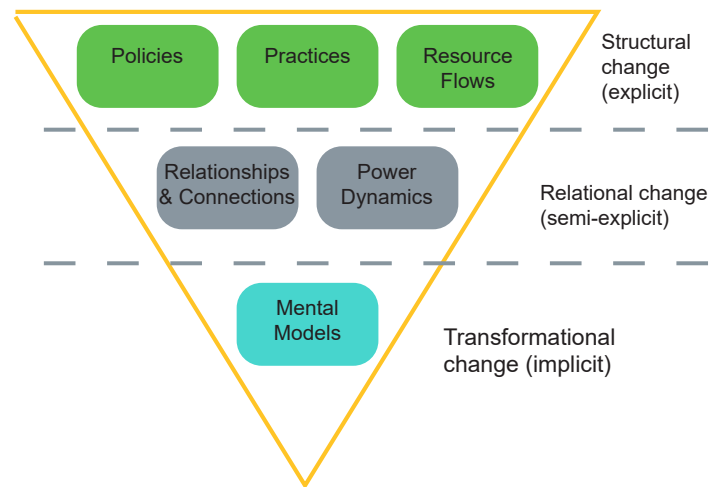
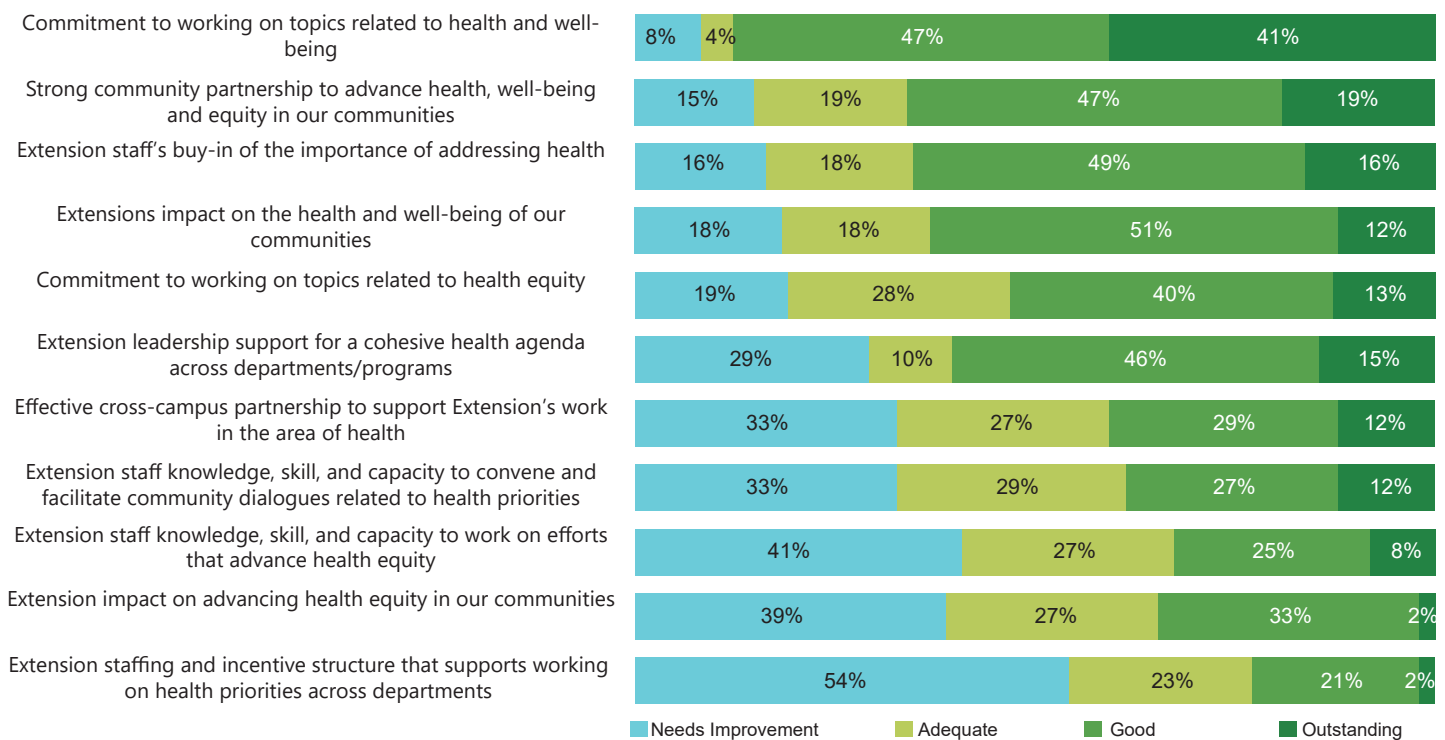


Figure 7: Health champion rating of Extension on key components of systems change, year 2 (n=49)



⁶Systems change framework from The Water of Systems Change by FSG; at https://www.fsg.org/publications/water_of_systems_change

⁷These questions were asked of Extension health champions in Years 1 & 2 of Wave 2; results were similar both years.

Evaluation findings: State & local infrastructure

Survey findings were reinforced qualitatively. When discussing systems changes needed to advance health equity and well-being, Extension leaders and staff largely talked about changes at the structural and relational change levels. More specifically, they talked about relationships and connections as strengths to build on and emphasized a need to address structural barriers to further advance this work.

Building on strengths: Relationships and Connections

WCC was a concrete opportunity to build on Extension's expansive and strong relationships and connections. The evaluation found that partnerships were perceived to be a relative area of strength for Extension. In the health champion survey, Recommendation 4 in the Framework on establishing partnerships was rated on average as "adequate" (2.1 on a scale of 1-4); this was one of the highest rated recommendations. Specifically, cross-campus and external partnerships were rated relatively highly (2.2 and 2.3). Partnerships with other LGUs was rated slightly lower (1.9) (see Figure 8).

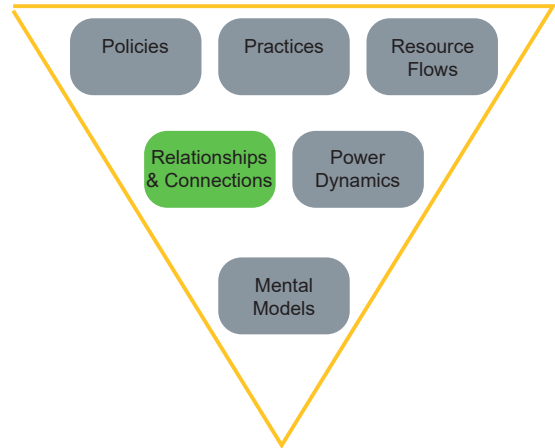
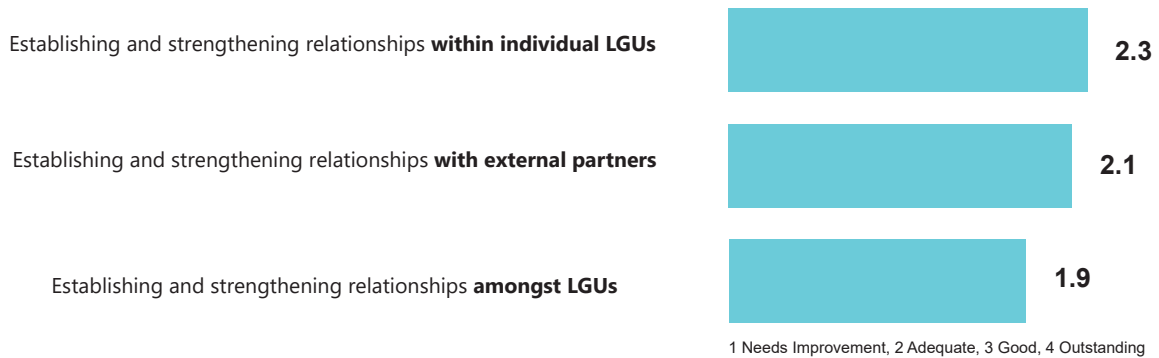


Figure 8: Recommendation 4 – Establish partnerships, sub-recommendations (average rating, n=49)



Evaluation findings: State & local infrastructure

The following details the multiple levels of relationships and connections:

1. Collaboration across programs within Extension: WCC further promoted cross-program collaboration within Extension, which some WCC PIs said signaled *“a change in the way system is viewing itself.”* At many LGUs, the WCC grant had two PIs—one from 4-H and one from Family Consumer Science—so that the work was integrated across programs. Some LGUs also provided examples of how state-level staff or staff from Agriculture or other programs were engaged in WCC implementation. Even so, many interviewees suggested that there continued to be a need and opportunity to *“break down the silos”* within Extension.

Extension staff and leaders made the following suggestions for how to promote more collaboration within Extension:

- Setting a vision and expectation of collaboration from leadership
- Providing incentives for collaboration
- Overcoming scarcity and competitive mindsets between program areas
- Being transparent and honest when bringing people to the table to identify where people can contribute
- Finding a win-win for programs working together to advance their goals

2. Cross-campus partnerships: Extension survey respondents elevated cross-campus partnerships as a relative strength in advancing health equity and well-being (2.3 average on a scale of 1-4, which was one of the highest rated individual items on the survey). Extension leaders described examples of collaboration across colleges/schools within their LGU (e.g., schools of nursing, medical schools, schools of public health, food supply and food safety departments). For example, in Missouri they convened a task force across different entities within the university system to develop a digital health care finder tool that’s available internally and externally. They were able to leverage the relationships and work of the task force during the COVID-19 pandemic to make remote mental health services available in rural areas across the state. While there are a lot of opportunities to partner within the LGU, the structure of each LGU is different and potential partnerships will differ depending on local structures and resources available.

The Framework also names opportunities to partner across LGUs, particularly when there are multiple LGUs in a single state or serving the same populations. This item in the Framework assessment was rated slightly lower than other partnership items. In WCC, partnerships across LGUs were not mentioned as a key strategy to advance their work; however, in interviews with Extension leaders, they noted a desire and benefit to cultivating stronger partnerships between 1862s and 1890s and/or 1994s in their states, especially when trying to engage populations that have been traditionally involved with and represented by the 1890 and 1994 institutions in their state.

Extension leaders suggested cross-campus collaboration could be fostered by:

- **Communicating** to other entities advantages of partnering and what assets Extension can bring to the partnership (e.g., collaboratively pursuing grants, helping other colleges/schools make community connections to carry out their research).
- **Engaging leaders** in ensuring they have a clear understanding of Extension’s programs, expertise, and partnerships. From the limited number of Extension leader interviews conducted, cross-campus partnerships seemed to be more easily facilitated when Extension leadership was not embedded in a single college/school but had a wider view of the university system.

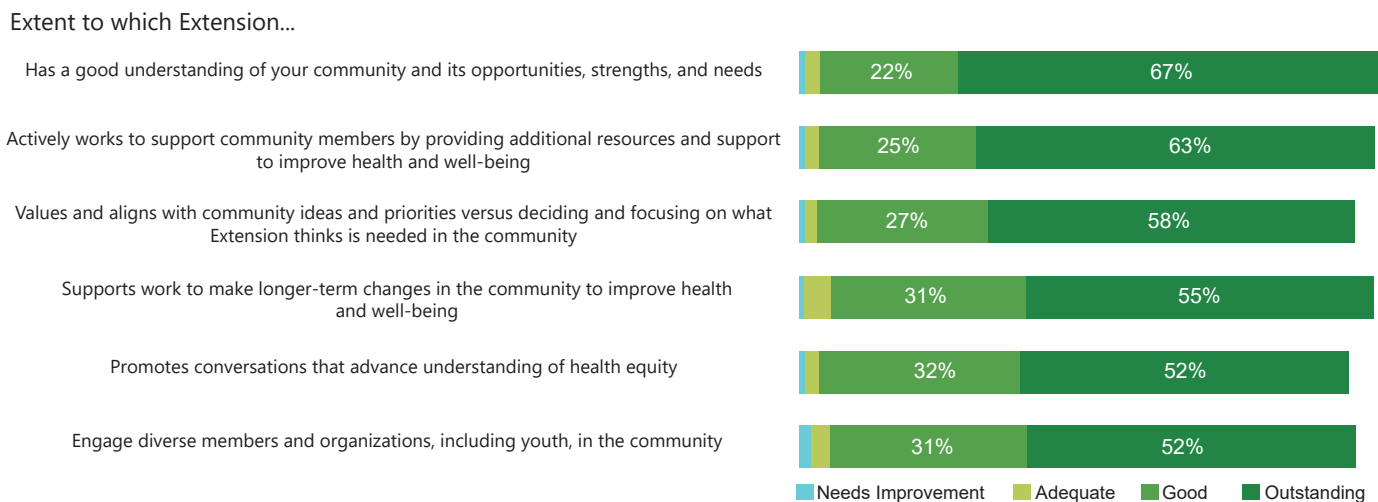
Evaluation findings: State & local infrastructure

3. Community partnerships: WCC offered a funded opportunity for Extension to authentically engage in multi-sector collaboration through community coalitions to address a health priority in their community. WCC PIs reported that this provided them with experience facilitating multi-sector partnerships and strengthened community health improvement efforts.

