

# Journal of Human Sciences and Extension

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Volume 6  
Number 2 *Special Issue: The Cooperative  
Extension National Framework for Health and  
Wellness: Implementation and Scholarship  
Reports*

Article 2

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5-14-2018

## Health and Wellness: Leading Cooperative Extension from Concept to Action

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### Recommended Citation

Braun, B., & Rodgers, M. (2018). Health and Wellness: Leading Cooperative Extension from Concept to Action. *Journal of Human Sciences and Extension*, 6(2), 2. <https://doi.org/10.54718/RGUA9220>

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### Acknowledgments

The authors acknowledge the leadership of the Extension Committee on Organization and Policy; members of the ECOP/ESCOP Health and Wellness Task Force; Health Implementation Action Teams; the Board of Agriculture Assembly and Board on Human Sciences Healthy Food Systems, Healthy People Steering Committee; CES–RWJF National Advisory Leadership Teams; USDA National Institute for Food and Agriculture; and National 4-H Council. Together, they and other Extension individuals and teams, made possible the vision and actions that are leading health and wellness innovation across Cooperative Extension. We also want to acknowledge the Robert Wood Johnson Foundation whose staff took time to learn about Cooperative Extension, asked insightful questions, and participated in two National Health Outreach Conferences.

## Health and Wellness: Leading Cooperative Extension from Concept to Action

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*This article describes the health and wellness journey of Cooperative Extension from a task force to action teams. It provides background on (a) Extension health and wellness programming, (b) establishment of the Extension Committee on Organization and Policy (ECOP) Health and Wellness Task Force, (c) acceptance of the Task Force Report, and (d) appointment of the ECOP Action Teams. The article explains the opportunity to align an Extension system around a health framework, as well as actions and vision for the new Culture of Health partnership with the Robert Wood Johnson Foundation. The article draws on articles published in the Journal of Extension, the 2014 ECOP Task Force Report, and documents about the Cooperative Extension–Robert Wood Johnson Foundation partnership. Authors supply first-hand observations and comments based on their roles in developing the Extension focus on health and wellness from concept to action. The article challenges Extension personnel and partners to advance programming to improve health and wellness of individual youth and adults; families; organizations, including Extension; and communities. Theoretical frameworks to use in programming; ideas for partnership development; and implications for research, education, and policy are included.*

**Keywords:** Cooperative Extension, Extension, Health and Wellness Framework, ECOP Action Teams

### Introduction

*Extension can do for the nation's health what it did for American agriculture.*  
(Braun et al., 2014)

The expressed vision of Cooperative Extension (Extension) achieving impact on the health of the U.S. population, equal to what they did for agriculture a century earlier, prompted a series of responses. Some of those responses are explained in this article. To begin the article, we have asked and answered two questions:

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### **What do you do when you've passed a milestone?**

*Ask, what's next! What's possible!*

### **What do you do when you've envisioned the possible?**

*Act on that vision!*

This article is a story of vision and action, context, concepts, and leadership that are together positioning the Cooperative Extension System (CES) to fulfill that vision. We are writing to provide a record of actions and accomplishments as an integrated approach to health and wellness emerged across CES. We are also writing to inspire you, the reader, to engage or enhance your engagement, in making the above vision happen.

As authors, we are in a unique position to provide background as we were both participants, observers, and sometimes leaders of deliberations and decisions that unfolded over a five-year period. We were engaged first-hand in efforts to move the vision of Extension health and wellness programming from concept to action. We are personally committed to joining with others to make possible a nation where a culture of health prevails.

### **Background**

To better appreciate the work of the Extension Committee on Organization and Policy (ECOP) Action Teams, and particularly the articles from those teams in this special issue of the journal, we offer background that led to the appointment of the teams. We also address the future of health and wellness programming as a springboard for application of findings from the articles.

