

# Cooperative Extension’s Health and Well-Being Infrastructure Survey

*Results from the 2023 National Survey*

## Overview

Over the past decade, the Cooperative Extension System (CES) has made significant investments in advancing its work related to health equity and well-being. In 2021, with an eye toward the future, the Extension Committee on Operations and Policy (ECOP) formally adopted Cooperative Extension's National Framework for Health Equity & Well-Being (Framework), which was an update to the 2014 Extension Health Framework. The updated framework aimed to serve as a roadmap for continuing to advance that work. In addition to updating the Framework, the past five years has been a seminal period of national systems change within CES and its affiliated Land Grant Universities (LGUs). The increased focus on health equity and well-being was catalyzed in part by funding to invest in the national infrastructure to support Extension’s work in this area from Robert Wood Johnson Foundation (through the Well Connected Communities (WCC) initiative) and the National Institute for Food and Agriculture (NIFA). The national health-related work was led by a full-time Extension Health Director, which was a position created by ECOP in 2019. To assess how Extension is changing to better support health equity and well-being work LGUs were asked to complete a survey about their staffing, structures, and funding that support health-related work. This survey was conducted by the Center for Community Health and Evaluation (CCH) on behalf of CES and supported by funding from the Robert Wood Johnson Foundation.

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## Survey administration & respondents

### **Survey administration:**

A pilot version of the survey was shared with eight LGUs (Box 2) who provided useful feedback to better situate the survey within the Extension context. The finalized survey was distributed to a point of contact at the seventy-six 1862 and 1890 institutions for completion between September 20 to October 27, 2023. A list of health contacts at 1994 institutions was not available at the time the survey was distributed so they were not asked to complete it.

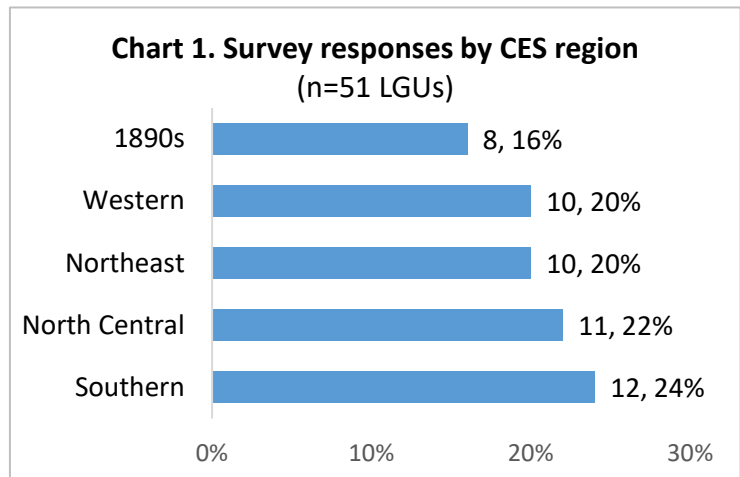
### Box 2: Pilot survey participants

- University of Arkansas
- Iowa State University
- University of Maine
- University of Minnesota
- Montana State University
- Oklahoma State University
- University of Rhode Island
- Washington State University

The web-based survey included 23 total questions (17 quantitative and 6 qualitative) that asked about current state (as of fall 2023) or retrospective (in the past 5 years from 2018-2023) covering a range of topics including Framework familiarity and prioritization, the scope of health and well-being work, funding for health and well-being work, staffing and leadership for health and well-being work, and community engagement and partnership. LGUs were asked to submit only one response for their institution. Completion of the survey typically required engagement of multiple staff including program leaders, administrators, and fiscal personnel.

**Survey respondents:**

The following summary includes data from the 51 institutions that completed the survey (51/76 LGUs, 67% response rate). The Southern, North Central, and Northeast regions represented the largest proportions of the sample (see Chart 1) and had the highest response rates (12/15 Southern region LGUs; 11/12 North Central region LGUs; and 10/13 Northeast region LGUs). The two largest CES regions (1890 institutions and the Western region) had the lowest response rates (8/19 of the 1890 LGUs; 10/17 Western region LGUs).



**Limitations:**

There are several limitations to this data and the analysis. First, significant differences in eligibility and amounts of federal capacity funds received by the three different institution types (1862, 1890, and 1994) have led to systematic underfunding of 1890 and 1994 institutions that continues to this day.<sup>1</sup> Both of these types of institutions are underrepresented (or not represented at all) in this data. In our survey sample, 1890 institutions had the lowest response rate (8 out of 19 LGUs), which may be because of limited capacity to participate in this type of survey. 1994s were not included because health points of contact had not been identified for these institutions. Efforts are underway to expand the inclusiveness of the sample in the next round of the survey.

Additionally, since only one survey response per LGU was allowed, it's likely responses were influenced by the views of the individual completing the survey which may not fully represent the experience or views of the whole institution. Data in this report combine responses to the pilot version and the broader survey. Pilot participants were asked to complete supplemental questions when there were significant differences between the two survey versions; two pilot sites did not complete the supplemental questions, so had incomplete data. The total number of responses for individual questions varied and are noted within each chart/table. Variability is due to LGUs being able to skip questions, incomplete responses, and responding "don't know/not sure" (a small number of responses).

In the analysis, we did not control for the size of the LGU which could be predictive of levels of funding and staffing. We also did not control for the different amounts of federal capacity funds 1862 and 1890 institutions receive according to separate formulas with nonfederal matching requirements.<sup>1</sup> This difference means 1862 and 1890 institutions are not on an even playing field when it comes to opportunities to increase health and well-being infrastructure, particularly for funding and staffing.

To try to make the infrastructure survey less burdensome to complete, many of the questions asked for estimates or ranges rather than precise numbers (especially regarding funding and staffing). These numbers are provided to give a sense of the scope and scale of Extension's health-related work, but are not exact, so should be considered with that caveat.

<sup>1</sup> Bickell, E.G. The U.S. Land-Grant University System: Overview and Role in Agricultural Research. Congressional Research Service. Updated August 9, 2022. Available here: <https://crsreports.congress.gov/product/pdf/R/R45897/>. Last accessed March 4, 2024.

## Results

This report is organized by key takeaways from the five main topic areas of the survey.

<b>Framework familiarity and prioritization</b>	Most LGUs reported staff are at least somewhat familiar with the Framework and indicated that the items outlined in the Framework’s recommendations were at least somewhat of a priority for their institutions.
<b>Scope of health and well-being work</b>	The most common health topics considered to be part of LGUs’ health and well-being work included: 1) nutrition education and food safety; 2) agricultural safety (human health-related), 3) chronic disease prevention and management; 4) food systems and security; and 5) youth development related to health and well-being.
<b>Funding for health and well-being work</b>	The total estimated amount of external funding in 2023 that primarily supports health and well-being work across institutions was estimated to be about \$140 million (n=38 LGUs, not including SNAP-Ed and EFNEP funding). Most LGUs increased external funding for health over the last 5 years, while less than half increased internal funding.
<b>Health and well-being leadership and staffing</b>	Health and well-being work was mostly led by the Family and Consumer Sciences program area. Across institutions, LGUs estimated that they have almost 1,000 staff dedicated to health and well-being work in 2023, with the largest increase being in state-level positions.
<b>Community engagement and partnership</b>	As part of expanding their health and well-being work most LGUs increased the number of community partners in the last 5 years. Cross-program partnering within Extension was most frequently reported among health topics Extension has been working in the longest and with the highest number of staff.

### Framework familiarity and prioritization

1

Most LGUs reported staff are at least somewhat familiar with the Framework and indicated that the items outlined in the Framework’s recommendations were at least somewhat of a priority for their institutions.

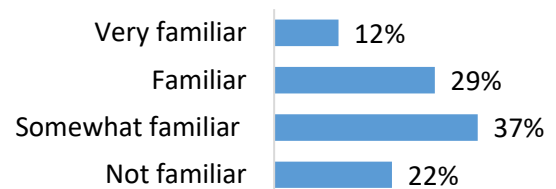
#### Framework familiarity

Given the National Framework for Health Equity & Well-being was developed to set the vision for the future of health equity and well-being work across the system, the survey assessed the extent to which Extension staff at LGUs were familiar with the Framework.