When surveying community members engaged in WCC, about 75% of respondents said Extension was visible in their communities and over 80% said that Extension was helpful in their community health improvement efforts. More specifically, over half of respondents rated Extension as outstanding in various areas of partnership with a particular strength *in having a good understanding of your community and its opportunities, strengths, and needs* (67% rated that as outstanding). Slightly less favorable were two areas related to equity: *promotes conversations that advance understanding of health equity and engages diverse members and organizations, including youth* (52% rated those as outstanding) (Figure 9). Qualitatively, community partners commented on the value of the resources Extension provided (e.g., funding, education, subject matter expertise) and appreciated that their Extension partners were collaborative, open to the community's ideas, and worked as equal partners with communities.

The community partnerships established in WCC have both advanced local health efforts and built Extension's capacity and learning for advancing health equity and well-being through multi-sector coalition work (see next key findings section on community impact).

Figure 9: Community members' perspectives on partnering with Extension, year 2 (n=102-103)



To strengthen future community partnerships, WCC PIs remarked that it's important to remember that building authentic, trusting community partnerships takes time. Additionally, when approaching new or potential partners, it is important to acknowledge any harmful policies or practices that Extension may have contributed to in the past before requesting collaboration or taking action.

Evaluation findings: State & local infrastructure

Leveraging opportunity: Investing in structural changes

When discussing what additional support is needed to advance Extension’s health-related work, organizational structures (e.g., policies, practices, and resource flows) were consistently identified as areas that need improvement. In the Framework assessment, this relates to Framework Recommendation 3, investing in health-related professionals and programs, which was rated lowest (1.7 average) with each sub-recommendation rated as needs improvement (see Figure 10).

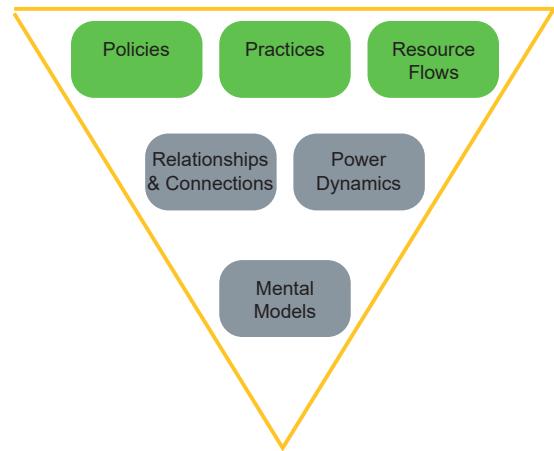
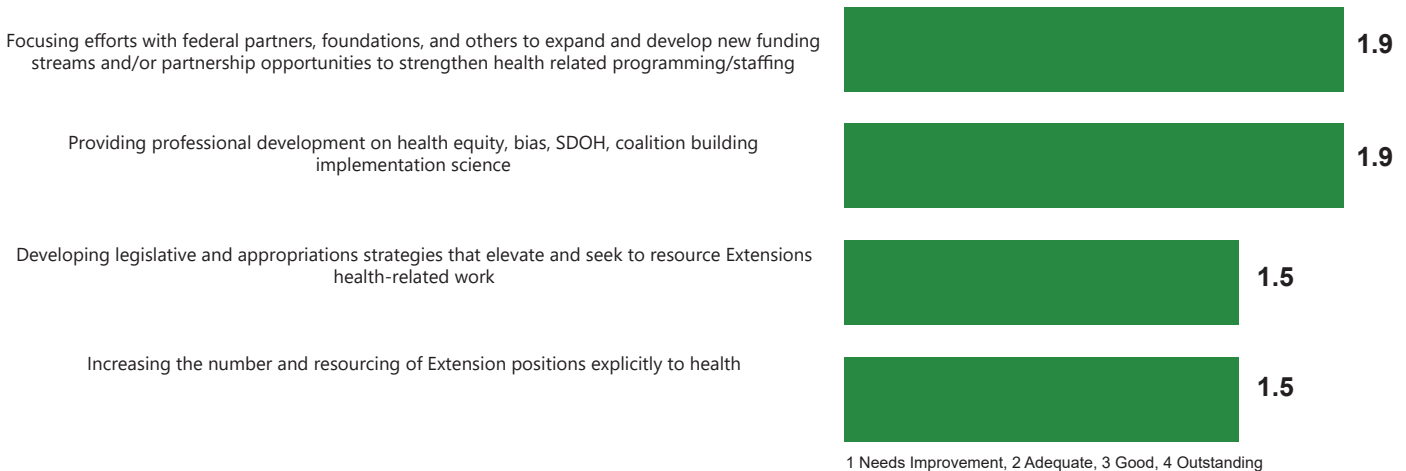


Figure 10: Recommendation 3: Investing in Extension’s health-related professionals & programs, sub-recommendations (average rating, n=49)



WCC Extension staff identified several barriers and structural disincentives to engaging in systems change work to advance health equity and well-being. These challenges persist whether the work is occurring at the state or local level.

- Capacity building and training for Extension staff.** Facilitating policy, systems, and environmental change and working to advance health equity requires working differently than Extension has historically. This requires different knowledge, skills, and expertise than what is required to implement evidence-based programming. WCC PIs emphasized a need to build staff capacity by providing practical tools, resources, and examples about how to advance systems change, health equity, and work with multi-sector coalitions. Extension leaders recognized that building this capacity will likely require a combination of training existing staff and revising job descriptions and recruiting differently for new positions.

Evaluation findings: State & local infrastructure

- **Hiring, tenure, and promotion practices.** Existing HR policies and practices often do not reward Extension staff for doing systems change and health equity work. Extension has historically evaluated performance on things that can be counted (e.g., number of classes provided, number of students attending). That approach to assessment and measurement does not work for systems change efforts, because progress will likely be slower and more difficult to quantify. Many Extension programs said this is a barrier to attracting more staff to take on this kind of work, given they will be evaluated and promoted based on non-systems change work that can be more easily measured. Some Extension programs have begun rewriting job descriptions and promotion criteria to overcome this barrier.
- **Resource allocation for staffing.** While the number of Extension programs with dedicated health positions has been increasing, there are still relatively few dedicated staff positions focusing on health and health equity. As a result, WCC PIs indicated that these responsibilities are often layered onto existing staff who have other responsibilities, at both the state and local levels.
- **Leadership commitment.** Some Extension staff suggested that national, state, and local leaders need to put forward a more cohesive vision related to health equity and systems change work that is visible at all levels across Extension. Leaders can also facilitate this work by investing in it and helping staff overcome bureaucratic barriers.
- **Long-term commitment to change.** WCC Extension staff highlighted that systems change takes time. It requires ongoing commitment and structures that support and incentivize the work (e.g., through tenure and promotion practices). Interviewees also elevated that, in many places, this work has not been done before—neither by specific Extension staff members nor by the Extension system overall—so grace and support is needed to support this new and hard work.

While structural changes were mostly identified as areas of challenge, interviewees saw WCC as an opportunity to begin to build systems and capacity within Extension. WCC promoted a more holistic view of health and offered a funded opportunity to practice and gain experience with some of the needed skills (e.g., facilitating multi-sector partnerships, working on systems change), while also building and strengthening relationships with community partners.

"[We're] really thinking about health holistically and pushing people past their comfort levels as it relates to their past Extension work. A lot of this work has not been driven by a program that's either been developed or scaled from somewhere else, it's really been about starting at the ground level and trying to coalesce our resources."

- WCC PI

During Wave 2, WCC helped to identify strengths and improvement opportunities for how Cooperative Extension supports state and local Extension programs to advance health equity and well-being.*

- Leverage and strengthen Extension's strong partnerships internally and externally by:
 - Identifying win-win situations with potential partners
 - Communicating the assets and strengths that Extension can bring to the table
 - Showing up authentically and spending time to build trust
 - Providing internal incentives for Extension staff to prioritize partnerships
- Address structural barriers that make this work more difficult, including articulating a clear vision, building capacity, and incentivizing and funding this work

*themes from interviews with Extension leaders and WCC PIs

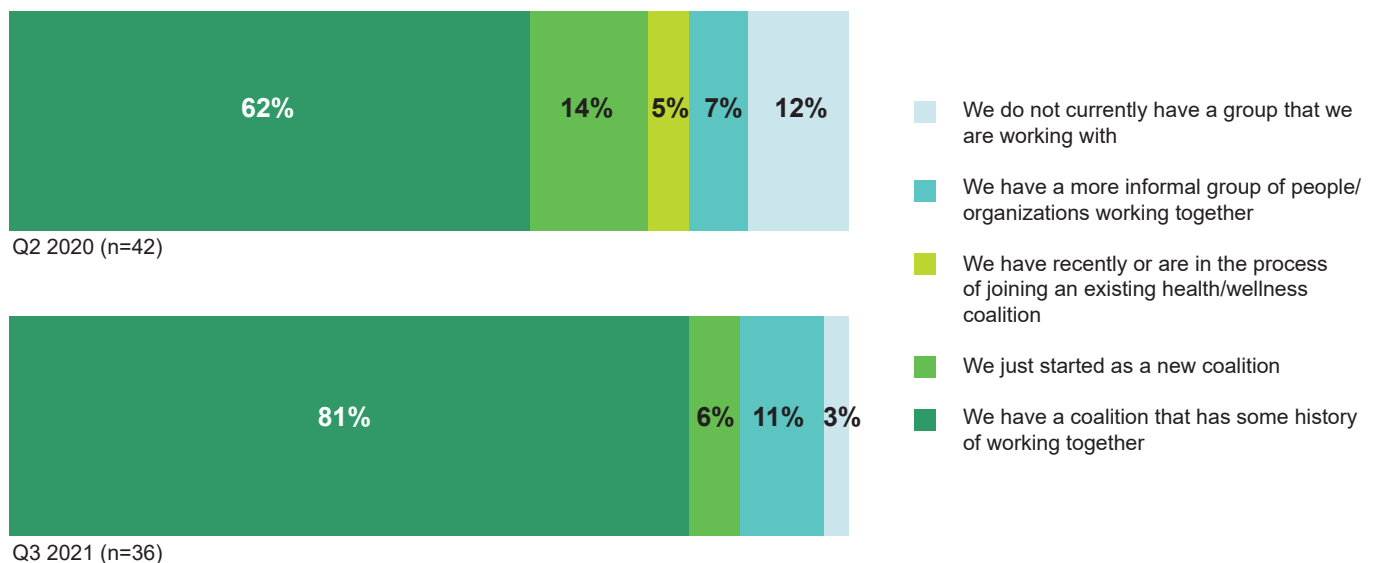
Promoting community-based collaboration and youth action to create sustainable impact on health equity and well-being

The goal of WCC is to catalyze community-based change so that everyone has an equal opportunity to live a better, healthier life. There is broad acknowledgement across the system that Extension cannot do this alone. As a result, WCC funded LGUs to support community collaboration and action, generally through a coalition. In addition to strengthening the connection between Extension and community (as stated in the section above), WCC played a critical role in building local collaborative structures and strengthening youth participation to increase communities' capacity for advancing health priorities.

WCC community-based collaboration & youth action

WCC supported community coalitions in addressing the drivers of inequitable conditions in 46 communities across 17 LGUs. While WCC often leveraged existing coalitions, particularly among Wave 1 participants, it also prompted new relationships and collaboration. Based on progress reports, around 80% (29/36) of communities reported having a coalition with some history of working together by the end of the initiative compared to 62% (26/42) of communities in Q2 2020 (see Figure 11). While most communities were working with coalitions, not all coalitions were highly structured or formal entities. Extension staff worked to build relationships and partnerships based on local context. Being flexible on the structure for collaboration was seen by WCC PIs as a way to be responsive to the community and meeting them where they are at.

Figure 11: Coalition status over time (by community)



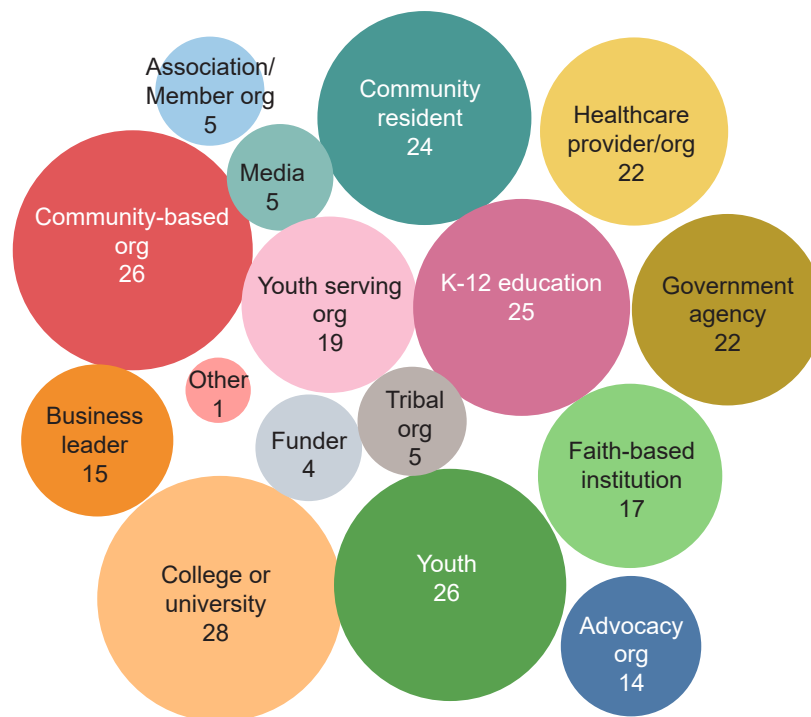
"For a variety of reasons, not in the least COVID, [our tribal communities] had to have coalitions that didn't look like a coalition in the 'everyone's gathering at the same time' sense. They function a lot better with individual direct conversations happening on a regular basis, as opposed to trying to get everyone together."