### **ECOP Health and Wellness Task Force**

Prior to the milestone of celebrating Cooperative Extension's centennial in 2014, Extension leaders were talking about accomplishments of the first one hundred years and looking ahead to the next century. Daryl Buchholz, then Chair of ECOP, suggested that Extension might focus on the area of health and wellness as vital to the health and well-being of the nation. Many agreed that Extension could leverage its history of addressing nutrition to a broader definition of health to attract new and expanded partnerships and resources for the good of the population. Extension could also leverage its history of addressing the 4-H mission mandate area of the fourth H, Health.

In December of 2012, the ECOP Health and Wellness Task Force was appointed and given a year to fulfill the charge of identifying:

- (1) Priorities for Extension health programs for the next 3-5 years,

- (2) Outcome indicators for each priority, and
- (3) Potential partners, public and private, including nontraditional partners, to be engaged in resource development, program implementation, and outcomes reporting.

### **Health and Wellness Task Force Report**

Within the allotted year, the Health and Wellness Task Force identified and studied seven national trends that became the basis for setting priorities (Rodgers & Braun, 2015):

- Public health policy shifts,
- Health conditions,
- Health disparities,
- Economic conditions,
- Population changes,
- Technology, and
- Health literacy.

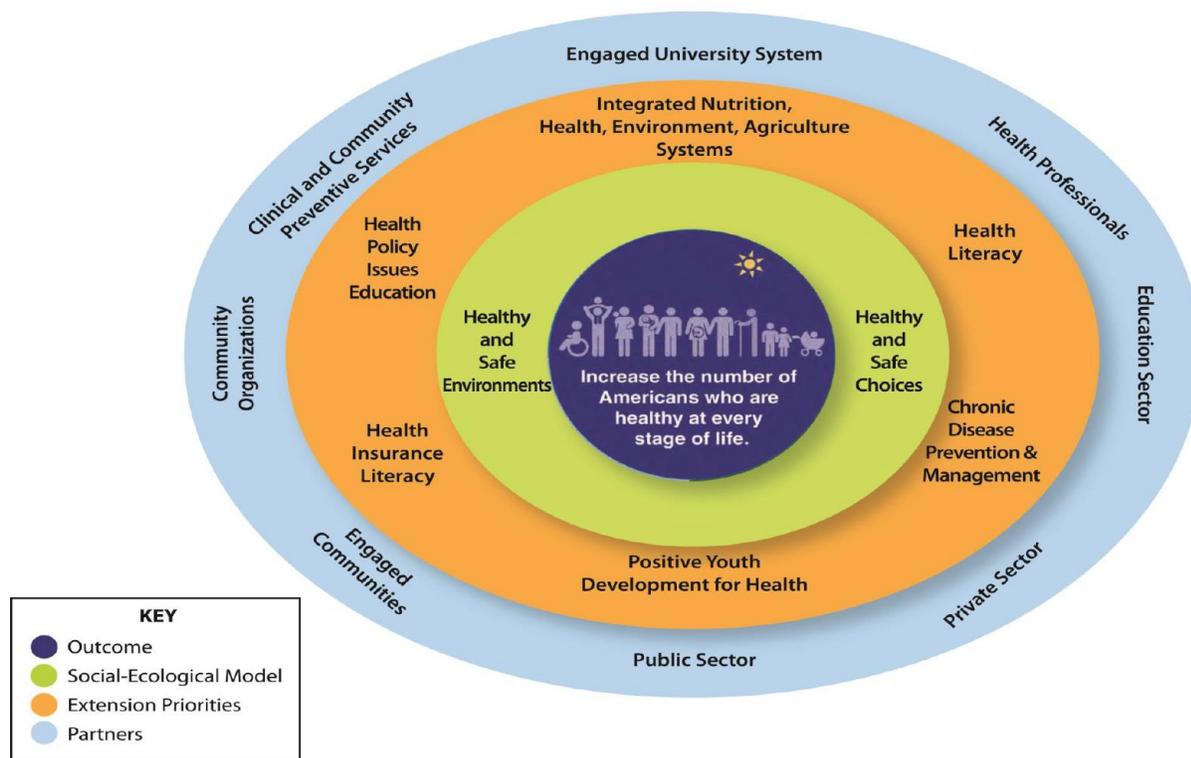
The Task Force also completed a strategic analysis of strengths and weaknesses of Extension, with an emphasis on health programming, and identified six priorities (Rodgers & Braun, 2015). The six recommended priorities were:

- Chronic Disease Prevention and Management,
- Health Policies Issues Education [name changed to Health in All Policies Education],
- Health Literacy,
- Health Insurance Literacy,
- Positive Youth Development, and
- Integrated Nutrition, Health, Environment, Agriculture Systems.

