

Journal of Human Sciences and Extension

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

Article 9

5-14-2018

The National Framework for Health and Wellness: (Re)Framing the Work of Cooperative Extension for the Next Century

David Buys
Mississippi State University, david.buys@msstate.edu

Sonja Koukel
New Mexico State University

Follow this and additional works at: <https://scholarsjunction.msstate.edu/jhse>



Part of the [Medicine and Health Sciences Commons](#), and the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Buys, D., & Koukel, S. (2018). The National Framework for Health and Wellness: (Re)Framing the Work of Cooperative Extension for the Next Century. *Journal of Human Sciences and Extension*, 6(2), 9. <https://doi.org/10.54718/ECSB8657>

This Original Research is brought to you for free and open access by Scholars Junction. It has been accepted for inclusion in *Journal of Human Sciences and Extension* by an authorized editor of Scholars Junction. For more information, please contact scholcomm@msstate.libanswers.com.

The National Framework for Health and Wellness: (Re)Framing the Work of Cooperative Extension for the Next Century

David Buys, Guest Editor

Mississippi State University

Sonja Koukel, Guest Editor

New Mexico State University

Cooperative Extension is at a crossroads and has increasing opportunities to articulate its existing role and future growth in impacting the health and wellness of the individuals and communities it serves. This is important because the health outcomes in the U.S. are poorer than any other developed nation, health expenditures are high, challenges with navigating the health system are immense, and opportunities to intervene and remove barriers to improving the nation's health and wellness abound. This article provides suggestions as a follow-up to the reports featured in this special issue of the Journal of Human Sciences and Extension from the five Action Teams of the Extension Committee on Organization and Policy's (ECOP) Health Implementation Team. The authors present the idea that, to achieve greater impact in health and wellness, Cooperative Extension must also consider its role as translators of our history and how that history is relevant to health-related work, how we can engage with other health-related organizations, by embracing a partner perspective, and by submitting Extension's efforts to the review of other disciplines.

Keywords: Cooperative Extension programs, Cooperative Extension, Extension, Health and Wellness Framework, ECOP Action Teams, health, public health, health care organizations, partnerships, scholarship, peer-review, publications

Introduction

Cooperative Extension (Extension) is at a crossroads. Nationally, it has increasing opportunities to articulate its existing role and future growth related to its potential impact on the health and wellness of the individuals and communities it serves. In addition, increasing its work in the areas of health and wellness is important for Extension's sustainability, as the health concerns of the U.S. are growing as life expectancy is declining (Kochanek, Sherry, Murphy, Xu, & Arias, 2017).

Direct correspondence to David Buys at david.buys@msstate.edu

Health outcomes in the U.S. are poorer than any other developed nation, and expenditures are high (Schneider, Sarnak, Squires, Shah, & Doty, 2017). The articles in this special issue of the *Journal of Human Sciences and Extension* have provided a focused body of scholarship addressing Extension's increased and concerted efforts in the health arena, especially as it relates to addressing the immense challenges associated with staying healthy and navigating the health care system. Historical reference to the Cooperative Extension's National Framework for Health and Wellness (Braun et al., 2014) and its adoption by the Extension Committee on Organization and Policy (ECOP) is provided in the opening article of this special issue by authors Bonnie Braun and Michelle Rodgers. The five Action Teams that were organized following the adoption of the Framework have presented their work, and based on that work, have proposed ideas for Extension to move this national health and wellness initiative forward. Additional ideas that should undergird the efforts proposed by the Action Teams are presented here for thoughtful consideration.

A Way Forward for Extension in Health and Wellness

Since its inception, the work of Cooperative Extension has been about supporting the health and wellness of the individuals and communities it serves. However, these efforts have not been conceptualized or described in terms of health and wellness until the last decade. This rise in the recognition of Extension's role in health and wellness by its own professionals is largely concurrent with recognition in the broader public health community that health promotion efforts should reach beyond traditional public health entities. Increasingly, Extension faculty and staff are being invited to the "table" of discussions about how to improve their communities' well-being. In essence, Extension has embraced this language to describe its role using more conventional health-terms as we have been invited to do so by those outside of our field. It is essential, then, that Extension professionals, from county and region-based faculty/staff to campus-based faculty and administrators embrace the role of translator, engage more health-related organizations, take on a partner perspective, and increase submission of Extension-based scholarship to fields outside of Extension.