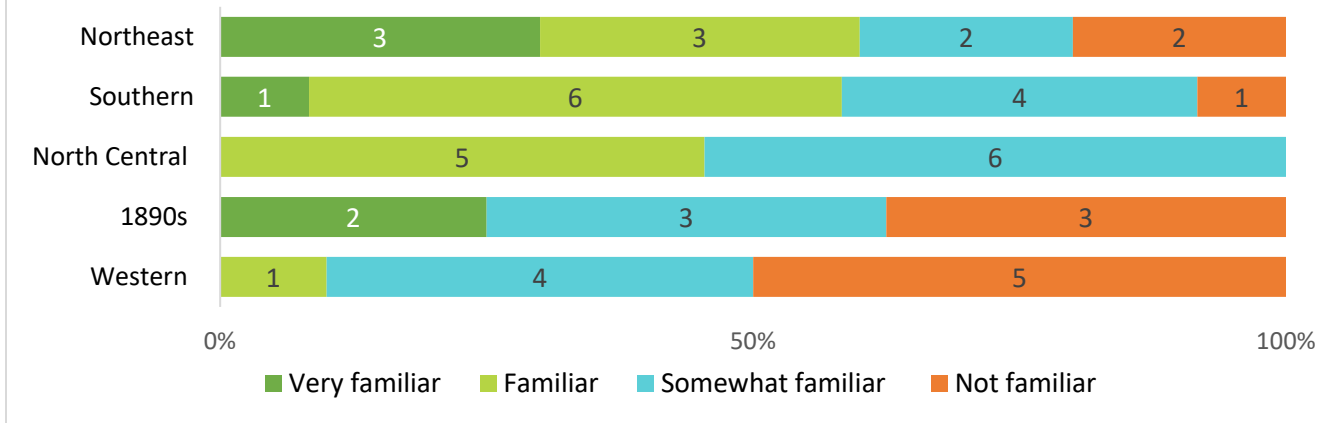
- In total 40/51 LGUs (78%) indicated their staff were at least *somewhat familiar* with 22% (11 LGUs) reporting no familiarity.
- The Northeast, 1890s, and Southern regions had the most institutions reporting staff were *familiar or very familiar*. Western region and 1890s institutions had the most institutions reporting staff were *not familiar*.
- **Framework familiarity was rated higher in this survey compared to one conducted by CCHE in 2022.**

As part of the Framework Readiness and Resources assessment (supported by USDA-NIFA) that included a survey (272 responses across 12 LGUs from mostly county-based staff) 56% of respondents rated themselves as at least “*somewhat familiar*” with the Framework, and 44% as “*not familiar*.” Ratings may depend on the perspective and position of those completing the survey and may not necessarily reflect how familiar county agents are with the Framework.

**Chart 2. Rating of Framework familiarity among Extension staff**  
(n=51 LGUs)



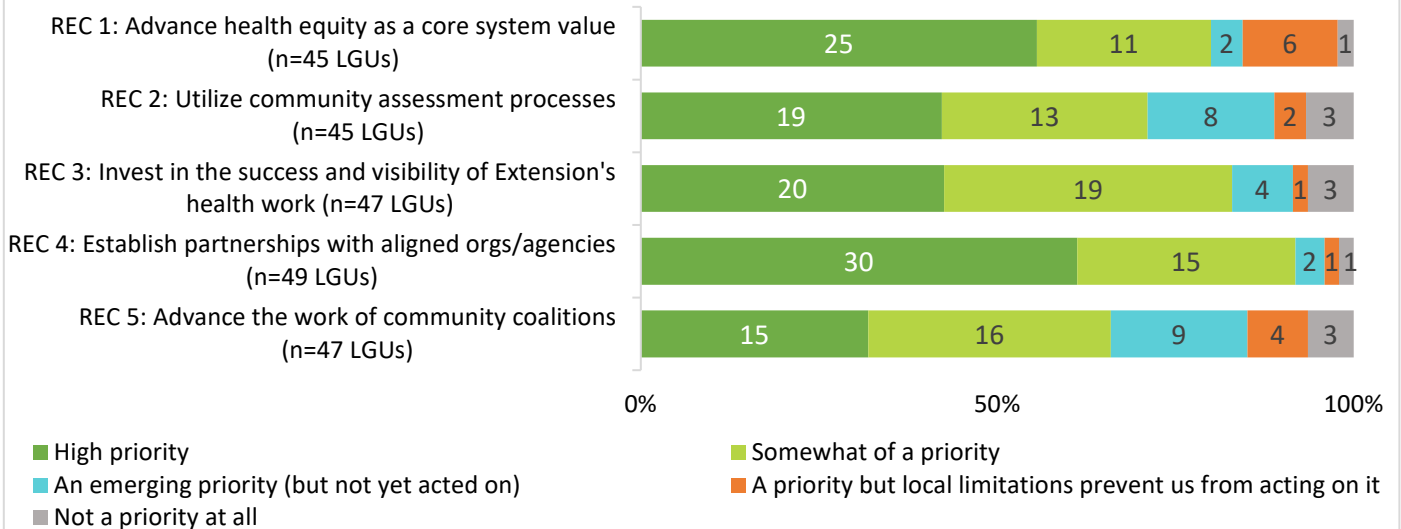
**Chart 3. Rating of Framework familiarity among Extension staff by CES region**  
(n=51 LGUs)



**Framework prioritization**

Respondents were asked to rate how much of a priority each of the five high-level recommendations from the Framework were for their LGU in Fall 2023. Understanding what a “high priority” or “somewhat of a priority” means at the LGU-level is context specific. Feedback on the results indicated institutions might have had concerns about how they would appear when rating how much of a priority Recommendation 1 on health equity was at their institution. It’s also possible institutions did not consider some recommendations a high priority because they already felt like their capacity, competency, or work in those areas was strong.


**Chart 4. Priority ratings for the 5 Framework Recommendations**



- Recommendations on partnerships (4) and health equity (1) were rated “high priority” by over half of LGUs.
- Recommendations on community coalitions (5) and community assessment processes (2) had the highest number of LGUs rating these as “an emerging priority” or “not a priority.”
- The option “a priority but local limitations prevent us from acting on it” was recommended by pilot survey LGUs to capture when Extension staff recognize a recommendation is important but don’t have support at the institutional or state-level to implement. Six LGUs selected this response for Recommendation 1 about health equity.
- North Central, Southern, and Western regions rated most recommendations as a high priority (see Table 1) apart from Recommendation 5 where there was more variation. There were slightly lower ratings and more variation in responses to the extent to which Recommendations 2 and 5 were prioritized.

**Table 1. Average prioritization ratings of Framework recommendations by CES region\***

Framework recommendation	Northeast	North Central	Southern	Western	1890s	TOTAL
REC 1: Advance health equity as a core system value (n=45 LGUs)	3.89	4.18	4.17	4.25	4.40	4.18
REC 2: Utilize community assessment processes (n=45 LGUs)	3.56	4.18	4.08	4.00	3.80	3.96
REC 3: Invest in the success and visibility of Extension's health work (n=47 LGUs)	3.40	4.27	4.17	4.38	4.17	4.11
REC 4: Establish partnerships with aligned orgs/agencies (n=49 LGUs)	4.00	4.55	4.75	4.38	4.63	4.47
REC 5: Advance the work of community coalitions (n=47 LGUs)	3.10	4.50	3.92	3.86	3.38	3.77

\*Scale: 5= high priority; 4=somewhat of a priority; 3=an emerging priority (but not yet acted on); 2=a priority but local limitations prevent us from acting on it; 1=not a priority at all. Responses indicating "N/A" or "Don't know/not sure" were removed. Average response value: 3.0  5.0


**Policies and practices that support growth**

The following questions asked respondents to rate how well their institution's current policies and practices aligned with the four sub-recommendations in Framework Recommendation 3 (*Invest in the success and visibility of Extension's health-related professionals, programs, and initiatives*). This recommendation is important to understand in more depth since it is a key lever for supporting implementation of the Framework. Results signal that securing funding for health-related work is further along than having dedicated staff or practices that incentivize work focused on health equity (Table 2).