The Task Force studied the National Prevention Council's report (2011) and action plan (2012) (located at <https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html> and at: <https://www.surgeongeneral.gov/priorities/prevention/2012-npc-action-plan.pdf>, respectively). Based on those documents, the Task Force determined that the network and expertise of CES could be leveraged to contribute toward reaching the nation's goal – to increase the number of Americans who are healthy at every stage of life. Adopting this goal for the CES health and wellness framework was deemed strategic as it brought alignment between Extension and national policy (Rodgers & Braun, 2015).

To present the framework to Extension, the Task Force decided that a socio-ecological theoretical framework was needed to visualize the priorities in relation to an intended outcome. The final visualization of the framework is shown as Figure 1.

**Figure 1. Cooperative Extension’s National Framework for Health and Wellness**



(Source: Braun et al., 2014)

The ECOP Health and Wellness Task Force report, Cooperative Extension’s Health and Wellness Framework (Braun et al., 2014), available at [www.aplu.org/document.doc?id=5134](http://www.aplu.org/document.doc?id=5134), contained the assessment of national trends, the strategic analysis, and priorities as well as outcome indicators, potential partners, and recommendations. The report included this important statement:

This year, 2014, marks the 100th anniversary of the signing of the Smith-Lever Act which created the Nation’s Cooperative Extension System. This “Extension” model arose at a time when American agriculture was largely inefficient and only marginally productive. The consequences of the agricultural practices of the time were endangering our Nation’s economic, environmental, and personal health. A century later, American agriculture is without equal in its contributing food to a growing world population. We, and others, believe that this same system of Extension can do for the nation’s health what it did for American agriculture (Braun et al., 2014).

**Response to Health and Wellness Task Force Report**

ECOP approved the Task Force report in the summer of 2014. The report was endorsed by the Experiment Station Committee on Organization and Policy (ESCOP), the Board on Agriculture

Assembly (BAA), and the Board on Human Sciences (BOHS) of the Association of Public Land-grant Universities. A collaborative implementation process between ECOP and ESCOP resulted in appointment of a Health Implementation Team consisting of five action teams charged with addressing five of the six priorities (Health Literacy, Chronic Disease Prevention and Management, Positive Youth Development, Health Insurance Literacy, and Health in All Policies Education).

The remaining priority, Integrated Nutrition, Health, Environment, Agriculture Systems, became the responsibility of a steering committee appointed by BAA and BOHS. The steering committee was charged with developing an academic and research initiative complimenting the endorsed Extension programmatic initiative. The committee focused on integrating nutrition, health, environment, and agricultural systems. The committee's report, *Healthy Food Systems, Healthy People (HFSHP)* (Association of Public and Land-grant Universities, 2016), is available at <http://www.aplu.org/library/healthy-food-systems-healthy-people/file>. The HFSHP report is providing the framework for facilitating public-private partnerships and new federal policy proposals to support HFSHP goals. In particular, the framework is intended to secure potential federal funding in existing National Institutes of Health, National Science Foundation, Centers for Disease Control and Prevention, and U.S. Department of Agriculture agencies through future Farm Bills and additional capacity funds.

### **Health Implementation Action Teams**

The five Action Team chairs and two ECOP representatives, with assistance from the ECOP and ESCOP Executive Directors, began the work of converting the Health and Wellness Task Force report into action.