- WCC PI

Evaluation findings: Community-based collaboration and youth action

WCC coalitions effectively brought together multi-sector, multi-generational partners to engage in local community health improvement work. The size, structure, and membership of coalitions varied across WCC communities—most coalitions had 7-10 sectors represented, the most common being: college/university, community resident, nonprofit/community-based organization, and K-12 education (see Figure 12).

Figure 12: Sectors represented in WCC coalitions, September 2021 (# of communities) (n=36)



Coalition members responded favorably about their engagement in and the effectiveness of their coalition. In the coalition member survey in fall 2021 (113 respondents from 14 LGUs), 63% of respondents said they were engaged or very engaged in their coalition in the last year, and nearly all (91%) said participating in their coalition was worth their or their organization's time and resources. Extension effectively played a leadership role in convening and facilitating WCC coalitions, as described above, which successfully:

- Brought people together who hadn't partnered before
- Built community capacity for additional work/programs
- Strengthened Extension's relationships with community organizations and tribal nations
- Engaged and embedded community members in the work who were not connected to an organization (i.e., volunteers)

At the end of Wave 2, most LGUs were planning for the sustainability of their coalition by setting up processes/practices and identifying funding to support its continuation. Examples of how coalitions were planning for sustainment included:

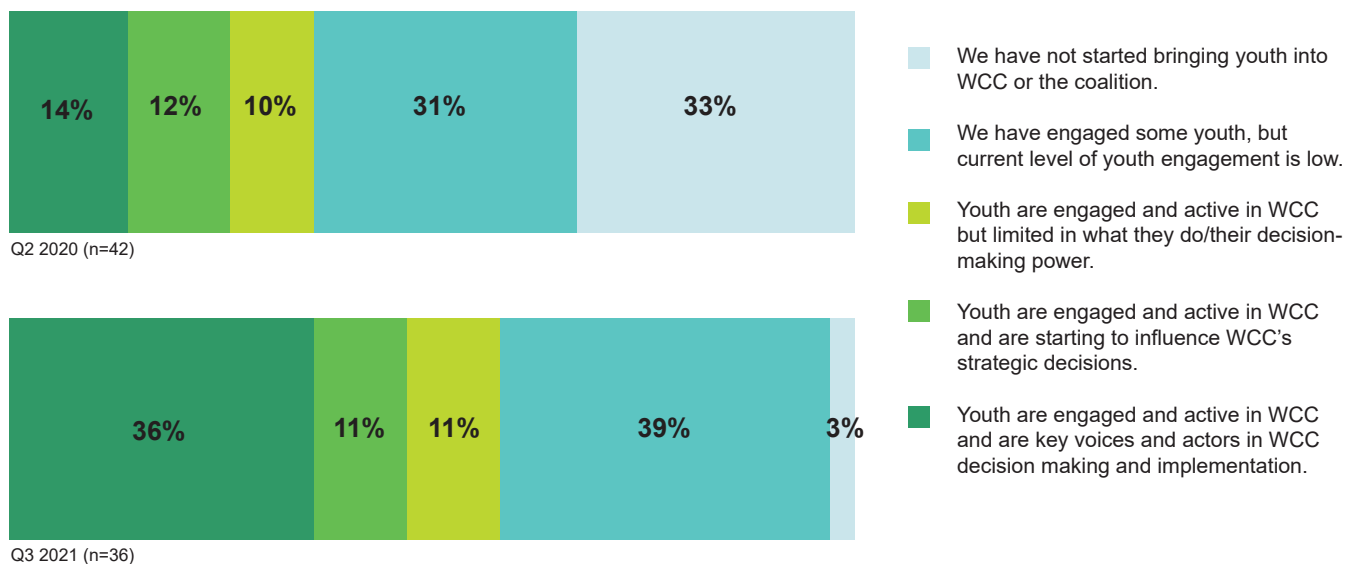
- Adding coalition participation in members' job descriptions, so engagement was not reliant on individuals' interest
- Pursuing additional funding sources or "braiding funding" (i.e., bringing existing funding together) to support coalition work
- Creating shared leadership structures, so coalition leadership does not lie only with Extension staff

Evaluation findings: Community-based collaboration and youth action

WCC increased youth engagement and leadership in community health improvement work, though levels of youth participation and youth-adult partnerships were variable across coalitions.

- Youth participation in coalitions increased over time from 53% (20/38) communities towards the beginning of WCC to 72% (26/36) communities at the end of Wave 2.
- The extent of youth engagement also increased throughout Wave 2. By the end, over one-third (36%) of communities had youth engaged, active, and starting to influence decisions, an increase from 14% at the beginning of the initiative (see Figure 13).
- In June 2020, one-third of communities had not started bringing youth into their coalitions. By the end of Wave 2, nearly all communities reported at least some level of youth engagement.

Figure 13: Current level of youth participation in WCC/coalition, over time



In communities where youth engagement and youth-adult partnerships were more robust, youth reported feeling a sense of collaboration with adults, were comfortable acting as leaders, and used their agency to affect change in their communities. Beyond participating in coalition meetings, youth participated in WCC in a variety of ways, including leading projects (e.g., educational activities, community events), and acting as health ambassadors and Master Volunteers (see box on page 29 for more information on Master Volunteers) (see Figure 14). Additionally, youth from seven WCC communities attended the national Healthy Living Summit where they had an opportunity to propose short-term projects to undertake in their community (see Table 2).⁸

⁸Youth data were collected via a survey with WCC participating youth across all 17 LGUs and focus groups with youth from 4 LGUs.

Evaluation findings: Community-based collaboration and youth action

Figure 14: Youth participation in community health work (n=15 LGUs)

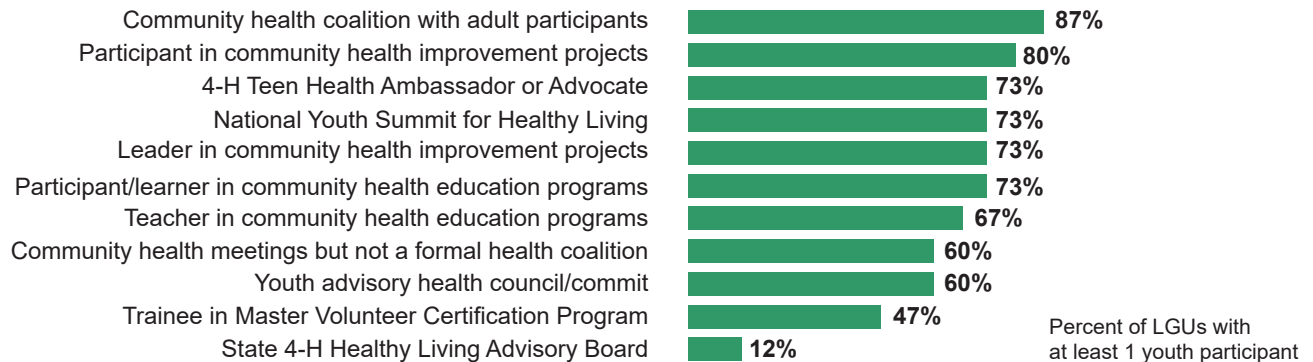


Table 2: 2021 Healthy Living Summit short-term project examples

| University of Idaho: | University of Maryland-College Park: |
|---|--|
| <p>4-H health advocates planned and hosted social gatherings for middle and high school students to address stress adolescents were feeling due to isolation caused by physical distancing. 4-H teen health advocates met five times to plan three social gatherings where youth painted plant pots, participated in a scavenger hunt, made art, and learned communication and calendaring skills. Gatherings included 14 youth plus the seven 4-H teen health advocates and may continue in 2022.</p> | <p>Youth developed a mental health resource guide for their community to improve awareness of support and treatment available. Three youth and seven adults assembled 300 mental health kits with the resource guide, fidget toys, plush toys, stress balls, a journal, pens/pencils, and positive affirmations to signal the importance of good mental health. Kits were distributed through partner organizations (e.g., health department, library, etc.) and at a community event hosted by the coalition.</p> |
| University of New Hampshire: | University of Nebraska-Lincoln: |
| <p>Youth and adults created 4-H Summer of Kindness Kits to encourage youth and their families to practice mental wellness and spread kindness. There were four types of kits (e.g., cooking, art) and included an educational component, a hands-on activity (mailed to participants), and an act of kindness invitation. There were two opportunities to connect with others via Zoom. Over 450 youth signed up and one youth organizer indicated, "I am so grateful that I was able to make an impact in my state by helping youth and their families learn how to be self-aware and get the resources that they need to help them lead a happier and healthier lifestyle."</p> | <p>Teens and adults built two raised garden beds at an independent and assisted living home to support residents' mental health through increased exposure to the outdoors. Residents helped create the garden, cared for and consumed the vegetables, and had a place to enjoy nature to support stress relief. One teen said, "Because I saw the benefit of it and how happy the residents were, it definitely inspired me to seek additional opportunities to engage in my community."</p> |

Evaluation findings: Community-based collaboration and youth action

Despite clear increases in youth engagement throughout Wave 2, both youth and adults involved in WCC indicated that youth leadership remains relatively limited, with continued opportunity to engage more youth and support youth in having more influence and voice in decision making and project implementation. Key challenges for youth engagement included competing demands on youths' time outside of school, and the COVID-19 pandemic and associated reliance on virtual meetings. Adults were also continuing to grow in their understanding of the promise of youth voice and sharing power among youth and adults.

WCC community efforts to advance health equity and well-being

WCC's vision for catalyzing community-based change that improves health equity and well-being requires that Extension partners differently with communities. WCC communities are examples of Extension working differently, which included: (1) conducting community health needs assessments (CHNA) and promoting data-driven decision making; (2) engaging in action planning to address community-identified health priorities; and (3) supporting policy, systems, and environmental change at the local level.

- 1. Conducting CHNAs and promoting data-based decision making.** During Wave 2, the percentage of communities who completed a CHNA increased over time. As stated earlier, CHNAs are an important strategy for understanding community needs and assets to be able to identify appropriate and tailored solutions. By the end of Wave 2, almost two-thirds (63%) of communities had completed their assessment or determined that an assessment was not needed (e.g., assessment data were already available). Qualitatively, WCC PIs discussed the importance of incorporating community voice and more granular, segmented data into assessment processes to identify health disparities and use those insights to drive coalition priorities.
- 2. Engaging in action planning to address health priorities.** After completing their assessment, WCC communities were required to articulate priority health issues. The most common health issues during Wave 2 were healthy eating/food security, physical activity, and mental/behavioral health, including substance use/abuse.

Master Volunteer programs

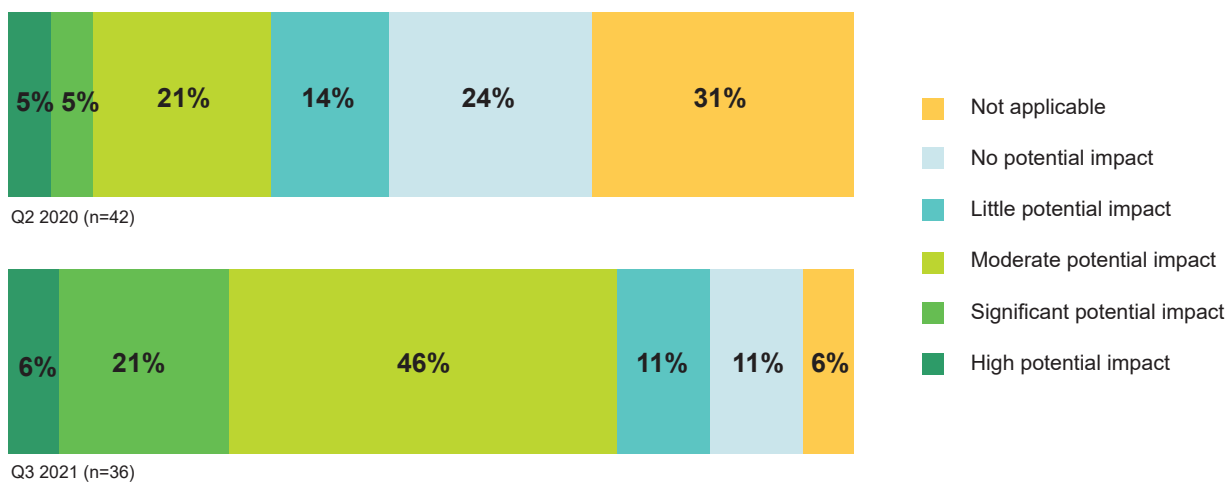
Recruiting and training Master Volunteers (MV) was a WCC grant requirement, which included at least 40-hours of volunteer training. For some communities, these programs were slow to get started either due to the COVID-19 pandemic, which necessitated adaptations to training curricula and approaches to adhere to social distancing requirements, or due to wanting to prioritize relationship building with community partners before introducing a specific program with such robust requirements. Even so, involvement and active participation of MVs in the WCC/coalition work increased from 18% of communities in Q2 2020 to 39% at the end of Wave 2. For several LGUs, successfully implementing this program and the associated outcomes (e.g., engaged and empowered volunteers tackling health-related priorities) was a key accomplishment of Wave 2.

| Total # of volunteers completing MV training in Wave 2 | Youth | Adults |
|--|-------|--------|
| | 75 | 109 |

Evaluation findings: Community-based collaboration and youth action

3. **Supporting policy, systems, and environmental changes.** To address these health priorities, many coalition activities aligned with traditional Extension programming (e.g., implementing targeted programs, education, or services; training and coordinating volunteers, hosting health-related events). However, some communities began shifting their focus to projects that promoted policy, systems, and environmental (PSE) changes that aimed to address the drivers of inequitable conditions in their communities. Towards the beginning of Wave 2, nearly one-third of communities (31%) indicated that PSE change impact was *not applicable* (see Figure 15), suggesting that they were not engaging in PSE work, compared to only 6% at the end of Wave 2.