- Over half of LGUs (68%, 30/44) rated *“Developing and seeking funding for Extension’s health-related work”* as a practice that is usually in place. All 12 Southern region LGUs rated this practice highly.
- The practice of *“Encouraging and rewarding the work of Extension professionals who address health inequities”* had the most variability in responses with a little less than half of LGUs (46%, 21/46 LGUs) indicating a 4 or higher on the scale (the practice usually happens). *“Providing professional development to support Extension’s work related to health and equity”* was rated slightly higher (48%, 22/46 LGUs indicating a 4 or higher).
- *“Increasing the number and resourcing of health-related Extension positions”* was rated the lowest with a little more than half of LGUs reporting this only sometimes happens (51%, 23/45 LGUs).
- There was some regional variation in responses (see Table 2). Generally, the North Central and Southern regions rated practices as being more established and for Western region and 1890s LGUs practices are somewhat in place or are variable.

**Table 2. Average ratings for the extent to which policies and practices are being implemented by CES region\***

Policy/practice sub-recommendation	Northeast	North Central	Southern	Western	1890s	TOTAL
Increasing number & resourcing of health-related Extension positions (n= 45 LGUs)	3.25	3.73	3.75	2.88	3.17	3.42
Developing & seeking funding for Extension’s health-related work (n= 44 LGUs)	3.88	4.27	4.64	3.25	2.83	3.91
Encouraging & rewarding the work of Extension professionals who address health inequities (n= 46 LGUs)	3.13	3.73	4.00	2.75	3.14	3.43
Providing professional development to support Extension’s work related to health and equity (n= 46 LGUs)	3.38	4.27	3.75	2.71	3.00	3.52

\*Scale: 5=Consistently in place or usually happens; 4; 3=Somewhat in place or sometimes happens; 2; 1=Not in place or does not happen. Responses indicating "N/A" or "Don't know/not sure" were removed. Average response value: 2.0  5.0

## Scope of health and well-being work

2

The most common health topics considered to be part of LGUs' health and well-being work included: 1) nutrition education and food safety; 2) agricultural safety (human health-related), 3) chronic disease prevention and management; 4) food systems and security; and 5) youth development related to health and well-being.

Respondents were asked to indicate which topics they considered to be part of the scope of their health and well-being work as of fall 2023. They were given 17 health topics and could check all that apply and add "other" topics if applicable.

- The most commonly reported topics included: 1) nutrition education and food safety; 2) agricultural safety (human health-related), 3) chronic disease prevention (including diabetes prevention and management); 4) food systems and security; and 5) youth development related to health and well-being.
- 9 out of the 17 health topics were most commonly reported to fall under LGUs' Family and Consumer Sciences (FCS) unit (among those LGUs that have this unit at their institution). More on cross-program partnering within Extension can be found on page 15.
- All LGUs from the North Central and Southern regions reported the same 8 health topics as part of their health and well-being work (Table 3). All Northeast regions LGUs reported working on 4 topics, and all 1890 institutions 3 topics. There were no health topics that all LGUs within the Western region reported working on. It might benefit the system to understand this further, whether there is intentional regional alignment on health topics or if there are opportunities to strengthen regional approaches that could better leverage expertise and grant opportunities.

**Table 3. Topic considered within the current scope of LGUs' health and well-being work (#/% of LGUs and # of LGUs by CES region) Listed in order of highest to lowest frequency of LGUs. Numbers bolded below are where 100% of the LGUs in a region indicated they worked on a topic.**

Topic	# LGUs (n=51)	% of LGUs	CES Region					Most common unit(s)*
			Northeast (n=10)	North Central (n=11)	Southern (n=12)	Western (n=10)	1890s (n=8)	
Nutrition education & food safety	49	96%	<b>10</b>	<b>11</b>	<b>12</b>	8	<b>8</b>	FCS & 1 other
Agricultural safety (human-health related)	48	94%	<b>10</b>	<b>11</b>	<b>12</b>	8	7	Ag only
Chronic disease prevention & management	48	94%	9	<b>11</b>	<b>12</b>	8	<b>8</b>	FCS only
Food systems & security	48	94%	<b>10</b>	<b>11</b>	<b>12</b>	8	7	Ag & FCS
Youth development	48	94%	<b>10</b>	<b>11</b>	<b>12</b>	7	<b>8</b>	4-H & FCS
Physical activity	45	88%	9	<b>11</b>	<b>12</b>	7	6	4-H & FCS
Mental health & stress management	44	86%	8	<b>11</b>	<b>12</b>	8	5	4-H, Ag, & FCS
Water quality	43	84%	9	<b>11</b>	<b>12</b>	8	3	Ag only
Substance misuse prevention	41	80%	8	10	11	7	5	FCS only
Family stability & vitality	40	78%	6	<b>11</b>	10	7	6	FCS only
Financial health & well-being	39	76%	6	<b>11</b>	10	6	6	FCS only
Healthy Aging	39	76%	5	10	<b>12</b>	8	4	FCS only
Cardiovascular health	38	75%	9	8	11	5	5	FCS only
Climate change & human health	38	75%	9	10	7	8	4	Ag only
Immunization education	37	73%	7	8	11	5	6	FCS only
Cancer prevention	31	61%	5	9	8	3	6	FCS only
Healthy homes & environmental health	29	57%	2	9	10	7	1	FCS only
Other health topics**	28	55%						N/A

\*Part of the question about health topics asked respondents to indicate which Extension unit(s) work on that topic fell under at their LGU: 4-H, Agriculture and Natural Resources, Economic and Community Development, Family and Consumer Sciences (FCS), and/or Other unit (they could select all that apply). This column includes the unit or combination of units with the highest number of responses.

\*\* The "other" health topics most frequently written in were disaster preparedness and resilience (3 LGUs) and health care insurance literacy (3 LGUs).

## Funding focused on health

3

The total estimated amount of funding that primarily supports health and well-being work across institutions was estimated to be about \$140 million (n=38 LGUs, not including SNAP-Ed and EFNEP funding). Most LGUs increased external funding for health over the last 5 years, while less than half increased internal funding.

### Box 3: Health and well-being work within SNAP-Ed and EFNEP

- SNAP-Ed and EFNEP reach more than 2 million individuals and families with nutrition information and catalyze community-based efforts focused on policy, systems, and environmental change.
- Nearly \$300 million each year supports this work.

Critically important health and well-being programming occurs within SNAP-Ed and EFNEP (see Box 3). To reduce the burden of survey administration on LGUs they were not asked to duplicate reporting of SNAP-Ed and EFNEP funding, staffing, and community engagement levels in the survey. 44 of the 51 LGUs (86%) reported they received both SNAP-Ed and EFNEP funding (6 received only EFNEP, 1 received only SNAP-Ed). For more information about the important health and well-being work occurring within these programs refer to the [SNAP-ED FY2019 Programs and Impacts Report](#) and the [2022 Annual EFNEP Impacts Report](#). Survey responses reported below help to build an understanding of funding for health and well-being work within the system above and beyond the large signature programs of SNAP-Ed and EFNEP.