The five Action Teams were charged with the following responsibilities and given until late 2017 to complete them:

- Invite additional internal and external partners as needed for maximum effectiveness,
- Identify and develop systematic programs and curriculum,
- Engage colleagues in professional development,
- Provide assistance with resource development, and
- Develop and launch system-wide program impact evaluation.

The teams met at National Health Outreach Conferences (NHOC), at other conferences, and via distance technology to fulfill their charge. Yearly reports were made to ECOP and ESCOP. A final report, *Extension Committee on Organization and Policy and Experimentation Station Committee on Organization and Policy Health Implementation Final Report (ECOP & ESCOP, 2017)*, was submitted in the fall of 2017. This document is available at [http://bit.ly/CES\\_Health](http://bit.ly/CES_Health).

## Action Team Accomplishments

In May of 2017, prior to the National Health Outreach Conference, Action Team members gathered in Annapolis, Maryland, to report on accomplishments, reflect on innovation, and suggest professional development as the Culture of Health Partnership Initiative between CES and the Robert Wood Johnson Foundation (RWJF) was launched. Proposed professional development topics are listed in Core Competencies Facilitated Session Notes (Ruble, 2017) available at [http://bit.ly/2017Health\\_Core\\_Competencies](http://bit.ly/2017Health_Core_Competencies).

Teams reported these highlighted accomplishments:

- Conducted five assessments and/or reviews of curriculum,
- Created one on-line course with another course in the making,
- Expanded partnerships,
- Used multiple electronic channels to communicate and disseminate products, and
- Demonstrated scholarship of dissemination with 36 presentations, two journal articles pending, six articles in this issue of the Journal of Human Sciences and Extension, and one policy brief.

Teams also identified potential professional development to advance health and wellness programming throughout Extension. During the 2017 NHOC preconference, Action Teams identified content and professional development they thought Extension personnel would need to address the following six dimensions of creating a culture of health:

- Applied research,
- Theoretical framework,
- Collaboration,
- Diversity & inclusion – equity,
- Working with adults (andragogy), and
- Working with youths (pedagogy).

Action Team participants were challenged to collectively identify concepts that should be taught as part of a foundational introduction to health and wellness from a public health perspective. They identified topics ranging from specific health information to systems change (Ruble, 2017). A complete listing is available at [http://bit.ly/2017Health\\_Core\\_Competencies](http://bit.ly/2017Health_Core_Competencies). Examples include:

- Social determinants of health,
- Relationships/dimensions of health and wellness,
- Population demographics and economic health,

- Career path for youth in health, and
- Principles of system evaluation.

Participants were also asked to reflect on what they had learned as a result of serving on the action teams. They identified lessons that could be applied as the CES moves ahead in health and wellness programming. A few of these lessons are listed below.

Be willing to:

- Challenge status quo,
- Start something without the end in mind,
- Create the future, and
- Be okay with a certain level of uncertainty.

The Action Team members acknowledged that innovation takes time and that sometimes Extension professionals will need to take a step before knowing what the next step will be. Participants were recognized for being pioneers in advancing CES health and wellness programming. As co-author Michelle Rodgers said at this meeting, “It is the first time that the system as a whole, Research and Extension, has undertaken an initiative of this scope. It was innovative just in the doing.”

### **Advancing Health and Wellness through a Strategic Partnership**

As the Health Implementation Action Teams were forming, efforts to identify other partners and funding began. This focus was in keeping with the CES Health and Wellness Framework recommendations. ECOP decided upon a two-pronged approach related to system funding in the area of health: (1) exploring structure and framework for private resource mobilization across the Cooperative Extension System and (2) informing the structure and framework experientially through a partnership with private funding. As the National 4-H Council was already exploring funding for youth health programming, National 4-H Council volunteered to explore private funding options for Extension, including adult efforts around health.