Figure 15: Potential impact of PSE change work over time



Additionally, WCC communities reported an increase in the potential impact in their PSE change work, with over two-thirds of communities reporting moderate to high potential impacts of their PSE change work by the end of Wave 2 (see Figure 15). Qualitatively, most WCC communities offered concrete examples of PSE change work with potential for impact; although, in many cases, these changes were relatively small in scope or may not have been called PSE change by the Extension staff. Additionally, communities earlier in their PSE change efforts described engaging in necessary foundational, capacity building for PSE change, including assessment, planning, and building engagement or partnerships. Table 3 describes PSE change work achieved or underway in WCC communities.



Evaluation findings: Community-based collaboration and youth action

Table 3: Policy, systems, and environmental change in WCC

| Type of PSE change | # of WCC communities | Description |
|--------------------|----------------------|---|
| Policy | 10 | Coalitions engaged key partners on various local policies including school nutrition policy, addressing neighborhood walkability, developing school curricula, and providing incentives for SNAP recipients to purchase produce in farmers markets and grocery stores. For example, in Lake Andes (South Dakota State University), the coalition promoted the Double Up Dakota program, a policy that doubled Electronic Benefits Transfer dollars for purchasing fresh produce. |
| Systems | 27 | Largely focused on food security or sovereignty efforts to increase food access (e.g., food pantries, local grocers, farmers markets, community gardens) and distribute nutritious meals to members of their community. For tribal partners, this aimed to foster both youths' and adults' connection with the earth, helping to strengthen mental health and cultural connections. For example, in Fort Belknap (Montana State University), the coalition focused on food sovereignty including developing a master food preserver volunteer curriculum and training video to incorporate traditional Native American practices into food production and preservation. |
| Environmental | 33 | Environmental changes included work in two areas: Mental health/social environment —21 communities focused on creating safe spaces for mental health discussions or preventing substance abuse. Youth in WCC elevated the priority of addressing mental health challenges being experienced by youth during the COVID-19 pandemic. In Racine (University of Wisconsin), youth implemented the Hope Squad at a high school, which is shifting the environment to be more supportive of talking about mental health. Physical environment —12 communities focused on improvements to the physical environment such as supporting community gardens and creating/improving spaces for physical activity, including increasing walkability. |

For additional detail on how WCC was operationalized in five communities, see Appendix C for community profiles of Caldwell (Idaho), Calhoun County (Georgia), Denmark and East Jackson (Tennessee), and Macy (Nebraska).

Evaluation findings: Community-based collaboration and youth action

What it takes to do the work in community: lessons from WCC

WCC's work with coalitions to advance community health improvement projects strengthened Extension's capacity and position as a key partner in health equity and well-being. WCC:

- Allowed Extension staff to meaningfully engage with communities on locally-identified health needs.
- Supported a shift for Extension staff from interacting with the community as an educator and subject matter expert to a facilitator and collaborative partner.
- Elevated Extension's visibility and reputation as a potential partner in health-related work in their communities. Community members, in survey and interviews, described a broader understanding of Extension's potential role in the community.

While WCC successfully supported new ways of working at the local level for Extension, participating LGUs elevated several challenges including:

- **COVID-19 pandemic.** Wave 2 launched just before the start of the COVID-19 pandemic, and subsequent shutdowns beginning in March 2020. With the shutdown of most community institutions (schools, universities, government), WCC grantees were unable to approach collaboration using established methods. This impacted:
 - **Availability of community partners:** Many community partners, especially local public health departments, did not have the capacity to engage in non-urgent health priorities due to COVID-19 response efforts.
 - **Youth engagement:** Engagement was challenged due to inability to conduct outreach in schools.
 - **Meetings:** While some coalitions were able to pivot to virtual meetings, this was not always possible due to variability in reliable broadband/internet access and coalition members' access to and comfort with technology.

In the first year of Wave 2, grantees consistently reported that they were not "where they thought they would be," given challenges related to the pandemic. Despite these significant challenges, there were many examples of adaptation and resilience in these communities. Most coalitions leveraged the collaborative relationships that existed pre-COVID and responded to the various health and social impacts of the pandemic, especially related to food insecurity (e.g., supporting access to federal food assistance programs, supporting emergency food distribution in communities, and strengthening local access). Some grantees also contributed directly to the pandemic response through COVID-19 vaccine education and outreach (i.e., through the [EXCITE](#) initiative mentioned previously).

- **Limited capacity within and support from Extension.** As detailed in the previous section, there were barriers within the Extension system that made it difficult for Extension staff to prioritize the time required to engage in this type of work in community. For the most part, Extension staff are not trained, incentivized, or rewarded for engaging in building trusting relationships with community partners; supporting coalitions; or engaging in long-term policy, systems, and environmental change work. Extension staff, particularly local Extension agents, were often doing this work in addition to their other professional responsibilities.
- **Coalition member and youth engagement, particularly of diverse populations.** LGUs generally acknowledged the importance of having broader engagement in WCC. Although challenges with engagement and outreach were exacerbated by the pandemic, grantees discussed general difficulties bringing in new and diverse voices, retaining current participants, and distributing leadership of projects. They emphasized that in smaller and/or rural communities it is often the same people who are involved in a lot of things, which can limit engagement and overall capacity to move the work forward.

Evaluation findings: Community-based collaboration and youth action

When asked what it takes to effectively support community health improvement, participating LGUs overwhelmingly elevated the importance of:

- Taking the time needed to **build relationships and trust**, especially when working with populations who have historically been disenfranchised. WCC staff reflected that the work is stronger with diverse perspectives. PIs reflected that while engagement of diverse perspectives may not be easy, it's necessary – and the investment of time, attention, and intentionality to question “whose voice is missing” is worthwhile.
- **Being flexible and adaptive** to community needs. This includes customizing Extension's approach and programs to meet communities where they are and to honor local context. As a result, collaboration looks different in each community.

The flexibility of the WCC funding, along with the broad initiative goals of advancing health equity and well-being, allowed Extension staff to work in authentic partnership with communities. It allowed them time to focus on relationship building and positioned them to bring resources (human and financial) to community-identified health priorities.

“You must build a sense of trust from the beginning. Be a listener and learner so that it does not come across as another organization coming in to “do to [community]” instead of learning alongside and planning together.”

- WCC PI



“The collaborative process demands patience. Be an active listener and ask thoughtful questions.”

- WCC Narrative Report

During Wave 2, WCC contributed to strengthening community capacity for local policy, systems, and environmental changes through multi-sector, multi-generational coalitions. To build on this work, Extension can:*

- Look to WCC as a model for how to do the work differently in partnership with communities, including being flexible and meeting communities where they are at
- Continue to take the necessary time to engage diverse perspectives and build trusting relationships with community partners
- Address internal structural barriers to ensure this work is incentivized and rewarded, including training for staff, professional development processes, and flexible funding
- Continue to advocate and build structures to support meaningful youth leadership in community health improvement

*themes from interviews with Extension leaders and WCC PIs



Well Connected Communities IMPLICATIONS FOR WAVE 3

WCC supported Extension in its efforts to be a key partner to advance health equity and well-being in communities. Over the past two years, Extension built national infrastructure, elevated health equity as a core system value, and advanced local community health improvement in 46 communities. It has also fostered learning and promoted a better understanding of what is needed to continue moving this work forward, particularly related to systems changes needed within Extension. As the initiative transitions into Wave 3, there are many opportunities to deepen the work by leveraging Extension assets and addressing systemic barriers.

WCC Wave 3 focuses on three areas to build on the momentum from Wave 2:

1. Health equity

2. Systems change within Extension

3. Equitable development

Health equity continues to be central to WCC. While Wave 2 brought additional visibility and accountability to centering health equity in WCC work, it also elevated that Extension is relatively early in its journey related to equity and could benefit from foundational work, including:

- **Prioritizing conversations about health equity across Extension** to ensure common language and understanding about what health equity means for Extension and implications for its work. While support for advancing health equity among WCC participants was high, there were questions about whether everyone within Extension has a shared definition of health equity. There was also recognition of the need to acknowledge and address historical context and Extension's contribution to the trauma of Black and Indigenous populations in the United States.
- **Diversifying Extension staff and program participants** to broaden perspectives and strengthen the input and relevance of Extension's work. There was acknowledgement that Extension should be operating in partnership with and service of populations who bear the greatest burden and have access to the fewest resources. To do that well, Extension staff need to be reflective of those communities.
- **Adapting program offerings to be more reflective of community needs**, which should be informed by community health needs assessment processes, segmenting existing community data, elevating resident voices, and collecting more granular data as needed. Communities should be involved in reviewing, interpreting, and making decisions about community needs and solutions.
- **Providing training and capacity building** for Extension staff related to engaging in and facilitating discussions about health equity and race/racism. Most Extension staff have not been trained in how to advance equity, and many were not confident or comfortable in their ability to lead equity-related conversations given limited experience and exposure.
- **Emphasizing individual work/reflection** as a critical component to advance health equity within Extension along with more outward equity work with the community. For any systems change effort, transformational change requires changes in mindsets. For equity efforts, that requires individual reflection on beliefs, biases, and historical context so that Extension staff can more effectively and authentically partner with communities.

- **Considering opportunities to partner with and more equitably distribute funding across the Extension system**, including between 1862, 1890, and 1994 institutions. Partnering across institutions can help to address historical inequities within the system and to leverage the skills, expertise, connections, and insights of different institutions.

Systems change within Extension is required to continue to work differently in the service of health equity and building healthier, thriving communities. While commitment was high for doing this work among WCC participants, health champions, and Extension leaders, more supportive structures are needed within and across the system such as:

- **Articulating a clear vision.** Cooperative Extension’s new National Framework for Health Equity and Well-Being is helping to define recommendations for systems change. Concrete next steps for how these recommendations can be implemented need to be developed, disseminated, and supported by Extension leaders at all levels.
- **Focusing on transformational changes** (e.g., mindset shifts). Wave 2 interviewees focused on structural and relational changes that need to happen (e.g., organizational changes, expanded partnerships). To advance systems change, attention also needs to be paid to transformational changes, including changing individual mindsets and addressing power dynamics. Extension leaders play a critical role supporting these transformational changes.
- **Making a meaningful investment in work to advance health equity and well-being.** This includes flexible funding, dedicated staffing, capacity building opportunities, and aligning staff incentives structures with the work that needs to happen.
- **Telling the story.** There are examples within Extension of LGUs or programs that have advanced systems change or removed structural barriers both within and beyond WCC. There are opportunities to elevate these examples to foster learning, show what is possible, and inspire others.



Georgia



Tennessee State

Equitable development is a place-based strategy to create healthy, vibrant, communities of opportunity. This focus area leverages Extension's experience and expertise in community development. WCC Wave 3 will continue to promote a coalition approach to understand and advance community health priorities. This positions Extension to:

- **Continue building on community partnerships** established in Wave 2 to take collective action on health priorities.
- **Build and strengthen internal staff capacity** to engage in multi-sector collaboration with communities, including lifting up and leveraging existing expertise within community development programs and in initiatives/programs like WCC.
- **Clearly define what equitable development** means for WCC and Extension, the potential role for Extension, and the intersections and relationships between equitable development, community development, and health.

Leaders across Extension, within and outside of WCC, have already begun building on this foundation to deepen work related to health equity, systems change, and equitable development. This includes efforts to strengthen and institutionalize the new national infrastructure and further support and learn from the experiences of WCC LGUs. As Wave 3 begins, it is important to both focus on the long-term vision for systems change and identify clear steps that show progress along the way. This long-term work will require sustained commitment and passion from Extension leaders and staff, additional investment in health-related staff and programs, and support to think creatively about how to work differently to create tangible benefits for communities.