### Change in funding focused on health in the past 5 years

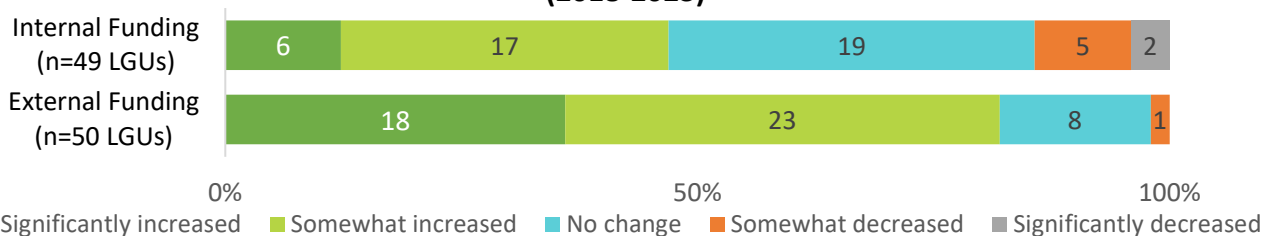
Respondents were asked about changes to internal and external funding primarily focused on health in the last 5 years (between 2018 to 2023). For definitions of funding types used in the survey please refer to Appendix 1. The majority of LGUs increased external funding for health over the last 5 years, while less than half increased internal funding (see Chart 5).

- 82% (41/50 LGUs) responded that their institutions increased external funding for health in the last 5 years while only 47% (23/49 LGUs) increased internal funding for health.
- Western and Southern regions had the most LGUs reporting increased internal funding for health in the last 5 years.
- The Southern region had the highest number of LGUs reporting their external funding significantly increased (significantly increased was defined by funding that “more than doubled” in the past 5 years).
- Of the 23 institutions that reported increased internal funding, 21 (91%) also reported increased external funding in the past 5 years. This suggests that **more funding can lead to more funding** though we can’t determine whether increased internal funding helped to boost external funding or vice versa.

### Box 4: LGU example of increased internal funding

[Colorado State University](#) more than doubled their internal funding for health in the past 5 years through rural initiative support from their Board of Governors and a state bill that expanded mental health support services to farmers, ranchers, agricultural staff, and their families.

**Chart 5. Changes to funding primarily focused on health in the last 5 years (2018-2023)**



### Large national grant participation

The survey did not ask institutions to report on the sources of their external funding, but by leveraging available information about three CES funding sources we were able to conduct some analysis to better understand how change in funding responses differed by those participating in large national grants. Of the 51 LGUs who responded, 40 LGUs participated in at least one of the large national initiatives, 21 participated in two, and 2 LGUs participated in all three of these initiatives. Significance testing was conducted to detect statistically significant differences between groups.

**Table 4. CES large national health grants**

Grant name	Funder	Definition of participation for analysis	Funding amount per LGU <sup>^</sup>	# LGUs from survey (n=51)
High Obesity Program (HOP)	Centers for Disease Control (CDC)	Received funding from the 2018-2023 cycle*	FY2022: avg ~\$760,000/year (range: \$400,000 to \$1.2M per year)	14
Extension Collaborative on Immunization Teaching & Engagement (EXCITE)	USDA National Institute of Food and Agriculture (NIFA) and CDC	Received at least 2 years of funding before October 2023 (any combination of grants)**	A1 grant (2021-2022): avg ~\$24,000/year A2 pilot grant (2021-2023): avg ~\$100,000/year Design phase (2022-2023): avg ~\$10,000/year Implementation phase (2023-2024): ~avg ~\$100,000/year	33
Well Connected Communities (WCC)	Robert Wood Johnson Foundation (RWJF)	Received more than 1 funding cycle (4 years or more of funding)	Wave 1 (2018-2020): up to \$44,500/year Wave 2 (2020-2022): up to \$32,500/year Wave 3 (2022-2024): up to \$20,000/year (returning LGUs only)	16

\*For HOP funding amounts per LGU do not include additional funding for the Healthy Weight Program which averaged an additional ~\$100,000 per LGU.

\*\*For EXCITE funding amounts per LGU do not include additional funds requested or funding via contracts to individual LGUs for salary buyouts for leadership positions, communications, professional development, and coaching assistance which was on top of the amounts listed.

<sup>^</sup>References for funding amounts: [HOP 2018-2023 website](#); EXCITE amounts provided by program leader; WCC amounts provided by program leader.

The analysis showed that **HOP funding was a driver of increased external funding focused on health.**

- Having HOP funding was associated with more than doubling external funding in the past 5 years<sup>2</sup> and increased external funding focused on health overall,<sup>3</sup> which likely includes the HOP funding itself (the highest amount per LGU of the three grants). There was no significant relationship between increased internal funding and having HOP funding or for the other national health grants (EXCITE and WCC).
- HOP LGUs are concentrated in the Southern (10 LGUs) and North Central regions (3 LGUs), with one LGU in the Northeast region). Among Southern region HOP sites (whose grants were first awarded in 2018), 8 out of 10 reported their external funding significantly increased (“more than doubled”) in the past 5 years.
- One Southern region LGU, Oklahoma State, reported that they were able to leverage their HOP grant to raise approximately \$1.7 million of additional funding to support their work.

### Current funding focused on health

The survey also asked for current (2023) estimates of external funding primarily focused on health, excluding SNAP-Ed and EFNEP funding. Respondents shared in comments that this amount was difficult to estimate. Twelve institutions were not able to answer, and one institution indicated they received no funding primarily focused on health.

<sup>2</sup> Chi-squared independence test,  $P < .001$

<sup>3</sup> Chi-squared independence test,  $P < .04$

- The total estimated amount of external funding reported by 38 institutions was about \$140 million. The Southern and Western regions contributed the highest amounts of external funding to the overall total.
- All 10 LGUs reporting over \$3 million in external funding in 2023 increased external funding in the past 5 years.
- The distribution of funding amounts by LGU was large with the highest number of LGUs reporting external funding for health within the \$1 - \$3 million range. LGUs that reported higher amounts of funding in 2023 also reported increasing external funding for health in the last 5 years (see Table 5).

**Table 5. No. of LGUs by distribution of funding amounts**

Funding range	# LGUs	# LGUs increased external funding (# more than doubled)
\$1-\$500k	10	8 (1)
\$500k-\$1M	3	2 (0)
\$1-\$3M	15	15 (9)
\$3-\$10M	6	6 (4)
\$10M +	4	4 (2)
Total	38	35 (17)

## Health and well-being leadership and staffing

4

Health and well-being work was mostly led by the Family and Consumer Sciences program area. Across institutions, LGUs estimated that they have almost 1,000 staff dedicated to health and well-being work, with the largest increase being in state-level positions.

### Leadership structure for health and well-being work

The survey asked several questions to better understand current leadership and changes that support health and well-being work at Extension institutions. The most commonly reported leadership structure for health and well-being work was that it is operated as part of Family and Consumer Sciences (FCS) (48%, 24/50 LGUs) (see Table 6). Survey respondents noted that the formality of leadership may vary, and some people may be informally playing a leadership role without a formal position or set of responsibilities. This may have influenced how individual LGUs responded to this question.

#### Box 5: Examples of dedicated unit/centers names

- Family & Community Wellness
- Integrated Health Disparities
- Health & Well-Being Institute
- Family, Health & Well-being
- Human Sciences Program

Respondents were also asked if the leadership structure for health and well-being at their LGU has changed in the last 5 years (2018 to 2023).

- Over half (53%, 27/51 LGUs) indicated their leadership structure had not changed in the last 5 years.
- The 21 LGUs that reported changes in leadership structure described changes such as adding interdisciplinary outcome teams, merging/creating new program areas, renaming FCS to better align with their work, and adding a state-level position for health.
- When looking at the connection between leadership structure and funding, the presence of a dedicated

**Table 6. Leadership structure for health and well-being work (n=50 LGUs)**

Leadership type	% LGUs
Health and well-being work is generally part of the Family and Consumer Sciences (FCS) program area	48%
We have a dedicated unit/center which focuses on health and well-being (see Box 5)	20%
Other*	12%
All program areas contribute to health and well-being with no formal leadership	12%
We have an individual who coordinates health and well-being across Extension	6%
A committee, task force or workgroup collaboratively leads health and well-being work across program areas	2%

\* Other included being at the beginning stages; having too few health and well-being staff; 2+ programs leading the work; or the work under a program other than FCS

unit/center leading health and well-being work was associated with increased internal funding for health in the last 5 years (see Table 7). There was not a statistically significant association between increased external funding and leadership structure. In comments, one LGU described how through their dedicated unit/center they are building an understanding that health and well-being work that extends beyond FCS programming. Their center leader is a key liaison between other colleges within their institution.