After several months of exploration and relationship building by National 4-H Council, Extension had an opportunity to develop a proposal around the initiative area of childhood obesity to be explored in partnership with the RWJF. Representatives of CES, BOHS, and the USDA National Institute of Food and Agriculture, including youth and adults with an interest and stake in health and wellness, were appointed to the National Leadership Advisory Team (NLAT), and a project manager was hired. The NLAT began conversations with the RWJF and among team members regarding the partnership to further address the obesity issue as a way to implement the CES Health and Wellness Framework.

After several months of conversation, Extension and National 4-H Council were invited to the RWJF annual advance session for partners. The RWJF Culture of Health Framework and proposed changes by the RWJF to focus on several new partners and systems were presented at that meeting. This event was pivotal as the RWJF plan aligned with the Cooperative Extension National Framework for Health and Wellness, and most particularly, on the socio-ecological framework and on pulling together systems and new partners. Within six weeks, a get-acquainted session was held between NLAT and key decision makers at the RWJF. Following that meeting, a decision by the RWJF was made to pivot our partnership from the childhood obesity area to focus on the culture of health. A second planning grant proposal was created and approved by the RWJF for CES to officially engage in identifying how Extension could partner with the RWJF to build a culture of health in communities.

With the planning grant funds from the RWJF and the support of ECOP, a somewhat revamped and renamed group accepted the responsibility of creating a multistate, 10-year project to test the capabilities of CES to guide communities toward creating a culture of health. The Core Leadership Team (CLT) conceptualized a 10-year, scaled-up culture of health initiative. The concept was converted into a funded proposal for a two-year partnership launch initiative. Key elements of the Extension organization that would be brought to bear on the culture of health initiative were the use of research-based information, the incorporation of positive adult/youth relationships in communities, and the strong volunteer base of Extension.

The initiative was designed to test two logic models, the Community Engagement Logic Model and the CES Innovation Logic Model. These logic models serve to guide the implementation of the initiative, assess the process, and determine the extent to which the outcomes were achieved. Continual process evaluation was built into the proposal with the intent of submitting another proposal.

To test both how the CES can add value to existing community health endeavors and how CES can work with communities to initiate efforts to create a culture of health, the initiative required that work be done in three types of communities, with at least one in a rural area. A description of actions expected of each type of community was created as a basis for identifying the three types of communities: (1) Planners—communities where CES will start a process, (2) Implementers—communities that have started but are not yet addressing all of the CES–RWJF requirements, and (3) Innovators—communities that are innovating and could benefit by adopting the CES–RWJF requirements. Each type of community engagement will answer questions about what it takes to move toward an inclusive culture of health.

In the summer of 2017, the RWJF announced a \$4.6 million 2-year investment in a partnership with Extension to launch the culture of health plan as a proof-of-concept initiative. An application process was designed to identify land-grant universities who met the requirements for

testing this innovative partnership and community engagement initiative. Applicants were required to address 10 strategic dimensions of the CES-Readiness Screening Assessment Tool (CES-RSAT). Those dimensions, weighted to demonstrate importance to the partnership, were:

- (1) Youth Volunteers,
- (2) Adult Volunteers,
- (3) Applied Research,
- (4) Collaboration,
- (5) Leadership,
- (6) Resources,
- (7) Diversity and Inclusion,
- (8) Theoretical Base,
- (9) Evaluation, and
- (10) Innovation.

Applications were reviewed by a panel of Kellogg Leadership Fellows. Out of 23 complete applications, five were selected as funded pilot institutions: University of Minnesota, South Dakota State University, Utah State University, University of Tennessee, and University of Maryland Eastern Shore. Institutions willing to self-fund were invited to become part of the pilot test to be conducted during 2017-2019. Ten additional institutions agreed to self-fund and join the pilot states. A convening of representatives from the pilot testing institutions was held in December of 2017.

Innovation is the guiding concept behind the initiative. Innovation is evident as CES is now partnered with the RWJF. Innovation is infused in the initiative as CES focuses its expertise on engaging youth and adults as leaders in working with communities to identify and take actions that could logically result in a culture of health. Innovation is built into the scaling-up plan to go from 15 initial communities to 1,000 communities in ten years.