APPENDIX A:

WCC Wave 2 participating communities, by LGU

| LGU | LGU type | WCC community | WCC wave started | Rural | Health priorities | Key project activities (from WCC progress reports) |
|--------------------------|----------|----------------------------|------------------|-------|--|--|
| Montana State University | 1862 | Deer Lodge County | 2 | Urban | Healthy eating/nutrition/food security | <ul style="list-style-type: none"> Connect master gardeners to school aged (K-12) youth to teach gardening Supplied produce to food banks |
| | | Flathead Reservation | 2 | Rural | <ul style="list-style-type: none"> Healthy eating/nutrition/food security Mental/behavioral health | <ul style="list-style-type: none"> Supported construction of local greenhouses by providing the funds to pour concrete Hosted nutrition-related activities for both youth and adults (e.g., an Instapot cooking class) |
| | | Fort Belknap/Blaine County | 2 | Rural | Healthy eating/nutrition/food security | <ul style="list-style-type: none"> Created home food preservation videos and posted on Facebook—received 915 views and 62 engagements on the videos Provided the community access to food preservation and home produce growing supplies |
| Purdue University | 1862 | Fayette County | 1 | Urban | Healthy eating/nutrition/food security | <ul style="list-style-type: none"> Youth hosted a smoothie bike demonstration with 33 participants Provided “cinch bags” for 9th graders to help with the transition to high school. Bags included journals, stuffed animals, and information on accessing mental health and health services. Created a “community oasis” – a green-space area in downtown Connorsville, IN Distributed food to low-income and homeless community members |
| | | Greene County | 2 | Rural | Mental/behavioral health | <ul style="list-style-type: none"> Hosted meetings for youth focusing on financial health, plans to expand into mental health topics once presence in the community is established |
| | | Scott County | 2 | Rural | <ul style="list-style-type: none"> Mental/behavioral health Physical activity Physical environment (e.g. creating safe community spaces) Substance use/abuse | <ul style="list-style-type: none"> Identified areas in the community that are “hot spots” for police calls and installed LED lights to promote neighborhood safety Implemented the Teens as Teachers program, which provides an opportunity for teenagers to teach younger youth about how to support their mental health, such as use of a “calm down jar” filled with tips for calming down when they are upset Get Healthy Scott County conducted a community needs assessment |

Appendix A: WCC Wave 2 participating communities

| LGU | LGU type | WCC community | WCC wave started | Rural | Health priorities | Key project activities (from WCC progress reports) |
|-------------------------------|----------|---------------|------------------|-------|---|---|
| South Dakota State University | 1862 | De Smet | 1 | Rural | <ul style="list-style-type: none"> • Access to clinical care • Mental/ behavioral health • Substance use/ abuse | <ul style="list-style-type: none"> • Provided transportation to COVID-19 vaccination sites • Partnered with large local businesses to provide CPR training and increase access to Automated External Defibrillator (AED) and emergency response training • Created a safe space for youth in a local restaurant and looking for volunteers to monitor the space |
| | | Lake Andes | 1 | Rural | <ul style="list-style-type: none"> • Healthy eating/ nutrition/food security • Mental/ behavioral health • Physical activity • Physical environment (e.g. creating safe community spaces) | <ul style="list-style-type: none"> • Harvested 482 pounds of produce from the community garden and the herbs harvested were sold at the farmers' market-- proceeds were donated back to the garden • Installed outdoor exercise equipment in partnership with the city • Implemented the Bountiful Backpack Program, which provided lessons in schools on healthy eating and sent food to families • Implemented the Double Up Dakota incentive where families receiving Supplemental Nutrition Assistance Program (SNAP) benefits choose healthy food options by doubling the Electronic Benefits Transfer (EBT) amount on fresh produce |
| | | Lower Brule | 1 | Rural | <ul style="list-style-type: none"> • Healthy eating/ nutrition/food security • Mental/ behavioral health • Physical activity • Physical environment (e.g. creating safe community spaces) | <ul style="list-style-type: none"> • Hosted a traditional ceremony as a memorial to honor lives lost to COVID-19 • Planning a cultural activity to distribute traditional wellness kits with a sage bundle, tea, and a culturally appropriate children's book • Hosted a 3rd annual bike repair event • Planned, created, and distributed a suicide prevention toolkit for youth in schools |
| Tennessee State University | 1890 | Denmark | 2 | Urban | <ul style="list-style-type: none"> • Healthy eating/ nutrition/food security • Physical activity • Physical environment (e.g. creating safe community spaces) | <ul style="list-style-type: none"> • Organized community health fairs with booths from health care providers and community-based organizations • Added signage to community walking trails and local grocery stores to promote physical activity and healthy eating |
| | | East Jackson | 2 | Urban | <ul style="list-style-type: none"> • Healthy eating/ nutrition/food security • Mental/ behavioral health • Physical activity • Physical environment (e.g. creating safe community spaces) | <ul style="list-style-type: none"> • Organized community health fairs with booths from health care providers and community-based organizations • Added signage to community walking trails and local grocery stores to promote physical activity and healthy eating • Developing plans to create a mobile farmers' market to increase access to those in low-income areas |

Appendix A: WCC Wave 2 participating communities

| LGU | LGU type | WCC community | WCC wave started | Rural | Health priorities | Key project activities (from WCC progress reports) |
|-----------------------------------|----------|-----------------------------|------------------|-------|---|--|
| The Pennsylvania State University | 1862 | Aliquippa (Beaver County) | 1 | Urban | Healthy eating/nutrition/food security | <ul style="list-style-type: none"> Supported community gardens & beautification projects--focus on addressing disparities caused by food deserts Secured a vehicle to retrofit as a fresh food mobile market that will service Aliquippa one day per week Created plans to build community gardens in multiple sites Developed plans to provide fresh food cooking demonstrations |
| | | Union Township | 2 | Rural | Healthy eating/nutrition/food security | <ul style="list-style-type: none"> Donated over 100 pounds of produce from community gardens to local food banks and community organizations Monday's Markets sold produce from a local farm that accepted Farmers Market Nutrition Program vouchers (for seniors) and Women Infant and Children (WIC) checks and hosted booths with community organizations, food vendors, and free dance fitness classes Back-to-School themed final Monday market distributed over 300 backpacks and school supplies |
| | | Norris Square, Philadelphia | 1 | Urban | <ul style="list-style-type: none"> Healthy eating/nutrition/food security Mental/behavioral health Physical environment (e.g. creating safe community spaces) Social connection | <ul style="list-style-type: none"> Analyzed results of key informant interviews to inform the development of youth skill-building experiences conducted by undergraduate interns—the class had 30 participants |
| University of Arizona | 1862 | Hopi Reservation | 2 | Rural | <ul style="list-style-type: none"> Healthy eating/nutrition/food security Mental/behavioral health | <ul style="list-style-type: none"> Created Healthy Living Ambassador youth club Built container gardens to grow tomatoes, primarily for youth. Many of the youth live in areas where the soil is too rocky for plant growth. Began a "Food Justice" project with value on storytelling as a means of changing culture/practices Conducted education related to storytelling around food justice for youth and adult coalition members Hosted pickling classes through the First Mesa Youth Center |
| | | Tucson | 2 | Urban | <ul style="list-style-type: none"> Healthy eating/nutrition/food security Mental/behavioral health | <ul style="list-style-type: none"> Hosted both day and overnight camps for 421 youth aged 5-18 years with activities focusing on health and well-being Improved community kitchen space with 5 shaded structures and 16 raised beds in the community garden Began a "Food Justice" project with value on storytelling as a means of change culture/practices |

Appendix A: WCC Wave 2 participating communities

| LGU | LGU type | WCC community | WCC wave started | Rural | Health priorities | Key project activities (from WCC progress reports) |
|------------------------|----------|-------------------|------------------|-------|--|--|
| University of Delaware | 1862 | Milford | 1 | Urban | <ul style="list-style-type: none"> • Healthy eating/nutrition/food security • Mental/behavioral health | <ul style="list-style-type: none"> • Conducted a needs assessment to capture community inequity • Developed a community resource guide with 50 resources related to mental health, food access, and education |
| | | New Castle | 2 | Rural | To be determined - priority selection still underway | <ul style="list-style-type: none"> • Reviewed the results of the needs assessment and identified lighting in the park areas as the priority issue |
| | | Seaford | 1 | Urban | Not available | <ul style="list-style-type: none"> • Developed a school-based community garden that families can use as a food access point |
| University of Georgia | 1862 | Calhoun County | 1 | Rural | <ul style="list-style-type: none"> • Healthy eating/nutrition/food security • Physical activity | <ul style="list-style-type: none"> • Partnered with local schools to serve healthy snacks at sporting events • Promoted walking trails and outdoor exercise equipment • Created a public, community garden |
| | | Colquitt County | 1 | Rural | Other | <ul style="list-style-type: none"> • Developed a school curriculum to decrease school pregnancy and youth proposed it to the school board |
| | | Washington County | 1 | Rural | Mental/behavioral health | <ul style="list-style-type: none"> • Developed and promoted a youth ambassador program • Connected youth to a local radio station to give podcasts on various health topics |
| University of Idaho | 1862 | Caldwell | 1 | Urban | <ul style="list-style-type: none"> • Healthy eating/nutrition/food security • Mental/behavioral health • Physical environment (e.g. creating safe community spaces) | <ul style="list-style-type: none"> • Contributed to the city's Comprehensive Plan on housing and zoning issues • Developed a Walkability Project that addresses environmental change in school zones • Senior Nutrition Pilot Program provided seniors with \$10 of free produce each week at the farmers' market—distributed \$10,000 in vouchers and serves approximately 100 senior households weekly |
| | | Marsing | 1 | Urban | <ul style="list-style-type: none"> • Healthy eating/nutrition/food security • Physical environment (e.g. creating safe community spaces) • Substance use/abuse | <ul style="list-style-type: none"> • Implemented Owyhww Fall Health fair with 14 vendors • Scheduled fitness classes for local seniors called "Fit and Fall Proof" • Supported the local food/clothing pantry • Partnered with Homedale's Foodstead and Farmers' Market to offer Community Wellness Volunteer training • Implemented vaccine education in partnership with local school districts and a health service provider |
| | | Preston | 2 | Rural | Physical activity | <ul style="list-style-type: none"> • Printed and distributed 500 paper copies of a physical activities resource list • Gathered data points for a physical activity "StoryMap " to highlight spots for outdoor physical activity • Hosted a booth at a county fair to share information about the coalition and gather responses to the community health needs assessment survey |

Appendix A: WCC Wave 2 participating communities

| LGU | LGU type | WCC community | WCC wave started | Rural | Health priorities | Key project activities (from WCC progress reports) |
|--------------------------------------|----------|--------------------------|------------------|-------|---|---|
| University of Maryland College Park | 1862 | Elkton Housing Authority | 1 | Rural | <ul style="list-style-type: none"> • Mental/behavioral health • Social connection • Substance use/abuse | <ul style="list-style-type: none"> • Researched and gathered information on local mental health resources for a mental health resource guide • Shared mental health resource kits called “Smile Bags” to youth, adults, and seniors in their community |
| | | Kitzmilller | 1 | Rural | <ul style="list-style-type: none"> • Healthy eating/nutrition/food security • Physical environment (e.g. creating safe community spaces) | <ul style="list-style-type: none"> • Set up an online food ordering system where residents were able to order local produce online and receive weekly deliveries to the town park pavilion • Hired a consultant to identify opportunities for economic development in the community • Focused on environmental changes to revitalize the community, such as improvements to the park and Playground areas and upgrading recreation space and equipment |
| University of Maryland Eastern Shore | 1890 | Fruitland | 1 | Rural | <ul style="list-style-type: none"> • Healthy eating/nutrition/food security • Mental/behavioral health • Social connection | <ul style="list-style-type: none"> • Developed a community farmers' market |
| | | Pocomoke | 1 | Rural | <ul style="list-style-type: none"> • Healthy eating/nutrition/food security • Mental/behavioral health • Physical activity • Physical environment (e.g. creating safe community spaces) | <ul style="list-style-type: none"> • Distributed food to those impacted by COVID-19 • Planned to support community members in growing produce at home |
| | | Princess Anne-Eden | 1 | Rural | <ul style="list-style-type: none"> • Healthy eating/nutrition/food security • Mental/behavioral health • Physical activity • Physical environment (e.g. creating safe community spaces) | <ul style="list-style-type: none"> • Distributed over 2,300 boxes of food |

Appendix A: WCC Wave 2 participating communities

| LGU | LGU type | WCC community | WCC wave started | Rural | Health priorities | Key project activities (from WCC progress reports) |
|----------------------------------|----------|--|------------------|-------|---|---|
| University of Nebraska - Lincoln | 1862 | Macy | 1 | Rural | <ul style="list-style-type: none"> • Mental/behavioral health • Social connection • Substance use/abuse | <ul style="list-style-type: none"> • Youth advocated for healthier school lunch options with school superintendent, which resulted in a garden-to-school program that provides 320 students with a fresh garden bar • Incorporated traditional garden practices in the community gardens—engaged elders and grandparents • Created awareness of tribal food security to other tribal nations in Nebraska and surrounding states |
| | | North 27th St. Corridor, Lincoln | 1 | Urban | <ul style="list-style-type: none"> • Access to clinical care • Social connection | <ul style="list-style-type: none"> • Hosted a photovoice exhibit at a youth-oriented organization and at the Lancaster County Fair. Exhibit available here: https://lancaster.unl.edu/nep/Virtual-Youth-Photo-Voice-Exhibit.pdf • Engaged in community-based participatory research—conducted focus groups with 70 diverse members of the community • Implemented a garden bed project led by youth • Supported a food market program operated through Catholic Social Services |
| University of New Hampshire | 1862 | Androscoggin Valley Farm to School Network | 2 | Rural | <ul style="list-style-type: none"> • Healthy eating/nutrition/food security • Mental/behavioral health • Substance use/abuse | <ul style="list-style-type: none"> • Supported food access through local pantries • Coordinated and delivered 52 healthy breakfast meal bags for Head Start families • Youth working on mental health series; partnering w/ Sullivan County YOU CAN Coalition on photovoice project • Awarded a USDA one-year planning grant to support nutrition education activities and staffing for a local procurement position as well as the coalition coordinator |
| | | Claremont Newport Drug Prevention Work Group | 2 | Rural | Substance use/abuse | <ul style="list-style-type: none"> • Developed two trainings focused on substance misuse prevention (part of Youth CAN work) • Promoted positive activities for youth and families in Claremont and Newport—distributed branded materials at community events |
| | | Strafford Co Healthy Living Workgroup | 2 | Urban | Healthy eating/nutrition/food security | <ul style="list-style-type: none"> • Created a video tailored to high school students about food insecurity |