**Table 7. Change in funding and current estimate by leadership structure**

Type of leadership structure	Increased external funding in last 5 yrs	Increased internal funding in last 5 yrs**	Avg estimate of current funding for health
Have a dedicated unit/center leading their health and well-being work (n=10 LGUs)	100% (5/10 more than doubled funding)	80% (2/10 more than doubled funding)	~\$4.5 million (no blanks) (Min: \$80k; Max: \$18M)
All other leadership structures* (n=40 LGUs)	78% (13/40 more than doubled funding)	38% (4/40 more than doubled funding)	~\$3.2 million (12 blanks) (Min: \$0; Max: \$15M)

\*One LGU did not complete any of the questions about funding. Note: Chi-squared test of independence; \*\*p<0.02

### Health-related staff

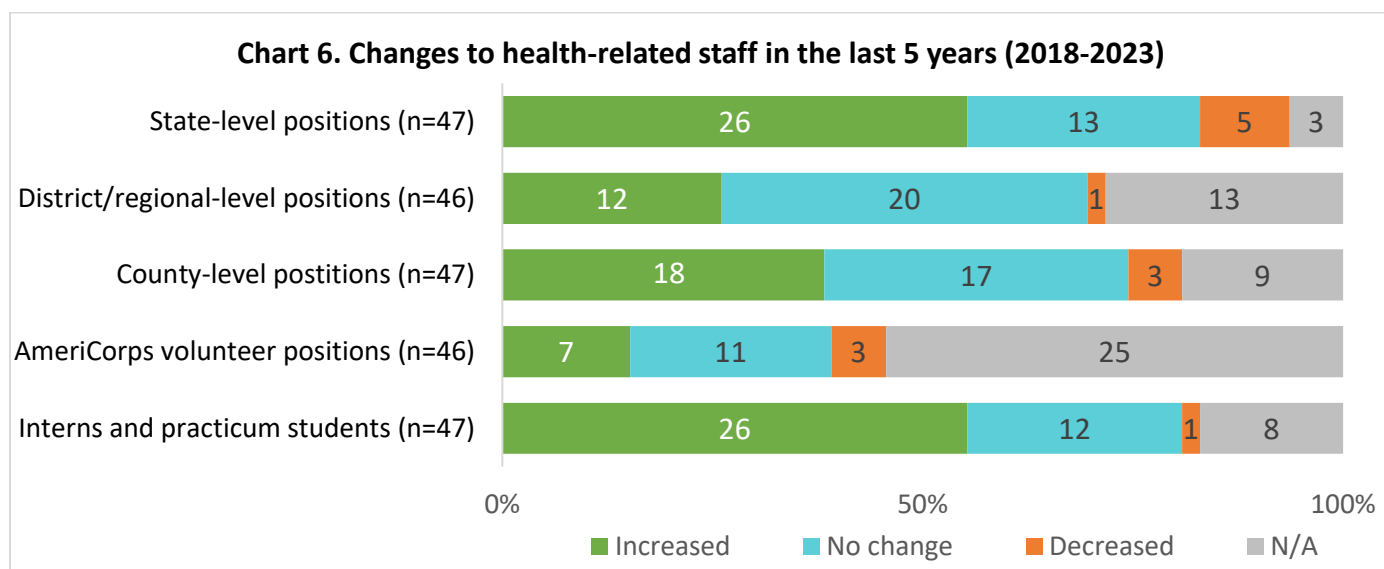
The survey asked about the current amount and changes to the number of dedicated (100% FTE) health-related staff in the last 5 years. In keeping with the questions about funding, LGUs were asked to exclude SNAP-Ed and EFNEP staff when thinking about their responses. In total, 47 institutions estimated having about 960 dedicated (100% FTE) health and well-being positions with about half of LGUs indicating dedicated positions make up 1-10% of their workforce (see Table 8).

Consistent with their reported increases in external funding, the Southern region reported the most LGUs with 11-30% of dedicated health and well-being positions in their Extension workforce. The three LGUs with more than 30% or more dedicated health and well-being staff were from all different regions.

**Table 8. Proportion of dedicated (100% FTE) health and well-being positions**

Category	% LGUs (n= 46 LGUs)
1-10% of staff	52%
11-20% of staff	22%
21-30% of staff	4%
30% or more	7%
No dedicated positions	15%

Looking at the distribution of type of staff engaged in health and well-being work, health-related state-level positions and intern and practicum students increased the most while LGUs reported the least amount of change in district/regional and AmeriCorps positions. Change in the number of county-level positions varied (Chart 6).



- State-level positions increased the most among LGUs in 1890 and Western regions, while the number of county-level and health-related interns and practicum students increased the most among LGUs in the Southern region. AmeriCorps positions were most common in the North Central and Western regions with only a few indicating that the number of positions increased.
- Looking at the changes in staffing with known national initiatives (i.e., EXCITE, WCC, HOP), there was an association between having EXCITE funding and increasing regional/district level positions in the last five years.<sup>4</sup> No other statistically significant differences were found.
- In qualitative comments for this section several institutions named the role SNAP-ED and EFNEP funding (often as a part of FCS) played in staffing levels for health and three institutions named funding shortages that did not allow them to maintain or add staff.

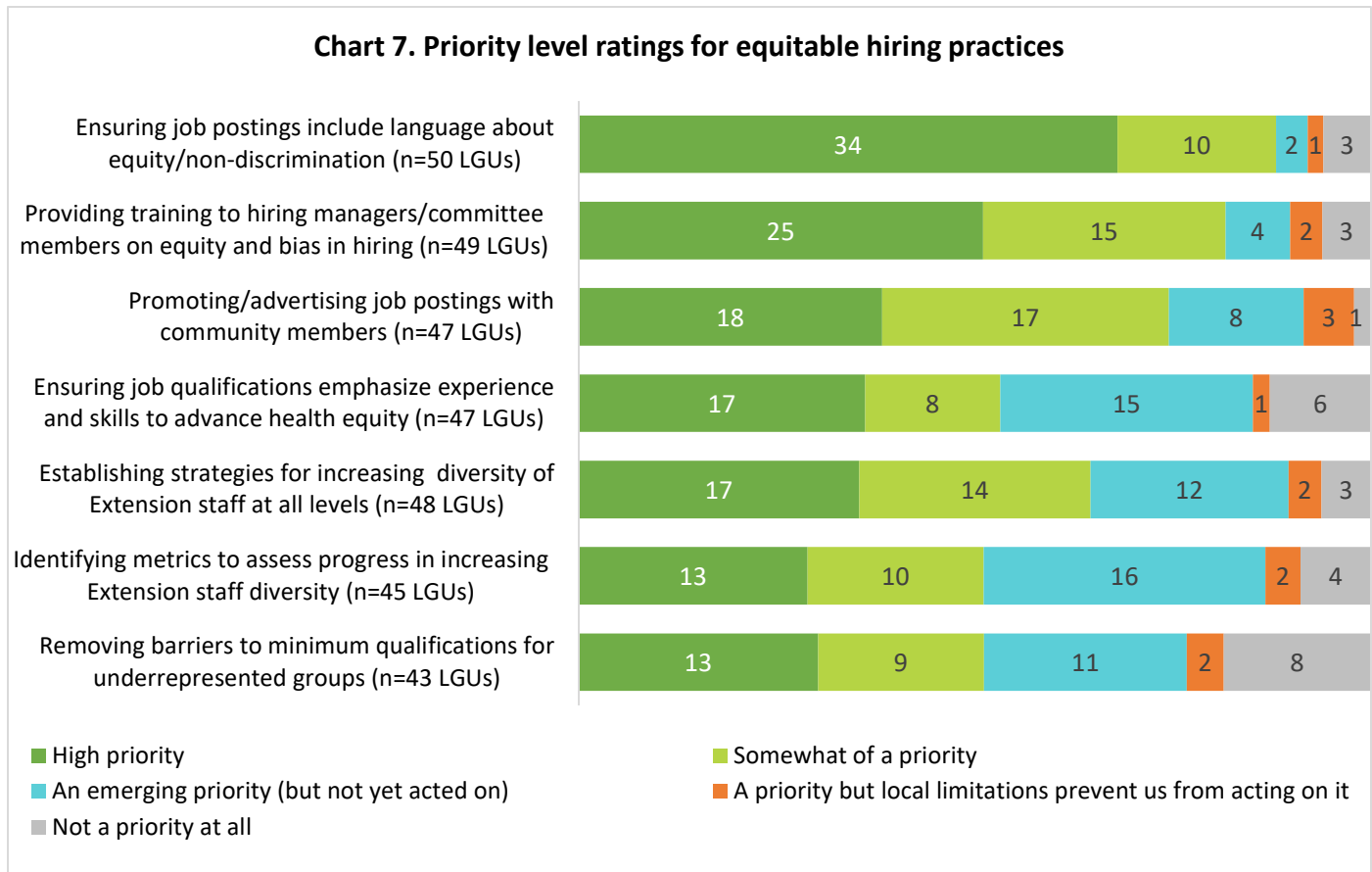
**Box 6: Examples of how LGUs increased health-related interns and practicum students**