The Role of Translator

Extension professionals should take seriously the role of conveying and translating messages to partners outside of Extension. These messages may include, but are not limited to, the history of Extension, including the work of Agricultural agents to promote a safe and healthy food supply; the efforts of home demonstration agents, later home economists, and now Family and Consumer Sciences Extension agents to teach consumer food safety, nutrition, child development and family studies, healthy housing, and other matters that are clearly connected to health; and the efforts of 4-H Youth Development agents to teach and promote health to young people as the fourth "H" in 4-H. Extension is poised to grow partnerships to increase its impact in these

historical areas of influence. In addition, as the Health in All Policies Action Team articulated, Extension is well positioned to increase its influence in “upstream” work and policy, systems, and environmental interventions. Therefore, it is important that Extension be proactive with these efforts and consider what messages will resonate with its external partners.

Engaging with Health-related Organizations

Extension is engaging more and more with health systems, including academic health systems, public and private hospitals, and other clinical partners to extend the work of those health systems to communities. Published accounts of these examples emanate from Kentucky (Scutchfield, Harris, Tanner, & Murray, 2007), New Mexico (Kaufman et al., 2017), and Michigan (Dwyer et al., 2017). Other states known to be engaged in this kind of work, but yet to publish on the partnerships, include Mississippi and Georgia. These health system partners recognize that Extension's historical reach into communities is unique, and that while some partners may have connection beyond their central office (such as to departments of health, human services, or child protective services), there are no other entities whose mission is exclusively education-focused as is Cooperative Extension's. As an entity, Extension has opportunities to foster these relationships and better market its reach into counties and parishes across the country.

A Partner Perspective

As Extension engages with more partners in local communities, regions, statewide, and at a national level, it is essential that we move from a stakeholder mentality to a partner mentality. Merriam-Webster Dictionary (n.d.) defines stakeholder as “one who has a stake (an interest or share in an undertaking or enterprise) in an enterprise.” In the context of Extension, the idea of stakeholder as it relates to other entities like hospitals, departments of public health, and others may be misconstrued to suggest that these entities have something that benefits the Extension organization (e.g., funds, audiences, other resources).

A partner is defined by Merriam-Webster (n.d.) as “one associated with another especially in an action.” While not overtly stated in the definition, the idea of a partner implies that two entities have an egalitarian and synergistic relationship. In these partner relationships, particularly with health-related partners, we must consider how the financial costs can be neutral for all partners and how the mission, vision, and goals of participating organizations can be realized.

For instance, recently in Mississippi, a partner at the state's only academic medical center requested support of Extension agents in completing environmental assessments as part of a needs assessment for the partner's National Institutes of Health-supported grant project. In this relationship, the partner provided financial support for work by the Extension agents to conduct

the assessments and provide written reports about each community's neighborhood environment. As a result, the partner received the assistance needed at less cost than would have been required to hire other support, the Extension agents learned a new skill, the partner was able to meet the requirements of the grant, and the Extension agents now have reports (that they otherwise would not have had) to share with partners in their communities about how they can improve their neighborhood environments. These kinds of relationships are supportive of both entities.

An additional example is found in the case of one of the authors of this paper, who leveraged her role on her state's (New Mexico) Department of Health Chronic Disease Prevention Council Subcommittee to promote health literacy. This led to a discussion and then a small group of professionals forming a state Health Literacy Coalition. Founding members included:

- Department of Health Medical Director,
- Department of Health Promotion Coordinator,
- Extension Health Specialist (Action Team member),
- Health Literacy Specialist (private business),
- Medical Professional Advocate,
- Office of Health Equity Director,
- Office of Health Equity Outreach Coordinator, and
- University Medical Center Health Literacy Specialist.