Appendix A: WCC Wave 2 participating communities

| LGU | LGU type | WCC community | WCC wave started | Rural | Health priorities | Key project activities (from WCC progress reports) |
|---------------------------------|----------|---|------------------|-------|---|---|
| University of Tennessee | 1862 | Meigs County | 1 | Rural | <ul style="list-style-type: none"> • Healthy eating/ nutrition/food security • Physical activity | <ul style="list-style-type: none"> • Implemented a Passport to Fitness program where community members travel to various walking areas in the county to complete their passports • Health & Wellness Ambassadors were trained |
| | | Pickett County | 1 | Rural | To be determined - priority selection still underway | <ul style="list-style-type: none"> • Implemented Walk Across Tennessee program, an 8-week walking challenge where teams challenged to earn enough miles to walk the length of Tennessee • Created environmental changes such as developing a walking trail and increasing playground safety • Implemented the “Maintain, Don’t Gain” 2-month virtual challenge that sent healthy recipes, physical activity ideas and stress management techniques to participants |
| | | Tracy City | 2 | Rural | <ul style="list-style-type: none"> • Mental/behavioral health • Physical activity • Physical environment (e.g. creating safe community spaces) • Substance use/ abuse | <ul style="list-style-type: none"> • Made trail enhancements as part of the rails to trail initiative for the Mountain Goat Trail, specifically the portion that runs with the Trail of Tears • Created a Native garden that lists plants names in both Cherokee and English • Delivered six sessions of master volunteer training virtually |
| University of Wisconsin-Madison | 1862 | Collaborative for Children | 2 | Urban | Mental/behavioral health | <ul style="list-style-type: none"> • Developed the Hope Squad Program—a mental health education campaign designed and implemented by teens in Horlick High School with the goal to expand to other high schools • Built partnership between youth peer health educators and adult coalition members to facilitate youth/adult mentorship |
| | | Forest County Coalition on Activity and Nutrition | 2 | Rural | <ul style="list-style-type: none"> • Mental/behavioral health • Social connection | <ul style="list-style-type: none"> • Built partnership between youth peer health educators and adult coalition members to facilitate youth/adult mentorship |
| | | Sawyer County Lac Courte Oreilles (LCO) Coalition | 2 | Rural | <ul style="list-style-type: none"> • Social connection • Substance use/ abuse | <ul style="list-style-type: none"> • Will focus on reestablishing staffing and building community partnerships in the future |

Appendix A: WCC Wave 2 participating communities

| LGU | LGU type | WCC community | WCC wave started | Rural | Health priorities | Key project activities (from WCC progress reports) |
|--------------------------|----------|-----------------|------------------|-------|--|--|
| Utah State University | 1862 | Emery County | 1 | Rural | Substance use/abuse | <ul style="list-style-type: none"> Youth taught elementary school students classes on healthy living |
| | | Layton | 2 | Urban | To be determined - priority selection still underway | <ul style="list-style-type: none"> Hosted small community events to recruit volunteer and provide education to families Hired a Latino Community Communities That Care Coordinator who was being trained |
| | | San Juan County | 2 | Rural | <ul style="list-style-type: none"> Healthy eating/nutrition/food security Mental/behavioral health Social connection Substance use/abuse | <ul style="list-style-type: none"> Conducted a local Healthy Living Summit with 60 Native American youth, stations run by WCC youth Recruited and trained master volunteer coalition members |
| West Virginia University | 1862 | Pineville | 2 | Rural | <ul style="list-style-type: none"> Mental/behavioral health Substance use/abuse | <ul style="list-style-type: none"> 54 youth day camp attendees learned positive ways to cope with stress 35 high school students received 15 days of instruction on Botvin life skills curriculum in summer school Implemented Walk with Ease, a 6-week walking program for older adults or adults with arthritis |
| | | Princeton | 2 | Urban | <ul style="list-style-type: none"> Mental/behavioral health Substance use/abuse | <ul style="list-style-type: none"> 47 youth were involved in face-to-face mental health activities through the Botvin life skills drug prevention program Youth created an action plan and a Mercer County winter camp |



Well Connected Communities

APPENDIX B:

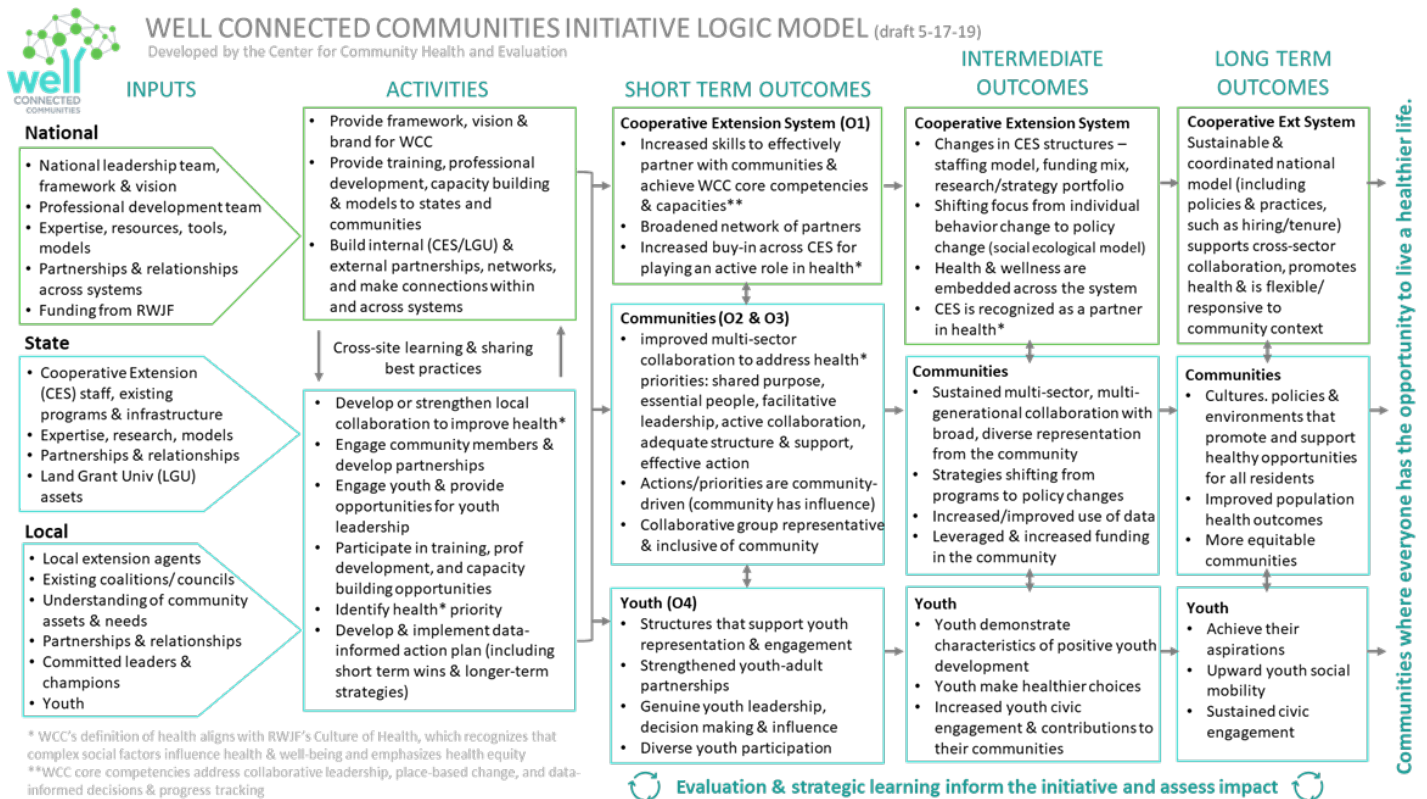
WCC Wave 2 evaluation methods

WCC evaluation planning process

In 2019, the National 4-H Council contracted with CCHE to collaboratively develop an evaluation plan for the Well Connected Communities initiative. The planning process occurred over a two-month period and consisted of weekly calls with the WCC leadership team, 13 interviews with WCC national, state, and local stakeholders, review of WCC documents, and incorporation of learnings from Harvest Sessions and the WCC Wave 1 process evaluation. CCHE facilitated two virtual sessions to gather feedback from WCC participants (21 participants, including youth, from 8 states) on the draft plan. The implementation of the evaluation began with the launch of Wave 2 in January 2020, and Wave 2 data collection ended in December 2021.

Logic model

As part of this evaluation process, CCHE developed a logic model for WCC that identifies initiative inputs and activities, and expected short, intermediate, and long-term outcomes.



Appendix B: Evaluation methods

Evaluation goals and questions

The goals of the evaluation were to: 1) assess the impact of WCC on the Cooperative Extension System, communities, and youth; 2) assess the effectiveness of WCC implementation; 3) provide feedback to inform and improve WCC; and 4) inform the field by sharing lessons learned and best practices. These goals are operationalized by four outcome questions and associated indicators, and five process/implementation evaluation questions.

| Outcome evaluation question | Indicators |
|---|---|
| <p>Systems change: To what extent and how has the Cooperative Extension System changed (internally and externally) to promote equity and advance a Culture of Health across communities?</p> | <ul style="list-style-type: none"> • How Extension is working/collaborating internally • How Extension is partnering with the community to advance a Culture of Health & increase equity • Strategies Extension is using to influence change • Structural & cultural changes within Extension that promote community engagement, prioritize health and equity • Individual Extension staff capacity/competencies related to collaborative leadership, place-based change, and data-informed decision making • Community partners' perception of Extension as a key partner in health and equity |
| <p>Collaboration: To what extent and how is multi-sector, multi-generational collaboration occurring in participating communities?</p> | <ul style="list-style-type: none"> • Reach and representation of collaboration • Context, structure, and nature of collaboration • New collaborations or partnerships that formed • Collaborative/coalition effectiveness • How/if data are being used to inform decisions • Sustainability/ embeddedness of collaboration |
| <p>Youth: To what extent and how has WCC contributed to positive youth development & leadership in participating communities?</p> | <ul style="list-style-type: none"> • Youth participation in WCC (reach & demographics) • Motivations for participating • Coalition structure to engage and empower youth • Extent to which youth feel they have a voice, influence decisions, and are in a leadership role • Youths' perception of benefits and challenges to participating in WCC • Effectiveness of youth-adult partnerships • Outcomes for participating youth (e.g., leadership, community service, social skills, citizenship) |
| <p>Communities: To what extent and how has WCC had an impact on participating communities?</p> | <ul style="list-style-type: none"> • Description of communities reached (e.g., location, demographics) • Health issues being addressed by communities • Strategies/approaches communities are using to influence change • Leveraged funding for community health & well being • Facilitators and barriers to this work in rural communities • Stories of community impact on health and equity |

WCC implementation (process) questions

- What does WCC structure and support (i.e., the "model") entail? What elements of WCC support are most and least useful?
- What are the benefits and challenges of participation for Cooperative Extension, Land Grant Universities, youth, and communities?
- What are the facilitators and barriers to effective implementation?
- How can the initiative be improved?
- How effective is the partnership between Robert Wood Johnson Foundation (RWJF) and National 4-H Council? What contribution has it made to initiative progress?