- Increased collaboration with their institution's public health program (MPH and BSPH).
- Federal HRSA grants that fund full scholarships for students who select internships with Extension.

**Equitable hiring policies and practices**

Within Recommendation 1 (*Advance health equity as a core system value*) of the Framework there is an emphasis to “prioritize hiring, retention, and development of a diverse and culturally competent workforce.” The next set of questions aimed to understand how much of a priority it is for institutions to have structures and systems that support equitable hiring policies and practices.<sup>5</sup>

**Chart 7. Priority level ratings for equitable hiring practices**



<sup>4</sup> Chi-squared test of independence  $p > .04$

<sup>5</sup> Adapted from California Department of Public Health. "Baseline Organizational Assessment for Equity Infrastructure." <https://www.cdph.ca.gov/Programs/OHE/Pages/Baseline-Organizational-Assessment-for-Equity-Infrastructure.aspx#>

- The top three practices in Chart 7 were rated as a priority by over half of institutions, which included including non-discrimination language in job postings, providing training to hiring managers on bias in hiring, and advertising job postings with community members. For example, Rutgers University shared that they have a university-wide requirement that all search committees go through [STRIDE \(Strategies and Tactics for Recruiting to Improve Diversity and Excellence\) training](#) and that Rutgers Cooperative Extension requires a community presence on agent search committees.
- A majority of 1890 and North Central region institutions rated all 7 practices as a priority.
- In comments, several institutions reported these questions were difficult to answer and two LGUs said the current state political environment make it challenging to act even if it is a priority for Extension.

## Community engagement and partnership

5

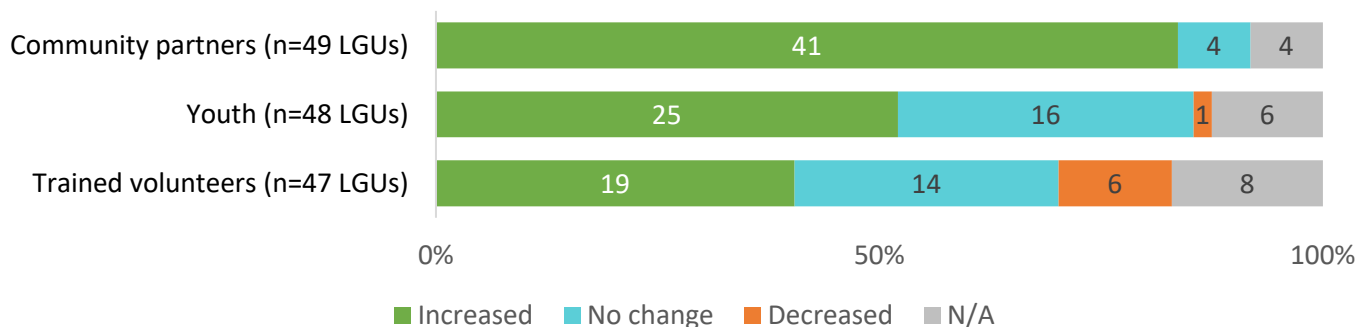
As part of expanding their health and well-being work most LGUs increased the number of community partners in the last 5 years. Cross-program partnering within Extension was most frequently reported among health topics Extension has been working in the longest and with the highest number of staff.

### Community partners, youth, and volunteers focused on health

Recognizing Extension’s long history of engaging with communities to support the delivery of programs, the Framework recommends utilizing a community development approach (Recommendation 5) and moving from an expert-model to one where Extension engages with communities as equal partners. Included in this approach is building the capacity of local residents to lead community-based work. As part of understanding progress, the survey assessed how engagement of community partners, youth, and volunteers engaged in Extension’s health and well-being work changed in the last five years (2018-2023). Again, institutions were instructed to exclude SNAP-Ed and EFNEP from their responses.<sup>6</sup>

- 84% (41/49 LGUs) increased the number of community partners.
- 52% (25/48 LGUs) increased the number of youth engaged in health and well-being work.
- 40% (19/47 LGUs) increased the number of trained volunteers (also known as master volunteers).
- There were no statistically significant associations between changes in youth, volunteers, and other partners with the three large national initiatives.

**Chart 8. Change in partner, youth, and volunteer engagement focused on health in the past 5 years (2018-2023)**



<sup>6</sup> Guidance changed between the pilot version of the survey and the final version. The 8 pilot sites may have included SNAP-Ed and EFNEP when considering their responses to this question.

In the qualitative comments, institutions described the programs in which they have the most community partner engagement (e.g., EXCITE, LiveWell coalitions). Two institutions said youth/volunteer participation decreased during the pandemic and is still bouncing back. One institution, Kansas State University, mentioned their increase in the number of volunteers was due to new grants and a new strategic plan focused on growing volunteer engagement.

**Cross-program partnering within Extension for health and well-being efforts**

As part of Recommendation 1 (*Advance health equity as a core system value*) the Framework urges LGUs to “establish and strengthen relationships between Extension program areas to advance health as an Extension-wide priority.” Partnering within Extension allows LGUs to broaden the understanding and implementation of health and well-being efforts beyond just the purview of Family Consumer Sciences (FCS).

For each health and well-being topic that was in the scope of LGUs’ work they could select which Extension unit(s) the work fell under: 4-H, Agriculture & Natural resources, Economic & community development, FCS, or other unit (see Table 3 for the most common unit selected by topic). In Table 9, the topics most frequently led by more than 1 program had more than half of LGUs reporting partnering across programs on these topic areas. These topics tended to be broader (e.g., food systems work) and area Extension has been working on the longest with both state and county-level staff engaging in the work. It’s likely that the more staff engaged in a topic the more capacity there is to partner outside of a single program.

In looking at the 25 institutions with the highest number of topics that had more than one program working on it, all CES regions were represented with the North Central and Southern regions having the most (7 LGUs each). Three LGUs reported more than one program working on 16/17 health topics.

While the survey did not ask explicitly about cross-campus or external partnerships, some information was shared by LGUs in the qualitative comments.

Two partnerships are highlighted in Box 7. A future iteration of the survey may want to include more exploration of partnerships as a way of better understanding implementation of Recommendation 4 (Establish partnerships) and in recognition of the important role partnerships outside of Extension play in expanding health and well-being work.