The Coalition determined that in addressing social determinants of health, the state should include a health literacy component. As no activity in this area was evident, the Coalition is working towards a "health in all policies" approach to integrating health literacy into the state's public policy. The Coalition will continue to invite key partners to support the work of integrating health literacy for addressing health disparities. This kind of partnership includes multiple individuals from different entities, all with something to gain from the work of promoting a common vision, which in this case, is health literacy.

Submitting Scholarly Work to Professionals in Other Disciplines

To increase Extension's credibility with external partners who have a longer and more in-depth history of working in health and wellness promotion, we must continue to strengthen our embrace of evaluation, peer review, and publication of our work in scholarly outlets. We should also be intentional in our efforts to publish in journals outside of our traditional fields. For instance, we should aim to publish in health promotion and health education, public health, environmental health, community planning and design, and other publication outlets. By submitting our work to meet the "rules" of these entities, we will gain their respect and find that, through the peer review process, we will learn and embody the language of their fields in more authentic ways.

Conclusion

The foundation our forebearers laid for Cooperative Extension in its first century is strong. The future we construct on that foundation within the field of health and wellness will be an essential part of building stronger, healthier communities throughout the United States in the next century. Extension is well suited to address chronic disease prevention and management, health insurance literacy, health literacy, positive youth development, and health in all policies education.

We must also consider our role as translator of Extension's history and how it is relevant to health-related work, how Extension can engage with health-related organizations, embrace a partner perspective with other health-related organizations and agencies, and submit our efforts and scholarship to the review of other disciplines. In doing so, Extension stands to gain a broader reach and increase the impact of its work.

References

- Braun, B., Bruns, K., Cronk, L., Kirk Fox, L., Koukel, S., Le Menestrel, S., . . . Warren, T. (2014). *Cooperative Extension's National Framework for Health and Wellness*. Retrieved from <https://nifa.usda.gov/resource/national-framework-health-and-wellness>
- Dwyer, J. W., Contreras, D., Eschbach, C. L., Tired, H., Newkirk, C., Carter, E., & Cronk, L. (2017). Cooperative Extension as a framework for health extension: The Michigan State University model. *Academic Medicine*, 92(10), 1416–1420. doi:10.1097/ACM.0000000000001640
- Kaufman, A., Boren, J., Koukel, S., Ronquillo, F., Davies, C., & Nkouaga, C. (2017). Agriculture and health sectors collaborate in addressing population health. *Annals of Family Medicine* 15, 475–480. doi: 10.1370/afm.2087
- Kochanek, K. D., Murphy, S. L., Xu, J., & Arias, E. (2017). *Mortality in the United States, 2016* [NCHS Data Brief, Number 293]. Hyattsville, MD: National Center for Health Statistics. Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db293.pdf>
- Partnership. (n.d.). In *Merriam-Webster's dictionary*. Retrieved from <https://www.merriam-webster.com/dictionary/partnership>
- Schneider, E. C., Sarnak, D. O., Squires, D., Shah, A., & Doty, M. M. (2017). Mirror, mirror 2017: International comparison reflects flaws and opportunities for better U.S. health care. *The Commonwealth Fund*. Retrieved from <http://www.commonwealthfund.org/interactives/2017/july/mirror-mirror/>
- Scutchfield, F. D., Harris, T. T., Tanner, B., & Murray, D. (2007). Academic health centers and Cooperative Extension Service: A model for a working partnership. *Journal of Extension* 45, Article 1FEA5. Retrieved from <https://www.joe.org/joe/2007february/a5.php>
- Stakeholder. (n.d.). In *Merriam-Webster's dictionary*. Retrieved from <https://www.merriam-webster.com/dictionary/stakeholder>

David R. Buys, PhD, MSPH, CPH, is an Assistant Extension and Research Professor, Mississippi State University (MSU), and is State Health Specialist for MSU Extension and Scientist in the Mississippi Agricultural and Forestry Experiment Station. He was the Chair of the Chronic Disease Prevention and Management Action Team and is co-guest editor of this special issue.

Sonja Koukel, PhD, is an Associate Professor at New Mexico State University, Las Cruces. She is the Extension Health Specialist and Interim Associate Department Head for Family and Consumer Sciences. She was the Chair of the Health Literacy Action Team and is co-guest editor of this special issue.