Appendix B: Evaluation methods

Data collection & analysis

Evaluation data collection was organized by Extension system-focused data and community-level data including some data sources with insights at both levels. Data were collected throughout Wave 2 with most activities occurring at two points in time (once in year one and again in year two). Methods included both qualitative (e.g., interviews, focus groups) and quantitative data collection (e.g., surveys).

| Type of data collection | Data method & source | Purpose | Sample |
|---|---|--|--|
| Extension data collection (focus on National Cooperative Extension System and LGUs) | Interviews with Extension leaders & health champions | To gather information and insights on Extension current status, strengths, and opportunities related to advancing systems change to support health equity and well-being | Year 1: n=11 Year 2: n=7 |
| | Interviews with Extension's national partners for health, well-being, & equity | To gather external perspective on strengths and opportunities for Extension related to advancing health and well-being | Year 1: n=7 |
| | Survey of health champions across Extension | To gather perspectives on Extension's current systems supporting health and well-being | Year 1: n=44/68 Year 2: n=49/85 |
| | Observation/participation in: » WCC monthly meetings with RWJF » Extension's Health Innovation workgroup & subcommittees | To gather real-time insights from WCC partners and provide evaluation information to WCC strategy as appropriate | Ongoing |
| Community data collection (focus on WCC participating communities & local systems) | Community quarterly progress and final narrative reports | To collect information from participating WCC communities on WCC/coalition and youth engagement, health priorities, policy systems and environmental changes | Year 1: n=36 communities Year 2: n=46 communities |
| | Survey of community coalition members | To collect information on WCC coalition member engagement, coalition effectiveness, and partnership with Extension | Year 1 (pilot of Wave 1 communities: (n=15 communities & n=77/200 respondents) Year 2 (all WCC): (n=31 communities & n=113/314 respondents) |
| | Community profiles of 4 sites included interviews with: » Community members » Extension agents | To gather more in-depth information about how WCC is being operationalized in community (including impact, lessons, success factors & challenges) and perceptions of Extension and community partnership | Year 2 only Community members: n=5 Extension agents: n=4 |

Appendix B: Evaluation methods

| Type of data collection | Data method & source | Purpose | Sample |
|--|---|--|---|
| Community data collection (focus on WCC participating communities & local systems) | Survey of youth participating in WCC | To collect information about youth participation in WCC and associated impacts on knowledge, confidence, and leadership skills | Year 1 (pilot): n=15 (2 LGUs) Year 2: n=61 (15 LGUs) |
| | Interviews/focus groups with youth participating in WCC | To gather more in-depth information on youth participation in WCC including its impact, extent of youth-adult partnership, and facilitators and barriers | Year 1 interviews (sample of Wave 1 communities): n=8 Year 2 focus groups: n=13 (4 LGUs/communities) |
| | Youth data party – asynchronous engagement using Mural online software | To engage a sample of WCC youth in youth-related evaluation data to gather additional insights, aid interpretation, and elevate key findings | Year 2 only: n=4 participants (2 LGUs) |
| | Document review of grant applications and other program documents | To document contextual information about WCC LGUs/communities | Ongoing, n=17 LGUs |
| Cross-cutting methods (include both Extension and community) | Interviews with WCC PIs | To collect PI perspective on WCC work happening in communities, systems change efforts within Extension, and the WCC initiative | Annually, n=17 |
| | Observation of WCC professional development activities and youth-adult partnership webinars and activities | To understand WCC content, observe LGU engagement, and document context and insights shared | Ongoing |

Quantitative analysis

All the surveys were administered electronically using the REDCap survey software.

For the Extension health champion surveys, summary statistics from all survey responses were analyzed using Tableau Version 2020.3. Responses to Likert-type scale questions were assigned to a four-point numeric scale, and averages were calculated. Individual responses of “don’t know/unsure” on the Likert-type scale were removed from final analysis. Statistical analyses were conducted using SPSS Statistics Version 22 for the Extension health champions survey. Statistical difference between means was conducted via running t-test comparisons between responses from 1862 vs. 1890 respondents. T-tests were also conducted between responses from respondents of LGUs participating in WCC and LGUs who were not participating in WCC.

Appendix B: Evaluation methods

For the community member surveys, summary statistics from all survey responses were analyzed using Tableau Version 2020.3. Responses to Likert-type scale questions were assigned to a four-point numeric scale, and averages were calculated. Individual responses of “don’t know/unsure” on the Likert-type scale were removed from final analysis. Data were analyzed at the community, LGU, and WCC cohort level using Tableau, and open-ended responses were analyzed for themes. Sample size and response rate varied greatly across LGUs, and WCC cohort-level results were adjusted to account for differences in the number of responses across LGUs. CCHE created survey findings reports for each participating LGU.

For the youth survey, all survey results reflect the average LGU to avoid overweighting LGUs with more youth respondents except for data related to demographics and project activities. This was calculated by first averaging individual youth responses within each LGU to obtain the LGU’s average. The averages of each LGU were then averaged together to generate one value across the cohort. This was performed for each quantitative question on the youth survey.

Qualitative analysis & sensemaking activities

Interviews were professionally transcribed for analysis. Most qualitative data (interviews, community narrative reports) was coded using Atlas.ti software and then themed and synthesized into code memos/summaries. Program documents and focus groups were not coded; notes were reviewed, and relevant information was extracted to supplement coded data. Community data were used to build out informal case studies of each WCC community that were used to track changes over time related to communities’ health improvement work.

To engage WCC youth in interpreting evaluation findings, the evaluation hosted a virtual, asynchronous “data party” using the online program, Mural. Four youth participants reviewed the data and provided comments related to additional insights on youth-focused data and elevated what they saw as most important.

To inform the development of WCC products, the full evaluation team at CCHE reviewed summaries of all the data sources (both quantitative and qualitative) and engaged in a collective sensemaking session to determine key findings. Key findings were shared with the WCC leadership team and RWJF and then CCHE facilitated a reflective discussion to ensure resonance, determine priority messages, and uncover additional nuance.



APPENDIX C:

WCC Wave 2 community profiles

CALDWELL

Idaho

CALHOUN COUNTY

Georgia

DENMARK & EAST JACKSON

Tennessee

MACY

Nebraska



Well Connected Communities Wave 2

CALDWELL - UNIVERSITY OF IDAHO

Community Profile

Well Connected Communities (WCC) is a national well-being initiative of America's Cooperative Extension System in partnership with National 4-H Council with funding from the Robert Wood Johnson Foundation. WCC launched in 2017 and is using the power of combined youth-adult voice and action to recognize and address systemic health inequities. It is scaling successful innovations from this work across the Extension network to catalyze changes at the local, state, and national levels, so that everyone has an equal opportunity to live a better, healthier life.

As part of the evaluation of Well Connected Communities, the Center for Community Health and Evaluation conducted "virtual site visits" with four WCC communities in 2021 to elevate promising practices and gain a deeper understanding of how Extension and communities are working together to advance health equity and wellbeing. Caldwell, in partnership with the University of Idaho Extension (Extension), has participated in WCC since its inception in 2017.

Location: Idaho

WCC participant since 2017 (self-funded for Wave 1, grant-funded for Wave 2)

Extension partner: University of Idaho

Type of community: Urban

WCC health priorities: Healthy eating/nutrition/food security, physical activity



Caldwell Health Coalition

The Caldwell Health Coalition formed in 2018 with support from the University of Idaho Extension to build a healthy community through collaboration, access, and education. They organize their work under six pillars of health:

- Access to health care
- Improving food access
- Addressing mental health
- Housing options
- Supporting underserved micro-neighborhoods
- Built environment

The coalition is co-facilitated by the Southwest District Health Department and Extension with membership from around 40 organizations, including the City of Caldwell and local hospitals, which are also providing funding support. They have consistent engagement of 10-15 organizations with other partners participating when agendas and activities align with their interests and priorities. Providing volunteer opportunities like the Master Volunteer program have fostered engagement, provided networking opportunities, and built relationships. Approaches to support longer-term sustainability of the coalition, in addition to securing partners who contribute funding, include incorporating coalition involvement in city job descriptions (planner and communications specialist).

Caldwell - University of Idaho

Caldwell youth leadership

A significant element of Caldwell's WCC work is focused on youth leadership development and supporting youth in contributing to various health and wellbeing activities. In addition to participating in the coalition, Caldwell youth have been involved in the mayor's youth advisory council, the local farmer's market, and creating a statewide public service announcement about teen vaping.

For youth and adults alike, this work is most powerful when youth are engaged in leadership roles and have equal decision-making influence in coalition activities. Participation in the Youth Summit on Healthy Living in 2020 and 2021 set Caldwell up for success by helping youth understand the bigger picture of community work and providing adults with new ways of engaging youth. The summit offered an opportunity to travel across the country and youth felt proud presenting their work at a national level. The role of adults in Caldwell's model is to be mentors and encouragers to youth and youth shared that they enjoy being full members of the coalition with equal voice and potential to support the work. Both youth and adults shared that providing youth with opportunities to be involved in activities that align with their interests fosters engagement and youth feel a sense of pride when they can see the difference they made in the community.

Key ways Caldwell youth are involved in local community health improvement efforts beyond the coalition include:

- Attending the 4H Healthy Youth Summit
- Staffing the Senior Produce Program in the local farmer's market
- Participating in the mayor's advisory council
- Creating a statewide teen vaping prevention PSA through Project Filter
- Distributing food in partnership with Idaho Food Bank and Team Rubicon
- Facilitating and planning social activities
- Presenting and providing nutrition education
- Writing Hope letters as part of the 2C Hope Letters campaign—letters are disbursed through the community as post cards to develop protective factors against Adverse Childhood Experiences
- Participating in the Community Wellness Volunteer program

"It's a slow-moving process, this coalition development, but we have seen a lot of growth in the coalition and are actually seeing outcomes and impacts from it, which is encouraging...to our members and I think we're seeing more engagement and participation in the coalition."

Even with their success in promoting youth leadership, Caldwell coalition leaders also grappled with common challenges:

- Youth graduate from high school and move on to other things, requiring ongoing outreach and recruitment for the coalition.
- Logistical challenges including: competing priorities for youth, meeting times and availability, and transportation to coalition meetings/activities.
- Fatigue with virtual activities due to the COVID-19 pandemic.

Extension is exploring attaching a small stipend to the volunteer training for youth to encourage participation and potentially mitigate some of these challenges.

Caldwell - University of Idaho

Coalition Impact

The combination of health coalition and youth leadership in partnership with Extension has resulted in various community-level impacts from providing fresh produce to seniors to safety improvements near the local school (e.g., expanding the school zone and adding crosswalks). Additionally, doing this work has made coalition partners more competitive for other related funding. Although the COVID-19 pandemic shifted coalition work to more immediate needs such as food drives, the strong partnership with the City of Caldwell has positioned the coalition to more formally engage in local policy in the future.

In addition to strengthening local community health efforts, Extension continues to internally strengthen its work on equity through staff training including a 6-week intensive course on race and critical conversations. Extension continues to “change the way it sees itself” and, like in WCC, promote partnership across program areas to better deliver to the community.

Key community contributions of the Caldwell coalition:

- Contributed to the City’s Comprehensive Plan on housing and zoning issues
- Conducted a needs assessment, integrating the coalition with the Community Wellness Volunteer Program
- Conducted a Walkability Project that addresses environmental changes in school zones
- The Senior Nutrition Pilot Program provides seniors with free produce vouchers for the farmer’s market
- Coalition social media posts have reached more than 2,000 people

“So really redefining partnership along the way as we’re evolving as a coalition, that changes from the beginning of ‘hey, can you just come to a few meetings and listen and we can start talking about things’ to ‘no, I really need you to invest your time and this isn’t going to get done if you all don’t do it.’ Because that’s not [Extension’s] place to do it all.”

What is a Well Connected Communities virtual site visit?

In 2021, the WCC evaluation selected four participating communities for more in-depth data collection to better understand how WCC activities were being implemented. Selected communities had to demonstrate active coalition and youth engagement and an orientation to policy, systems, and environmental change work and be willing to participate in additional data collection activities (i.e., interviews with local Extension agents and community members, youth focus group). Virtual site visits occurred in August – October 2021.



Well Connected Communities Wave 2

CALHOUN COUNTY - UNIVERSITY OF GEORGIA

Community Profile

Well Connected Communities (WCC) is a national well-being initiative of America's Cooperative Extension System in partnership with National 4-H Council with funding from the Robert Wood Johnson Foundation. WCC launched in 2017 and is using the power of combined youth-adult voice and action to recognize and address systemic health inequities. It is scaling successful innovations from this work across the Extension network to catalyze changes at the local, state, and national levels, so that everyone has an equal opportunity to live a better, healthier life.

As part of the evaluation of Well Connected Communities, the Center for Community Health and Evaluation conducted "virtual site visits" with four WCC communities in 2021 to elevate promising practices and gain a deeper understanding of how Extension and communities are working together to advance health equity and wellbeing. Calhoun County, in participation with the University of Georgia Extension (Extension), has participated in WCC since its inception in 2017.

Location: Southwest Georgia

WCC Participant since 2017

Extension partner: University of Georgia

Type of community: Rural

WCC health priorities: Healthy eating/nutrition/food security, physical activity



Healthier Together Calhoun

Calhoun County is a small, rural community in Southwest Georgia. The Healthier Together Calhoun coalition formed in 2016 and started participating in WCC in 2017, building on existing efforts to support healthy eating and physical activity for Calhoun children and families. While the county is primarily agricultural, many farmers focus on producing row crops such as peanuts, corn, and cotton, and there are limited outlets to purchase fresh produce.

Over the last year, coalition members have worked to create more opportunities for their tight-knit community to live healthy lives, with an emphasis on nutritious food and physical activity. Coalition health ambassadors promote physical activity on new community walking trails and outdoor exercise equipment through flyers and social media posts. The coalition piloted making fresh fruit available at baseball games, an environment change that has helped people make healthier food choices. Development of a free community garden and coordination with the local food bank have improved access to nutritious food for residents who experience food insecurity.

Extension partnership

Extension agents are facilitators of the coalition and are heavily involved in organizing and marketing coalition events and leveraging their trusted role and visibility in the community to support health-related work. They bring in Extension specialists, curricula, and resources to support enrichment classes or address needs in the community and school system. Extension agents are now building leadership capacity in the community by taking on a facilitator role in the coalition structure, rather than a more formal leadership role.