**Table 9. Cross-program partnering for health and well-being work (n= 51 LGUs)**

	Topics most frequently led by <u>more than 1</u> program:	Topics most frequently led by <u>only one</u> program:
1	Food systems & security	Cancer prevention
2	Youth development	Cardiovascular health
3	Physical Activity	Healthy Aging
4	Mental health	Healthy homes & environmental health
5	Nutrition education & food safety	Immunization education

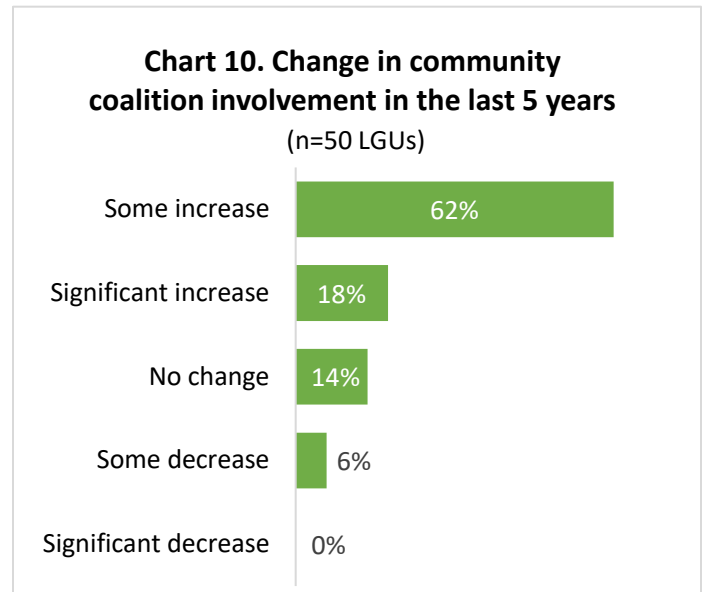
**Box 7: Examples of LGUs with innovative partnerships focusing on health equity**

- Auburn University Rural Health Initiative is a collaborative effort between Alabama Cooperative Extension, University Outreach, and Auburn’s colleges of pharmacy, nursing, human sciences, and others to rapidly expand rural healthcare access in the state. Off-campus partners, such as community members and city and county leaders, are critical to the success of this effort.
- University of Missouri HOPE center: HOPE was established in January 2020 as an umbrella center that coordinates activities across 5 units (including Extension) to integrate their efforts in addressing community health and well-being for Missourians, specifically in the areas of telehealth, health policy, medical education in rural Missouri, health outreach, and health professionals’ continuing education. Although HOPE is a new partnership, over the past three years, the units have collectively leveraged \$30M in new grants and contracts and have established 160 collaborations, partnerships, and initiatives encompassing national, state, and community-based groups to address a wide range of health needs.

### Community coalition engagement focused on health

Recommendation 5 in the Framework (*Advance the work of coalitions*) pushes LGUs to “support the creation and development of community coalitions explicitly focused on addressing the social determinants of health.” To better understand progress and how Extension shows up in community settings, LGUs were asked to report on change in community coalition engagement in the last 5 years, current status, and roles their staff play in coalitions.

- 80% of institutions (40/50 LGUs) reported community coalition engagement increased in the past 5 years (see Chart 10). LGUs in the Southern and Western regions and 1890 institutions reported the most change in community coalition involvement during the time period.
- The majority of institutions (73%, 37/51 LGUs) reported “always” or “often” engaging with community coalitions focused on health in their current work. In comments, some LGUs named specific initiatives they participated in that have a coalition focus (e.g., Rural Opioid Rural Opioid Technical Assistance grants, WCC, farm to school programming).
- Extension staff play a variety of roles when engaging with coalitions (see Box 8). All North Central and Southern region institutions reported providing leadership for activities/committees in community coalitions.
- There was no statistically significant association between these coalition measures and engagement in national health grants (EXCITE, WCC, HOP). Since all of these grants emphasized community-level involvement, it’s possible that some LGUs were experienced with community coalition work prior to the 5-year time period so did not respond indicating that they increased.



#### Box 8: Most reported roles Extension staff play in community coalitions (n=51 LGUs):

- Attend coalition meetings (47 LGUs)
- Participate actively in workgroup/committee meetings (47 LGUs)
- Provide leadership for activities/committees (42 LGUs)

In comments, several institutions noted that tracking coalition work is difficult (i.e., their connection to health varies, depends on the specialist interests, or there are funding limitations) and that there were challenges within coalitions related to turnover and the COVID-19 pandemic. Three institutions said they would be interested in tracking coalition involvement and/or impact better.

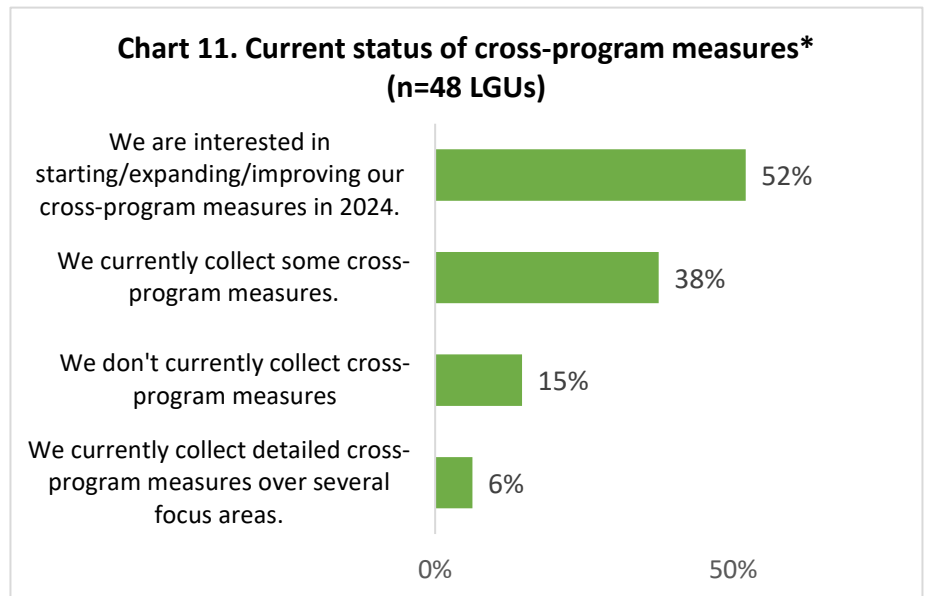
## Summary & next steps

The goal of the infrastructure survey was to increase understanding of the work happening regarding health equity and well-being across the Cooperative Extension System to be able to inform communications, grant writing and fundraising, and professional development opportunities. The intent is for this to be an annual survey to be able to monitor the work overtime.

The results from this inaugural infrastructure survey present an initial understanding of the progress and current status of Extension’s health-related work. The key findings show promising advances in implementing the Framework, increasing capacity (funding and staffing) to engage in health-related work, and expanding community partnerships to collaboratively advance health equity and well-being in communities across the country.

The results are being used by two standing committees going forward, and these entities will help to shape how the information gets collected, shared, and used in the future:

- The **Extension Health Leadership Committee (HLC)** advises on the overall direction of Extension’s health equity and well-being work nationally. In late 2023, the HLC reviewed survey results to inform its workplan for 2024 (Appendix 3). Several survey findings helped to prioritize next steps for the HLC. In particular, the HLC recommended maintaining a focus on recognizing and rewarding the work of Extension professionals (under Recommendation 3) through creation of an updated set of core competencies for Health Extension professionals and sharing existing resources on personal performance metrics for administrators.
- The **Extension Health Metrics workgroup** was created in Spring 2023 and was consulted in the development of the infrastructure survey. The Health Metrics Workgroup consists of Extension professionals working towards identifying system-wide measures that tell the story of Extension’s impact on health and well-being across the country. Part of the workgroup’s efforts includes looking for opportunities for cross-program measures to better tell the story of Extension’s efforts in specific focus areas. To inform these efforts, the infrastructure survey asked respondents to indicate the current status of their efforts to collect cross-program measures<sup>7</sup> (see Chart 11). Over half of institutions were interested



in starting, expanding, or improving their cross-program measures, showing an interest in growing the system’s capacity to measure and report out its health-related work. The workgroup is continuing to meet in 2024 to advance this priority.