### **Challenge to Advance Health and Wellness Programming**

As we have learned over the past five years, the efforts of the Action Teams and the CES–RWJF partnership are only parts of the work being done to advance programming in health and wellness. A quick review of the Journal of Extension will reveal articles about the scholarship of applied research and teaching underway in multiple states. A review of Extension websites will also reveal efforts to focus programming on health and wellness, including the hiring of personnel with expertise and appointments focused on those topics. Reading the articles in this Journal of Human Sciences and Extension will provide ideas for programming and/or research that can be applied.

The ECOP Health and Wellness Task Force recommended that the former Priester Conference be retitled the National Health Outreach Conference. Each year since the change was made, attendance has become more diversified, and efforts have been made to attract external partners. Attendees and presentations are increasingly representative of multiple disciplines and program areas within Extension. The proportion of non-Extension attendees has risen. Scholarly exchanges and networking are opening opportunities for health and wellness programming.

If the vision for CES is to actually achieve in the area of health what we have achieved in agriculture, then we need to see an increase in applied research and evaluation that will provide the basis for programming and evidence of impact. We will need to see CES increasingly practice multidisciplinary, integrative, and collaborative approaches to issues of health and wellness and to balance both a focus on healthy and safe choices and healthy and safe environments that form the first concentric circle of the CES Health and Wellness Framework. We will also need to continue to expand our partnerships as illustrated in the Framework's outside circle.

CES will be well-served to test existing theoretical frameworks as we implement community engagement approaches. Theoretical frameworks such as Social Cognitive; Planned Health Behavior; and Stages of Change or Readiness of Changes; combined with youth and adult partnerships, community leadership, and empowerment, could help Extension reach intended outcomes and add to the body of knowledge about community engagement and other types of health and wellness programming.

### **Implications for Action**

This article began with two questions:

- (1) What do you do when you've passed a milestone?
- (2) What do you do when you've envisioned the possible?

The body of the article explained some of what the collective "you" in Cooperative Extension have done. Based on what we have described in this article, a slightly reworded question is worth pondering:

What can you do as you personally envision the possible in health and wellness?

Some of you have strengths in innovation. You can help lead the strategies and Extension System with new processes and approaches to engage communities in building a culture of health.

Many of you are coming to recognize the value of the socio-ecological model as critical to all areas of Extension. You can provide professional development and model by example how to engage in policy, system, and environmental work, along with educational efforts focused on the individual.

Some of you are skilled at discovering knowledge. You can use your research skills to ask and explore researchable questions and to evaluate programming.

Others are skilled at educating individuals and groups. You can provide professional development and guide both youth and adults to engage in and lead community health initiatives.

Some of you have skills in the policy arena. You can focus on the concept of “health in all policies” advanced by one of the action teams and help inform local health coalitions of policies that work.

Others have skills in developing partnerships and/or seeking funding. You can apply those skills to bring new partners to the coalitions and further inform and advance the Extension Health and Wellness Framework.

Some of you have skills in community engagement. You can join in the work of engaging communities in creating a culture of health based on the Robert Wood Johnson Foundation Culture of Health Framework. Each of you can find your niche and take action.

All of you can read the articles in this journal from the Action Teams for ideas and application to your programming or further research. Individually and collectively, you can lead health and wellness programming from concept to action.

What will you do?

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### **Acknowledgements**

The authors acknowledge the leadership of the Extension Committee on Organization and Policy; members of the ECOP/ESCOP Health and Wellness Task Force; Health Implementation Action Teams; the Board of Agriculture Assembly and Board on Human Sciences Healthy Food Systems, Healthy People Steering Committee; CES–RWJF National Advisory Leadership Teams; USDA National Institute for Food and Agriculture; and National 4-H Council. Together, they and other Extension individuals and teams, made possible the vision and actions that are leading health and wellness innovation across Cooperative Extension. We also want to acknowledge the Robert Wood Johnson Foundation whose staff took time to learn about Cooperative Extension, asked insightful questions, and participated in two National Health Outreach Conferences.