Youth engagement and leadership

Youth engagement and leadership in the coalition has been an asset to Healthier Together Calhoun's community health improvement efforts, and WCC's emphasis on youth leadership fosters stronger youth-adult partnership. Adults in the coalition described being happy with the contributions youth have made, and how working alongside youth has helped open their minds to new perspectives and ideas. Youth reported feeling like valued, equal partners while collaborating with adults in the coalition, and empowered by leadership and networking opportunities like the National 4-H Council's Healthy Living Summit. Youth have been involved in the coalition in a variety of ways, including:

- A school group of 36 students worked in the Extension garden to plant and harvest produce
- Supporting food bank pick-ups and making fruit baskets for local front-line workers
- Participating in coalition meetings; youth health ambassadors are active participants, and lead exercises and stretches at the start of meetings
- Involved in "Fruit on the Field" program (fresh fruit at baseball game concession stands)
- Extension agents hosted a youth cooking competition using ingredients from the local garden

"The youth component is one of the largest components that I feel like we've learned a lot about, but it also shows us the value in it. Moving forward, we need to make sure that we keep that in mind for future programming, whereas sometimes before it might have been 4-H in a silo, Ag in a silo, but we see the benefit in moving the youth component into all of our [program] areas."

Building youth engagement and leadership had its challenges, particularly during the COVID-19 pandemic when collaboration was often virtual, and some community members had limited technology access. Young people often have competing priorities and limited time outside of school and "age out" of participation as they graduate high school. One strategy for maintaining engagement is having the coalition work on projects with both short and long-term timelines, so young people can see the impact on their communities during their time participating in the coalition, while also laying the groundwork for policy, systems, or environment changes in the future.

The coalition's relationship with schools in the community also facilitated youth engagement and leadership. Coalition leaders work with schools to identify students who may be interested in participating in WCC and plan to recruit younger high school students who can stay involved throughout their four years of school. Extension agents can now bring students from school to coalition meetings during the students' lunch, a change that came about after the superintendent saw how engaged youth were in a coalition meeting – underscoring the value of youth participation and leadership in Well Connected Communities. This is all supported by the existing reputation of Extension as an opportunity for young people in a community with limited resources, through its after-school programs like 4-H.

Next steps

COVID-19 impacted how coalition members could meet and collaborate, and at times shifted focus to more immediate community needs – but the coalition continues to work towards creating a sustainable impact on wellbeing and health equity in their community. Extension staff involved in the coalition plan to build on Calhoun’s success in engaging youth, and leverage lessons learned in other WCC communities in the state by expanding the pilot Master Volunteer Program, continuing to integrate youth into WCC work (beyond more focused 4-H participation), and utilizing data from the current community health needs assessment to inform coalition planning.



“I love helping others and being able to work with adults helps me gain knowledge to go out in the real world. I have to live in my community so I work with as many people as I can to get what I think it needs.”

What is a Well Connected Communities virtual site visit?

In 2021, the WCC evaluation selected four participating communities for more in-depth data collection to better understand how WCC activities were being implemented. Selected communities had to demonstrate active coalition and youth engagement and an orientation to policy, systems, and environmental change work and be willing to participate in additional data collection activities (i.e., interviews with local Extension agents and community members, youth focus group). Virtual site visits occurred in August – October 2021.



Well Connected Communities (WCC) is a national well-being initiative of America's Cooperative Extension System in partnership with National 4-H Council with funding from the Robert Wood Johnson Foundation. WCC launched in 2018 and is using the power of combined youth-adult voice and action to recognize and address systemic health inequities. It is scaling successful innovations from this work across the Extension network to catalyze changes at the local, state, and national levels, so that everyone has an equal opportunity to live a better, healthier life.

As part of the evaluation of Well Connected Communities, the Center for Community Health and Evaluation conducted "virtual site visits" with four WCC communities in late 2021 to elevate promising practices and gain a deeper understanding of how Extension and communities are working together to advance health equity and wellbeing. East Jackson and Denmark, in partnership with the Tennessee State University Extension (Extension), participated in WCC starting in late 2019 (the beginning of Wave 2). Both coalitions collaborate closely and are working in a similar context with similar needs and priorities in their communities.

Denmark and East Jackson Well Connected Communities coalitions

In partnership with Extension, Denmark and East Jackson coalition members are improving access to physical activity and nutritious food and creating opportunities for improved health and wellbeing in their communities, both predominately African American communities outside of Jackson, Tennessee. In the last year, the coalitions organized health fairs in their communities that included booths from healthcare providers and community-based organizations, focused on education and preventive healthcare services and screenings. The coalitions added signage to community walking trails and in grocery stores to promote physical activity and healthy eating, and are working with Jackson city officials to create a mobile farmers market that would increase access to local, nutritious food for area residents with transportation or mobility challenges. These priorities were identified through community needs assessments that elevated the need for improved options in both communities, and especially in Denmark, which is a rural, under-resourced food desert.

Location: Western Tennessee, rural/suburban communities outside Jackson, TN

WCC Wave 2 participant

Extension partner: Tennessee State University

Health priorities: Nutrition and food security, physical activity and physical environment, chronic disease prevention, mental/behavioral health

Key partners: City of Jackson, local businesses, faith-based organizations, local health department



These systems and environment changes in Denmark and East Jackson have benefits to physical health and overall well-being, and a sense that the community is worth investing in. One resident described their community as often feeling left out of programs happening in Jackson, making the WCC investment of resources and activities especially beneficial.

Growing community partnerships

Participating in Well Connected Communities has positively impacted collaboration and the development of new partnerships in East Jackson and Denmark, planting a seed that Extension staff and coalition leadership hope will grow into sustainable community engagement in issues of health and health disparities.

WCC also broadened perspective of what Extension does in the community beyond the areas Extension is most known for, like 4-H. Coalition leaders reflected that a key element of the coalition's success has been involving community members at all steps and levels of programming – Extension should continue to work with the community to identify priorities, and ensure community members have opportunities to be involved in planning and implementation of coalition activities.

Youth engagement in WCC: examples and challenges

Meaningfully bringing youth into community health improvement work was a goal of WCC. For Denmark and East Jackson, youth engagement entailed:

- Planning, promoting, and implementing the community health fairs
- Placing signage in local grocery stores to highlight healthy food options, and mileage signage on local walking trails to encourage physical activity
- Key challenges to youth engaging included competing priorities (academics, sports, other extracurriculars), the effects of the COVID-19 pandemic. Denmark is also a small and demographically older community, without its own high school, so there are overall fewer youth in the community
- For some youth, initial involvement was a way to get required community services hours. Seeing the positive impact the coalition has on their community can motivate ongoing engagement

"I would say making sure the communities are involved in everything we do, down to the implementation. Once you do that, they're more invested, you're more invested, and the outcome is greater. When we set up our community health fairs, we worked with our partners in our coalition to get everybody there, but once we included the volunteers, that's when we really saw people wanting to attend."

Denmark & East Jackson - Tennessee State University

Next steps

There are plans within Extension for a new health disparities-focused position that will support health equity work happening across Extension at Tennessee State, providing programming, data, and evaluation support to communities.

Tennessee State University Extension is still developing its focus on policy, systems and environment changes. One recent development is collaboration with local government on financial literacy and empowerment resources, potentially combining efforts with the mobile farmers markets to also provide financial education to East Jackson and Denmark residents. These types of programs and investments will expand the role Extension plays in the community and promote a more holistic view of community wellbeing that includes physical, mental, and financial health.



"One of the things that enticed them (youth) is the opportunity to gain community service hours, but as they participate in the activities, they see that [they are] actually making the impact, it's not just getting hours for a specific requirement. [They are] actually making a difference"

What is a Well Connected Communities virtual site visit?

In 2021, the WCC evaluation selected four participating communities for more in-depth data collection to better understand how WCC activities were being implemented. Selected communities had to demonstrate active coalition and youth engagement and an orientation to policy, systems, and environmental change work and be willing to participate in additional data collection activities (i.e., interviews with local Extension agents and community members, youth focus group). Virtual site visits occurred in August – October 2021.



Well Connected Communities Wave 2

MACY - UNIVERSITY OF NEBRASKA - LINCOLN AND THE TRIBAL EXTENSION OFFICE

Community Profile

Well Connected Communities (WCC) is a national well-being initiative of America’s Cooperative Extension System in partnership with National 4-H Council with funding from the Robert Wood Johnson Foundation. WCC launched in 2017 and is using the power of combined youth-adult voice and action to recognize and address systemic health inequities. It is scaling successful innovations from this work across the Extension network to catalyze changes at the local, state, and national levels, so that everyone has an equal opportunity to live a better, healthier life.

As part of the evaluation of Well Connected Communities, the Center for Community Health and Evaluation conducted “virtual site visits” with four WCC communities in 2021 to elevate promising practices and gain a deeper understanding of how Extension and communities are working together to advance health equity and wellbeing. Macy, in partnership with Nebraska Extension through the Tribal Extension Office (Extension), has participated in WCC since its inception in 2017.

Extension partnership with Macy & Umonhon Nation

Umonhon Nation Public Schools, the Umonhon Tribe, and Extension are building an indigenous food sovereignty and sustainability movement, connecting Macy youth with the land, traditional gardening practices, and their ancestors and history. Community elders work with students, teaching Umonhon language, food traditions, and history, and Extension specialists provide technical assistance. The produce grown and harvested by students returns to the community through a new salad bar at school, farmers’ markets, and donations of fresh food baskets to community elders.

Building on the success of the school-based programs, Extension recently launched the Nation Nourishment program, which includes online classes taught by Extension staff. Community participants are growing produce and starting to sell produce and products at the local farmers’ market.

The WCC grant and partnership with Extension has helped expand the work happening in Macy; the school now has a farm-to-school director and a larger community garden, and WCC funding has provided materials for the school garden. Extension staff provide technical assistance and lead classes as

Location: Nebraska, part of the Umonhon (Omaha) Nation

WCC Wave 1 and Wave 2 participant

Extension partner: University of Nebraska – Lincoln and the Tribal Extension Office

Type of community: Rural

WCC health priorities: Food security and sovereignty, nutrition education, traditional language and farming/gardening practices



part of the Nation Nourishment program, and the school-based gardening program includes both tribal elders and Extension specialists.

The program is an emerging example of a successful tribal-Extension partnership, and how to promote holistic community health by re-connecting youth and families to the earth.

A key takeaway for other LGUs working with tribal nations is the importance of hiring Native Americans who have relationships, trust, and expertise in their communities’ strengths and needs. Extension staff noted this type of authentic partnership, that takes the lead from the community, requires time and commitment to build.

Ashita Thewathe (Let's Go Outside) – youth engagement

Youth are a key part of the Well Connected Communities work in Macy. Together with Extension staff and community elders, they have planned, built, planted, and harvested a school garden and greenhouse, and contributed to environment and policy change by advocating for local and healthy food in their school system. In this cross-generational partnership, tribal elders pass on traditional and cultural practices and language to youth, and students are engaged in scaling up a local, healthy food system in their community. Youth reported both individual benefits (e.g., reducing stress) and population-level benefits (e.g., helping address chronic diseases and increasing access to healthy food in the community) as a result of being part of the garden and food sovereignty movement.

Providing youth opportunities to take the lead on pieces of the project supports engagement, promotes responsibility, and builds young people's leadership skills. Coalition leaders developed ways that youth of different ages can be involved at different levels – for example, having high school students supervise and support younger students in the garden and greenhouse.

Even with robust engagement of students and youth in this local food movement, coalition leaders have encountered challenges to developing authentic youth-adult partnerships, including:

- Competing priorities for youth, including young adults who have jobs and/or caregiving roles in their homes.
- Limitations on in-person participation and other challenges presented by the COVID-19 pandemic.
- Weighing the relative benefits of developing deeper relationships with a smaller group of participants versus expanding outreach to reach more youth, with perhaps less significant involvement or engagement.

"We knew that we needed to get the older kids involved, so the community, the school administrators and the faculty created the Good Day program, where high school kids come into this garden and this greenhouse, and mentor the little guys, helping them to plant, prepare the soil, do whatever is needed with this program."

Macy - University of Nebraska - Lincoln and the Tribal Extension Office

Next steps

WCC helped lay the foundation for the next steps of this food sovereignty movement, which includes developing a strategic agriculture plan in conjunction with the tribe and Extension. This plan would bring together the community's sustainable agriculture efforts, tribal funding, and University of Nebraska-Lincoln Extension horticultural staff support, building on the success of the school-based work.

Extension is also starting to focus more on policy, systems, and environment changes, with a health equity lens. Building on existing systems-level work happening in Macy has helped accelerate that shift, but it still will take time to grow. Adding staff or faculty specifically focused on health equity would build capacity and accelerate progress on that goal across all of Extension's work. Extension staff are also developing a guidebook for the Food, Nutrition and Health team, intended to support incorporating the new framework and community change cycle into their programming.



"What we've created for the Macy community, the Omaha tribe, was an inward-outward motion collaboration [that] has to start with relationship building, where trust is established. It's going to take time, and usually it would be good if Native people were identified to go in and work with other Native people. So that collaboration is kind of unique when it comes to working with tribal communities."

What is a Well Connected Communities virtual site visit?

In 2021, the WCC evaluation selected four participating communities for more in-depth data collection to better understand how WCC activities were being implemented. Selected communities had to demonstrate active coalition and youth engagement and an orientation to policy, systems, and environmental change work and be willing to participate in additional data collection activities (i.e., interviews with local Extension agents and community members, youth focus group). Virtual site visits occurred in August – October 2021.