**The results of this inaugural survey are being shared widely to help garner support for ongoing collection of this information and better understand how it can be used to continue to increase and strengthen Extension’s health-related work** (see Appendix 2 for the LGU discussion guide). The infrastructure survey will be administered again in Fall 2024. With this next survey there is opportunity to increase engagement of LGUs in completing the survey, assess continued progress and deepen understanding of some of the areas that arose here (e.g., impact of specific national initiatives, deeper understanding of external partnerships).

For more information about the health-related work happening across Extension, visit: <https://health.extension.org/>

If you have questions or would like more information about the infra survey results, please reach out to Kate Katzman at [kate.w.katzman@kp.org](mailto:kate.w.katzman@kp.org).

<sup>7</sup>\*LGUs could select more than 1 response. Cross-program measures are data collected across multiple projects or grants and reported at the unit, state, or regional level. Some examples include # of volunteer hours across all Extension programs; # of coalitions Extension engages with across the state.

## Appendix 1. Definition of Terms

Below are key terms and definitions included in the 2023 Extension Health and Well-being Infrastructure Survey.

Term	Definition for the purposes of the survey
Health and well-being work	Any programming or work done by Extension at the institution focused on: <ul style="list-style-type: none"> <li>• promoting human health behaviors</li> <li>• addressing one or more social determinants of health (SDOH) (i.e., relationships, families, schools, workplaces, communities, and societal norms and values outside of the individual that have an influence on an individual’s health)</li> <li>• addressing health equity/decreasing health disparities</li> </ul>
External funding	Any funding <b>outside the institution</b> including grants and contracts from entities external to Extension.
Internal funding	Any funding <b>within the institution</b> including internal resource allocation or “core” funding that support staff and other costs.
Funding focused on health	Any grant funding that has goals and/or outcomes in the grant that are primarily health and well-being related (inclusive of funding to advance health equity/decrease health disparities, mental health, and social determinants of health).
Community coalition	A group of people working together to advance health and well-being. Institutions may use different names to describe groups supporting collaborative work (e.g., health council); it’s ok to include the work of any similar group when responding to questions about community coalitions.
Dedicated health and well-being position	Any position that includes health in the title and/or devotes 100% of their time to work on any of the following: <ul style="list-style-type: none"> <li>• promoting human health behaviors</li> <li>• addressing one or more social determinants of health (SDOH) (i.e., relationships, families, schools, workplaces, communities, and societal norms and values outside of the individual that have an influence on an individual’s health)</li> <li>• addressing health equity/decreasing health disparities</li> </ul>
Health-related position	Any position that devotes any portion of their time to work on any of the following: <ul style="list-style-type: none"> <li>• promoting human health behaviors</li> <li>• addressing one or more social determinants of health (SDOH) (i.e., relationships, families, schools, workplaces, communities, and societal norms and values outside of the individual that have an influence on an individual’s health)</li> <li>• addressing health equity/decreasing health disparities</li> </ul>
Volunteers	The number of trained volunteers who commit a specified number of hours (also known at some institutions as master volunteers) engaged in Extension’s health and well-being work
Cross-program measures	Cross-program measures are data collected across multiple projects or grants and reported at the unit, state, or regional level. Some examples include # of volunteer hours across all Extension programs, # of coalitions Extension engages with across the state, # of participants in trainings/events, participant knowledge/behavior change across Extension projects, return on investment, or cost savings.

## Appendix 2. LGU Discussion Guide

The following questions are meant to be used by LGU points of contact, a group of staff or a regional committee to help prompt reflections, ideas, or actions they may want to take in looking at the survey results.

1. **Framework familiarity and prioritization:**
  - a. Do these results match with your understanding of framework familiarity for your LGU? Region? in your region? Why or why not?
  - b. In reviewing the policies and practices that support growth is there one that your LGU might prioritize this year over others?
2. **Scope of health and well-being work**
  - a. Were any of the most common health topic areas surprising or unexpected?
  - b. In looking at the topic areas that were most frequently reported by your region in Table 3 (page 7) do you see any opportunities for cross-learning or for strengthening a regional approach to grant-making?
3. **Funding focused on health**
  - a. What reactions do you have to the difference between the change in external and internal funding? What are factors that affect increases in external or internal funding in your experience?
  - b. What are your thoughts on the relationship between internal and external funding? Which do you think needs to come first?
4. **Health and well-being leadership and staffing**
  - a. In thinking about your LGUs' leadership structure for health and well-being work what do you find supportive? What are barriers that may be obstacles to growth? Are there any steps to take towards addressing some of the barriers?
  - b. Were there any equitable hiring practices in Chart 7 (page 13) that your LGU is interested in implementing in the near term? In the future? How would you go about implementing?
5. **Community engagement and partnership**
  - a. In looking at the data on cross-program partnering (page 14) what reactions did you have? What does it take to increase cross-program partnering at your institution? Is this a priority? Why or why not?
  - b. Was there anything surprising or unexpected about the data on community coalition engagement focused on health (page 15)? Did reviewing this prompt any questions for your LGU or potential action steps?

## Appendix 3. Health Leadership Committee 2024 Work Plan

Recommendation	Strategy	Actions	Assigned To	Timeline
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.	Revisit the construct of health equity to ensure that it resonates positively in as many communities as possible. Adjust language as needed to yield productive actions toward achieving goals.	Develop systemwide resources for developing localized approaches for health equity work.	Roger Rennekamp	July 2024
Utilize community assessment processes that integrate data science and resident voice to identify and address health inequities with greater precision.	Leverage the legacy of Cooperative Extension's focus on local needs to grow the number of community assessments sensitive to intra-county differences in health access and outcomes.	Offer professional development opportunities on how to utilize hyperlocal data in conjunction with relevant community voice.	Roger Rennekamp	Ongoing
Invest in the success and visibility of Extension's health-related professionals, programs, and initiatives.	Articulate core competencies and map learning resources to competencies.	Create an updated set of core competencies for health Extension.	Sara Elnakib, Deana Hildebrand, Kerry Gabbert	May 2024
	Reward practices and outcomes that demonstrate application core skills.	Develop resource for administrators on personal performance metrics.	Roger Rennekamp, Michele Walsh	May 2024
	Build the capacity of land-grant universities to support a comprehensive and sustainable health program.	2024 National Health Outreach Conf.	Roger Rennekamp, Kerry Gabbert, Michelle Parisi	May 2024
		Share results of infrastructure survey with relevant groups. Finish institutional self-assessment tool.	Roger Rennekamp, Maggie Jones, Kate Katzman, Diana Charbonneau	Early 2024
		Initiate discussions on Extension's role in growing the health workforce.	TBD	Early 2024
		Implement EXCITE Bridge	Michelle Rodgers and Team	2024
Establish partnerships with universities, government agencies, corporations, nonprofit organizations, and foundations committed to reducing or eliminating health inequities.	Market the work of Extension to external constituencies and potential partners.	Schedule introductory meetings with prospective partners.	Roger Rennekamp	Ongoing
		Identify health program metrics for national data collection.	Kerry Gabbert, CCHE, and Metrics Work Group	2024
	Pursue funding opportunities to advance health equity and well-being work across Cooperative Extension.	Secure funds to sustain national leadership for health-related work across Cooperative Extension.	Roger Rennekamp, Megan Hirschman, Suzanne Stluka, Beverly Coberly	2024
Utilize a community development approach to advance the work of coalitions focused on influencing the social determinants of health.	Develop learning resources for community-based faculty and staff regarding the creation, management, and evaluation of coalitions.	Publish case studies from funded community sites and recordings of lightning sessions.	Nanya Cheijine	Spring 2024
		Develop curated set of resources for leading systems change.	Roger Rennekamp	2024